A PRIMER ON NY’S HEROIN EPIDEMIC
Overview

Heroin and opioid use is a major public health and safety crisis around the world. A recent report from the United Nations Office of Drugs and Crimes estimates that in 2013 there were 187,100 drug related deaths worldwide in the age range of 15-64. In 2014, 28,647 deaths occurred due to prescription opioid overdoses, according to the U.S. Drug Enforcement Administration. Right here in New York, there were 2,028 reported deaths in 2014, up from 1,601 in 2013.

Opioid and heroin abuse is not limited by demographic, economic, or geographic limitations. It effects individuals of every age, race, and gender. The increased availability, lower price, and increased purity of heroin in the U.S. have been identified as possible contributors to rising rates of heroin use and overdoses. A tiny, one-dose bag of heroin costs $5-$10 and is cheaper and more accessible than highly controlled synthetic opiates like oxycontin or hydrocodone.

Statewide Epidemic

Heroin and opiates are now the leading cause of accidental death in New York State, outnumbering homicides. Between 2005-2014, the state documented a 115% increase in heroin treatment admissions in upstate New York and a 116% increase on Long Island. In all, approximately 1.4 million New Yorkers suffer from a substance abuse disorder.

The connection between prescription drugs and heroin stems from the abuse of prescription opiate pain killers, and is directly related to heroin’s growth in popularity with young people: these pills are the doorway to heroin abuse. In order to combat this growing epidemic, we must improve prevention, increase access to treatment, expand recovery options, and expand resources for law enforcement.
HISTORY OF OPIUM, HEROIN, AND OPIOIDS

The earliest reference to opium growth and use is 3400 B.C. when the opium poppy was cultivated in Southwest Asia. Opium is the dried latex obtained from the opium poppy. The production of opium has not changed since ancient times. Opium has many derivatives, including morphine, codeine, oxycodone, and heroin.

Morphine
In 1803, morphine, the principal ingredient in opium, was extracted from opium resin. Morphine is ten times more powerful than processed opium. Hailed as a miracle drug, it was widely prescribed by physicians in the mid-1800s. Morphine is one of the most effective drugs known for the relief of severe pain and remains the standard against which new pain relievers are measured.

Codeine
Codeine, another component of opium, is medically prescribed for the relief of moderate pain and cough suppression. It has less pain-killing ability than morphine and is usually taken orally. As a cough suppressant, it is found in a number of liquid preparations.

Oxycodone
Oxycodone is synthesized from thebaine, a third component of opium. Like morphine, it is used for pain relief. Oxycodone is taken orally. It is a highly abused opioid. When abused, the tablets are crushed and snorted, or dissolved in water and injected.

Heroin
Heroin is an opium-derived painkiller first synthesized from morphine in 1874. The Bayer Company of Germany introduced heroin for medical use in 1898. All use of heroin was made illegal by federal law in 1924. Heroin abuse has risen to alarming levels in the United States since the 1980s. It can be injected, inhaled by snorting, or smoked. Heroin is listed as a Schedule I substance under the Controlled Substance Act, meaning that is has a high potential for abuse. The street names for heroin are: Black H, Black Tar, Hell Dust, Chiva, Smack, Thunder.

Opioids
Opioids are substances that act on opioid receptors to produce morphine-like effects. Opioids are most often used medically to relieve pain. The term “opioid” originated in the 1950s. Research found that opiate effects are mediated by activation of specific molecular receptors in the nervous system, which were termed “opioid receptors.”
SUBSTANCE ABUSE TREATMENT

Methadone and Buprenorphine
Methadone is a synthetic opioid that is used mainly in the treatment of opioid dependence. Methadone lessens opioid withdrawal symptoms, making it more tolerable for patients to decrease drug use, and in higher doses can block the euphoric effects of heroin, morphine, and similar drugs. New York State is a leading provider of methadone clinics for opioid replacement therapy. While methadone can fight heroin abuse, weaning clients off methadone is critical.

Buprenorphine, approved by the Federal Drug Administration in 2002 as a new treatment for heroin and other opioid addictions. It can cause dependence and withdrawal symptoms when stopped and is the first narcotic drug approved for addictions that can be prescribed by physicians in their offices. It has major advantages compared to methadone, suboxone or naltrexone.

