



## 2017 NEW JERSEY STATE ASSEMBLY AND SENATE ADDICTION PREVENTION, TREATMENT, and RECOVERY CANDIDATE SURVEY

### I. General Views on Alcohol and Drug Addiction Policies to Address Stigma

Addictive illness is largely recognized as a chronic brain disease. It requires a long-term care approach focused on disease management like asthma, diabetes and other chronic illnesses. Relapse rates are better for addiction than these other chronic illnesses.

Alcohol and drug disorders have only recently become recognized as a chronic disease, much like diabetes or hypertension. Yet the stigma associated with it continues to persist and often prevents people from seeking the treatment they need, contributing to disease severity and adding huge costs to public programs. Despite the ample and growing scientific research supporting the view that addiction is a disease, many in the public and medical profession have not yet fully embraced this concept. Policies and attitudes that reinforce stigma hinder access to treatment and make it difficult to sustain recovery.

Indicate which principles (if any) you agree with regarding your general views of alcohol and drug addiction and policies to address the stigma surrounding addictive illnesses by placing a check mark next to the letter(s) which correspond with your views.

a) Alcohol and drug addiction are preventable, treatable, chronic diseases and are as diagnosable as other illnesses such as diabetes, asthma and hypertension.

b) Alcohol and drug addiction treatment are very effective and work as well as other established medical treatments for illnesses such as diabetes, asthma and hypertension.

c) Stopping addiction is a matter of will and choice and those who chose to commit crimes to support its use should be severely punished.

d) Support funding to ensure that treatment and recovery services are available to those who need them.

e) Other \_\_\_\_\_

### II. The alcohol tax and addiction treatment funding

Of the over \$100 million collected each year through the state's alcohol beverage excise tax, the amount of that revenue dedicated to the Alcohol Education, Rehabilitation and Enforcement Fund (AEREF) is capped at \$11 million. Further, the latest year in which the alcohol tax was raised was 1992. The opiate crisis facing the state has created a need for more addiction treatment, which was in short supply even before the surge of prescription opiate and heroin misuse. Which of the following positions, if any, do you support?

a) Raise the \$11 million cap.

- b) Keep the \$11 million cap in place.
- c) Raise the alcohol tax and dedicate increased revenue to treatment.
- d) Keep the current alcohol tax rates in place.
- e) Fund the AEREF via a percentage of the amount collected, rather than through a fixed allotment.
- f) Other \_\_\_\_\_

### III. New Jersey's Opiate Crisis

New Jersey is currently in the midst of a surge of prescription opiate and heroin use. This crisis is taxing the state's already limited addiction treatment capacity and causing many overdose deaths. The Centers for Disease Control released findings showing that New Jersey's overdose fatalities are three times the national average and now the leading cause of accidental death. Which of the following positions, if any, do you support?

- a) Require that people who overdose from heroin or prescription opiates be presented with information about and referral to treatment.
- b) Provide dedicated funding for treatment referrals from cases of overdose revival through naloxone.
- c) Mandate that anyone revived from an opioid overdose be transported (with their consent) to a detox or treatment facility program or begin giving them a medication for withdrawal symptoms.
- d) Mandate that public places: schools, libraries, sports arenas, etc. stock an opioid overdose reversal drug and train certain staff on its use.
- d) Other \_\_\_\_\_

### IV. Recovery Centers and Supports

The State of New Jersey presently funds two Recovery Community Centers (in Voorhees and Paterson). These centers are non-clinical, peer-to-peer support facilities for people in recovery from addiction. The list of activities offered often include: support groups, coaching and mentoring, sober holiday events, life skills workshops, art therapy, etc. Which of the following positions, if any, do you support?

- a) Establish a Recovery Center in my home county.
- b) Use public funding to expand the number of centers statewide.
- c) Increase the number of privately funded Centers.



- d) Fund recovery supports such as \_\_\_\_\_
- e) other \_\_\_\_\_

**V. Criminal Justice and Treating the Addicted Offender**

A majority of jail and prison inmates have had some involvement with the misuse of drugs and alcohol. Many prisoners also struggle with varying degrees of addiction and mental illness. Which of the following positions, if any, do you support?:

- a) Enhance current drug, alcohol and mental health programs in lock-up facilities.
- b) Restrict the use of isolated confinement.
- c) Expand access to expungement relief for individuals who can demonstrate long-term recovery.
- d) Increase penalties to deter criminal behavior.
- e) Expand alternatives to incarceration for non-violent drug offenders.
- f) Other \_\_\_\_\_

**VI. Screening, Brief Intervention and Referral to Treatment**

S.2967/A.4599 has been introduced. This legislation would require high schools to conduct yearly written or verbal substance use screening with all students. There are currently a few hospitals in the Garden State participating in early Screening, Brief Intervention and Referral to Treatment (SBIRT) in order to identify potentially risky use of alcohol or drugs in adults. Do you support similar screenings of minors? If yes, which of the following positions, if any, do you support?

- a) Have screenings undertaken by trained school personnel.
- b) Use SBIRT outside of a school setting, i.e., physician's office.
- c) This is a private matter that should be dealt with when the youngster or the family seeks help.
- d) Other \_\_\_\_\_

**VII. Marijuana decriminalization/legalization**

Legislation is pending that would either de-criminalize or legalize certain amounts of marijuana for personal use. S.3195/A.4872 would legalize and regulate the possession and personal use of



small amounts of marijuana for individuals over 21 years of age. Which of the following positions, if any, do you support?

\_\_\_ a) Marijuana legalization and regulation.

b) Marijuana de-criminalization. *Small quantity*

\_\_\_ c) The present laws on its prohibition.

\_\_\_ d) The existing statutes, with changes (Please specify) *change similar to Washington, Dc.*

\_\_\_ e) Other *for small quantity -*

VIII. Medicaid Expansion

By all appearances, the state will be receiving less Medicaid dollars in the foreseeable future. \$100m Medicaid expansion monies have been budgeted each of the last two years to enhance access for Garden Staters to needed substance misuse treatment programs. How do you envision the State making up for all, or part, of this loss of funding?

*Partnering with non-profits and administering grant money would help alleviate money from the taxpayer and allow for more individual freedom of choice for their road to recovery.*

On an attached page, in seventy-five (75) words or less, please explain any other legislative priorities you will have regarding the prevention, treatment of and recovery from alcohol and drug addiction if elected.

CANDIDATE MUST SIGN SURVEY TO BE INCLUDED IN THE DATABASE

Candidate Name: David W. Wolfe  
(please print)

Candidate Signature: David Wolfe

District: 10

Party: Republican

Date: 8/25/17

David W. Wolfe  
10<sup>th</sup> Legislative District  
Assembly

I will continue to make Alcoholism and Drug Prevention a priority in the next Legislative Session.

I am a sponsor of the following legislation:

- A-1300      Requires prescribers and pharmacists to check prescription monitoring program prior to prescribing and dispensing Schedule II drugs.
- A-2422      Directs Commissioner of Education to encourage implementation of Natural High Drug Prevention Program in school districts.\*
- A-2425      Increases penalties for unlawfully manufacturing, distributing, or dispensing fentanyl.
- A-2430      Requires anyone receiving opioid antidote to treat drug overdose be provided with information concerning substance treatment programs and resources.
- A-3803      Requires health care practitioners prescribing opioid medications on first-time basis, or to minor children, to limit amount of prescribed medication to seven-day supply, except in certain circumstances.
- A-4922      Allows certain drug dealing offenses to be graded by "units," rather than weight, of controlled dangerous substances.