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1985 Annual Report

Division of Substance Abuse Services

STATE OF NEW YORK
MARIO M. CUOMO
Governor

Julio A. Martinez
Director

The quotation on the cover is from Governor
Mario M. Cuomo in his "Message to the
Legislature", January 8, 1986.

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Albany, NY 12203

ACQUISITIONS

Director's Message



Julio A. Martinez, Director

1985 was a special year for the New York State Division of Substance Abuse Services. It was notable in that we launched new initiatives to serve the needs of special target populations such as the homeless and to strengthen Division partnerships with other state and local agencies.

Substance abuse continues to be one of New York State's most pressing problems. In 1985, the rate of increase in the estimated number of regular substance abusers exceeded that of the total population. Indicators of drug use point to escalating cocaine use and persisting levels of heroin use.

These are troubling signs, but not so troubling that we should lose hope. Many gains have been made in the fight against substance abuse during 1985. Prevention services were expanded or enhanced in many upstate counties that were previously unserved or underserved. We implemented a new effort called the HEART Project to reach out to homeless substance abusers and assist them in gaining access to appropriate residential services.

Treatment services for adolescent chemically dependent persons were initiated as part of a joint effort with the Division of Alcoholism and Alcohol Abuse. We also began pilot programs designed to expand substance abuse services to children of substance abusers, since they are at much greater risk of becoming drug-involved than are other children.

We have taken significant steps to address the most compelling problem facing our field — Acquired Immune Deficiency Syndrome

(AIDS). Through research, training and public education, the Division has focused new efforts on reducing the level of illicit intravenous drug use in New York City and minimizing opportunities for the transmission of HTLV-III virus.

The Division's ongoing commitment to promote public awareness of the substance abuse problem, and to encourage citizen and private sector involvement in substance abuse prevention efforts, reached new heights in 1985. Citizen involvement in the fight against drugs provides the link necessary for our communities to establish effective local prevention efforts. With the support of nearly 300 volunteer community action groups and dozens of corporate sponsors, the Division was once again able to deliver on its pledge to "do more with less."

All of these efforts reflect the Division's desire to better serve the needs of New York State's communities, and the medical, social, educational and vocational needs of the individuals in our programs.

All too often, substance abuse ends in broken dreams, disrupted families and tragedy. It is a disease that inflicts the most pain on our State's most vital resource — young people. We cannot afford to stand idly by and watch our future generations waste their lives on drugs.

By drawing on the collective resources of the public and private sectors, by calling upon the diverse talents of the substance abuse prevention and treatment communities, and by involving a broad spectrum of concerned citizens all across New York State, we at the Division of Substance Abuse Services will continue to meet the substance abuse problem head-on.

The 1985 Annual Report

This Annual Report is submitted in response to Section 19.05 (j) of the Mental Hygiene Law. Also submitted to the Governor and Legislature in accordance with Section 5.07 of the Mental Hygiene Law is an annual plan document. These two documents are designed to be complementary. The Plan document covers a five-year time frame and, necessarily, is extensively detailed and rather lengthy. The Annual Report highlights major aspects of the Division's program for the past year.

This Annual Report for 1985 begins with a review of the Division's program and the dimensions of the substance abuse problem in New York State.

The major part of the Report highlights progress made in several areas with a particular emphasis on:

services aimed at meeting the special needs of unserved or underserved groups, such as the homeless, AIDS victims, substance abusers in the criminal justice system, children of substance abusers, and substance abusers with other physical and mental disabilities; and

the successful coordination of prevention activities involving an extensive network of volunteers, service provider agencies, schools, and organizations such as the Citizens Alliance To Prevent Drug Abuse (CAPDA).

The Report concludes with a summary of funding data and program operating statistics.

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The State's Substance Abuse Services System

AS IT NEARS the end of its second decade as an autonomous agency, the Division of Substance Abuse Services continues to pursue a course that over the past several years has been in rather sharp contrast to that of the previous decade. During that earlier period, much was accomplished, but a great deal of effort was expended in making very sharp and drastic changes in direction. A large institutional program consisting of 22 state facilities that served nearly 12,000 persons each year was reconfigured as the agency reallocated resources in recognition of the therapeutic importance — and cost effectiveness — of treating patients in their local communities. The initial conversion from a state-operated system to a community-based, locally operated system itself was followed by a major reduction in funding support and severe retrenchment. Today, the Division administers a network of 280 community-based treatment programs that serve nearly 41,000 persons each year. Nearly 160 programs provide prevention services in schools and communities throughout the state.

For the past several years, the Division has followed a positive and consistent course, on paths that:

- emphasize prevention as well as pursue necessary increases in treatment services;

- address the needs of special target populations and underserved areas; and

- strengthen partnerships with localities and engage community volunteers in efforts to stem the tide of substance abuse in the State.

Although recent years have not been without funding limitations — specifically those resulting from federal cutbacks — and disappointing new surges in some patterns of substance abuse, they reflect progress in enhancing and expanding the State's substance abuse services within a climate of severe funding constraints.

In 1985, Division funding to localities continued to expand the overall system of prevention and treatment services to cover counties

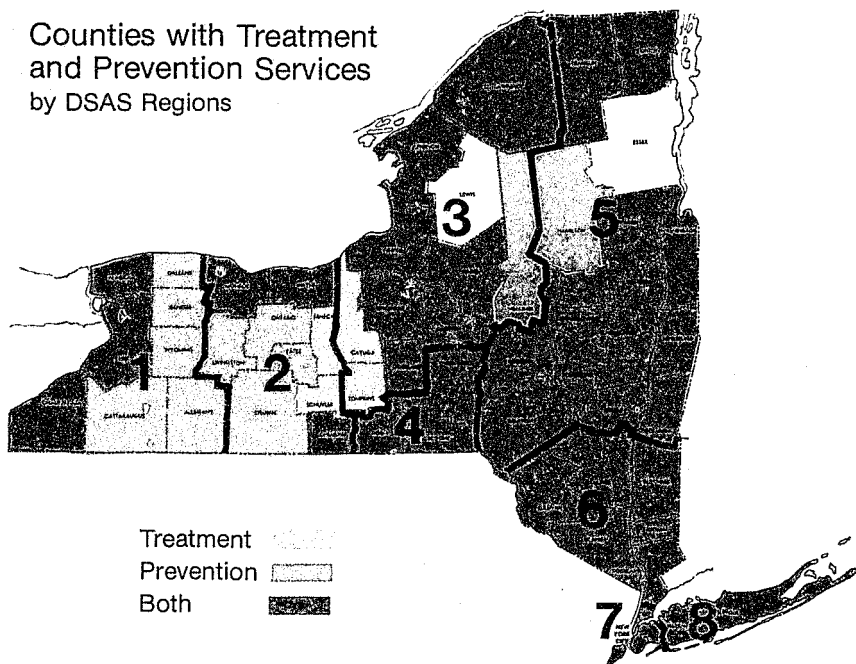
In 1985, the Division funded 182 treatment programs across the state, servicing an estimated 70,000 substance-abusing individuals during the year. About 40 other treatment programs (in V.A. Hospitals, correctional institutions, private methadone clinics, etc.) not funded by the Division served several thousand additional substance abusers.

Overall, capacity in funded programs was almost fully utilized and waiting lists persisted.

In 1985, the Division funded 76 community-based prevention programs that directly served an estimated 13,000 individuals during the year, and 86 school-based prevention programs that served directly an estimated 23,000 substance-abusing and at-risk students.

Other school-based prevention and education activities reached more than two million participants. In addition, nearly 300 community action groups were active across the state, sponsoring events such as health fairs and community forums, involving over 200,000 participants.

