



DECISION 2010 **NEW JERSEY GENERAL ELECTION GUIDE**

PROMOTING THE AWARENESS OF KEY ISSUES SURROUNDING ADDICTION
PREVENTION, TREATMENT, AND RECOVERY PROGRAMS

GUIDE HIGHLIGHTS:

- 📄 POINTS TO SHARE AND QUESTIONS TO ASK CANDIDATES
- 📄 CANDIDATES FOR THE HOUSE OF REPRESENTATIVES
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ISSUE HIGHLIGHTS:

- 📄 HEALTH REFORM AND ADDICTION
- 📄 THE ADDICTION TREATMENT GAP
- 📄 INSURANCE PARITY
- 📄 ADDICTION AND DISENFRANCHISEMENT
- 📄 CRIMINAL JUSTICE AND TREATMENT FOR ADDICTED OFFENDERS

IMPORTANT GENERAL ELECTION DATES



OCTOBER 12, 2010

Last day to register to vote for the November general election.

OCTOBER 26, 2010

Last day to apply for an absentee ballot application by mail. (For information on how and where to obtain an absentee ballot, please refer to the Frequently Asked Questions section of this guide.)

NOVEMBER 1, 2010

3 p.m. deadline for obtaining an absentee ballot application in person at the County Clerk's Office for the general election.

NOVEMBER 2, 2010

General Election Day. Polls open 6 a.m. until 8 p.m.

You may also access this guide free of charge, along with candidate survey responses and other election related information, at NCADD – NJ's Website: <http://www.ncaddnj.org>.

2010 NEW JERSEY GENERAL ELECTION GUIDE

The 2010 New Jersey Congressional Election Guide represents the non-partisan efforts of the National Council on Alcoholism and Drug Dependence – New Jersey (NCADD – NJ) to identify key issues affecting addiction prevention, treatment, and recovery programs, and to educate the public about these issues.

NCADD-NJ works in partnership with and on behalf of individuals, families, and communities affected by alcoholism and drug dependence to promote recovery through excellence in prevention, treatment, and recovery. The agency's expertise has contributed to the creation of laws and public policies that promote recovery, eliminate discrimination, and remove systemic barriers that impede ready access to treatment.

The agency is also dedicated to reducing the stigma surrounding the diseases of alcohol and drug addiction. Mistaken beliefs about addiction being a moral failing or character flaw circulate throughout the community as well as through the government. These misconceptions have proven a formidable barrier to the implementation of programs to address addiction and prevent addicted individuals from seeking and receiving the treatment they need.

As New Jersey's 2010 Congressional Election draws near, voters and candidates might want to contemplate how addicted individuals have been stigmatized and consider pursuing sound public policies that recognize addiction for what it is: a preventable and treatable chronic disease.

Educated voters are one of the most important means of pursuing such policies. NCADD-NJ was chosen to participate in the national Recovery Voices Count campaign, an initiative that focuses on voter education as well as voter registration and get out the vote efforts. This Campaign anticipates raising the profile of the recovery community as an organized constituency that is engaged in our state's civic life. The Campaign is also part of a national movement to make recovery possible for even more family members, friends, and neighbors by building recognition of the recovery community as a constituency of consequence.

As recovering individuals are registered, educated, and encouraged to vote in growing numbers, they will become a political force to advance policies affecting people who still need help with their addiction or who have faced stigma during their recovery.

The 2010 New Jersey General Election Guide highlights some important issues pertaining to prevention, treatment of and recovery from alcoholism and drug dependence. Please be aware of the issues brought forth in this guide and remember to vote on Election Day.

For additional information, please visit Decision 2010 on NCADD – NJ's Web site, www.ncaddnj.org.

HEALTH REFORM AND ADDICTION

Addiction is increasingly understood to be a chronic illness, much like other chronic illnesses such as diabetes, hypertension or asthma and therefore requires treatment appropriate to such an illness. It has clearly been shown that prompt access to a full continuum of addiction care that addresses the client's co-morbidities and clinical needs consistently yields positive recovery outcomes. When addiction is met with an appropriate chronic care response, data show it has a higher success rate than diabetes and has a response rate that is comparable to hypertension and asthma.

