



Public Health
Prevent. Promote. Protect.
Sullivan County
Public Health Services

Opioids: Public Health Crisis

Local Solutions: National Epidemic

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Luis Alvarez, Sullivan County Legislative Chairman
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MISSION: The mission of Sullivan County Public Health Services is to prevent illness and disease, and to protect and improve the health of the public.

Prevent Substance abuse and improve mental health

~ top priority area for Sullivan County identified in

2013-2017 –NYS Prevention Agenda



The Prescription Drug Abuse Prevention Task Force was initiated as a subcommittee of the Sullivan County Rural Health Network, under the direction and leadership of the Public Health Department in 2012.

- **GOAL 1 :** Reduce the number of opioid overdose related deaths in Sullivan County, New York.
- **GOAL 2:** Compile data on the number of opioid prescriptions filled in Sullivan County in 2015
- **Goal 3:** Provide prevention education to the community
- **Goal 4:** Catalyze community resources to improve access to treatment and education.

Prescription Drug Abuse Prevention Task Force

OBJECTIVES: Maintain Prescription Drug Task Force that meets regularly (monthly) to review and discuss information specific to the opioid overdose problem in Sullivan County, New York. This group will work collaboratively to assess the problem, providing for optional use of resources and expertise, to address the problem and develop solutions.

Members include:

Public health professionals

Law enforcement professionals

Medical Community and allied health care providers, mental health providers

Professionals in the fields of prevention, education and substance abuse treatment

Concerned citizens

The Opiate Effect...

In 2010, **16,651** Americans died from opioid medication overdose.

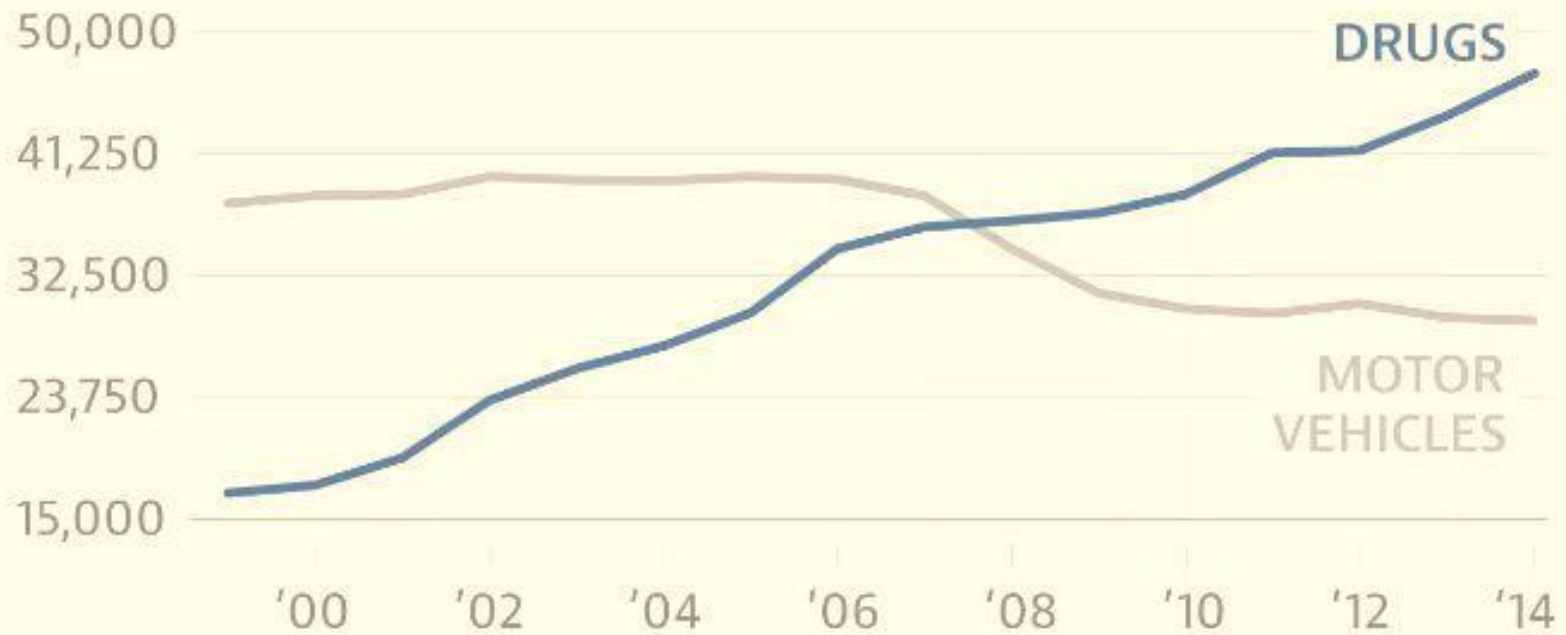
By 2014, **18,893** Americans died from opioid medication overdose and **10,574** died from heroin overdose (Total deaths: **29,467**)

2016: Deaths from opioid overdose are the leading cause of accidental death in the United States with more than **64,000** deaths.