Counties with Treatment and Prevention Services
by DSAS Regions



where no substance abuse services had existed. Only two counties remained without any specific substance abuse services at year's end.

The system of substance abuse services depends on a partnership between the state and localities. In 1985, local comprehensive plans

were submitted by nearly every county and New York City. Receipt of a local plan for New York City was a particularly significant gain. After several years in which no plan was submitted due to the lack of a City-designated local agency, the Division contracted with the Health Systems Agency of New York City to include a substance abuse plan in its regional Health Systems Plan. The resulting document not only provides an important resource for assessing the need for services but also strengthens the linkages between the substance abuse field and the broader health care community.

The establishment of New York's extensive system of substance abuse services is a notable achievement. Virtually every area of the state features at least one prevention or treatment program or community action group. In most cases, all three are available. The Division recognizes, however, that some geographic areas, and some special population groups within otherwise covered areas, are currently underserved. Meeting these unmet needs, while at the same time maintaining the high quality of the existing system, is one of the Division's very highest priorities. The items on the following pages and a subsequent chapter on Special Population Groups detail some of the activities already undertaken to meet this challenge.



Conference honorees of the 1985 Statewide Substance Abuse Conference display their awards.
(Photo by Marcia Oliveri)

New Funded Program Components Started In 1985

Thanks to a modest increase in funding levels and to the Division's continued commitment to "doing more with less," 35 new treatment and prevention projects were begun during 1985. In keeping with agency priorities, these new programs emphasized substance abuse treatment services for the homeless, school-based prevention services, vocational rehabilitation, treatment and support for the children of substance abusers, and the expansion of other services to areas identified as having specific needs.

In all, seventeen counties received new or expanded services. Some idea of the extent and variety of the programming involved can be gleaned from the following examples:

- Eleven programs featuring residential treatment for the homeless were started in Albany, Schenectady, the Bronx, Manhattan, Queens, Nassau and Suffolk Counties.
- Five new school-based prevention programs were initiated in Monroe, Schuyler, Yates, Jefferson, and Greene Counties.
- Three innovative pilot projects for the children of substance abusers were implemented in Buffalo, Manhattan, and the Bronx.
- Seven new vocational rehabilitation projects were started in New York City, Albany, Westchester and Suffolk Counties.

New Nonfunded Programs

In addition to services in the system of funded programs, the Division's regulatory functions in 1985 included licensing of several nonfunded programs — including for-profit agencies. As business and industry continue to recognize that substance abuse by employees is a serious problem, the demand for ambulatory and shorter term residential treatment for employed substance abusers has grown. Additional demand, often by individuals capable of paying for treatment, has also resulted from the upsurge in cocaine abuse. Interest has been shown in establishing nonfunded programs to provide services in these areas as well as for "chemical dependency." Eight nonfunded substance abuse programs were approved in 1985, including three residential and five ambulatory programs. Eleven additional applications are in process.

New Community Action Groups

Parent And Community Drug Awareness Coalition of Brooklyn

Parents Unite of Cortland

Baldwinsville Chemical People

Oneida Chemical People

New Lebanon Action

Saranac VIP

Cold Springs We Care Too

People for Positive Change of Kingston

Monroe County Task Force

Churchville/Chili Community Task Force

East Rochester Community Task Force

Fairport Community Task Force

Henrietta Community Task Force

Hilton Community Task Force

East Irondequoit Community Task Force

Penfield Community Task Force

Spencerport Community Task Force

Canandaigua Community Task Force

Manchester/Shortsville Community Task Force

Sodus Community Task Force

Williamson Community Task Force of Pultneyville



Representatives from community action groups in northern New York State meet in a networking session at the 1985 CAPDA Conference.

The Substance Abuse Problem

IN 1985, COCAINE ABUSE CONTINUED to escalate and the heroin addiction problem persisted. There was evidence that the increasing use of marijuana had subsided a bit. The use of stimulants in general continued to rise; PCP made a comeback in some areas; and in other areas, "huffing gas" was noted as a particular health concern. It was estimated that overall the numbers of substance abusers continued to rise at a rate higher than the overall rate of growth of the state's population.

Significantly, although changes in the use of particular drugs can be identified, most substance abusers abuse more than one drug — often several — and most often including alcohol.

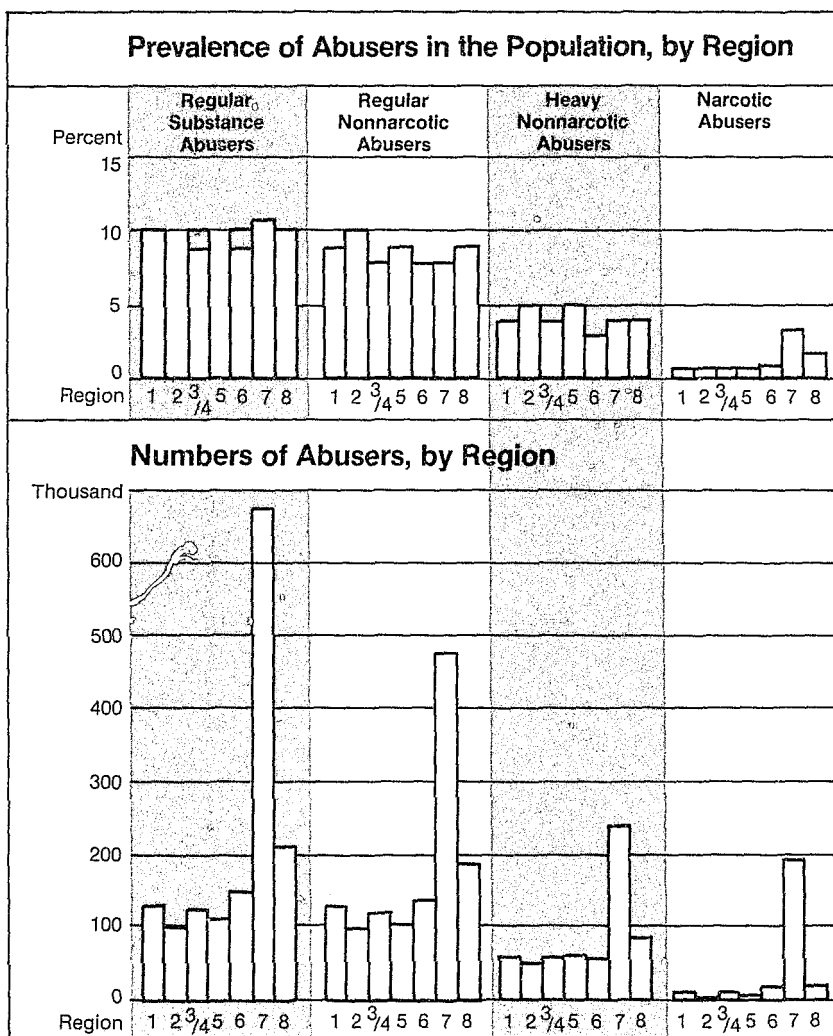
Historically, in describing the substance abuse problem in the state, the Division has distinguished between those who abuse primarily narcotic drugs and those whose primary substances of abuse are nonnarcotic. Because of the available chemotherapeutic approaches for treatment of narcotic addiction and the significance of such services, that distinction is still useful in describing the patterns and prevalence of substance abuse. However, in viewing the statistics, it is important to keep in mind that the most prevalent pattern of substance abuse is chemical dependency involving more than one substance and, again, very often alcohol.