Recently, there is a movement to place alcohol and drug addiction where it belongs - in health care.

Health care reform, termed the Affordable Care Act (ACA) represents the first time national health care policy recognizes addiction as a chronic disease, and treatment and recovery support services as an appropriate medical response to the disease.

With the enactment of national health care reform and the Paul Wellstone Domenici Mental Health Parity and Addiction Equity Act, thousands of New Jersey residents may be eligible for care for addiction just like any other chronic illness. Yet, there have been legal challenges to the ACA and nearly half of all states are involved in one of three attempts to block it.

POINT YOU CAN SHARE WITH CANDIDATES

- Untreated addiction drives up health care costs and results in other health conditions, including liver and heart disease and suicide. Patients with addiction or mental health problems account for 12.5% of all adult emergency room visits and their hospitalization rate is two and a half times the rate of other patients. Nonetheless, providers often fail to detect and treat the substance use disorder, the primary illness from which other maladies arise. This is because diagnosis and treatment of substance use disorders often remain separate from primary medical care.



QUESTIONS YOU MIGHT ASK CANDIDATES:



Do you agree that alcohol and drug addictions are preventable, treatable, chronic diseases that are as diagnosable and treatable as other chronic illnesses?

Do you agree that addiction treatment, screening and brief intervention, and recovery support services are health care issues and should be included in a broader effort around care coordination and integration?

THE ADDICTION TREATMENT GAP

The lack of access to quality care has been well documented in New Jersey. Over 800,000 individuals need treatment and only 5% to 7% receive services. Approximately 50,000 individuals who sought treatment were unable to access it due to limited capacity. Nationally, only 10% of the 23 million individuals who needed treatment received it, leaving 20.8 million in need of treatment.

To address this tremendous treatment gap, provide effective services to more individuals, and base

services on scientific findings that addiction is a chronic disease that needs acute treatment as well as recovery support services that span its life, the nation is moving toward providing services in a chronic care model that includes recovery support services. Recognition of addiction as a chronic illness that requires treatment appropriate to such an illness has particularly taken hold at the federal level, where one sees momentum away from an acute treatment response and toward an environment that promotes sustained recovery.

POINTS YOU CAN SHARE WITH CANDIDATES

- Untreated addiction cost the nation more than \$484 billion per year in health care expenditures, lost earnings, lower work productivity, criminal justice, accidents, and broken families. In New Jersey, more than \$3 billion is spent on the consequences of untreated addiction. Yet millions of Americans and many thousands of New Jerseyans can not access the treatment and recovery services they need due to limited capacity.
- Addiction is a preventable, treatable chronic illness. Research shows that addiction treatment works and saves billions of dollars. Addicted patients have compliance rates comparable to, or better than, patients who are receiving treatment for other chronic conditions such as diabetes, asthma, and hypertension. For every dollar spent on treatment, \$7 is saved by preventing a number of societal ills, including related health problems and criminal justice issues.



QUESTIONS YOU MIGHT ASK CANDIDATES:



Will you support an increase in funding to ensure that treatment and recovery services are available to all who need them?

Do you agree that Medicaid should be flexible enough to finance needed services for Substance Use Disorders?

Do you believe federal block grant funding should be available for recovery support services or do you believe it should continue to focus primarily on acute care services?

PARITY IN INSURANCE COVERAGE OF ADDICTION

One way to expand treatment capacity is to provide health insurance parity. Parity requires health insurers to provide the same coverage for the disease of addiction as is offered for other illnesses. Parity saves both lives and money by ending the discrimination that exists in private health plans. It creates a fair environment in which appropriate health services are provided.

The federal Departments of Labor, Health and Human Services, and Treasury issued Interim Final Rule (IFR) on the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008” (MHPAEA). Under the regulations, parity applies to both quantitative and non-quantitative measures. Plans are not only prohibited from

imposing different financial requirements, like co-pays and deductibles but also, cannot impose greater restrictions on utilization management, medically necessity criteria, prior authorization, “fail first” requirements, or arbitrarily limit the number of visits.

