

Battling the Epidemic: Opioid and Heroin Addiction

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Talking Points

- Opioids / Heroin – Framing the current state
- Local efforts – Rural county / region approach
- Public Health – State wide activities
- Looking ahead

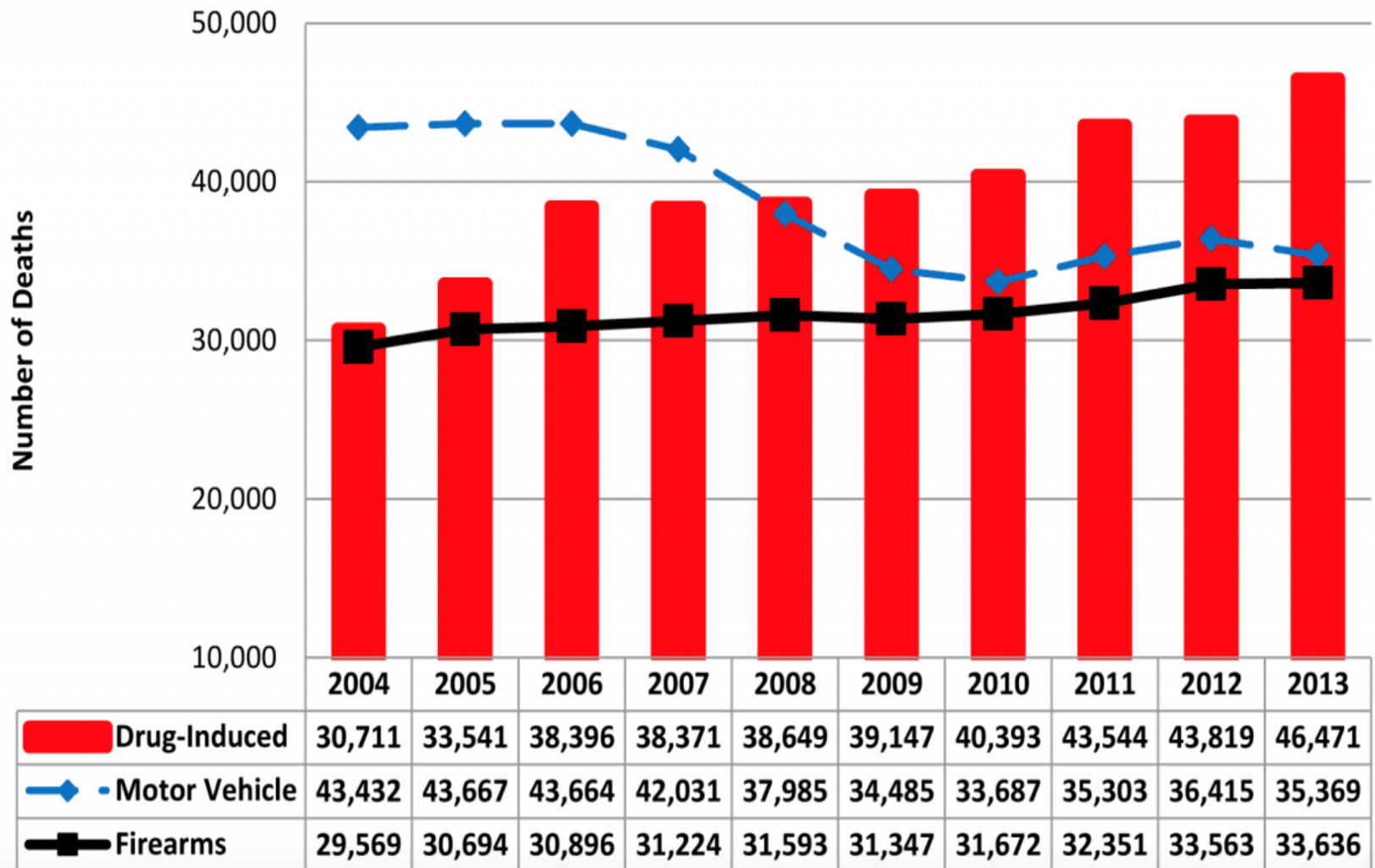
Opioid Statistics

- At the peak of use in 2012, over 255 million prescriptions were written for 217 million adults.
- Today it has decreased to 214 million prescriptions
- 24 billion dollar industry
- Americans consume almost 100%of the world Hydrocodone and 80% of all opioids
- If you combined Canada and Europe that would rise to 95% of all opioids, leaving the remainder of the world with only 5%