In 1985, there were more than three million people in the state's population aged 12 and older, who were recent abusers of substances (used substances nonmedically within the past six months). Of those:

more than 1.25 million people were regular abusers of nonnarcotic substances including more than 600,000 who were heavy abusers of nonnarcotic substances; and

more than 250,000 were narcotic abusers.

*NOTE: These estimates are based on survey and other indicator data compiled by the Division. Earlier college and secondary school surveys conducted with the participation of the Division of Alcoholism and Alcohol Abuse showed significant levels of combined alcohol and other substance abuse. For the first time, in 1986, the major survey of households in the state will also be jointly conducted covering both alcohol and other substances.

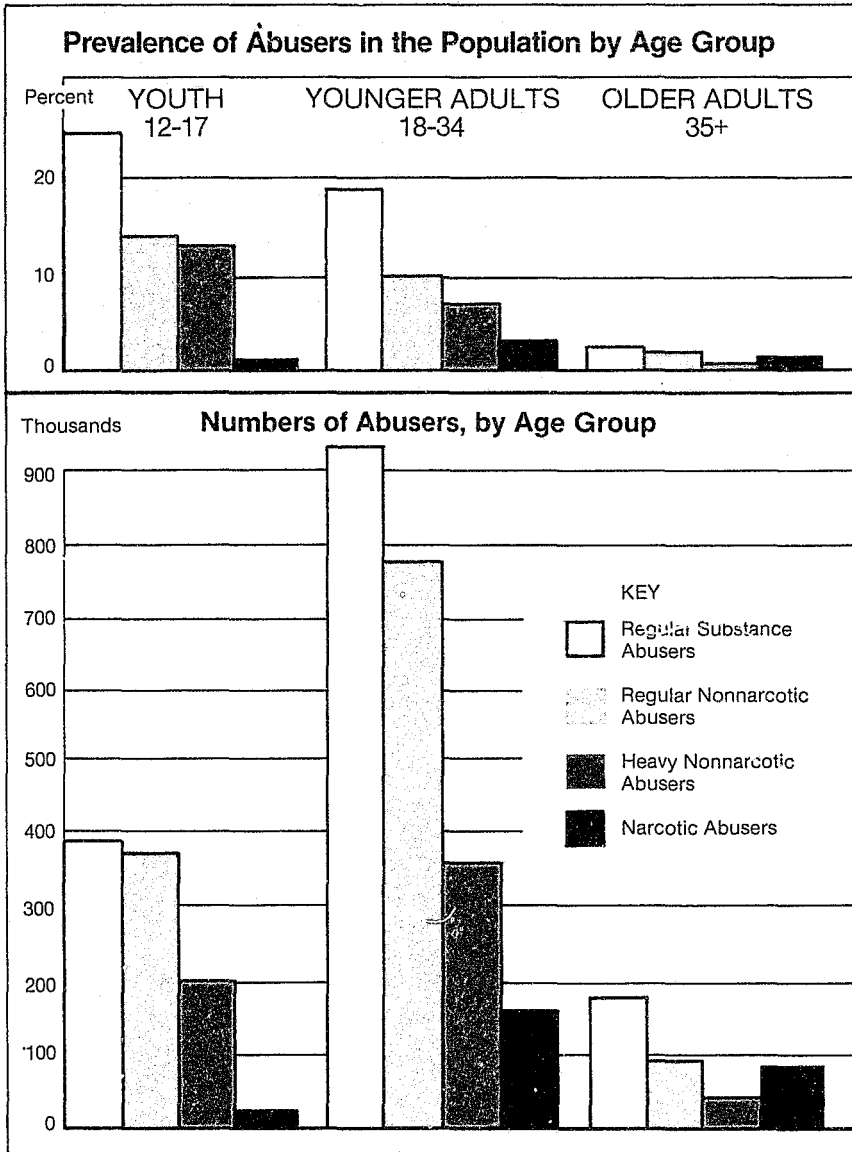


In terms of prevalence in the state's population:

eight percent were *regular* nonnarcotic substance abusers including four percent who were *heavy* nonnarcotic substance abusers; and almost two percent were narcotic abusers.

Although prevalence rates for substance abusers are fairly consistent among the regions of the state — with the exception of narcotic abuse — the actual numbers of substance abusers in the various regions differ significantly.

The preponderance of substance abusers and especially of narcotic abusers are found in New York City and adjacent areas.



While substance abuse occurs in all age groups, as it does in all social and economic groups* and in all geographic areas of the state, there are significant differences in prevalence among three broad age groups.

This perspective highlights the importance of prevention services youth.

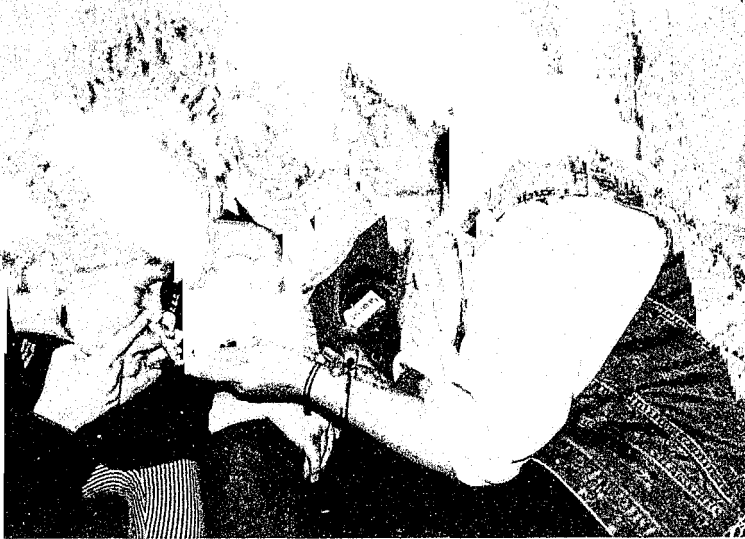
*The prevalence rates are actually highest for the highest economic groups.

The variety of abused substances is extensive, including such drugs as the classic opium and its derivatives; the newly rediscovered cocaine and its exotic variations; many over-the-counter and prescription drugs; gasoline, solvents and aerosols; and a veterinary tranquilizer (PCP). Old drugs may fade in popularity for a time and then, unexpectedly, revive. New ways to abuse old substances appear and, now, dangerous new drugs are being "designed." Although most persons who abuse substances use more than one, some specific drugs are deserving of individual attention.

Heroin The heroin problem continues to center in New York City. The latest findings show that it may be stabilizing there but increasing in other areas of the state. In New York City, heroin activity has shown mixed trends. In 1984 and 1985, emergency room episodes and deaths declined slightly, but admissions to the Riker's Island detoxification unit increased and the purity of heroin exhibits analyzed by the New York City Police Laboratory increased. In some areas outside of New York City, county representatives indicate increases in the availability of heroin and sales at relatively low prices. Utilization of methadone treatment programs — a barometer of the level of narcotic addiction — continues to be high both in and outside of New York City. The number of heroin admissions to treatment programs outside of New York City recently rose for the first time in two years.

Cocaine The cocaine problem in New York State continues to be very serious. While it has been a major concern in New York City for the last few years, it has also begun to permeate other areas of the state as well. The numbers of admissions to treatment with cocaine as the primary drug of abuse continue to show increases in 1985 (following a phenomenal 60 percent increase in 1984 over 1983). Primary cocaine admissions as a percentage of all admissions have risen in the past few years from less than five percent to approximately 15 percent. A particularly disturbing trend, which surfaced during the last few months of 1985, involves the use of "crack" — a form of cocaine preprocessed for freebasing. Early reports from street researchers and treatment programs suggest that the availability of this new substance is rapidly expanding the use of the freebase method of administration. Due to the intensity of the "high" produced, the rapidity of its onset, and the shortness of its duration, this technique is thought to accelerate the addictive process and aggravate the disabling effects of the drug. First noted in inner city areas, the use of "crack" has rapidly spread to middle class neighborhoods and suburban areas.

