



ADDICTION:

How alcohol, substance abuse, and smoking relate to mental illness, and how providers are helping New Yorkers to recover.

An individual who is depressed uses illegal drugs to hide his symptoms. Someone who is anxious may drink excessively to calm her nerves. Are these issues of mental illness or substance abuse? Or both?

The answer isn't simple. Recent research indicates that about a third of people with a mood or anxiety disorder – and about half of people living with severe mental illness – also reported a substance abuse problem.

In the same manner, about a third of individuals who abused alcohol and more than half of drug abusers also reported experiencing a mental illness. Tobacco is even more prevalent, with more than 70 percent of respondents to one survey reporting that they had both a mental health issue and a smoking addiction.

Distinguishing between the two has never been simple, either. Early American colonists considered addiction to be the result of a lack of willpower or a moral failing to be treated with intensive prayer.

By the mid-1800s, addiction was addressed as a mental health condition. The New York State Inebriate Asylum in Binghamton, founded in 1864, was the nation's first hospital to treat alcoholism in this manner (see the article on the next page). By the early 20th century, mental health professionals recognized that addiction was a disease that could be managed, and community organizations such as Alcoholics Anonymous sprang up around the nation.

Today, mental health professionals are making incredible progress. Researchers continue to study how addiction and mental illness interact. Mental health professionals are understanding that – even though they occur at the same time – addiction and mental illness must be treated as separate disorders. Leaving one untreated threatens any progress the patient has made on the other.

This edition of *OMH News* will examine some of the issues related to addiction and mental illness and the ways providers are treating individuals who experience both. Please share your comments and ideas by contacting us at: omhnews@omh.ny.gov.



History:

'An Asylum for the Poor and Destitute Inebriate'



As research progressed and attitudes changed about addiction during the 19th century, New York became the first state in the nation to open a facility to treat alcoholism as a mental disorder.

Designed like a Tudor castle, the New York State Inebriate Asylum, opened in 1858, was located on what was then 250 acres of farmland east of Binghamton. Please note that the titles and language used are those of that time period. Today, more enlightened language and treatment are used.

The asylum was founded by Dr. J. Edward Turner, on the belief that "inebriety" was a disease that required medical and moral treatment. A physician practicing in New Jersey, Turner's experience caring for an alcoholic uncle led him to establish an institution in which "such cases could be secluded, housed, and treated."

Support for his idea came from physicians in New York who were experienced in establishing the Woman's Hospital in New York and the Hospital for Operative Surgery. Turner's research included traveling to Europe to observe the treatment of alcoholics in hospitals, asylums, and prisons.

In his subsequent publication, *The History and Pathology of Inebriety*, Turner wrote: "The inebriate, without an asylum, perils his own life by his own hand, jeopardizes the lives of others, and dies at length a most painful death."

After two petitions to establish an asylum were rejected by the State Legislature, Turner was finally granted a limited charter in 1854. He still, however, needed to raise funds for its construction and operation because the Legislature gave him no allocation, rejecting a plan to tax alcohol sales due to the prohibition movement.

The castle was designed and constructed by New York State architect-builder Isaac Gale Perry and was considered innovative for its time. The building was designed to refresh the air in the hospital frequently, lighted with gas, and heated by steam.

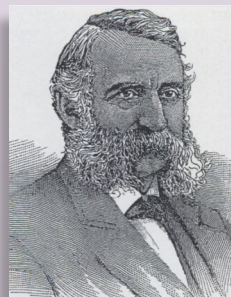
The five-building complex included a library with capacity for 20,000 volumes, a chapel seating 500 people, a winter garden, bowling alley, billiard tables, gymnasium, pleasure boats, a kitchen and bakery, areas to grow flowers and raise crops, and a dairy farm.

After facing financial troubles during its first decade and a disastrous fire, the asylum was closed in 1879 and reopened two years later as the Binghamton Asylum for the Chronic Insane, later called the Binghamton State Hospital. The castle was closed in 1993 due to safety concerns. It is on both the state and national lists of Historic Places, and is soon to be renovated to serve as a campus for SUNY Upstate Medical University. ^{OMH}



New York State Inebriate Asylum

New York State Archives



Dr. J. Edward Turner, founder

Illustrations from Drunkard's Refuge: The Lessons of the New York State Inebriate Asylum, By John William Crowley, William L. White.