Public Health Crisis

- From 1999 to 2016 – more than 630,000 people have died from drug overdoses (OD)
- 350,000 involved an opioid (prescription and / or illicit 63,632 overdose deaths
- In 2016, 63,632 OD's, 42,249 (66.4%) deaths from opioids
- 21.5% increase in opioid OD deaths from 2015
- opioids)
- On average – 115 people die everyday from an opioid overdose

(U) CHART 1. NUMBER OF DRUG INDUCED DEATHS COMPARED TO THE NUMBER OF MOTOR VEHICLE AND FIREARM DEATHS, 2004 - 2013



Monroe County Medical Examiner's Office



Counties: Monroe, Livingston, Genesee, Steuben, Ontario, Chemung, Orleans

Finger Lakes - Regional Deaths

<i>County of Death</i>	<u>Number of Deaths</u>				
	2011- 2013	2014	2015	2016	2017
<i>Monroe</i>	78	81	69	169	220
<i>Allegany</i>	0	0	2	0	1
<i>Chemung</i>	11	2	3	0	0
<i>Genesee</i>	0	3	2	0	19
<i>Livingston</i>	3	3	1	8	15
<i>Ontario</i>	4	2	3	0	1
<i>Orleans</i>	1	1	0	9	7
<i>Steuben</i>	4	3	2	13	10
<i>Wayne</i>				0	3
<i>Wyoming</i>	7	0	2	7	11
<i>Yates</i>	0	0	1	0	0

***Highest rates in the Country were recorded in Kentucky and Ohio at 39 over dose deaths per 100,000.**

Table 2. 2010-2015 Drug-Related Death Rate Per 100,000, by NYS County*

	2010	2011	2012	2013	2014	2015
Albany	9.2	10.9	8.8	11.7	13.0	11.6
Bronx	13.0	14.1	15.1	15.4	14.7	20.4
Dutchess	19.8	12.8	20.9	24.2	16.9	22.0
Erie	8.9	12.5	10.3	15.2	16.6	31.7
Kings	7.6	8.5	9.0	8.4	9.7	10.3
Monroe	8.6	9.4	11.2	12.8	14.9	14.0
Nassau	8.6	11.5	12.2	12.6	13.1	15.4
New York	8.9	10.7	12.8	13.0	12.0	13.1
Niagara	14.8	11.6	16.3	19.1	17.8	24.9
Onondaga	8.8	10.1	13.5	14.5	17.1	21.6
Orange	17.2	15.2	15.2	17.3	19.1	19.9
Queens	6.4	6.6	6.5	8.5	7.1	7.8
Richmond	15.4	18.5	19.5	16.3	18.6	19.0
Rockland	6.4	6.3	6.6	10.6	6.8	11.3
Suffolk	13.7	19.0	19.4	18.8	18.2	19.6
Westchester	5.4	9.9	9.9	11.3	10.0	12.0

Centers for Disease Control and Prevention, National Center for Health Statistics, "Multiple Cause of Death 1999-2015," on CDC WONDER Online Database, released December 2016. Data are from the Multiple Cause of Death Data File, 1999-2015, as compiled from data provided by the fifty-seven vital statistics jurisdictions through the Vital Statistics Cooperative Program, <http://wonder.cdc.gov/mcd-icd10.html>.

Finger lakes Regional data

July 2018 ME Report Data on 2017 heroin and fentanyl deaths					
County	Number of 2017 Deaths	Populatio n	Per 100,000 calculation	Per 100,000 result	
1 Genesee	19	57,956	1.7254	32.8	
2 Monroe	220	747,642	0.1338	29.4	
3 Wyoming	11	40,493	2.4696	27.2	
4 Livingston	15	63799	1.5674	23.5	
5 Orleans	7	40,983	2.4400	17.1	
6 Steuben	10	96,281	1.0386	10.4	
7 Wayne	3	90,670	1.1029	3.3	
8 Allegany	1	46,894	2.1325	2.1	
9 Ontario	1	109,899	0.9099	0.9	
10 Chemung	0	88557	1.1292	0.0	
11 Yates	0	24,955	4.0072	0.0	

Comparison: Erie County had the highest number of opioid deaths in 2016. They were at 29.7.