Chemical Dependency The use of more than one substance continues to be the predominant pattern of abuse. Both heroin and cocaine are



The Acting Out Players, a youth theater group from Woodstock, New York dramatize situations involving youth, peer pressure, and drug use. They performed three situational skits at the 1985 CAPDA Conference. (Photo by Marcia Oliveri)

commonly used with one drug ameliorating the undesired effects of the other; PCP is used by some heroin abusers to heighten the effect of heroin. Alcohol use is almost always involved.

“Designer Drugs” Designer drugs — chemical analogs of various abused substances, that may have similar or even stronger effects than the drugs from which they derive — have become a frightening addition to the array of abused substances. A number of deaths in California were caused by powerful analogs of the synthetic opiate Fentanyl; such designer drugs are suspected in development of Parkinson-like symptoms in some heroin addicts in New York. What is particularly dangerous is that these and other substances may be added to or substituted for heroin or other substances to increase the “high” or to simulate a particular effect — without the purchasers knowing it.

“Look-Alikes” A related problem — one very often involving young people — is the abuse of “look-alike” drugs. Concentrated caffeine, for example, may be sold as a “look-alike” for a popular illicit stimulant. But even more dangerous is the sale of powerful drugs disguised to appear to be something else; PCP is often the cause of emergency room episodes where the user believed the purchase was of cocaine. Abuse of either is problematic, but misinformation complicates medical diagnosis and treatment.

Marijuana Marijuana is still widely used in New York State. Although marijuana-involved emergency room episodes and primary marijuana admissions to treatment in New York City have declined, it continues to be the leading drug of abuse outside New York City.

Services For Special Population Groups

IT CANNOT BE OVERSTATED that substance abuse shows no respect for age, sex, income level, or ethnic group. Virtually every segment of the population is subject to its ravages. Young and old, rich and poor, black and white — all groups display characteristic patterns of substance abuse. Some, however, are especially susceptible. The children of substance abusers and the homeless are two groups that are at particularly high risk of substance abuse. Other groups also present special problems for treatment owing to their unique health and social needs. Again, the homeless and AIDS victims are among those most in need of specialized care. Other groups with special needs include employed substance abusers, persons in the criminal justice system and the children of substance abusers. In each case, traditional forms of service delivery must be modified to address the unique needs of the individuals involved. Prevention and intervention strategies must be targeted to reach those whose special circumstances make them most likely to begin substance-abusing behavior patterns. And specialized treatment services must accommodate the intense medical, social, and legal needs of those whose life-styles and circumstances have already led to the further complication of substance abuse.

To meet these special needs, the Division has undertaken a number of special initiatives that go beyond the long-standing commitment to expand services generally. As a result, several special-purpose programs were implemented or elaborated during 1985 to serve the homeless, AIDS victims, persons in the criminal justice system, employed persons, and the children of substance abusers.

The Homeless

In October, 1984, responding to direction from Governor Cuomo, the New York State Department of Social Services issued a special report entitled "Homelessness in New York State." Estimating that as many as 50,000 persons are homeless in New York, the report was in effect a "call to action" for government agencies and caregivers across the state. Responding to this challenge, the Division of Substance Abuse Services began to develop plans to meet the complex needs of

this important, but all too often forgotten, segment of the family of New York.

Without a doubt, the homeless population comprises one of the neediest groups in our society. In addition to the obvious problems associated with the lack of adequate housing, homeless individuals typically suffer from a wide range of physical, mental and social disabilities. The exact number is hard to gauge, but it is certain that many, probably 40 percent or more, are involved with drug abuse — making it essential that the State's response include a significant component for the care and treatment of homeless substance abusers.

DSAS Director Julio A. Martinez committed the agency to an intensive contribution to meet this need. Code named the HEART Project (for Homeless Emergency Assistance, Referral and Treatment) the Division's initiative encompasses three major aspects:

First, in conjunction with the State Division of Alcoholism and Alcohol Abuse and the Office of Mental Health, the Division participates in outreach to individuals in New York City shelters. Known as the Shelter Assistance and Referral Program (SHARP), this effort assures an integrated approach to the screening and assessment of sheltered persons to identify service needs and appropriate treatment modalities. As part of its contribution to this program, the Division also developed and implemented a training program to acquaint professionals working on the project with the effects of commonly used drugs and provide an overview of the substance abuse treatment system.

Second, recognizing that many homeless persons shun organized shelter services, the Division established a Mobile Assistance Outreach project to provide screening and referral for homeless substance abusers who might be unreachable through shelter-oriented outreach. For this project, two vans are stationed at locations known to be high-impact areas for homelessness and substance abuse. Specially trained teams of Division staff provide intake control, screening and individual assessment, crisis intervention, and referral services. Upon identification of clients appropriate for substance abuse treatment services, arrangements are made for detoxification, if necessary, and admission to a residential treatment facility.

In addition to such direct services, the mobile outreach project has also played an important role in community awareness and development. Prior to the establishment of a mobile outreach site in any given area, project staff work closely with community leaders, elected officials, police precincts, and human service agencies to acquaint them with the project's goals and procedures. Overall, this aspect of the HEART Project has been very successful. So enthusiastic was the

response to the program in the Bronx, for example, that one local community board (CB 6) hosted a special block party to launch the outreach effort in that area. Less tangible, but certainly no less important, is the increased understanding of the devastating effects of homelessness and substance abuse within the communities involved.

Finally, central to both the shelter outreach and mobile assistance projects is the availability of treatment resources for homeless persons in need of substance abuse rehabilitation services. Even the most effective outreach effort will flounder if treatment capacity is insufficient to meet the need. In view of the current high levels of program utilization and the predicted levels of need of such services, the availability of treatment capacity is a cornerstone of the HEART Project. Through funds made available under the Governor's initiatives for the homeless, the Division has targeted some 500 residential treatment slots for this purpose.

Thanks to careful planning and intensive effort the project was operational in an exceptionally short time. Within only a few weeks of the identification of the necessary funds, mobile units had been purchased, staff had been trained, and, by midsummer, outreach teams were "on the street" interviewing, screening and referring homeless substance abusers to treatment. By the end of the year, residential services were being provided in New York City by seven HEART Project contract agencies, at two programs on Long Island and two upstate. More than half of the targeted capacity of 500 residential homeless beds was achieved and plans were in motion for the construction and renovation necessary to bring the remainder on-line during 1986.

AIDS Victims

Acquired Immune Deficiency Syndrome (AIDS) is one of the most compelling public health issues facing our nation. Intravenous (IV) drug users comprise one of the highest risk groups for contracting AIDS. As of mid-1985, one-third the reported AIDS cases in New York State were IV drug users. Studies of the prevalence of antibodies of HTLV-III/LAV, the virus associated with AIDS, indicate that as many as 50 percent of IV drug users in New York City have been exposed to the virus. The existence of some 250,000 current and former IV drug users underscores the potentially devastating impact of this health problem on New York State residents.

In the face of this challenge, the Division has pursued an aggressive program of research, training, and the dissemination of information on AIDS.