The IFRs, however, do not address provisions allowing government-sponsored plans to opt out of the parity law. In New Jersey, by a 3 to 2 vote, the State Health Benefits Commission (SHBC) voted to opt out of the requirements of the MHPAEA. This decision was made without notification or an opportunity to be heard by those affected by the waiver.

POINTS YOU CAN SHARE WITH CANDIDATES

- The SHBC’s decision to opt out will deprive over 800,000 individuals of the protections in the MHPAEA. Providing notice and an opportunity to be heard prior to the state making the decision to opt out would ensure that the decision was being made based on all the relevant information, which would likely have led to a different result. This is evidenced by the Pension and Health Benefits Review Commission’s vote to enact a more extensive state parity law in 2005 after hearing and obtaining information from all interested parties including the SHBC. The consensus was that parity would save both money and lives, with the financial benefits far outweighing the slight cost of enacting it.
- Parity will result in significant cost savings by helping to mitigate the more than \$3 billion New Jersey spends on the consequences of untreated addiction in healthcare, absenteeism, productivity, criminal justice and child welfare. For example, healthcare costs are reduced by as much as 55% following treatment. For New Jersey’s public employers, that represents a annual savings of \$134 million in alcohol-related health care costs alone.

QUESTIONS YOU MIGHT ASK CANDIDATES:



Do you agree that addiction should be treated as any other chronic physical illness, such as diabetes, hypertension, heart disease or cancer?

Will you work to ensure that the rules governing MHPAEA apply to both qualitative and non-qualitative provisions in plans, and will you address the issue of public plans opting out?

ADDICTION AND DISENFRANCHISEMENT

An issue that is gaining attention by the Supreme Court and is very important to the recovery community is the loss of voting privileges due to a conviction or prison term. Prison inmates in Massachusetts challenged a constitutional amendment that stripped them of the right to vote while incarcerated. The Supreme Court “invited” (ordered) the Solicitor General to state the views of the United States on whether laws that take away the right to vote from people in prison or on parole can be challenged under the Voting Rights Act as racially discriminatory.

Growing numbers of recovery community organizations and recovery advocates across the country are getting involved in nonpartisan voting activities so that their voices can be heard in the

local, state and national arenas, yet a significant portion of citizen’s with the disease of addiction are not permitted to vote. In New Jersey, individuals on probation or parole for an indictable offense are not permitted to vote for the duration of their sentence. There are 98,500 disenfranchised probationers and parolees, or 1 in 44 adults, in the community currently deprived of the right to vote in New Jersey. Eighty percent of these individuals have an addiction issue.

The right to vote is the foundation of citizenship and hallmark of democracy. It should not be lost during an individual’s sentence for an indictable conviction. Congress has the authority to standardize rules in federal elections and should act to ensure voting fairness.

POINTS YOU CAN SHARE WITH CANDIDATES

- Given that 80% of prisoners have extensive substance use histories disenfranchisement laws have acutely impacted those with the disease of addiction. Many individuals with an addiction who are on probation or parole have been rehabilitated and productively contribute to their communities, pay taxes, and comply with the laws enacted by their legislators.
- Voting is linked to reduced recidivism. One study shows that 27% of non-voters were rearrested, compared with 12% of voters.



QUESTIONS YOU MIGHT ASK CANDIDATES:



Do you support restoring voting rights to people on parole and probation?

Do you believe restoring voting rights to those on probation or parole should be included in a certificate of rehabilitation?

CRIMINAL JUSTICE AND TREATING ADDICTED OFFENDERS

The link between substance use and criminal activity is well documented. Approximately 80% of prisoners have extensive substance use histories and over 50% meet the criteria for substance use disorders upon incarceration. Many were under the influence of drugs and/or alcohol when they committed their crimes, stole money or property to buy drugs, or had some combination of these characteristics. Despite the prevalence of substance use disorders, few inmates receive treatment while incarcerated.