Local Approach

- Genesee / Orleans / Wyoming (GOW)
- Community Health Improvement Plan (CHIP)
- Promote Mental Health & Prevent Substance abuse
- Community Snap Shot – work being done, fragmented, lack of data and alignment
- Build bridges – unified / collaborative approach
- Building response capacity – Drop boxes (drugs/sharps)
- Establish GOW Opioid Task Force – 1st meeting January 2017

GOW Task Force

- Environmental Scan – best practices, filling the gaps – establishing services across the full continuum of care
- Steering Committee (champions, multi sector)
- Members encompass diverse group of 237 participants – Government, Providers, CBOs, Law enforcement, recovery community, faith based, education
- 3 Workgroups (Data, Access to Care, Education)
- Quarterly full Task Force meetings: workgroup updates, speakers, trainings
- Greater Rochester Health Foundation Grant

Taskforce Efforts

- Hired a full time coordinator
- Linked crisis response phone line across counties, developing webpage, marketing / branding initiatives
- Hiring peers - dispatched in all three counties
- Mobile Clinic – STR funding (Genesee)
- Medication assisted treatment (MAT) in jails, increased waived providers
- Methadone Clinic – Batavia
- PARRI – Police Assisted Addiction and Recovery Initiative – Genesee County

Taskforce Efforts

- Orleans County initiatives - SHERIFFS CARE (Community Addiction Rehabilitation Education) – stakeholder representation – faith based community
- Sherriff's STAMP program – Sherriff's Transitional Addiction Management Program
 - Pre/Post release initiative to assist in providing a seamless transition from Jail to a community based treatment facility
- 24/7 urgent access center
- Crisis detox center – partner with local medical center
- Rehabilitation center – OASAS provider
- Orleans Recover Hope – Recovery coaches, peers
- Reintegration – partner with landlords – drug free homes, Job development – training and placement



OPIATE USE PREVENTION RESOURCES

Community Pocket Card

Help for Those
Impacted by
Opiate Use &
Addiction

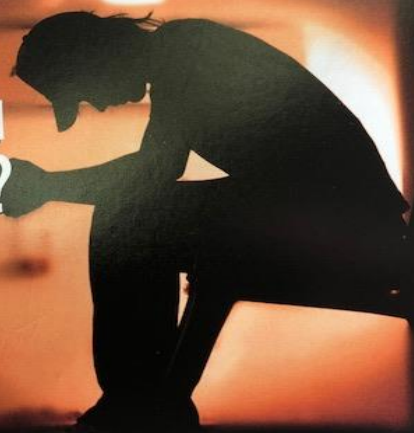
Orleans County
Sheriff's Office

Sheriff Randall Bower



**NEED HELP
OVERCOMING AN
ADDICTION?**

FREE HELP! CALL ME –
I've been through it and I can
help you get the help you need!