- 40,200 people died in auto accidents which was previously the leading cause of death

******Every day more than 1,000 people in the US are treated in America's emergency room for misusing prescription opiates

Drug Overdose & Motor Vehicle Accident Deaths

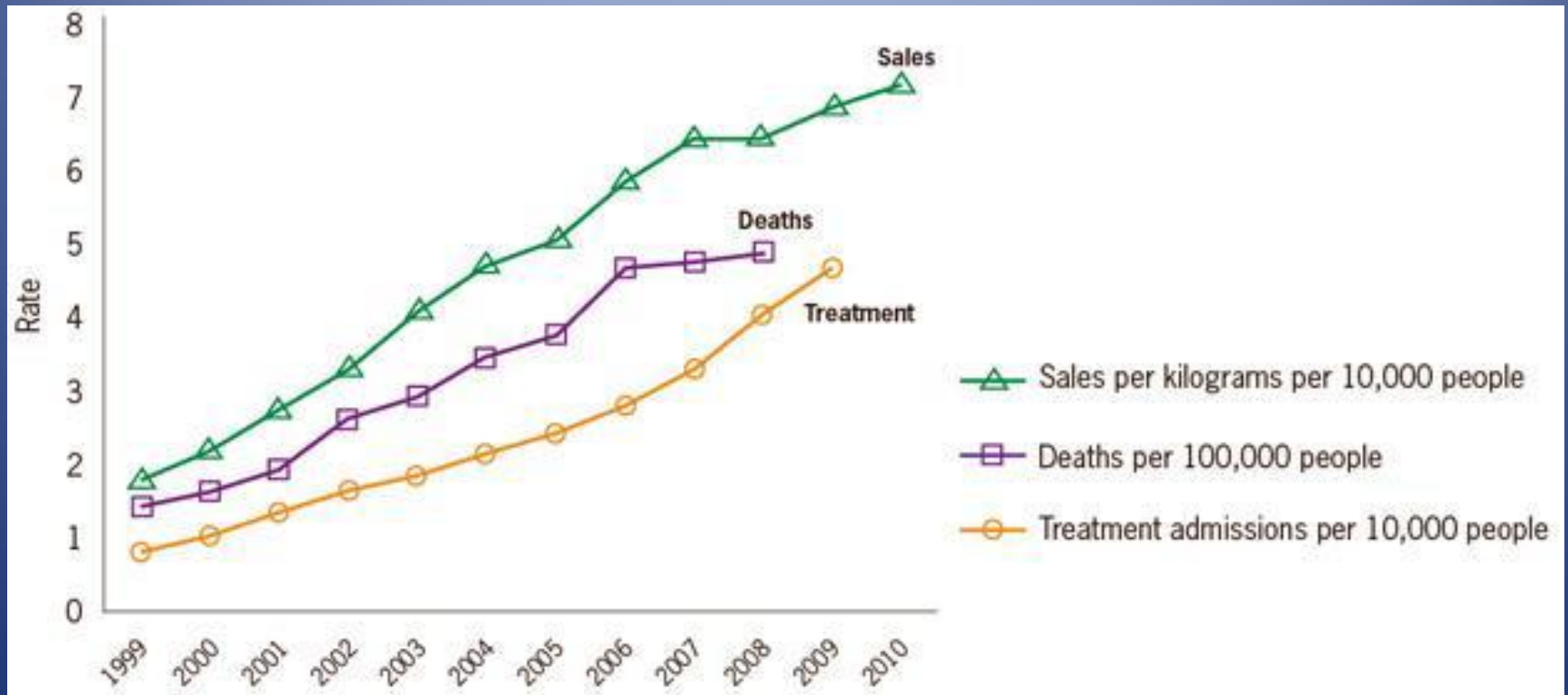


Data: CDC

THE MOST COMMON
CAUSE OF DEATH
OF KIDS FROM age 10-19 IS
SUBSTANCE ABUSE...and
accidental poisoning



OVERVIEW OF THE OPIOID ADDICTION EPIDEMIC: *Prescriptions for Painkillers*

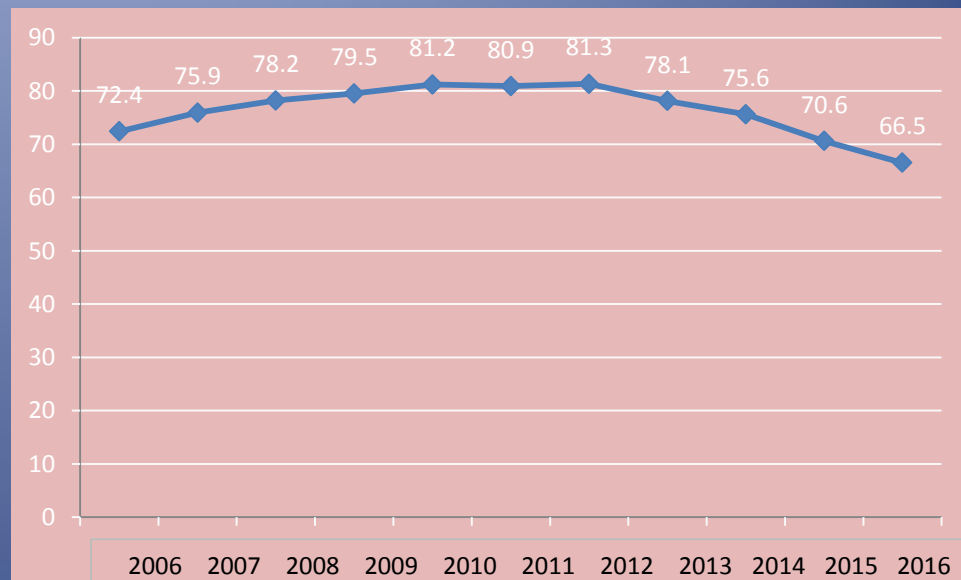


- The number of prescriptions written for painkillers quadrupled between 1999 -2010
- Sales of opioid painkillers increased 300% between 1999-2008
- The number of opioid-related deaths increased 313% between 1999-2010

Total number and rate of opioid prescriptions dispensed - United States, 2006–2016