Suboxone, Naloxone (Narcan), and Vivitrol (Naltrexone)
Suboxone and Vivitrol are synthetic opioids that are used mainly in the treatment of opioid dependence and overdose. Suboxone is a prescription medicine for long-term treatment of opioid dependence, often used with counseling and psychosocial support. Vivitrol (naltrexone) blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to abuse. Vivitrol is used to treat drug or alcohol dependence and prevent relapses. Naltrexone prevents the “need” to use the opioid.

Naloxone is used to counteract an opioid overdose. It is injected intravenously, through the muscle, or inhaled. Effects last between 30-60 minutes, so multiple doses may be required. NYS DOH reports that naloxone was administered 11,992 times in 2014. Most of the individuals were under the age of 45, and those between 25 and 34 represented the largest overdose population. Seventy-six percent of these overdoses were from injecting heroin.
State Action Time Line

2005
In order to address the growing epidemic, the State first took action in 2005 by enacting the Opioid Overdose Prevention Program, which made it legal for non-medical persons to administer Naloxone to prevent an opioid/heroin overdose from becoming fatal. All registered opioid overdose programs are provided with Naloxone (Narcan) by the New York State Department of Health (NYSDOH).

2011
As the number of deaths from overdoses increased, the State again took action, passing the Prescription Drug Reform Act of 2012, which:

*Created a Prescription Monitoring Program – Internet System for Tracking Over-Prescribing (I-STOP)*
I-STOP required the Department of Health (DOH) to update and modernize the Prescription Monitoring program (PMP) Registry. The registry allows physicians and pharmacists to view patients’ controlled substance history.

*Mandated Electronic Prescribing of Controlled Substances*
I-STOP mandated electronic prescribing (e-prescribing) for all controlled substances with limited exceptions, to eliminate alteration or forgery of prescriptions.

*Updated the Controlled Substance Schedules to Stop Abuse of Certain Drugs, While Protecting Patient Access*
This law combated prescription drug abuse by placing hydrocodone on the Schedule II prescriptions because it is among the most abused and diverted prescription medications.

*Education of Prescribers to Stem the Tide of Prescription Drug Abuse*
I-STOP expanded the functions for: (1) continuing education for practitioners and pharmacists on pain management issues; (2) protecting and promoting access by patients with a legitimate need for controlled substances; (3) the implementation of the I-STOP provisions; and (4) inclusion of additional controlled substances in the consultation requirements of I-STOP.

*Safe Disposal Program to Dispose of Prescription Drugs*
DOH collaborated with local law enforcement to establish secure disposal sites for controlled substances at police stations, where individuals can voluntarily surrender unwanted and unused controlled substances.
2014

Community Overdose Prevention Program (COP) Program

In April 2014, Attorney General Schneiderman established the Community Overdose Prevention (COP) program that gives eligible law enforcement agencies funding for naloxone. First responders carry naloxone and administer it to opioid overdose victims. The law enforcement community made the case that they too could save lives by having access to this antidote when they arrive on the scene of a possible overdose.

By leveraging $5 million of funds from crime seizure monies, the Attorney General provided funding to offset the cost of a “naloxone kit” for every sworn officer in the state. The COP program provided naloxone training for 20,245 law enforcement personnel and 1,475 firefighters.

In June of 2014, the Legislature passed and the Governor approved a package of bills that included new programs and insurance reforms to improve treatment options for individuals suffering from heroin and opioid addiction; strengthened penalties and put in place additional tools for law enforcement to crack down on the distribution of illegal drugs; ensured the proper and safe use of naloxone; and support for enhanced public awareness campaigns to prevent drug abuse.

Improved Measures to Support Addiction Treatment

The law required insurers to use recognized, evidence-based and peer-reviewed clinical review criteria, approved by the State Office of Alcoholism and Substance Abuse Services (OASAS), when making decisions regarding the medical necessity of treatment. The law required insurers to cover the appropriate level of treatment for patients suffering from substance use disorders. In addition, the law directs OASAS to create a wraparound services demonstration program to provide services to adolescents and adults for up to nine months after the successful completion of a treatment program.