585-210-8750
ORLEANS - RECOVERY HOPE BEGINS HERE

Local Health Department Response to the Opioid Epidemic in NYS

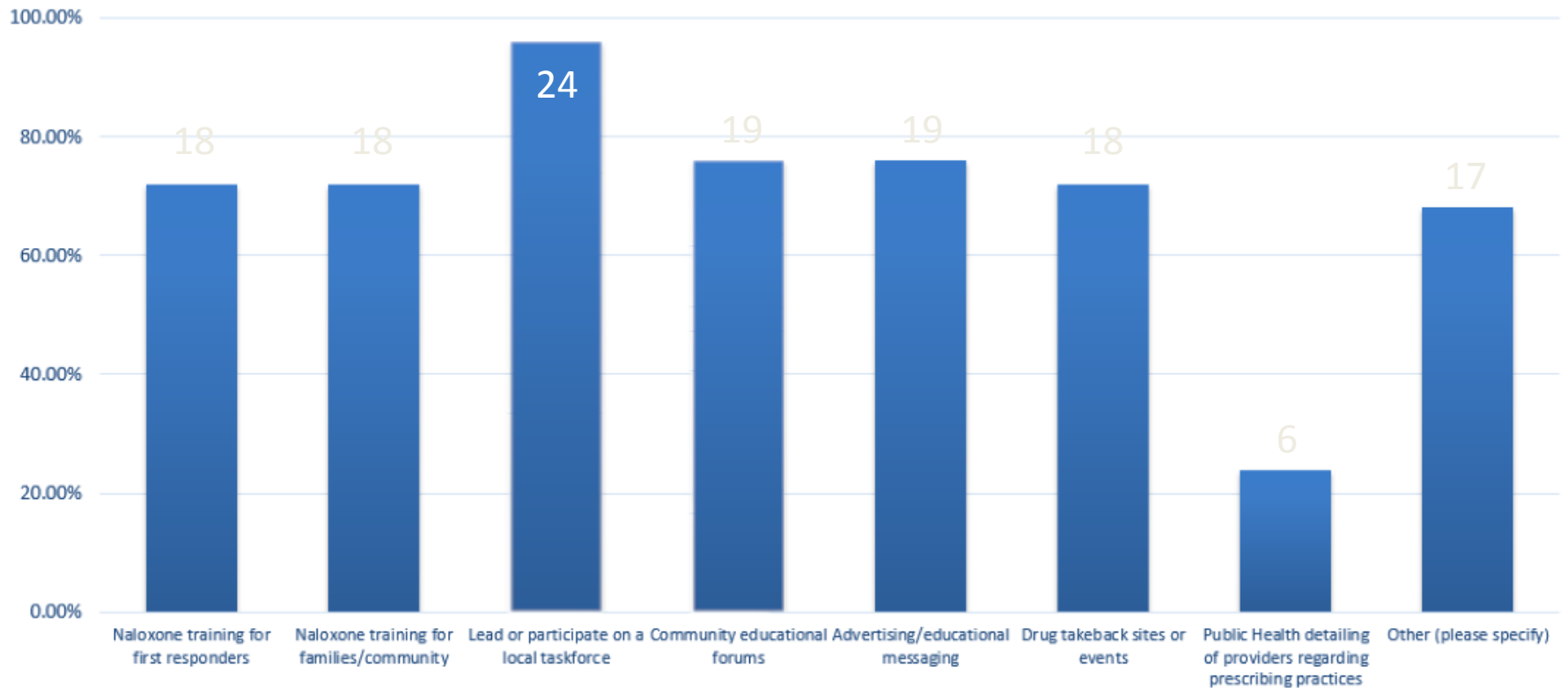
NYSACHO supports and empowers local health departments in their work to promote health and wellness and prevent disease, disability and injury throughout New York State.



LHD-Led Activities Include:

- Involvement varies from County to County
- Naloxone training for first responders
- Naloxone training for families/community
- Lead or participate on local taskforce
- Community educational forums
- Advertising/educational messaging
- Drug takeback sites or events
- Public health detailing of providers regarding prescribing practice

Which of the following activities are you using to address the opioid epidemic in your county? (n=25)