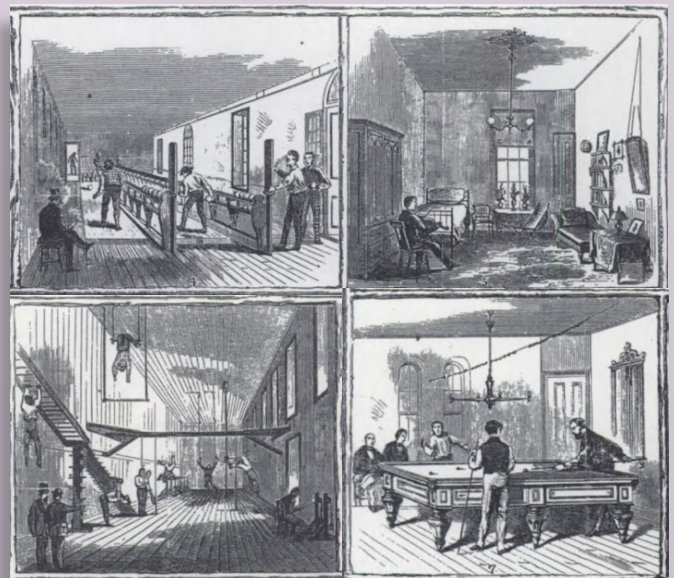


Illustration of some of the asylum's features.

New York State: Initiatives to Fight Addiction on Several Fronts



New York State is addressing the problem of addiction with action on several levels — increasing support for individuals, stepping up enforcement, and providing information and education.

In 2012, Governor Cuomo signed legislation updating the Prescription Monitoring Program (PMP) Registry (also known as I-STOP) to require pharmacies to report “real time” information about controlled substances dispensed, require health care practitioners to consult the PMP Registry before prescribing or dispensing certain controlled substances, and require electronic prescribing to curb fraud and abuse.

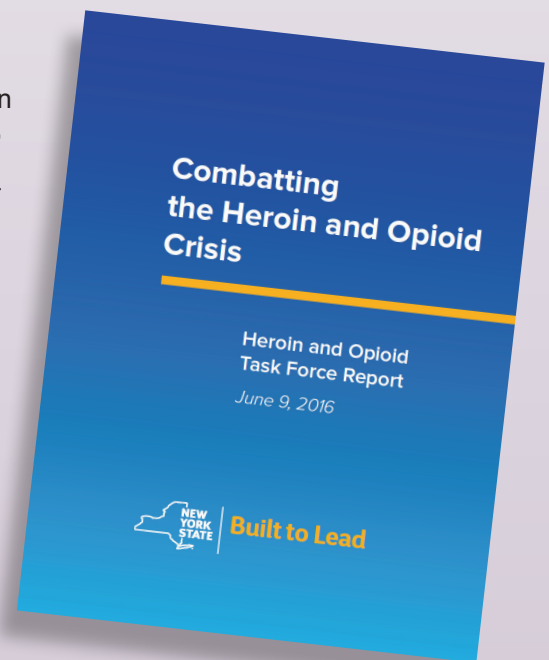
By the end of 2015, I-STOP had led to a 90 percent decrease in “doctor shopping” – when patients visit multiple prescribers and pharmacies to obtain prescriptions for controlled substances within a three-month time period.

Heroin and Opioid Task Force

Many of New York State’s newest initiatives stem from the Heroin and Opioid Task Force, which in 2016, developed a comprehensive plan to combat the state’s heroin and opioid epidemic. The Task Force held eight listening sessions across the state, hearing from health care providers, family support groups, educators, law enforcement officials, and community members. Hundreds of New Yorkers submitted comments through a dedicated website.

The Task Force made 25 recommendations, including:

- Removing insurance barriers to inpatient treatment by eliminating prior approval for admission for necessary medical care as long as such inpatient treatment is needed.
- Mandating that insurers use an objective, state-approved criteria when making coverage determinations for necessary inpatient treatment.
- Increasing the number of treatment beds and program slots for substance use disorder across the state.
- Mandating prescribers to complete ongoing education on pain management, palliative care, and addiction.
- Limiting opiate prescriptions for acute pain from 30-days to no more than a seven-day supply, with exceptions for chronic pain and other conditions.
- Mandating that pharmacists educate consumers on the risks associated with prescription opioids.
- Expanding access to lifesaving overdose-reversal medication by providing insurance coverage for family members and permitting certain licensed professionals to administer the medication in emergency situations without risk to their license.



For information on the Task Force visit: <https://combatheroin.ny.gov/statewide-heroin-task-force>.