New Penalties to Help Crack Down on Illegal Drug Distribution

The law created a new crime of fraud and deceit related to controlled substances to crack down on doctor shopping and presenting forged prescriptions.
**Improved Accessibility to Naloxone Anti-Overdose Kits**

The law required that every naloxone anti-overdose kit include informational cards with the important information on how to recognize symptoms of an overdose; what steps to take, including calling first responders; and how to access services through OASAS. It also expands the use of naloxone to every police officer and first responders, and pharmacists, using their professional expertise, can dispense naloxone to anyone who needs it.

**Expanded Public Education Campaigns to Prevent Opioid and Heroin Use**

The law directed OASAS to undertake a public awareness and educational campaign using public forums, media (social and mass) and advertising to educate youth, parents, healthcare professionals, and school officials about the risks associated with heroin and opioids, how to recognize signs of addiction, and where to access resources to deal with these issues.

**2016 Budget Funding**

The 2016/17 Enacted Budget allocated over $1.4 billion to the OASAS to fund patient rehabilitation services, prevention services and supportive living programs. In addition, OASAS received $74 million to fund prevention services through 165 providers serving communities across the state including schools.

**Statewide Heroin Task Force**

In May of 2016, Governor Cuomo announced a statewide heroin task force charged with ending the heroin and opioid crisis in New York. The group, comprised of a broad coalition of experts in healthcare, drug policy, advocacy, education, and parents and New Yorkers in recovery, will build on the state’s previous efforts and use their expertise and experience to develop a comprehensive action plan to combat the state’s opioid epidemic. Members of the task force will hold public listening sessions across New York to inform their recommendations.

Legislative Action
In June, the Governor and Legislature negotiated a package of bills that would limit opioid prescriptions from 30 to 7 days; require mandatory prescriber education on pain management to stem the addiction; and eliminate insurance barriers to treatment.

Remove Barriers to Access for Treatment
The new law requires insurers to cover necessary inpatient services for the treatment of substance use disorders for as long as an individual needs them. In addition, the measure establishes that utilization review by insurers can begin only after the first 14 days of treatment, ensuring that every patient receives at least two weeks of uninterrupted, covered care.

Insurance Coverage for Opioid Overdose-Reversal Medication
The new law requires insurance companies to cover the costs of naloxone when prescribed to a person who is addicted to opioids and to his/her family member/s on the same insurance plan.

Enhance Addiction Treatment Services
The laws allow families to seek 72-hours of emergency treatment, from the current 48-hours, for their loved one so that they can be stabilized and connected to longer-term addiction treatment; and requires hospitals to provide follow-up treatment service options to individuals upon hospital discharge.

Community Prevention
To reduce unnecessary access to opioids, the legislation lowers the limit for opioid prescriptions for acute pain to no more than a 7-day supply, with exceptions for chronic pain and other conditions. In addition, it mandates that health care professionals complete three hours of education every three years on addiction, pain management, and palliative care.
In order to maintain communication with local government the legislation requires the State Commissioner of Health to report county-level data on opioid overdoses and usage of overdose-reversal medication on a quarterly basis.

**County-Based Solutions in Prevention, Treatment and Intervention**

Counties are committed to forming partnerships with community, social and government agencies dedicated to reducing the demand for heroin in our communities; to educating the general public of the prevalence of the heroin problem, the signs and symptoms of addiction, and the resources available; and to eliminate drug related crime in our communities through public education, advocacy, media, law enforcement, and legislation.

**Prevention and the Role of Local Health Departments**

Though substance abuse education and treatment are outside of the scope of the core public health services counties must provide, county public health departments do have an important role to play in combatting drug use in our communities.

The New York State Association of County Health Officials assists communities in the follow manner:

- Participates in local Opiate/Heroin Task Forces – provide assistance with education, awareness, and support and enhancement of existing programs and resources
- Collaboration between mental health, law enforcement agencies and local government officials to work together in regards to Overdose Prevention Programs.
- Advocates to local pharmacies to offer prescription opioid take back services.
- Narcan training to local police, fireman, pharmacists, and the public.