Central to the research effort are the examination of the incidence and prevalence of AIDS, the study of needle-sharing and related behavior among IV drug abusers, and determining possible co-factors in the development of AIDS by IV drug abusers. Studies such as these, most notably a federally funded study on "Risk Factors for AIDS Among Intravenous Drug Users," have provided important data for the state's substance abuse services community. In addition, through formal contacts with the state's AIDS Institute and the federal Centers for Disease Control, information is shared among scientists and policy-makers at other levels of government and in other health care systems.

Equally important, from the practical point of view, is the need to communicate the latest information on AIDS to the substance abuse treatment field. With a significant number of AIDS deaths already reported among IV drug abusers, it is vital that current findings on AIDS — and their implications for treatment — be made available to program personnel. To meet this need, the Division has conducted a series of training seminars for the staff of treatment programs. The sessions included general information for administrators and special training for physicians, nurses, and counselors on techniques for dealing with AIDS-related problems. To facilitate the sharing of such information, these sessions have also been videotaped and are available for reference and loan.

In addition, the Division has prepared and disseminated AIDS Bulletins and Information Packets to treatment programs. Designed to give administrators, medical staff and counselors a better understanding of the AIDS problem, these have included information on the HTLV-III blood test, recommendations for reducing the risk of exposure to AIDS, and a listing of informational resources within the state. Program staff have been instructed to share this information with clients and with other IV drug abusers they may encounter. In addition, whenever necessary, professional medical, research and administrative staff have been made available to provide technical assistance to any program experiencing problems related to AIDS.

At the same time, recognizing that the need for accurate and timely information extends far beyond the substance abuse treatment community, the Division has developed additional informational materials in the form of brochures, posters, etc., to provide information to the "street" population of IV drug abusers and others.

More proactively, the Division is also seeking additional fiscal resources to support the expansion of treatment services for IV drug abusers. With more than 900 individuals on waiting lists, unable to access existing services, it is vital that no effort be spared to assist those wishing to abandon their substance-abusing behavior. To turn these

individuals away from treatment merely encourages them to continue their drug-abusing behavior and therefore encourages the potential spread of the virus. In response to the waiting list, and the AIDS crisis Governor Cuomo initiated an expansion of 500 methadone treatment slots in 1986. By intervening in the IV drug use cycle, the spread of this dread syndrome might well be slowed.

Persons In The Criminal Justice System

As these discussions show, not everyone who is involved with drugs is a criminal. Yet the connection between drugs and crime is inescapable. An active heroin user in New York City commits thefts having an estimated value of almost \$30,000 each year. And as many as 60 percent of those incarcerated in the state's prisons have been involved with drug use. In view of the high costs of incarceration, currently estimated to average more than \$34,000 per year, it is vital that cost-effective treatment alternatives be developed.

In 1983, in conjunction with the State Department of Correctional Services and the Division of Parole, the Division of Substance Abuse Services implemented an innovative program to assist individuals in the state's correctional system with substance abuse problems. Under this program, eligible inmates were granted early release to approved community facilities. This mechanism thus helped relieve the state's overcrowded correctional system and, at the same time, provided treatment services to address the substance abuse problems of the clients involved.

In all, almost 200 participants received services from the program, the success of which is obvious from a number of positive outcomes. First, fewer than 4.5 percent of all urinalysis tests were positive, confirming that treatment had a positive impact on the participants' drug dependences. Moreover, there were no crimes committed, no community disturbances, no disruption to program operations, and no violence associated with any "Pre-Release" client during the entire program period.

Unfortunately, the legislation authorizing this program contained a "sunset" provision. Accordingly, the continuation of the program beyond its first trial period required specific legislative reauthorization. Therefore, regardless of its positive impact, it became necessary to discontinue the program when its original authorization lapsed in July of 1984.

In recognition of the merits of this approach, the three state agencies involved worked together throughout 1985 to develop mechanisms that would allow for the renewal of the major features of

this important program. As a result, a proposal was put forth for two separate, but related, components. First, the Community Contract Facility (CCF) program would reinstitute a 100-bed residential capability under the general auspices of the Department of Correctional Services. This would be complemented by a second component, Selective Treatment Options for Parolees (STOP), also involving 100 beds, to be implemented and administered jointly by the Divisions of Substance Abuse Services and Parole.

Assuming the authorization of sufficient fiscal resources, it is anticipated that, together, these programs will provide an important contribution to the state's criminal justice efforts.

Drivers Impaired By Drugs

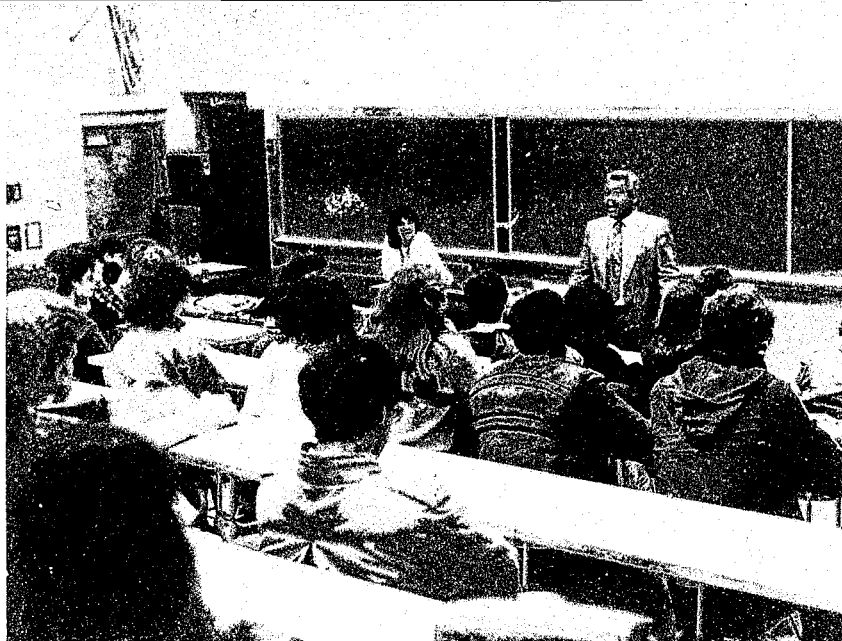
Another problem related to the criminal justice system is that of driving while under the influence of drugs. Evidence continues to mount that a significant proportion of accidents involve drugs alone or in combination with alcohol. As many as 58,000 state residents report having had accidents while driving under the influence of drugs.

Although a substantial effort has been made to reduce the incidence of driving while under the influence of alcohol, little attention has been paid to the problem of drugged driving. To remedy this situation, the Division worked throughout 1985 with the State Division of Criminal Justice Services, Division of State Police, Division of Alcoholism and Alcohol Abuse, and the Department of Motor Vehicles. Plans are being developed for one or more pilot projects to identify persons who are driving while their ability is impaired by drugs and to provide appropriate treatment resources. Such programs will provide an important foundation for reducing this serious problem.

Youth

Adolescents and young adults make up the group most at risk of substance abuse in New York State. With only one-fifth the population, young people aged 12 to 17 are almost six times more likely than older adults to be recent users and over 11 times more likely to be regular users of illicit substances. Over half of all regular and recent drug users are aged 18 to 34.

Statistics such as these are all the more discouraging in view of the enormous importance of this period of life. Educational opportunities lost, vocational options missed and deviant behavior patterns established all contribute to an all but irreversible negative impact on the lives of youthful drug abusers.