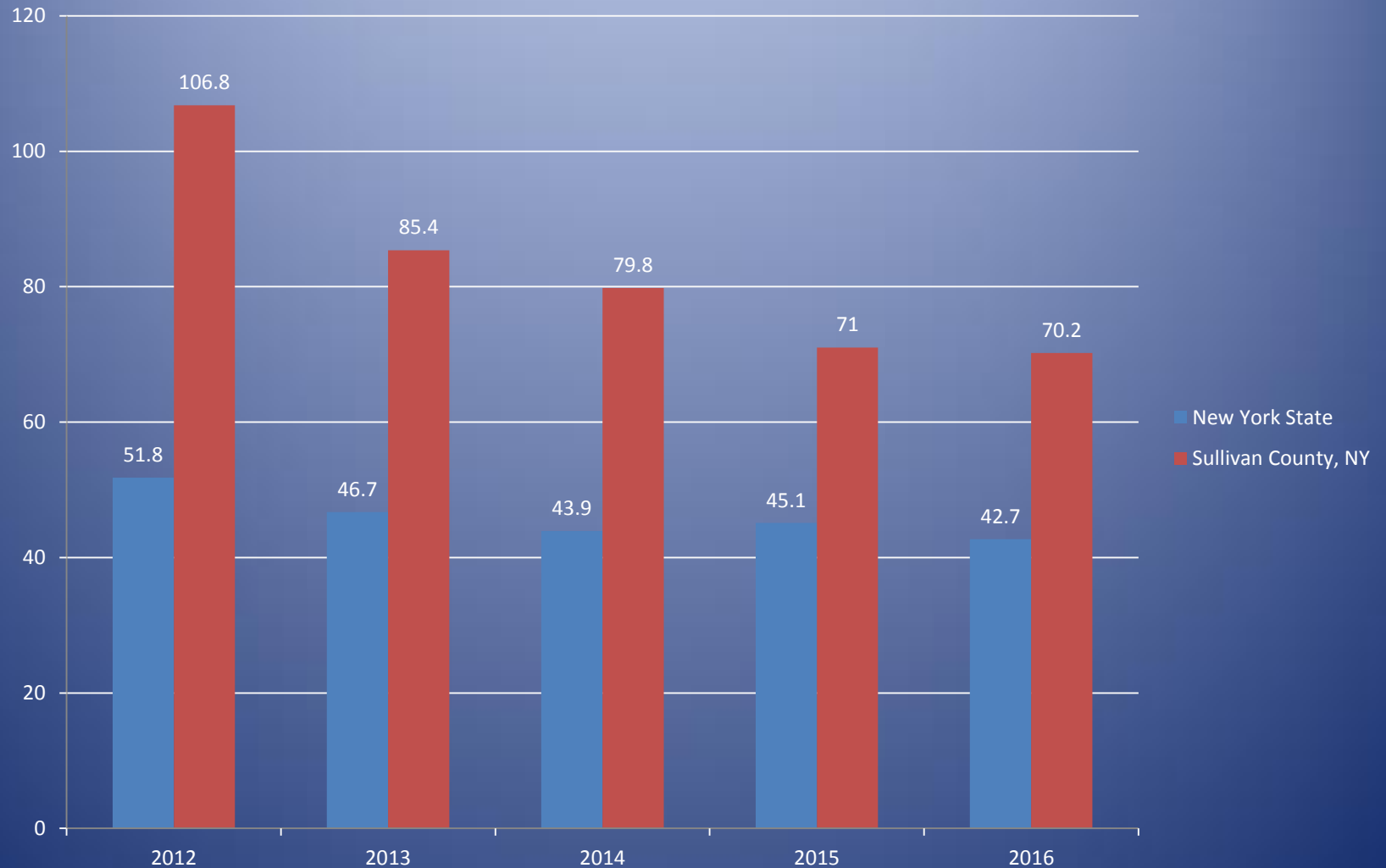
Year	Total Number of Prescriptions	Prescribing Rate Per 100 Persons
2006	215,917,663	72.4
2007	228,543,773	75.9
2008	237,860,213	78.2
2009	243,738,090	79.5
2010	251,088,904	81.2
2011	252,167,963	80.9
2012	255,207,954	81.3
2013	247,090,443	78.1
2014	240,993,021	75.6
2015	226,819,924	70.6
2016	214,881,622	66.5