**Drug Treatment and the Criminal Justice System**

At the county level, probation officers, local law enforcement, including sheriff’s officials, and corrections officers encounter individuals suffering from drug addiction. Heroin is among the more difficult drugs to stop using due to the particular effect it has on the brain and central nervous system.

In March, Albany County and New York State announced that independent pharmacies across the county and state will now be able to provide naloxone to their customers without a prescription.

**Intervention and the Role of Probation**

Community corrections are frequently the first place where drug abusers are able to get the assistance they need. Often, individuals facing drug charges will receive
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Some probation departments perform on-site drug treatment testing to probationers in their offices, instead of sending tests out to a lab. Regardless of the conditions of supervision, the primary goal in this is usually to be able to immediately refer the probationer to treatment, not necessarily to register a violation of their sentence. Drug tests act like a “search,” and become a deterrent to future drug use.

Many people receiving drug treatment are in outpatient programs. Program availability varies widely across the State depending on one’s county of residence and the degree of their drug treatment needs. Several innovative programs exist that integrate drug treatment and other services in a therapeutic environment in order to more intensively intervene and produce better patient outcomes.

County Jails

Many years ago, jails did not have in-house drug treatment programs. Given the overwhelming number of people who at the time of arrest have a substance abuse problem, integrating drug treatment into the jails became a necessity for many New York counties. Some Sheriffs and Jail Administrators have been able to establish partnerships to create treatment programs within the jail itself. By dealing with addiction and long term treatment during incarceration, they are able to promote a safer jail environment and improve outcomes for these offenders. Additionally, many jails provide outpatient treatment options, including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.

Policy Recommendations

Despite the challenges facing our communities, the focus by Governor Cuomo and State Lawmakers are helping first responders and health care professionals to better serve persons in need of assistance. More can be done, and NYSAC suggests the following recommendations.

Physician Oversite

• Enact legislation removing the license of any doctor convicted of a felony in the course of practicing medicine.
• Increase resources for the Office of Professional Misconduct to oversee regional medical boards and ensure regulations are followed.
• Convene DOH-sponsored regional conferences outlining best practices for prescribing opioid medications.
Enforcement

- Enact legislation to adding Fentanyl to the controlled substance schedule. Fentanyl is a strong pain medication that, when administered in a medical setting, is often combined with anesthesia to prevent surgery related pain. The prevalence of fentanyl abuse has been on the rise because it is cheaper than heroin. Drug dealers have been mixing fentanyl, which often results in overdose and death.
- Enact legislation establishing Xylazine as a controlled substance. Xylazine is a veterinary sedative that has been found mixed with heroin to increase its effects.

County Case Studies

Counties across the State have begun creating programs to combat the growing use and abuse of heroin and opioids in their communities. The following programs have are examples of how counties are tackling opioid abuse and addiction.

Broome County

In 2014, County Executive Debra Preston created the Broome Opioid Abuse Council. The Broome Opioid Abuse Council (BOAC) was formed and goals established within the structure of four subcommittees; community education, treatment and prevention, law enforcement, and education of medical professionals. BOAC core and committee membership includes a multidisciplinary team of professionals and leaders from multiple agencies and organizations in the community with expertise to identify critical priorities for improving services and to assist in the development and implementation of a unified plan. The goals of BOAC are to improve local policy and practice and ensure systems of care are in place to reduce fatal and non-fatal opioid overdoses and prevent abuse.

The Council focuses on identifying barriers and developing solutions to the issues resulting from the increase of drug abuse in our community including the rise of prescription drug and heroin abuse. BOAC promotes: community education; outreach and prevention; law enforcement response; substance abuse treatment; and educating medical professionals. BOAC seeks to: target factors existing in our community that place our youth at risk for substance abuse; reduce risk factors and enhance protective factors; increase community collaboration and awareness; and create a healthier, safer community.