Six-Point Plan

Following up on the Task Force report, Governor Cuomo in January introduced a six-point plan to build on a legislative package to fight back against the growing use of heroin and opioids. The plan calls for:

- **Eliminating prior authorization requirements** to make substance use disorder treatment more available. The plan expands the reach of 2016 legislation to improve access to include provisions for individuals who need immediate access to services, but are not appropriate for inpatient treatment.
- **Adding Fentanyl to the New York controlled substances schedule** to subject emerging synthetic drugs to criminal penalties. The Governor proposed legislation to create an emergency Executive Authority to add new substances to the controlled substance schedule, based on risk to public health and the recommendations of experts and the Commissioner of Health.
- **Increasing access to life-saving Buprenorphine treatment.** Access is currently limited by the number of health providers who are registered, as required by federal law, to prescribe it. The Governor proposed a concerted effort by the Department of Health to recruit more doctors, physician’s assistants, and nurse practitioners to become prescribers.

- **Establishing 24/7 crisis treatment centers.** Access to treatment is often delayed by the need to make an appointment during weekday business hours. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is developing ten 24/7 urgent access centers with crisis intervention on-call services, one in each region of the state. Centers will provide access to clinical staff who will perform assessments and level-of-care determinations 24 hours a day, seven days a week, and connect individuals to care immediately.
- **Consulting the Prescription Monitoring Program registry.** Even though the 2012 legislation to curb fraud and abuse has reduced “doctor shopping,” some health care providers are still exempt. To address this, the Governor is advancing legislation to also require emergency departments to consult the Registry before prescribing controlled substances.
- **Establishing recovery high schools** to help young people in recovery finish school. Recovery schools are “schools within school” where students in recovery can learn in a substance-free and supportive environment and have proven to be an effective model to help youth in recovery stay healthy and graduate.

Funding to Increase Treatment Programs

More than \$8.1 million was awarded in January to eight addiction treatment providers in seven counties throughout the state. Funding is supporting construction and operational assistance for treatment programming, and the development of up to 80 new residential treatment beds and 600 new Opioid Treatment Program (OTP) slots. Receiving funding are:

- Alcoholism and Substance Abuse Council of Schenectady County, Inc.
- Syracuse Brick House, Inc.
- Council on Alcohol and Substance Abuse of Livingston County, Inc.
- Genesee Council on Alcoholism and Substance Abuse, Inc.
- Council on Addiction Recovery Services, Inc.
- Lake Shore Behavioral Health, Inc.
- Renaissance Addiction Services, Inc.
- Woman’s Christian Association of Jamestown

Grants are administered by OASAS. OASAS has lifted treatment capacity limits at 11 OTPs, and opened new programs in Albany, Bronx, Buffalo, Peekskill, Plattsburgh, Syracuse, Rome, and Watertown. New OTPs will open in the coming year in Utica, Oswego, and Troy.

Cracking Down on Underage Drinking

State Liquor Authority (SLA) Beverage Control Investigators are working with underage minor decoys to conduct statewide sweeps at more than 500 bars, restaurants, liquor stores, and grocery stores. State investigators from the Department of Motor Vehicles have joined SLA during some of these enforcement operations, in addition to conducting their own fake ID enforcement sweeps at locations holding liquor licenses across New York. In 2016, the SLA issued 1,077 penalties to licensed retailers for underage sales.

A total of \$2.5 million has been given to 20 SUNY and CUNY schools to establish programs to prevent underage drinking and substance use on campus. Programs focus on warning college students about the dangers of purchasing fake IDs and launching a “No Excuses” campaign. SLA also increased the Alcohol Training Awareness Program (ATAP) sessions from 5,803 in 2011, to 19,781 in 2016. This includes more than 500 business owners and more than 750 employees.

Getting Synthetic Marijuana off the Streets

This past year, New York State has aggressively stepped up enforcement to combat the illegal sale of K2 synthetic marijuana. Narcotics enforcement teams throughout the state are working in with the Department of Taxation and Finance, the Department of Health, and local governments to seize synthetic marijuana.

Samples are analyzed by the Department of Health’s Wadsworth Center laboratory in Albany, and tested for six synthetic cannabinoids as defined in Section 9.1 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York.

Last year, the state increased enforcement to ensure that businesses fully comply with all applicable laws, including the 2012 emergency regulations banning the manufacture, sale, and distribution of synthetic marijuana. Additionally, the Governor directed that the Department of Health’s Bureau of Narcotic Enforcement, the State Liquor Authority and the New York State Gaming Commission increase their oversight efforts and revoke store owners’ liquor and lottery licenses if they are found to be illegally peddling K2.^{OMH}



Smoking Cessation: Understanding the Importance of Patients' Physical Health



The most commonly abused substance among individuals with mental illness nationwide can be easily purchased in just about any grocery, drug store, or gas station – cigarettes. And cigarette smoking is at the very top of the list in terms of causes of chronic diseases and early mortality.