Director Gil Kerlikowske of the Office of National Drug Control Policy (ONDCP) declared the War on Drugs over. He endorses a new approach emphasizing support for people in recovery and help for those who need it. ONDCP is pursuing strategies that favor a public health approach to addiction, an example of which are Drug Courts.

Drug Courts hold non-violent drug offenders accountable for their actions and offer effective treatment services under the close supervision of a specially trained judge and court team. The Senate Appropriations Subcommittee on Commerce, Justice, and Science strongly supported Drug Courts, stating, "Drug Courts greatly improve substance abuse treatment outcomes, substantially reduce crime, and produce significant societal benefits." The committee went added that it "is concerned that while there are 1.47 million non-violent drug addicted arrestees who are legally and clinically eligible for Drug Court, only 55,000 are currently served by the program. The Committee supports the expansion of drug courts in order to bring the Drug Court Program to scale and effectively address this population."

POINTS YOU CAN SHARE WITH CANDIDATES

- Each year, approximately 650,000 prisoners are released from jail. An estimated two-thirds of them are rearrested within three years. The success of Drug Courts with respect to recidivism is well documented. Within three years of completing Drug Court in New Jersey, only 15% of New Jersey's Drug Court graduates were rearrested, 6% reconvicted, and 3% reincarcerated. After extensive research, it is clear that Drug Courts save money and lives, and reduce crime and recidivism.
- Nationally, treating all eligible arrestees would cost \$13.7 billion and return benefits of about \$46 billion. In several states, including Missouri, Oregon, Texas, Vermont, and Virginia, it was found that for every \$ 1 invested in Drug Courts, there a savings of \$10 positive outcomes.



QUESTIONS YOU MIGHT ASK CANDIDATES:

Do you agree with ONDCP Director Gil Kerlikowske's approach and support policies and legislation emphasizing treatment as an alternative to prison for the addicted offender?

Will you support increasing federal funding for Drug Courts to reach an estimated 1.47 million non-violent offenders in the American criminal justice system?



FREQUENTLY ASKED QUESTIONS

❑ WHO IS ELIGIBLE TO VOTE?

If you are a United States citizen of the age of 18 or older, a resident of New Jersey for at least 30 days prior to the election, and a registered voter, then you are able to vote.

❑ HOW AND WHEN DO I REGISTER?

In order to be able to vote in a New Jersey election, you must register at least 29 days prior to the specified election date. To register, you can visit www.recoveryvoicescountnj.org. You can also register in person through your Municipal Clerk or County Commissioner of Registration. Registration can also be completed by mail, by obtaining an application from the Municipal Clerk, the County Commissioner of Registration, public libraries, public assistance offices, or the motor vehicle agency, and returning the specified form 29 days prior to the next election.

Note: You *must* re-register to vote if you have had a change of address or name since the previous election.

❑ WHERE DO I VOTE?

The locations for polling places are printed on the sample ballot mailed to all registered voters one week prior to the general election.

❑ WHAT TYPE OF IDENTIFICATION IS NEEDED AT THE POLLING PLACE?

New Jersey does not require voter identification in order for registered voters to vote. A voter's signature, however, is required before a vote can be cast.

❑ HOW DO I JOIN A POLITICAL PARTY?

You can join a political party by voting in the primary election or by obtaining and completing a party affiliation card from the Commissioner of Registration.

❑ HOW AND WHERE DO I APPLY FOR AN ABSENTEE BALLOT?

Registered voters who cannot vote in person during the specified election date may obtain absentee ballots from the State of New Jersey. Absentee ballots may be picked up at the County Clerk's Office no later than 3 p.m. the day before the general election. Absentee ballots may also be obtained via the New Jersey Division of Elections by calling (609) 292-3760 or by visiting their website at www.state.nj.us/state/elections/forms_doe.html#forms. Reasons for applying for an absentee ballot include:

- absence from the State of New Jersey on the date of the election;
- illness or physical disability (including pregnancy);
- observation of religious holiday, resident attendance at school, college, or university; or
- nature of employment that prevents one from voting during polling hours.