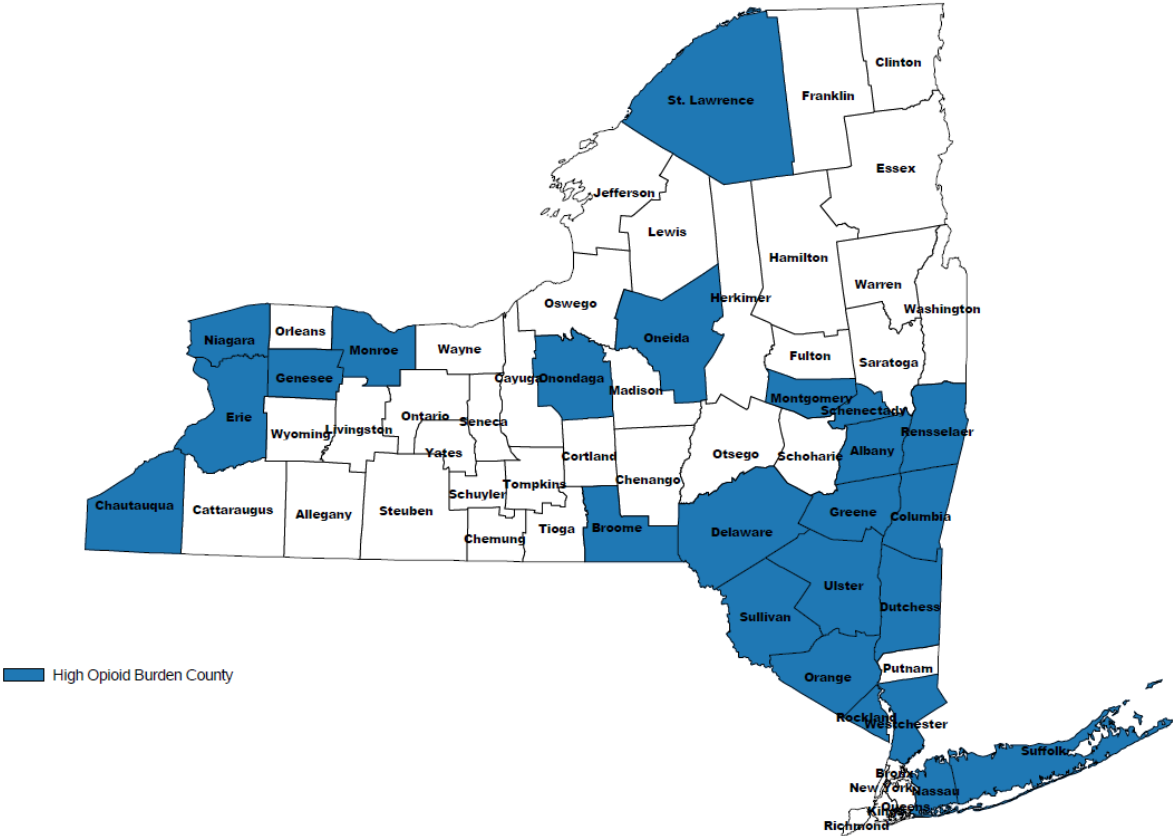
Other: Peer response programs, GIS mapping, Screening and Brief Intervention and Referral to Treatment (SBIRT), N-CAP program, law enforcement assisted diversion, linkages to care.

Opioid Overdose Prevention Programs (OOPP)

- 27 LHDs participating as OOPPs
- 2 LHDs serving as program sites under a community partner
- Each program has a Clinical Director. Naloxone distribution occurs under prescription of Clinical Director
- Focus on pharmacy education and encouragement to participate as Naloxone Co-payment Assistance Program (N-CAP) provider
- OOPP's provide community education:
 - Signs and symptoms of heroin and opioid overdose
 - How to use Narcan to respond to an overdose
 - Provide Naloxone kits as part of trainings

Opioid Crisis Funding

Counties with High Opioid Burden*
New York State, 2016 Data



*: High opioid burden county is defined as having either a burden rate (combination of opioid overdose deaths, non-fatal outpatient ED visits and hospital discharges involving opioid abuse, poisoning, dependence and unspecified use) that is higher than the average rate for all counties outside of New York City, or having a high number of overdose deaths. Produced July, 2018 by NYSDOH Public Health Information Group

- Albany
- Chautauqua
- Columbia
- Delaware
- Dutchess
- Genesee
- Greene
- Monroe
- Montgomery
- Nassau
- Niagara
- Oneida
- Orange
- Rensselaer
- Rockland
- Schenectady
- St. Lawrence
- Suffolk
- Ulster
- Westchester
- Onondaga
- Sullivan
- Erie
- Broome

Opioid Crisis Funding

- LHD Strategy 1: Engage providers to improve local access of Medication for Addiction Treatment (MAT).
- LHD Strategy 2: Develop and Implement a County Wide Peer Response Team
- LHD Strategy 3: Explore the implementation of Medication for Addiction Treatment (MAT) in the County Correctional Facility
- LHD Strategy 4: Naloxone Access Expansion Efforts
- LHD Strategy 5: Develop and Implement a Bupenorphine in the Emergency Department Access Program
- LHD Strategy 6: Improve quality and timeliness of overdose data

Looking Ahead – The Public Health Impact...

Resources and Leadership from Our LHDs can:

- Expand education to community, pharmacies, dentists and primary care offices
- Fund positions to coordinate cross-collaborative partnerships
- Develop social marketing/advertising campaigns
- Data integration strategies, disease surveillance and outreach
- Expand availability of naloxone

I used to think a drug
addict was someone
who lived on the far
edges of society.
Wild eyed, shaven
headed and living in
a filthy squat.
That was until
I became one...

-Cathryn Kemp



Questions?

Thank You

For further information please contact me at:

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