Studies have shown that individuals with mental illness are more than twice as likely to smoke tobacco compared with individuals without a mental illness. In surveys, many people with serious mental illness have said they've wanted to stop smoking and have reported numerous unsuccessful attempts to quit.

Studying Comorbidity

Such dependence on nicotine comes with a heavy cost. According to research, smoking is one of the treatable behavioral risk factors that can cause people with serious mental illness to die at a much younger age than the general population — an average of almost 25 years earlier. Other factors include obesity, substance abuse, and inadequate access to comprehensive medical care.

In 2009, OMH launched the New York Health Indicator Initiative, with the goal of improving the overall health status of adult individuals in the state-operated system diagnosed as having mental illness by tracking a standard set of indicators to monitor the health of patients. All 66 adult outpatient clinics operated by OMH monitored the body mass index, blood pressure, and tobacco use of patients at three-month intervals. Initial findings indicated that nearly 50 percent of the 15,000 patients seen in adult outpatient clinics in 2009 were screened by the end of the year.

The study, which continued into 2012, demonstrated that it is possible to implement and sustain a statewide system to monitor important health risk factors among persons with mental illness, OMH reported in an April 2016 article published in the journal, *Psychiatric Services*. The report added that “given the high prevalence of smoking in the study population, having a diagnosis of tobacco use recorded in the clinic record could potentially help clinic providers to make preventive treatment plans for outpatients who smoke.”

Following Up

To learn more about how to treat nicotine dependence, OMH is working with the Center for Practice Innovations to conduct a tobacco cessation learning collaborative at many of its state-operated clinics and residences.

“Many individuals traditionally see tobacco as a form of reward, which can make any cessation plan especially challenging,” said Dr. Marc Manseau, Associate Medical Director for Adult Services at OMH. “Treatment can increase the success rate in attempting to quit, so smoking cessation is something that mental health professionals need to be involved in. Earlier OMH findings also suggested the importance of focusing on relapse prevention among individuals who may quit for a period of time.”

Integrated into the treatment plan should be approaches such as motivational interviewing, cognitive-behavioral therapy, group therapy, and FDA-approved tobacco cessation medications. Support for prevention and treatment can come from tobacco-free policies at psychiatric centers and behavioral health services. Consideration should be given for needs specific to the patient's mental illness, keeping in mind the possibility of relapse of the mental illness, the influence of medication, and the impact of the weight gain that often accompanies quitting smoking.

“The findings of this study suggest that targeting weight loss and smoking cessation interventions to subgroups that are at high risk of health consequences due to obesity or smoking status may be a good strategy moving forward,” OMH said in its report. “Identifying individuals who are more likely to lose weight or quit smoking could help sustain positive momentum for those groups. Clearly, more systematic and intensive efforts around weight reduction and smoking for this population are needed.”^{OMH}



Suicide Prevention: Learning Collaborative to Help Substance Users At-Risk



OMH is working with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to prevent suicide among substance-using populations.

Substance use is a major risk factor for suicide. Research into suicide deaths indicates that alcohol intoxication was present 22 percent of the time and opioids were present 20 percent of the time. Studies have also shown that between 30 percent to 40 percent of non-fatal suicide attempts involved alcohol intoxication.

Evidence-Based Protocol

Efforts to prevent suicide should target populations with substance-use problems, groups that can be reached through the state's large network of substance-use disorder treatment programs. However, there is a need for a standard, evidence-based protocol for identifying, assessing, and treating suicide risk among patients.

To address this issue, the two agencies are working with the Suicide Prevention-Training, Implementation, and Evaluation (SP-TIE) program of the Center for Practice Innovations at the New York State Psychiatric Institute, Columbia University, conducting a suicide safer-care learning collaborative for substance use disorder treatment providers.

OMH received a three-year National Strategy for Suicide Prevention grant to provide education, training, and assistance with implementation and evaluation of suicide-safer care protocols and procedures. This project works toward one of the goals of OMH's 2016-17 State Plan for Suicide Prevention: "Prevention in Health and Behavioral Health-care Settings – New York State Implementation of Zero Suicide."