Division Director Julio A. Martinez addresses a group of Guilderland High School students as part of their "Special Alternative Experience" program. (Photo by Marcia Oliveri)

In recent years, this picture has been vastly complicated by the emergence of a trend toward dual substance use. The Divisions of Substance Abuse Services and Alcoholism and Alcohol Abuse recently surveyed secondary school students throughout the state. This study revealed that one-quarter of the students reported the combined use of alcohol and marijuana in the six months prior to the survey. And, while seven percent had used drugs alone, and 19 percent had used alcohol alone, over half — 53 percent — had used both drugs and alcohol at some time during their lives. Not surprisingly, the students most heavily involved with drugs and alcohol were the ones most likely to have had educational and disciplinary problems and to see themselves as "hooked."

In addition to the prevention and treatment initiatives outlined elsewhere in this report, the Division is exploring new approaches to this growing problem. Among these, the most promising involves residential treatment for chemically dependent adolescents.

Beginning in 1984, the Division launched an innovative program in Rensselaer County to address the need for residential services for youth in that area. Subsequently, the program was expanded through a joint funding venture with the Division of Alcoholism and Alcohol Abuse to enable the provision of services to youth who abuse both drugs and alcohol. During 1985, a second jointly funded program for chemically dependent adolescents was initiated in Queens. A third program, also jointly funded with the Division of Alcoholism and

Alcohol Abuse, coordinate prevention and intervention for youth in Saratoga County.

To foster the development of such services, the Divisions of Substance Abuse Services and Alcoholism and Alcohol Abuse convened a special interdisciplinary advisory group on chemical dependency services for youth late in 1984. Working throughout the year, the group developed a set of joint regulations, issued in October 1985, to be used by both Divisions in their oversight of such programs. The existence of these regulations will facilitate the expansion of vital services to this all important population.

Employed Substance Abusers

Substance abuse among the working population represents a major new dimension on the drug scene. Reports are common in the news media of widespread drug abuse among wage earners and upper level management alike. Precise figures are hard to come by, but recent estimates of the costs to society of substance abuse put the value of reduced productivity at over \$33 billion nationwide. Although comparable figures for New York State are not readily available, it is



In December, the Division sponsored a toy drive for the children of recovering substance abusers currently in treatment. A Christmas party, sponsored by McDonald's in Colonie, New York was held for the children, who received gifts and food. (Photo by Marcia Oliveri)

reasonable to put the value of reduced productivity and lost employment in New York at almost \$3 billion annually. And this does not include costs associated with work-related crime, accidents and illness.

It is vital to the health, safety and economic well-being of the state that services be developed to prevent the spread of substance abuse among the state's work force and provide treatment services for those who are already drug involved.

During 1985, several initiatives were carried out to meet this need. First, as a follow-up to the recommendations of an interagency task force on chemical dependency, the Division convened an Employee Assistance Program (EAP) "think tank." Bringing together representatives from both labor and management organizations, this group is designed to develop practical solutions to the many complex problems faced by employed substance abusers, their families, and their employers. As an adjunct to this project, the Division has intensified its efforts to facilitate access to treatment services for employed persons: it has proposed legislation to mandate insurance coverage for substance abuse treatment, and acted to establish linkages among employers, employee and member assistance programs, and service providers. Finally, the Division's own Family Therapy Center provides state-of-the-art treatment and referral services and training for other provider agencies through its innovative practicum program.

Children of Substance Abusers

The Division's efforts on behalf of the children of substance abusers span several years. In 1983, the DSAS Director convened an interdisciplinary task force to investigate this problem. The task force sought both to identify the extent and nature of the impact of parents' substance abuse on their children, and to establish mechanisms to provide services for this highly vulnerable population group. In 1985, based on the recommendations of the task force, the Division contracted for three demonstration projects in this area. Each offers a special focus:

- In the Bronx, the Albert Einstein College of Medicine's Division of Substance Abuse emphasizes the identification of, and intervention with, children exhibiting behavioral, learning and health problems. Clinical and support services are provided primarily through referral to outside agencies.
- In Manhattan, the Bellevue Hospital Methadone Maintenance Program's intervention strategies emphasize the identification of high-

risk families. Services are provided through referral and through the many resources of the hospital itself.

- In Buffalo, the Parents Anonymous program offers direct services for parents and their children in a nonhospital setting.

These are only an important first step in the improvement and expansion of services for the children of substance abusers. Each program will be carefully evaluated. Successful program elements will be available for integration throughout the remainder of the service system and a stable foundation will be laid for replication as needs require and resources allow.

The Governor's 1986 Youth Drug Prevention Campaign

UNFORTUNATELY, substance abuse is all too often glamorized in our society. Popular songs, movies and television frequently portray drug use as trivial or romantic. Accordingly, drug abuse prevention messages are often negative, stressing the harmful aspects of drug use. While this is understandable, and necessary, it leaves an important message unsaid: there are countless positive alternatives to substance abuse.

Recognizing the importance of this positive side of prevention, the Division developed, and in September 1985 launched, a new prevention campaign, the *Governor's 1986 Youth Drug Prevention Campaign*. This effort focuses on young people in schools throughout the state who channel their energies and interests in positive areas rather than resorting to drug use, and on the programs and activities that can help them to do so. The campaign slogan, "You've Got What It Takes!" emphasizes the positive choices young people can, and do, make when confronted by difficult situations involving the use of drugs. In keeping with the concept of positive role models, the campaign features honorary co-chairpersons New York Mets baseball star Ron Darling;



Deborah Carthy-Deu, Miss Universe 1985 and cochairperson of the Governor's 1986 Youth Drug Prevention Campaign answers questions on youth and drug use. (Photo by Marcia Oliveri)

Laura Martinez-Herring, Miss USA 1985, describes her commitment to drug prevention efforts as cochairperson to the Governor's 1986 Youth Drug Prevention Campaign. (Photo by Marcia Oliveri)



Deborah Carthy-Deu, Miss Universe 1985; and Laura Martinez-Herring, Miss USA 1985. Giving generously of their time, they are involved in a number of activities, most notably a series of regional school assembly programs with Director Julio A. Martinez. These programs involve frank discussions about drugs with students in local schools across the state.

Other major components of the 1986 Youth Drug Prevention Campaign include Governor Cuomo's designation of January 1986 as Substance Abuse Prevention Month; a statewide visual essay contest for videos produced by schools and students on the theme "You've Got What It Takes!"; the development and distribution of booklets, bookcovers and brochures; a series of ecumenical conferences involving clergy; and the encouragement of local prevention efforts by community groups, schools and students.

Like many of the Division's recent initiatives, the 1986 Youth Drug Prevention Campaign relies heavily on support from nongovernmental sources. In addition to Miss Universe, Miss USA and Major League Baseball Productions, the campaign is generously supported by WNBC-TV, Inner City Broadcasting of New York City and Zenith Laboratories, Inc. of New Jersey.



Division Director Julio A. Martinez and New York Mets baseball star Ron Darling speak with students about alternatives to drug use. Ron Darling serves as cochairman to the Governor's 1986 Youth Drug Prevention Campaign. (Photo by Marcia Oliveri)



Students from Junior High School #104 in Manhattan gather around Ron Darling as he lends his support to the Governor's 1986 Youth Drug Prevention Campaign. (Photo by Marcia Oliveri)

Research

IN A FIELD AS COMPLEX and rapidly changing as substance abuse, it is vital to keep abreast of developments in the related areas of pharmacology and epidemiology. Additionally, innovations in treatment and prevention strategies require constant evaluation and assessment.

To meet these needs, the Division maintains a multifaceted research program. The Division's Research Laboratory conducts an extensive program of basic research on the biochemistry and pharmacology of drug abuse. Recent major contributions include studies of the biochemistry of opioids, phencyclidine (PCP), cocaine, caffeine and other stimulants, and marijuana. In addition, through basic research on neurochemistry, important contributions are being made to the understanding of the fundamental mechanisms underlying addiction and dependency. Related activities during the past year have resulted in improved procedures for monitoring the therapeutic use of LAAM (a long-acting form of methadone) and the recently approved opiate antagonist naltrexone.