US Opioid Prescription Rate per 100 Persons



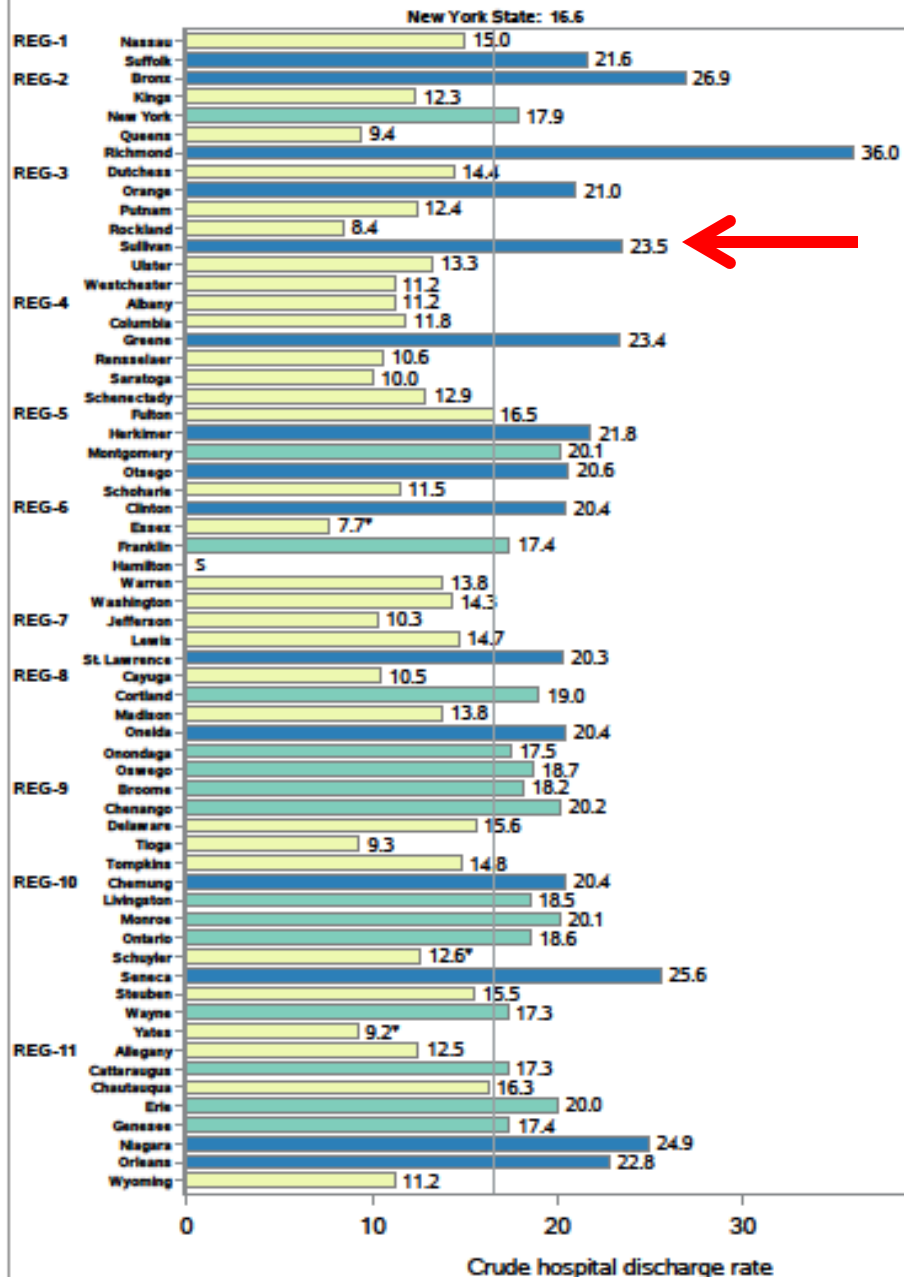
Peaked in 2012

NY State and Sullivan County, NY Opioid Prescription Rate per 100 Persons



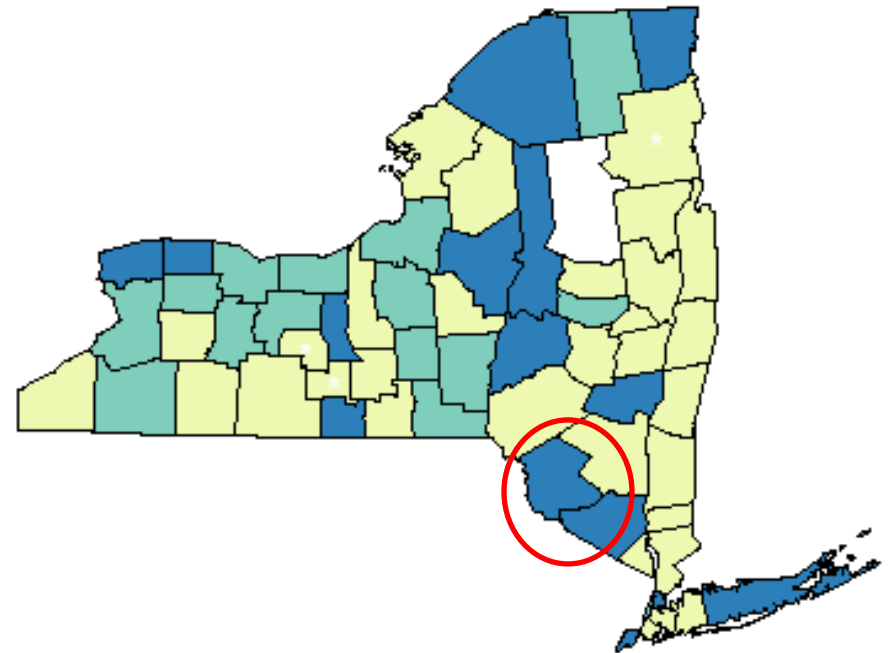
2012: US Rate = 81.3

2016: US Rate = 66.5



All hospital discharges involving opioid overdose, crude rate per 100,000 population

Total
2012-2014



Crude hospital discharge rate
Counties are shaded based on quartile distribution
(* Fewer than 10 events in the numerator, therefore the rate is unstable)

- Data not available
- 0 - < 16.5 : Q1 & Q2
- 16.5 - < 20.2 : Q3
- 20.2+ : Q4

~ The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties, care from hospitals especially those which border other states.

Source: 2012-2014 SPARCS Data as of September 2016

* Fewer than 10 events in the numerator, therefore the rate is unstable
s: Data do not meet reporting criteria

2016 CDC Guidelines for Prescribing Opiates for Pain

- Assess patient need for opiates
- Recommend alternative medications and therapeutic modalities for pain relief
- Address harms of opioid use with patients
- Avoid long acting opiates; prescribe only amount needed to control pain
- Arrange treatment for opioid use disorder if necessary



EMPOWERING PROVIDERS.

www.cdc.gov

GUIDELINE FOR PRESCRIBING
OPIOIDS FOR CHRONIC PAIN

9 out of 10
people with addiction
started using
substances
before they turned

18



(Source: Center for Alcohol and Substance Abuse at Columbia University)

Nearly half of
young people who
inject heroin
report abusing
prescription
pain killers
before starting
to use heroin



(Source: National Institute of Drug and Alcohol)