Zero Suicide Initiative

The Zero Suicide Initiative is a commitment to suicide prevention in health and behavioral health systems. It is based on seven essential elements of suicide care:

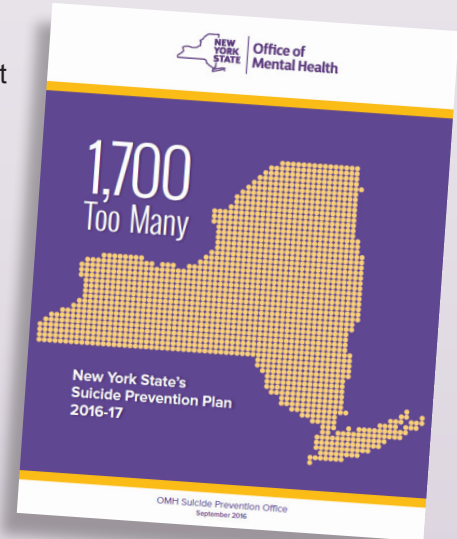
- **Lead** – Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles.
- **Train** – Develop a competent, confident, and caring workforce.
- **Identify** – Systematically identify and assess suicide risk among people receiving care.
- **Engage** – Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
- **Treat** – Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors.
- **Transition** – Provide continuous contact and support, especially after acute care.
- **Improve** – Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

This is the first suicide prevention learning collaborative in the nation for substance use disorder treatment providers to learn about how to implement Zero Suicide into outpatient substance use disorder treatment providers. Starting in Erie and Monroe counties, the project is providing concrete training and tools that substance-use disorder clinics can use to improve critical aspects of suicide-safer care — such as screening, assessment, and interventions.

Developing a Statewide Strategy

The learning collaborative started in June 2016 and will run for one year. Meeting each month, one clinical supervisor and one upper-level administrator from six different organizations are participating. Sessions include didactic content, discussions, and implementation assistance on how to promote organizational culture change, identify suicide prevention current practices, discuss ways to adjust protocols, troubleshoot ways to overcome barriers to optimal care, and provide training and support for implementing the Zero Suicide model.

The team plans to use what it learns from this collaborative to develop a statewide strategy for training substance use disorder treatment providers to deliver appropriate suicide-safer care to their patients and to disseminate lessons learned to a nationwide audience concerned about substance use and suicide prevention. Individuals who work at these clinics are benefiting from education and training so that they can better identify patients with suicidal thoughts or behaviors and provide or connect them to appropriate treatment. OMH



For information on New York State's suicide prevention plan, visit: <https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>.

Community: Erie County Comes Together to Deal with a Crisis



After a sharp increase in opioid-related deaths – including a heart-breaking seven-day period in which nine people died of opioid abuse – Erie County officials decided urgent action was needed to address this crisis.

On January 19, 2016, County Executive Mark C. Poloncarz issued an Executive Order creating the Erie County Opioid Epidemic Task Force. “We felt it was important to address this issue today and come together as a community,” he said.

During the past 15 months, the task force has pulled together the resources of mental health, medical, and addiction providers; law enforcement; health insurance representatives; social service agencies; and families of victims.

This comprehensive, community-wide response is being coordinated by more than 100 local volunteers working on seven committees:

- Provider Education and Policy Reform
- Community Education
- Families and Consumer Support and Advocacy
- Rapid Evaluation Appropriate Placement Program
- Treatment Providers
- Hospitals/ER ROI Project
- Naloxone Access

Task force’s initiatives include:

Community education – Offering workshop, informational brochures, and a website with information on addiction and changing behavior.

Opioid hotline – Providing callers with assessment and connecting immediately to treatment.

No arrests or charges – Through the REAP initiative, 13 local law enforcement agencies are taking part in a program to pair addicts who come to the police asking for help with volunteer “Angels” who can help guide them through recovery. Addicts will not be arrested nor charged with a crime.

Changing local prescribing practices – Helping providers develop best practice protocols for pain management, using Buprenorphine and Methadone, medications used to treat opioid addiction, and training physicians, nurse practitioners, and physician assistants to prescribe Buprenorphine.

Youth and schools – Involving school districts and parents in discussions about addiction and involving them in support programs such as “Just Tell One.”

Hospital and emergency rooms – Developing a policy for distribution of Narcan, an emergency antidote, to local hospitals and emergency rooms.

So far, reports indicate that overdoses have dropped more than 30 percent, hundreds of people have been introduced to treatment programs, and more than 15,000 people have been trained to use Narcan. The task force’s innovative work has gained it national attention and is serving as an example for other local governments.