Technical contributions such as these are constantly communicated to the scientific community through publications in technical journals, textbooks and presentations at professional symposia. In addition, ongoing contacts are maintained through joint studies and consultation with academic institutions, other government agencies, and the World Health Organization.

The Division also conducts many studies on the epidemiology and sociology of substance abuse. Among the recent contributions in this area are: investigations into the interrelationships of drug abuse, crime and violence; a study of risk factors for AIDS among intravenous substance abusers; and the analysis of economic and social impact of drug abuse.

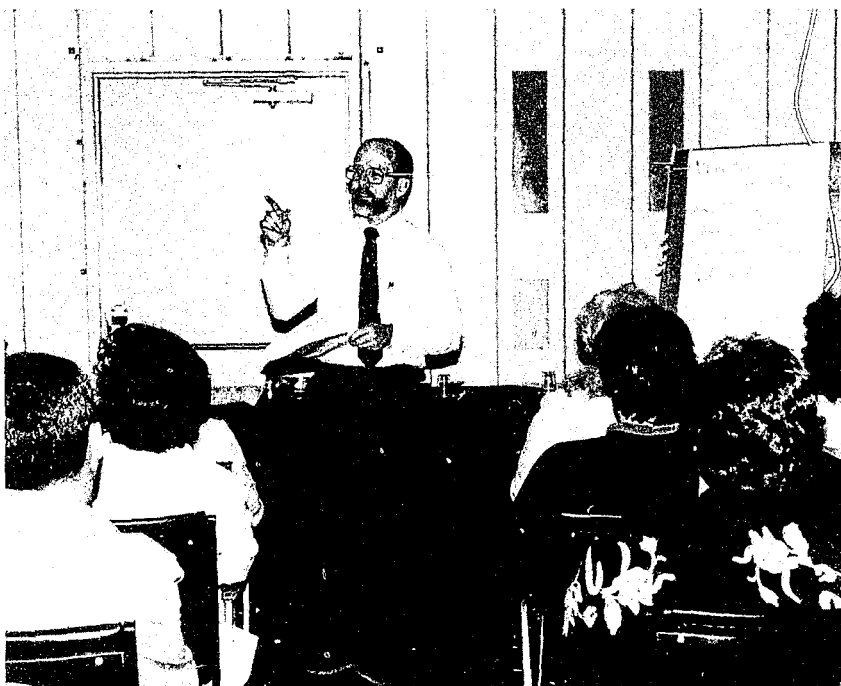
In addition, the Division constantly monitors trends in drug trafficking and patterns of abuse. Methods include the analysis of indirect indicators such as emergency room episodes, mortality data and police reports, as well as more direct measures provided by the Division's Street Studies Unit. During 1985, evaluation studies were also conducted on the involvement of outpatient clients in vocational rehabilitation and evaluation, and on an innovative short-term residential program for methadone clients. Additional evaluations of a prison-based therapeutic community and a new program for mentally disabled drug and alcohol abusers are currently in progress.

As with the basic research noted above, findings on the social and epidemiological aspects of drug abuse are communicated through publication in technical journals, press releases to the media, through papers delivered at professional symposia, training activities and presentations at conferences. During the past year, these activities were supplemented with a series of regional epidemiological workshops across the state. Featuring the participation of representatives from Local Designated Agencies, service providers and other interested parties, these workshops provided for an open exchange of information on state and local drug abuse patterns and for the exploration of ways in which the state and localities can most effectively interact on matters of mutual concern.

Training And Technical Assistance

In order to translate facts into action, it is necessary that research findings and other information be widely shared among substance abuse service providers and the general public. To ensure this, the Division also administers an extensive program of training and technical assistance.

During 1985, specialized training was provided to service provider personnel on a variety of subjects such as client assessment, clinical supervision, group counseling and vocational rehabilitation. In addition, an ongoing Counselor Assistance Program continued to provide intensive on-site training and assistance to improve counseling skills among individual service providers. A related initiative started in 1985 involves a practicum in family therapy provided for selected service



Division trainer Michael Nerney presents a cogent point at a workshop entitled "Pharmacology Update." (Photo by Marcia Oliveri)

providers in conjunction with the Division's innovative Family Therapy Center. Additional assistance in program administration and support is provided as an ongoing component of the Division's contract management, program review, and fiscal audit activities.

It is possible, of course, to distinguish training and technical assistance as separate elements of the Division's operations. But it is important to emphasize that in practice they form an integral component of almost all of the Division's undertakings. In the new initiatives for special population groups described above, for example, training and technical assistance play central parts. Thus, over the year, the Division developed and implemented training encompassing:

- an overview of substance abuse for coordinators and administrators of Employee Assistance Programs;
- special substance abuse issues for interagency teams involved in the homeless project;
- information and resource materials on AIDS for service providers;
- substance abuse issues for service providers in the mental health field;
- the special needs of clients who abuse both drugs and alcohol;
- adolescent suicide: issues in prevention for service providers and others;
- substance abusers within the correctional system.

Finally, in addition to efforts geared to the substance abuse treatment system, the Division integrates its training efforts with many prevention activities as well. Training and developmental assistance are regularly provided to state and local governmental agencies and to private corporations, community action groups and others within the general public. Subjects of such assistance range from community awareness of substance abuse to parenting skills.

Other Selected 1985 Program Highlights

Prevention

- Efforts were begun to study the efficacy of the "social pressures model," presented in the Rand Report as an effective technique to reduce cigarette smoking among youth, and its applicability to the substance abuse problem.
- The Division sponsored two week-long pilot sessions in Syracuse and Albany, which centered on assessment and intervention techniques. A system for continuing similar training in localities is being developed.
- Planning was initiated for an evaluation of the New York City school-based prevention programs, with the issue of basic efficiency standards to be addressed early in the process.
- The Division established liaison with new programs which involve the police in providing prevention programming, such as the SPECDA (School Program for the Education and Control of Drug Abuse) in New York City.



Participants of the Community Intervention Training session in Albany learn new techniques on assessment and intervention of substance abuse among youth. (Photo by Marcia Oliveri)

Self-Help — Six area directors of self-help group clearinghouses assisted the Division in developing an information packet, shared with local programs, to increase substance abuser's access to and utilization of this rehabilitative resource option.

Cocaine Symposium — The Division sponsored a second major symposium for administrators, scientists, researchers, clinicians and others in the field, as a follow-up to the comprehensive symposium conducted in 1982.

Counseling Assistance

- An innovative *Family Therapy Practicum* was implemented by the Division, to train local program counseling staff in family therapy using a systems approach.
- On-site technical assistance in counseling was delivered to six additional programs.

Multiple Disability — In New York City, a program already funded separately by the alcohol, substance abuse and mental health agencies, began to operate a combined program for the chemical-abusing mentally ill.

- The Division cosponsored and assisted in planning and implementation of the first Governor's Interagency Conference On Prevention.
- Together with the State Education Department and the Division of Alcoholism and Alcohol Abuse, the Division pursued a new effort to increase the implementation of curriculum materials in schools.
- In conjunction with the Citizens Alliance To Prevent Drug Abuse, the Division held the Second Annual CAPDA Conference on Foundations For Effective Prevention. Over 300 volunteers and service provider representatives attended.

