

**REVISED SUBSTANCE ABUSE
GRANTMAKING STRATEGY**

**The New York Community Trust
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I. INTRODUCTION

Substance Abuse is defined as the excessive use of addictive substances, especially narcotic drugs, and alcohol.

- Substance use: is characterized by the experimentation and recreational use of one or more substances (e.g., alcohol, tobacco, and/or illicit drugs).
- Drug addiction: is a condition ascribed to people whose use and craving increases in spite of impaired physical, social, familial, emotional, psychological, and/or occupational functioning. In these cases, drug use has become the focal point of their life.
- Recovery: is a long-term process in which a former user seeks to achieve a drug free lifestyle.

II. SCOPE OF THE SUBSTANCE ABUSE PROBLEM IN NEW YORK CITY

Substance abuse and addiction is widespread affecting all economic, social, and racial groups.

- Crack use has declined.
- Cocaine use accounts for major social problems in New York City.
- 80 percent of New York State's heroin addicts live in New York City.
- Marijuana abuse has remained steady over the past five years, and is popular among teens.
- Club drugs such as ecstasy are increasingly popular among teens and young adults.

The New York State Office of Substance Abuse Services estimates that 12 percent of the City's adult population abuse one or more substances.

- 525,000 adults in New York City abuse alcohol, and
- 250,000 adults regularly abuse illicit drugs.
- Education and employment status are factors in illicit drug abuse.
- High school dropouts have the highest rate of drug abuse.

III. CONSEQUENCES OF SUBSTANCE ABUSE

Substance abuse in New York City is costly in human, social, and financial terms. The most widespread effects are in the following areas:

Health:

The United States spends \$19 billion yearly to treat the medical consequences of alcohol and drug abuse. These include:

- HIV/AIDS cases involved injection drug use;
- Substance-exposed newborns;
- Hepatitis;
- Cirrhosis, and
- Heart disease.

Family:

Drug and alcohol abusers experience many problems in their relationships with families and friends. Drug-abusing women bear a disproportionate share of these problems. Most:

- Have histories of domestic violence, rape, and sexual abuse,
- Are single parents; and
- Go unnoticed until they become known to the criminal justice or child welfare systems.

Parental abuse of alcohol or other drugs:

- Is a factor in both the placement and length of stay for the majority of children in foster care, and
- Accounts for 67 percent of HIV/AIDS in children.

Crime:

Substance abuse is highly correlated with crime.

- New York City is the major center for heroin activity in the United States.
- Marijuana related arrests have increased dramatically, from 4,762 in 1991 to 60,445 in 2000.
- Sixty percent of adolescents who use drugs also commit crimes.
- 9,000 deaths in New York City in 2000 involved drug abuse.

IV. CURRENT EFFORTS TO PREVENT AND TREAT DRUG ABUSE

Experts point to prevention and treatment as the more effective solutions to reduce drug use and abuse.

Prevention programs are designed to reduce drug use.

- Stand-alone prevention services are most often delivered in school and community settings.
 - There are 100 prevention service providers in the City operating 1,137 program units,
 - The Department of Education is the largest provider, operating more than 1,000 programs.

Treatment programs are designed to reduce alcohol and drug addiction.

- Successful drug treatment includes three phases:
 - Detoxification: manages withdrawal from physical dependence.
 - Treatment: addresses serious physical, and or psychiatric disorders; supports abstinence, and helps reintegrate recovering addicts into the community.
 - Relapse prevention: Includes support and maintenance services to sustain abstinence over time.

The drug and alcohol treatment system in New York City is large and diverse.

- New York State licenses 164 agencies in the City to operate a comprehensive continuum of hospital and community-based emergency, inpatient, residential, and out-patient drug treatment programs.
 - The majority are small with operating budgets under \$5 million dollars.
 - They lack sufficient capacity but
 - Provide services to over a quarter of a million New York City residents each year.
 - 53 percent of New Yorkers in treatment are minorities.
 - 40 percent are involved with the criminal justice system.
 - Most are poor.
 - 27 percent are women with children.
 - 70 percent are 25 to 44 years old.

How effective are drug treatment and prevention programs? Several national studies find:

- That drug treatment works and saves money for the society that provides it.
- Drug and alcohol treatment has helped thousands of people stay drug-free and improve their quality of life.
- Cocaine addiction is treatable.

- Post-treatment self-help such as twelve-step programs are:
 - The key linchpin in treating alcoholism,
 - Effective in helping recovering substance abusers maintain a drug free life-style.

National studies also give prevention programs mixed reviews.

- They work best for elementary school students, but are less effective with adolescents.
- Model drug programs promote social competency, and academic success and look exactly like youth development programs.

V. FUNDING

Federal, State and City government, and Medicaid reimbursement provide the majority of funding for substance abuse treatment and prevention.

- The State Office of Alcohol and Substance Abuse Services is the primary funding source for the City's prevention and treatment services delivery sector.
- Medicaid reimbursements are important source of revenue for agencies treating the poor.
- New York foundations do not play a significant role.

VI. REVIEW OF THE CURRENT PROGRAM

The current goal of our program is to help address the complex problems of children and youth to age 24.

- The guidelines for our current program were approved in 1986, and
- Have governed our grantmaking since that time.

For the purpose of this review, we reviewed our grants over the past five years. Grants have been made to:

- Develop substance abuse prevention programs for at-risk adolescents and youth in foster care.
- Expand model programs.
- Support drug treatment programs for women with children.
- Promote reform in child welfare and substance abuse treatment practices.
- Strengthen follow-up services for recovering substance abusers.

VII. A REVISED SUBSTANCE ABUSE GRANTMAKING STRATEGY

Our review has highlighted significant shifts in the substance abuse treatment landscape.

- Research and science based practice has improved treatment interventions.
- State licensed treatment facilities work closely with City agencies to address co-occurring health, mental health, and social problems.

The service needs of substance abusing New Yorkers are changing.

- Many ethnic groups are beginning to access treatment:
- Drug and/or alcohol abusing elders account for 10 percent of all New Yorkers over the age of 55.
- More substance abusers in the City are being diagnosed with mental illnesses, but only a fraction of these people have been identified by treatment systems.
- Women, and multiple ethnic groups fall between the cracks because of a lack of targeted services.
- Treatment agencies in Brooklyn and Queens reach only 28 percent of the people seeking services.
- At least 8.8 percent or about 50,000 adolescents are in need of treatment.

We propose to build on the success of our current program, but refocus on efforts that address the treatment needs of underserved groups.

The overall goals of our substance abuse grantmaking will change because of the shift in the landscape. We now have an opportunity to help address the complex problems of drug and alcohol abuse affecting the poor and disadvantaged, particularly women, and youth to age 24. Our specific objectives will be to develop new service delivery models that:

- Expand treatment resources and or the populations eligible for services (e.g., women, ethnic groups, and inter-system partnerships that address substance abuse and other health, mental health, and social problems).
- Reduce alcohol and drug abuse through research and science based practice.
- Promote community-based systems of care.
- Increase small agency capacity to access diversified funding streams, (e.g., technical assistance to agencies with operating budgets under \$5 million to help them leverage public funding streams).