“We operate on the belief that an individual suffering from addiction should first have a chance to enter a recovery program,” said Erie County Health Commissioner Dr. Gale Burstein, who leads the task force. “Addiction is a disease, and an individual will have a better chance to recover if they stay out of jail.” ^{OMH}



For information on the Erie County Opioid Epidemic Task Force, visit: <http://www2.erie.gov/health/index.php?q=opiate-epidemic-task-force>.

SPAN: Helping Nurses Recover from Addiction



For many mental health care professionals, the work day is filled with high stress and chronic pain — both are triggers to addiction. With constant access to controlled substances that can deaden the sting of both, it can be tempting for some to divert a dose from a patient or steal another's medication security code.

According to the American Nurses Association, about 10 percent of nurses are addicted to drugs — similar to the percentage of the nation's overall population. For nurses, addiction is a breach of professional ethics that can lead to a loss of license. It can put patients at risk and harm the reputations of the facilities in which they work. Yet, addicted nurses are often in denial and it can take being caught or an incident to persuade them to seek help.

"Addiction most certainly can be an occupational hazard for nurses," said Ellen B. Brickman, MPH, MS, RN, NPP, Director of the Statewide Peer Assistance for Nurses (SPAN) program. SPAN provides free confidential education, support, and advocacy for all nurses licensed in New York state who are anywhere on the continuum, from substance use to substance dependence.

"SPAN operates on the belief that every nurse deserves access to treatment, help in preserving their licenses and employment status, and ongoing support throughout the recovery process," she said.

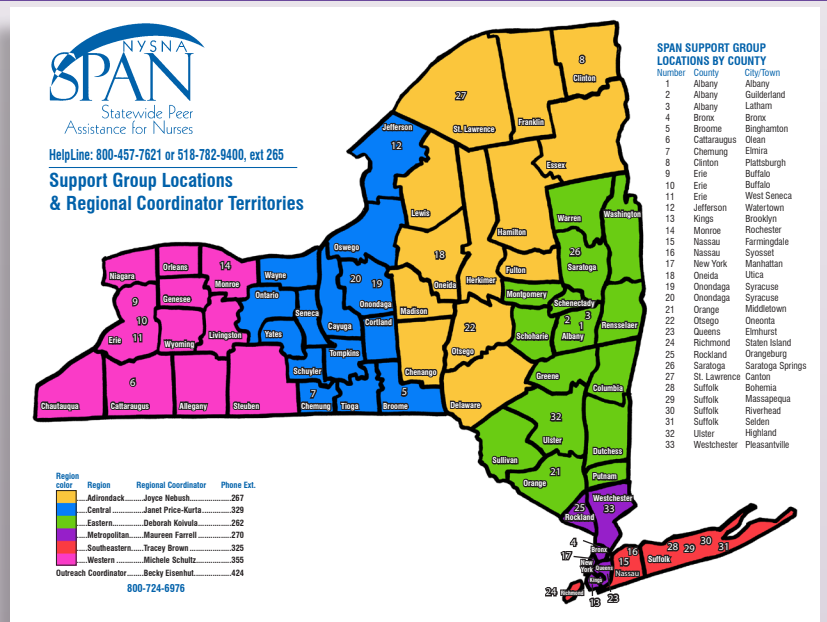
Some nurses reach out to SPAN on their own, but most are referred by an employer or doctor. Administered by the New York State Nurses Association, SPAN started out as a demonstration project in Nassau County. State legislation passed in 2000 authorized collection of a \$15 surcharge from nursing registration fees to fund peer assistance services.

SPAN collaborates with the New York State Education Department's Professional Assistance Program (PAP), which is an alternative to discipline that offers professionals an opportunity to voluntarily surrender their licenses while undergoing treatment. It offers immunity from charges of professional misconduct and gives nurses a valuable second chance — providing there hasn't been any patient harm or extreme legal concerns.

The program runs 34 peer-support groups throughout the state that meet regularly to share experiences and offer advice on handling addiction problems. Nurses can stay in the program as long as they need to. Nurses in recovery are encouraged to stay involved to help new participants.

The program has had a high success rate, due to its support groups and volunteer efforts. About 550 nurses are currently receiving services. So far, 2,600 nurses have enrolled in the SPAN peer support program since the program started.

For more, call SPAN's confidential Helpline at 800-457-7261, or e-mail: span@nysna.org.



SPAN is seeking peer support group facilitators in each region of the state. Contact SPAN for more information.

SPAN Can Provide

Resources to promote heightened awareness and early recognition in the workplace:

- Educational presentations and workshops.
- Troubleshooting for facilities with immediate concerns.
- Helpline for confidential inquiries.