Erie County

In February of 2016, County Executive Mark C. Poloncarz created the Erie County Opiate Epidemic Task Force. The committee consists of about 110 individuals from human service agencies, law enforcement, government, and the private sector. They are formulating a community-wide response to the heroin abuse and addiction. The Task Force’s mission is to provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices and provide for timely sharing of information.
The creation of an Opioid Epidemic Task Force to be headed by the Commissioners of Health and Mental Health. The Opioid Epidemic Task Force examines all areas of the opioid crisis including but not limited to opioid prescribing practices, access to inpatient, outpatient, and community-based medication-assisted treatment programs, police-assisted recovery, and the distribution of lifesaving medication like Naloxone.

**Essex County**
In 2015, Essex County established the Essex County Heroin & Opioid (ECHO) Prevention Coalition, which is a multi-agency collaboration to prevent and reduce heroin and opiate abuse and addiction in Essex County through education, awareness, support and enhancement of existing programs and services. The ECHO has collaborated with stakeholders to provide community resources that include: State legislative officials; Congressional legislative officials; local government officials; family centers; outpatient clinics; prevention teams; citizen advocacy groups; mental health services; the courts; and public health facilities. The ECHO recently received a grant from the New York State Health Foundation for their “A Coordinated Response to the Opioid Epidemic in North Country” proposal.

**Nassau & Suffolk Counties**
Both Nassau and Suffolk County have their own Task Forces related to combatting heroin and opioid use on Long Island. These committees have formed partnerships of community, social and government agencies dedicated to reducing the demand for heroin in Long Island communities. They are working to educate citizens of the prevalence of heroin, the signs and symptoms of addiction, and the resources that are available to those individuals and families impacted by the addiction. Together, they are working to reduce and eliminate drug related crime in their communities through public education, advocacy, media, law enforcement, and legislation. In February of 2016, Nassau County Executive Ed Mangano and Suffolk County Executive Steve Bellone announced that the counties would work together to combat heroin on Long Island. This joint effort is comprised of law enforcement officers from Nassau and Suffolk, who will conduct heroin-related investigations.

**Westchester County**
The Westchester County’s Direct Treatment Alternative to Incarceration Program (DTATT) serves as an example of a successful county program targeted at individuals entering the criminal
justice system who have problems with substance abuse. DTATI provides criminal courts with recommendations for alternatives to incarceration for individuals charged with or convicted of felony offenses who have a drug or alcohol abuse problem.

The program consists of intensive day-long treatment services coupled with on-site probation supervision. Linking these two programs helps to ensure that participants are receiving mandated treatment in a structured program that also provides efficient oversight by their probation officer. Probation officers with the DTATI Program are housed at the treatment sites, playing a vital role in collaborating with treatment staff in preparing and monitoring the treatment plan as well as other mandated conditions.

This approach has proven credible with both the courts and the criminal justice system. Westchester County has three DTATI sites in collaboration with St. John’s Riverside Hospital and Phelps Memorial Hospital Center. The programs provide a full spectrum of services, following the needs of program participants. One location provides an adolescent after school program.

**New York City**

In 2016, Mayor de Blasio announced the creation of the Heroin and Prescription Opioid Public Awareness Task Force. The task force will focus on double distribution of life-saving naloxone kits; create a new system that connects people who have experienced non-fatal overdose to treatment; expand outreach and engagement programs; and enhance surveillance to detect and respond to overdose trends.

The New York City Health Department also issued a Health Alert to all providers, including hospitals, emergency rooms, stand-alone clinics and private practices, alerting to them to potential opioid overdoses that could involve fentanyl. Additionally, the alert included preliminary data showing an overall increase in the number of unintentional drug overdose deaths due to heroin and fentanyl.

The new plan includes $5.5 million over three years will create the following programs:
- Staten Island Adolescent Program: Build capacity to reach additional 250 youth at risk or with substance use disorder in Staten Island.
- Establish a Nonfatal Overdose Response System
- Prescriber Education and Training
- Public media campaigns
- Training for counselors
The New York State Association of Counties is a bipartisan municipal association serving the counties of New York State including the City of New York. Organized in 1925, NYSAC mission is to represent, educate and advocate for member counties and the thousands of elected and appointed county officials who serve the public.

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