2004-2013

heroin treatment admissions among
NYS residents increased by

136%

statewide

upstate NY
admissions

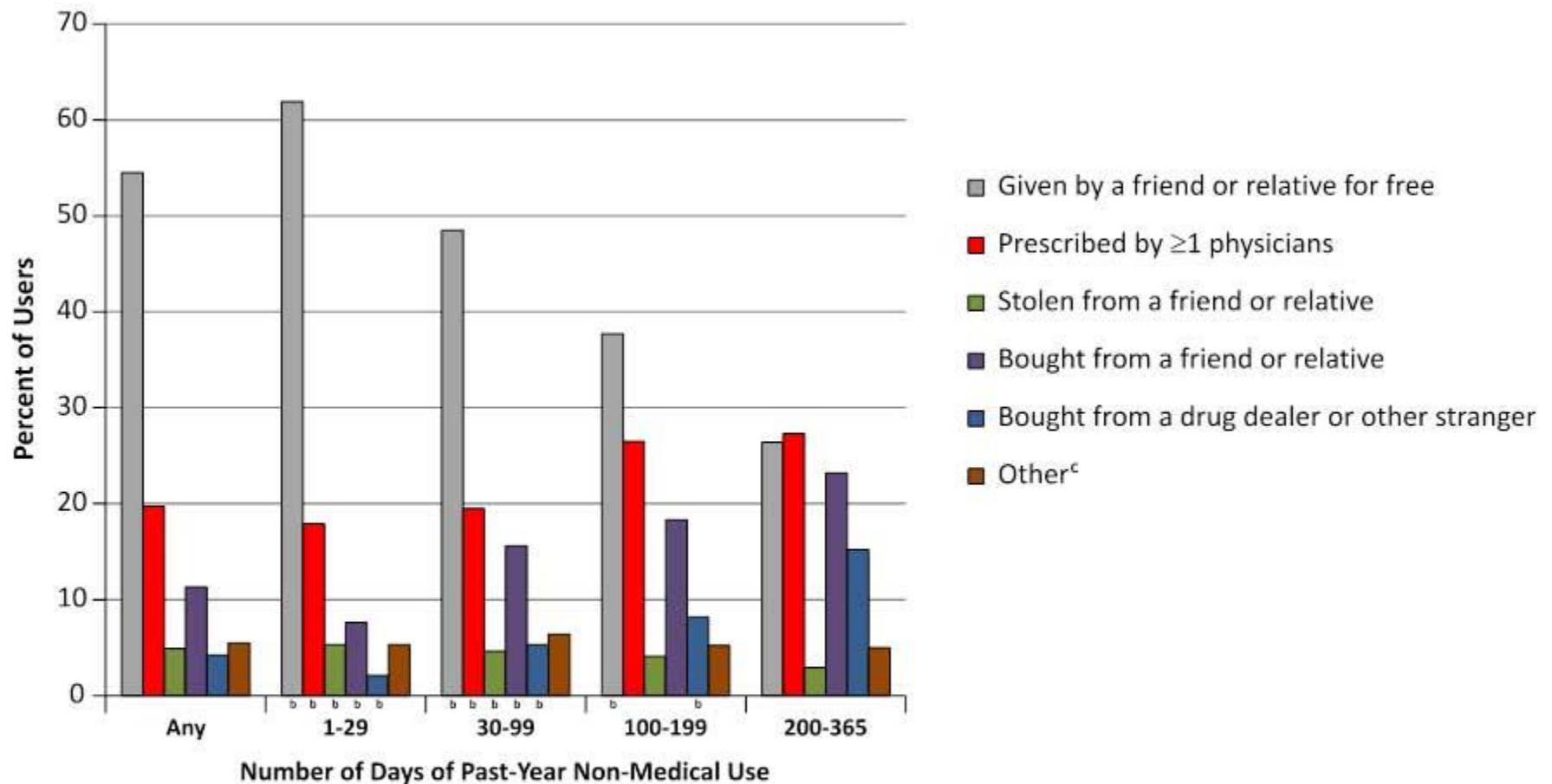
222%

long island
admissions

242%

(Source: NYS OASAS)

Sources of Prescription Opioids Among Past-Year Non-Medical Users^a



^a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵

^b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).

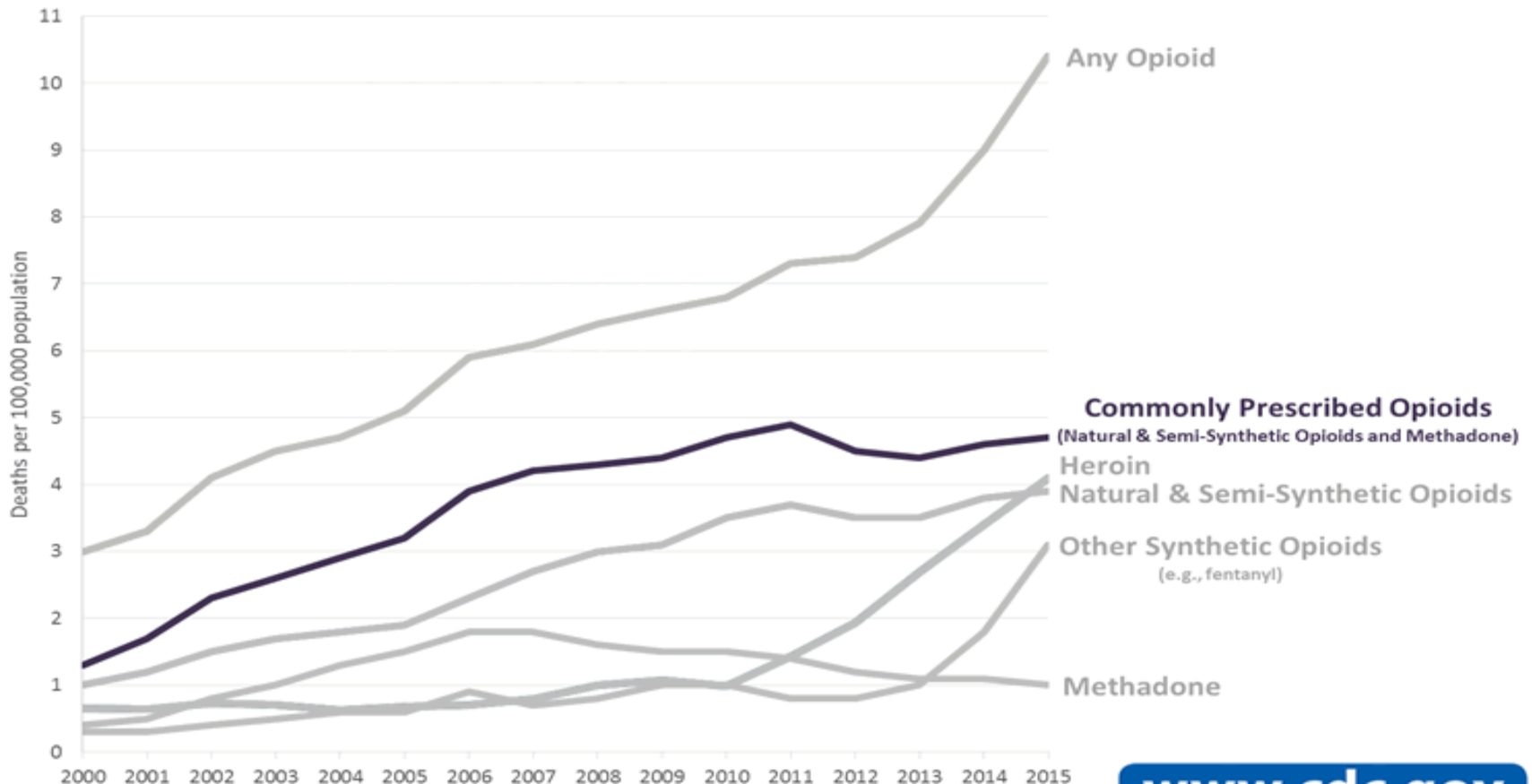
^c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. JAMA Int Med 2014; 174(5):802-803.