❑ CAN I CHANGE PARTY AFFILIATIONS?

Yes, you can change party affiliations by obtaining a party affiliation card from the Commissioner of Registration and returning it at least 50 days prior to the primary election.

❑ DO I GET TIME OFF TO VOTE?

Private businesses are not required to give time off for employees to vote on Election Day. State employees in New Jersey are given the day off to cast their ballot. Registered voters who are unable to vote due to the nature and hours of their employment can apply for absentee ballots.





MAJOR PARTY CANDIDATES FOR

UNITED STATES HOUSE OF REPRESENTATIVES

FIRST CONGRESSIONAL DISTRICT

Rob Andrews (Democrat) *
P.O. Box 327
Haddon Heights, NJ 08035

Dale Glading (Republican)
P.O. Box 38
Barrington, NJ 08007

SECOND CONGRESSIONAL DISTRICT

Frank A. LoBiondo (Republican) *
P.O. Box 550
Vineland, NJ 08362

Gary Stein (Democrat)
1729 Darmstadt Ave.
Mullica, NJ 08215

THIRD CONGRESSIONAL DISTRICT

Jon Daniel Runyan (Republican)
263 Mount Laurel Rd.
Mount Laurel, NJ 08054

John Adler (Democrat) *
61 Cameo Drive
Cherry Hill, NJ 08008

FOURTH CONGRESSIONAL DISTRICT

Chris Smith (Republican) *
P.O. Box 3184
Hamilton, NJ 08619

Howark Kleinhendler (Democrat)
8 Cabinfield Circle
Lakewood, NJ 08701

FIFTH CONGRESSIONAL DISTRICT

Scott Garrett (Republican) *
P.O. Box 905
Newton, NJ 07860

Todd Theise (Democrat)
13 Pinewood Lane
Washington, NJ 07882

SIXTH CONGRESSIONAL DISTRICT

Frank Pallone (Democrat) *
P.O. Box 3176
Long Branch, NJ 07740

Anna Little (Republican)
PO Box 382
Highlands, NJ 07732



SEVENTH CONGRESSIONAL DISTRICT

Leonard Lance (Republican) *
P.O. Box 225
Colonia, NJ 07067

Ed Potosnak (Democrat)
P.O. Box 984
Scotch Plains, NJ 07076

EIGHTH CONGRESSIONAL DISTRICT

Bill Pascrell (Democrat) *
441 9th Ave.
Paterson, NJ 07514

Roland Straten (Republican)
6 Erwin Park
Monclair, NJ 07042

NINTH CONGRESSIONAL DISTRICT

Steven R. Rothman (Democrat) *
P.O. Box 714
Hackensack, NJ 07602

Michael Agnosta (Republican)
16-47 Elliot Terrace
Fairlawn, NJ 07410

TENTH CONGRESSIONAL DISTRICT

Donald Payne (Democrat) *
P.O. Box 2406
Newark, NJ 07114

Michael Alonso
214A Avenue B
Bayonne, NJ 07002

ELEVENTH CONGRESSIONAL DISTRICT

Rodney Frelinghuysen (Republican) *
559 James St.
Morristown, NJ 07960

Douglas Herbert (Democrat)
P.O. Box 701
Chatham, NJ 07928

TWELFTH CONGRESSIONAL DISTRICT

Rush Holt (Democrat) *
14 Washington Road Building
West Windsor, NJ 08550

Scott Sippelle (Republican)
15 Hodge Rd.
Princeton, NJ 08540

THIRTEENTH CONGRESSIONAL DISTRICT

Albio Sires (Democrat) *
6050 Boulevard East
West New York, NJ 07093

Henrietta Dwyer (Republican)
16 62nd St.
West New York, NJ 07093

* Incumbent



If you would like to receive additional copies of this election guide please contact us at:

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THINK ADVOCACY

Together There's Nothing We Can't Change

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www.ncaddnj.org/publicAffairs/ThinkAdvocacy.htm