Vocational Rehabilitation

- Four new vocational rehabilitation projects were funded for unemployed youthful substance abusers, in Albany, Suffolk, and Westchester Counties and New York City.
- A pilot project was implemented to evaluate the effectiveness of an increase in vocational rehabilitation-focused services in methadone maintenance clinics.
- An executive from Citicorp's Loaned Executive Assistance Program began a twelve-month assignment with the Division to assist local programs in the delivery of employability skills — from an employer's

perspective — and to increase linkages between the treatment community and the private sector.

- Revised vocational counselor classification standards were issued, normative vocational staffing patterns were developed and specific recommendations were made for individual programs in New York City.

Chemotherapy Treatment

- Eleven additional methadone clinics instituted the differentiated/comprehensive services model, designed by the Division to make most efficient use of program resources by structuring programming to deal with client needs at several discrete levels of functioning. The previous implementation of an intensified residential program component for selected methadone clients also reflects specialized programmatic responses in this area. In 1985, Beth Israel Medical Center — the largest methadone maintenance program in the Division's funded system of services — received federal approval of a protocol to test a new program of aftercare services for rehabilitated narcotic addicts who continue to receive medication.
- The federal Food and Drug Administration approved naltrexone — an antagonist medication under study for more than a decade — for general use as an adjunct in treatment for narcotic addiction. Opposite in its effects from methadone — naltrexone "blocks" receptor sites so that narcotics have no effect — this medication provides a useful new tool for treatment of carefully selected and motivated addicts. The Division cosponsored a conference to acquaint service providers and personnel in other relevant fields with its potential and is helping to establish several pilot projects to formally assess its programmatic effectiveness in various settings.
- The first of the Northeast Regional Methadone Conferences to be held outside of New York State was convened in Cherry Hill, New Jersey. These conferences, which originated as a New York State program, reflect a successful interstate effort including states from Maine to Maryland and the District of Columbia.

Funding For Services

OVERALL, FUNDING LEVELS have increased moderately in recent years. State appropriations, third-party reimbursements, and local funding — reflecting increased commitments and local tax levy monies — have shown important gains. On the other hand, with the advent of Block Grants in the early 1980's, federal funding declined markedly, dropping from a 20 percent share of overall operating support in 1979-80 to less than 10 percent in 1985-86. Current federal actions on deficit reduction may reduce funding for programs in New York State even further.

State Budget Appropriations

	1984-85	1985-86
STATE OPERATIONS		
General Fund	\$ 11,004,000	\$ 14,946,900
Special Revenue — Federal	3,237,100	—0—
Special Revenue — Other	1,514,400	1,964,000
SUBTOTAL	\$ 15,755,500	\$ 16,910,900
AID TO LOCALITIES (Adjusted)		
General Fund	\$ 84,572,000	\$ 82,767,000
Special Revenue — Federal	14,812,000	18,997,000
Special Revenue — Other	275,000	350,000
SUBTOTAL	\$ 99,659,000	\$102,114,000
CAPITAL PROJECTS	\$ 120,000	\$ 150,000
SUBTOTAL	\$ 120,000	\$ 150,000
AGENCY TOTAL	\$115,534,500	\$119,174,900

Most State funds, as well as all other funds, are applied to delivery of locally provided services. Direct State operations, with a few exceptions such as statewide prevention activities and a limited number of selected specialized projects, are primarily devoted to oversight and support of the local services system.

Despite the apparent gains in available dollars in recent years, the system has been hard pressed in bearing the costs of inflation as the Division has worked to maintain existing needed services and still be responsive to critical areas of unmet need.

State appropriated funds have increased: in 1984-85 based largely on increased funding for expanded and enhanced school-based prevention services; and in 1985-86 principally with the addition of cost-of-living funding for the first time in three years and new monies to initiate residential treatment services for homeless substance abusers. During late 1984-85 and continuing into 1985-86, implementation of Congregate Care Level II reimbursement rates for residential treatment programs resulted in significant Home Relief reimbursement increases to these providers. These increases, which brought Home Relief rates for residential substance abuse services up to par with comparable alcoholism and mental health services, enabled the redirection of State appropriated funds for modest cost-of-living increases and services for the homeless.

Prevention Program Summary The Division funds a total of 162 school- and community-based prevention programs directly serving approximately 36,000 individuals. Additional school-based prevention efforts involving classroom presentations, assemblies, and other group-oriented activities reach more than two million participants. In addition, some 250 Community Action Groups are active in virtually every area of the state, reaching over 100,000 persons.

Utilization of Funded Treatment Programs

(as of September 30, 1985)

BY REGION	CENSUS	FUNDED CAPACITY	UTILIZATION
Statewide	40,456	40,614	100%
Region 1	1,036	975	106%
Region 2	434	515	84
Region 3	587	646	91
Region 4	193	207	93
Region 5	836	977	86
Region 6	2,808	2,657	106
Region 7	30,626	30,612	100
Region 8	3,936	4,025	98

BY MAJOR MODALITY/ENVIRONMENT	CENSUS	FUNDED CAPACITY	UTILIZATION
Detoxification	108	75	144%
Methadone Maintenance	26,424	25,802	102
Methadone-to-Abstinence	1,114	1,210	92
Drug-Free Residential	3,563	3,639	98
Drug-Free Prison	314	365	86
Drug-Free Day Service	1,205	1,318	91
Drug-Free Outpatient	7,728	8,205	94
Total	40,456	40,614	100%

Contribution Acknowledgement

ONE OF THE MAJOR LESSONS of the past decade is that government alone cannot solve the problem of drug abuse. The cooperation and support of all the members of the "family of New York" are essential to any effort in this area. In recognition of this fact, the Division has in recent years become increasingly active in pursuing the support of corporations and private individuals for many important activities that would be otherwise impossible. Although words cannot express our gratitude to the many who have contributed so generously of their time and money, the Division wishes to acknowledge those that have been particularly supportive in recent months. Among these, special thanks are due this year to New York Mets star Ron Darling; Deborah Carthy-Deu, Miss Universe 1985; and Laura Martinez-Herring, Miss USA 1985.

The Division of Substance Abuse Services distributes a wide variety of materials designed to increase the public's knowledge of the nature of drugs, the dangerous effects of substance abuse, the services available through local programs, and the need for community involvement and support.

Persons wishing to obtain informational materials may write:

Division of Substance Abuse Services
Office of Communications
Executive Park South, Box 8200
Albany, New York 12203

or

Bureau of Training and Resource Development
Resource Center
116 Nassau Street, 10th Floor
New York, New York 10038

DSAS Administrative Offices

New York State Division of
Substance Abuse Services
Executive Park South, Box 8200
Albany NY 12203

New York State Division of
Substance Abuse Services
55 West 125th Street
New York NY 10027

New York State Division of
Substance Abuse Services
250 Broadway — 17th Floor
New York NY 10007

Regional Offices

DSAS Regional Office #1
584 Delaware Avenue — Room 206
Buffalo NY 14202

DSAS Regional Office #5
Executive Park South, Box 8200
Albany NY 12203

DSAS Regional Office #2
167 Court Street — 2nd Floor
Rochester NY 14604

DSAS Regional Office #6
30 Glenn Street
White Plains NY 10603

DSAS Regional Office #3/4
John F. Hughes State Office Building
Room 548
333 E. Washington Street
Syracuse NY 13202

DSAS Regional Office #7
55 West 125th Street — 8th Floor
New York NY 10027

DSAS Regional Office #8
175 Fulton Avenue
Hempstead NY 11550

Laboratory

Bureau of Laboratories and Testing
80 Hanson Place
Brooklyn, New York 11217.

Drug Information Number

1-800-522-5353