Deaths by Type of Opiate, United States

Overdose Deaths Involving Opioids, United States, 2000-2015

Deaths related to commonly prescribed opioids account for nearly half of all opioid overdose deaths in 2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

FENTANYL ALERT...

Since 2014, the number of deaths involving fentanyl have drastically increased.

In Sullivan County, **2014** saw **3 of 18** deaths involving fentanyl during a twelve month period.

During the first four months of **2017**, **6 of 9** deaths in the county involved fentanyl.

...In most cases, it is mixed with other drugs.

New Synthetic Drugs are emerging on the market which are even stronger than fentanyl. Only small doses of these can kill quickly and many are resistant to Naloxone (Narcan).

Emergency Calls for Poisoning in Sullivan County, NY

Upstate Poison Control Volume Calls for Sullivan County, NY:

Intentional and unintentional poisonings including prescription drugs:

2012: 77 calls or 12% of all poisoning calls from Sullivan were for Opioids/opioid-like drugs

2013 – 55 calls were for opioids/opioid –like poisonings/OD from Sullivan Co.

2017- Jan – Jun – 78 calls were overdose related

Drug Overdose: Sullivan County, NY

Drug Poisoning Deaths Sullivan County, 2013 - 2016

All Deaths	All Drug Poisoning Deaths	Drug Poisoning Deaths Involving Opioids
696	19	17
719	18	16
686	18	18
Data pending	18	16
Data pending	18+ Data pending	18
2,109	87	81

WHAT ARE OPIOIDS/OPIATES?

SEMI-SYNTHETIC/SYNTHETIC OPIOIDS

- Hydrocodone (*Vicodin, Lortab*)
- Methadone
- Oxycodone (*Percodan, Oxycontin*)
- Fentanyl (*Duragesic, China White*)
- Hydromorphone (*Dilaudid*)
- Methadone
- Meperidine (*Demerol*)

HEROIN

NATURALLY OCCURRING OPIATES

OPIUM: MORPHINE, CODEINE, THEBAINE



=



HOW OPIOIDS WORK

- They bind to receptors in the brain
- Different effects at different doses
- They change the way the body feels and perceives pain
- They suppress the urge to breathe

Slow breathing > Breathing stops > Oxygen to brain decreases

> Heart stops > Brain death

Heroin disguised as Oxycodone

- Heroin



- Pharmaceutical Oxycodone



2017 – Increasing number of look-alikes and imitations!!!

Opioid Overdose Impacts all Socio-Economic Groups and Regions

Who is at risk of overdose?