Information and education about substance use disorders and nursing practice:

- How to access treatment and supportive services.
- The role and functioning of New York State's regulatory agencies
- When voluntary license surrender is advantageous.
- Compliance with the provisions of the Professional Assistance Program (PAP).
- When the need for legal assistance exists.

Peer assistance and ongoing recovery support:

- Peer support groups across the state at no out-of-pocket expense to the nurse.
- Expert staff and trained volunteer advocates provide mentorship.
- Advocacy with PAP and regulatory agencies.

For information, visit: <https://www.nysna.org/nursing-practice/statewide-peer-assistance-nurses#.WmFgU14cUQ>

The Road Back: Patrick McGraw Discusses his Recovery from Alcoholism



That night, Patrick McGraw fell asleep at the wheel.

Returning home from skiing with friends, he had – as usual – been drinking alcohol. Still intoxicated, he crashed his truck.

“When I woke up, I was surrounded by doctors and nurses,” McGraw said. “Fortunately, I suffered only a head laceration and a broken ankle. I managed to escape the DWI charge – which I was sure I was to be issued – probably by becoming as obnoxious as I could and leaving the hospital against medical advice.”

McGraw thought to himself at first: “Wow, escaped again.” But afterward, all he could think was: “Thank God I didn’t hurt anyone else.” This forced him to recognize that he had a problem and convinced him to stop drinking – for a while.

“This accident should have been an eye-opener for me,” McGraw said. “But it wasn’t.”

Already a Nightly Habit

Growing up in Scranton, PA, McGraw discovered alcohol when he was age 13. “Alcohol quickly became a means to escape the awkwardness of adolescence,” he said. “I knew I had a problem with alcohol by the time I graduated from grade school. Drinking was already a nightly habit at this point in my life.”

He continued drinking and experimenting with other substances throughout high school and into college. And he continued to deceive himself – even after his accident.

“After about a year and a half, I thought that maybe one or two drinks wouldn’t hurt,” McGraw said. “This quickly escalated into an everyday occurrence. I also started hiding my drinking.”

In his mid-20s, and now married, McGraw’s drinking led to his neglecting to care for a 1970 Buick Skylark that belonged to his father-in-law, causing its engine to seize. “The worst part of this was the embarrassment of having to call my father-in-law and explain what I had done. I felt as low as anyone could feel.”

McGraw quit again, but his sobriety lasted only two years. During this time, started nursing school. “I was determined to graduate as a registered nurse and I somehow managed to find the strength to stay sober so that I could study. But as I was completing my nursing education, something in my alcoholic thinking told me I could again handle the drinking. So I started again. It was as if I’d never stopped. The tolerance, the old habits, the hiding, continued.”

Lethal Blood Alcohol Level

Living in Utica and working at St. Luke’s Hospital, McGraw and his wife now had two children.

While on vacation in Florida in March 2006, he drank a very large amount in a very short time in the hot sun. “I was swimming with my 11-year old, out far enough that it was difficult for him to stand. I passed out in the water. My son pulled me back to shore. My wife had to resuscitate me while my children watched in horror.”

“Not knowing what happened to me, my wife called EMS,” he said. “She denied I was drinking. After all, we were on vacation, and I was supposedly watching my two children. It turned out my blood alcohol level was lethal, an embarrassment to everyone. I was hospitalized with ventricular tachycardia, a lethal cardiac arrhythmia, that I had to be shocked to get out of or I could die.”

Returning home, McGraw swore he was going to be a changed man. “After all, who in their right mind would drink after the experience my family and I just went through?” he said. “Not to mention how could I ever drink now that I promised my sons this would never happen again?”

This lasted only about two weeks. But the next time would be the worst.



Patrick McGraw, RN

Under Pressure

He had started a roofing company with his brother, and business was growing. "Unfortunately, the stress of working day and night, running a business, combined with daily use of alcohol by everyone proved to be catastrophic," McGraw said.

He was back drinking heavily and using drugs to escape the pressure.

"I started buying large equipment and spending thousands of dollars I didn't have," he said. "I was way over my head trying to please everyone and paying all the men who worked for me. I had now become that obnoxious, careless person, a person I swore I would never become."

Suicidal, he slept in his car, many nights. His family was scared. "I knew it was time to do something before I lost my whole world," he said. "That's when I finally asked for help."

McGraw spoke with his wife about entering a rehabilitation treatment center. With her help, he entered Tully Hill Chemical Dependency Center, south of Syracuse.