People who use
opioids for pain
control

Young people
who are
experimenting
with drugs or
who have drug
dependence

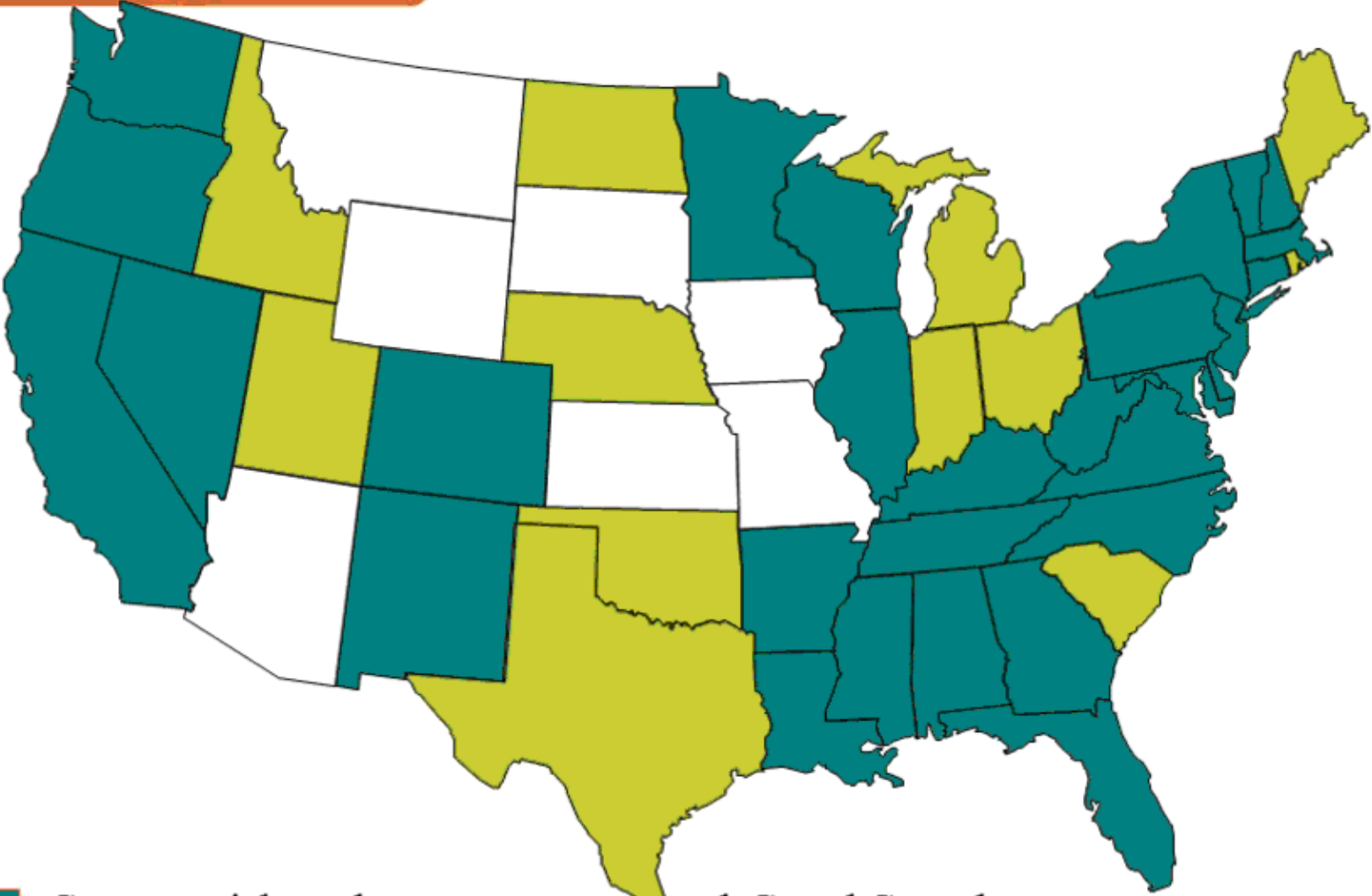
Long time drug
users, often after
a period of
abstinence
(rehab, prison,
recovery)

Opioid overdoses occur in urban, rural and suburban
areas of the state

STATE RESPONSE

- ▶ 43 states have modified law to increase access to naloxone in at least one of several ways
 - Permit prescriptions to third parties
 - Permit prescription and dispensing by standing or protocol order
 - Provide civil and professional immunity to prescribers, dispensers, and administrators
 - Permit lay dispensing and administration
 - Provide protections for Good Samaritans who report overdose
 - Expand first responder scope of practice to include naloxone

Building a Culture of Health, County by County



- States with naloxone access and Good Sam laws
- States with naloxone access laws only

Risk Factors for Opioid Overdose

- Reduced Tolerance
- Using Alone
- Mixing drugs
- Change in drug supply or drug supplier
- Illness
- Depression
- History of previous overdose
- Injection
- Unstable housing

Sullivan County's Rural Health Network Drug Abuse Prevention Task Force Response 2012-2017

- Drug drop boxes have been installed at all (3) local police stations and at least one additional Drop Box at Dept. of Family Services lobby.
- Prescription Take Back Days have yielded well over 1,500 lbs in unused medication being disposed of by law enforcement and DEA
- A 2013 forum in for physicians and the public was held to educate them on the growing problem of opioid abuse and overdose in the county, the I-Stop Law, and to raise awareness of the growing addiction problem.

Sullivan County's Rural Health Network Drug Abuse Prevention Task Force Response 2012-2017

- Outreach efforts to educate the public and schools on prescription drug abuse have been held and will continue by members of the Sullivan County Task Force and volunteers. 4 schools have started their own task forces.
- Sullivan County Public Health Services received approval to be a Registered Opioid Overdose Prevention Training Program in October 2014 and the Sheriff's Office and Public Health sponsored a kick-off training of 75 officers.
- A July 2015 forum at Bethel Woods was held with a national speaker to highlight Project Lazarus and what was working in NC to reduce deaths d/t overdose. This included workshops with local leaders to come up with recommendations for all sectors of the community.
- Today's conference

Registered Opioid Overdose Prevention Training Program

Sullivan County Public Health
Services

No. 200

Naloxone Training Program

- SCOOPP Responders Trained to date (October 2017); County sheriff's deputies, police departments, EMS providers, firefighters, RN's, county employees, public, school employees
 - SC Public Health Services - 537 trained
- Catholic Charities naloxone training program:
 - 228 Trained

Trainers from both programs have teamed up to coordinate several general public training programs in communities throughout Sullivan County

Demographics – SCPHS Training Program statistics as of Sept 2017

- Number of incidents of naloxone use:
 - 2014-15 – 16 incidents
 - 2016 – 21 incidents
 - 2017 – to date** 23 incidents
- Total number of responses from SCOOPP Overdose Responders to Date: **60**
 - Ages: 20-41 yrs old
- Greatest percentage of use in 12701 Monticello/Thompson area
- 58 reversals, 2 deceased
- 11 heroin, 1 pain medication

Demographics – SCPHS Training Program Naloxone Usage Statistics as of Sept 2017

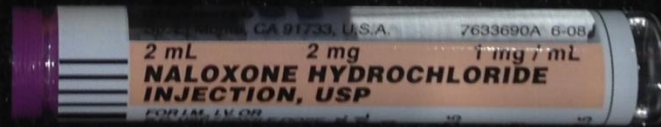
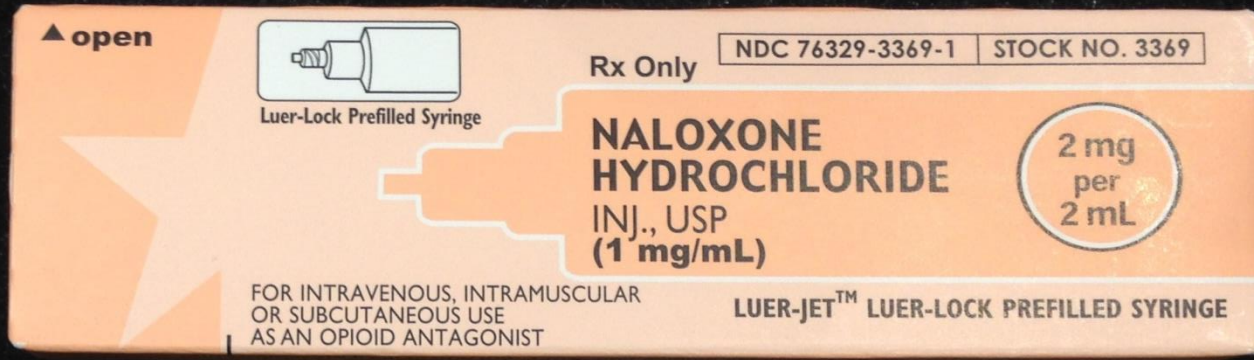
- Number of incidents of naloxone use by SCOOPP Overdose Responders:

Date	# of Response Incidents	Heroin	Pain Meds	Unknown
2014-15	16	15	1	0
2016	21	17	4	0
2017	23 *to date	20	1	2

- Total number of responses to date: **60**
 - 58 reversals, 2 deceased
 - Ages: 19-62 yrs old
- 52 heroin, 6 pain medication, 2 unknown opioid
- Greatest percentage of use in 12701 Monticello/Thompson area

Approaching 700 trained to administer naloxone since 2014





Intranasal naloxone



Naloxone (Narcan)

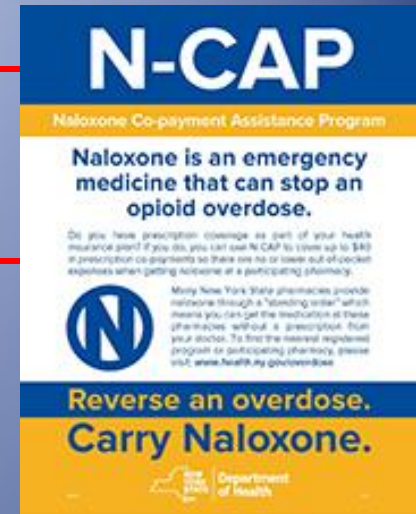
- Injectable or intranasal opioid antagonist
- Binds to opioid receptors in the brain and prevents opioids in the system from attaching to the receptors
- Reverses the effects of opioids and can prevent a fatal overdose
- Takes effect in 2 – 3 minutes
- Effect lasts 30 – 90 minutes
- Does not cause harm

Naloxone (Narcan)

- Regulated - not a controlled substance
- Requires a NYS licensed prescriber
- Should be stored at room temperature (59-86 F.)
- Should be kept away from direct light
- Has a limited shelf life; expiration date on box

NYS Department of Health partnered with participating pharmacies to make Narcan available without a prescription Jan. 2016

- N-CAP Program provides up to \$40 copay assistance



PUBLIC HEALTH LAW Section 3309(2) and title 10 §80.138 of NYCRR

- Protects the non-medical person or trained responder who possesses and administers naloxone from liability.
 - “shall be considered first aid or emergency treatment”.
 - “shall not constitute the unlawful practice of a profession”
- Allows the medical provider to provide naloxone for secondary administration.
- Law for “standing orders” is signed, pending regulations

NYS Good Samaritan Law

(Effective September 2011)

- Provides significant legal protection against criminal charge and prosecution for possession of controlled substances, as well as possession of marijuana and drug paraphernalia (Class A-1 drug felonies as well as sale or intent to sell controlled substances are not covered by the law).
- Protection applies to both the person seeking assistance in good faith as well as to the person who has overdosed.
- Encourages witnesses to call for help without fear of retribution (most overdoses are witnessed)

Sullivan County Prescription Drug Take-Back Days



Sponsored by:

Sullivan County Prescription Drug Task Force (of the Sullivan County Rural Health Network), Sullivan County Public Health Services, the Sullivan County Sheriff's Office, and the Recovery Center



DROP BOXES

- Fallsburg Police Station
- Liberty Police Station
- Monticello Police Station
- Available 24/7
- Dept. Family Services lobby during work days
- Drop off unwanted medications, no questions asked
- DEA Sponsored take back days x 2/yr

Drug Take Back Events from 2012 to 2017

Local and DEA sponsored

April 2012 to Jan 2017:

14 Drug Take-back events

> 1,500 lbs of drugs collected

Sullivan County's Task Force Ongoing efforts 2012-2017

- Dozens of Outreach/ Education Events:
 - Sullivan County Medical Society
 - Countywide conferences/events (3)
 - Physicians, FNPs, PA's, mental health professionals
 - Monticello Rotary
 - Liberty Rotary
 - Sponsored prevention events at schools
 - School nurses, first responders
 - Parents
 - Media campaign
 - CDC / NYSDOH Opioid Overdose Prevention Grant



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