Recovery and Inspiration

"I spent 21 days with the most wonderful people in the world, addicts like myself," McGraw said. "With the tools and knowledge I gained at Tully Hill, I realized I wasn't alone."

It was there that he learned coping skills, discovered important aspects of himself and about the disease of alcoholism, and found strength through his faith.

These concepts are reflected in a journal of inspirational poetry he started while at Tully Hill. To give others hope, he shares many of his writings on his Facebook page: <https://www.facebook.com/AuthorPatrickMcGraw/>. McGraw also has written *A Healing Journal, Struggles From Addiction To Sobriety* (see at right).

Today, McGraw, is 10-years sober, working as an RN II for OMH at the Marcy Residential Mental Health Unit. He maintains support through Alcoholics Anonymous, and gives most of the credit to his wife for supporting him during the difficult years. "If it wasn't for this wonderful woman, I believe I would not be here today. To this day, I am not sure why she is still with me!"

"I've learned that I can fight this disease one day at a time," McGraw said. "I can finally get on with living and begin my life again, sober." OMH

Creating a Smile

From Patrick McGraw's *A Healing Journal*

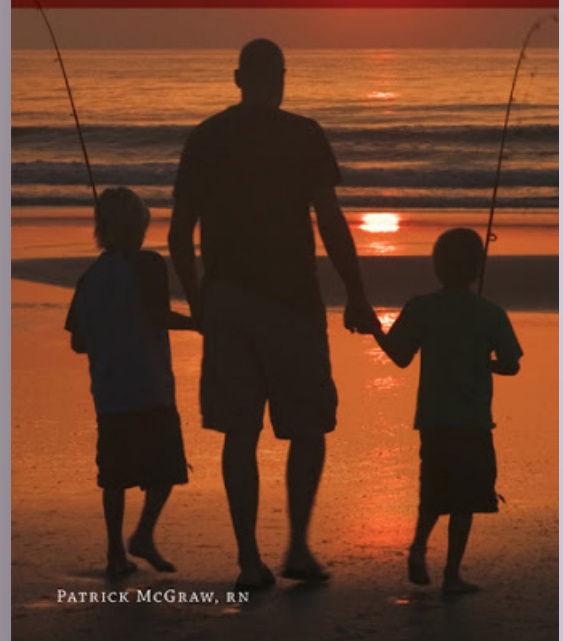
A wonderful feeling has come about me
A little Child's smile I did see
It makes me feel alive inside, filled with gratitude
I find my perspective changing, my whole attitude
The pain and suffering has gotten so overwhelming
Seeing his face, his feelings, gave me such understanding
I don't need alcohol; I now celebrate in a different way
I'm thankful for life as I start each new day
That child in all his innocence
Has given me the ability to change, to make a difference
I was captive, kept in slavery for many years
Then he set me free when his smile appeared
I wake on my own now, I need less rest
To roll over myself and feel my best
You will see a smile from a little one's face
It will send feelings of joy, sorrows will be erased
All your hurts and pains inside will be revealed
Let it out, cry, there is no reason to keep it concealed
Open your heart up to this feeling like a flower
It does not hold you captive in its power
No more burning the candle at both ends
As your own smile appears, there is no more reason to pretend
A lot of hurt you created and feel is released
Look in the mirror, see your smile, anger can now cease.



All proceeds from sales of *A Healing Journal* go directly to Tully Hill. For information, visit: <http://www.friesenpress.com/bookstore/title/11973400004579337>.

A HEALING JOURNAL

Struggles from Addiction to Sobriety



What's Great in Our State: 2017

A Forum to Celebrate Children's Mental Health

The 2017 Children's Mental Health Awareness Day celebration will be held from **2:30 to 4:30 p.m.**, on **Tuesday, May 2**, in the New York State Museum Huxley Auditorium. Registration starts at **2 p.m.**

We are seeking recommendations for programs and people to honor at this year's event. We want to recognize those who are doing an exceptional job of addressing issues of children's mental health – such as promotion and outreach, early identification, family education and support, and intervention. Award winners will have an opportunity to discuss their activities in greater detail at the celebration. A nomination form is included below.

2017 NOMINATION FORM

Person Making Nomination: _____

Nominator Phone: _____

Nominator Email: _____

Nominee: _____

Contact Name: _____

Contact Phone: _____

Email: _____



Please detail why the person or program should be recognized:

The deadline for nominations is Friday, March 31, 2017.

Please submit nominations to Susan Perkins via email at susan.perkins@ccf.ny.gov.



**Office of
Mental Health**

**Council on Children
and Families**