

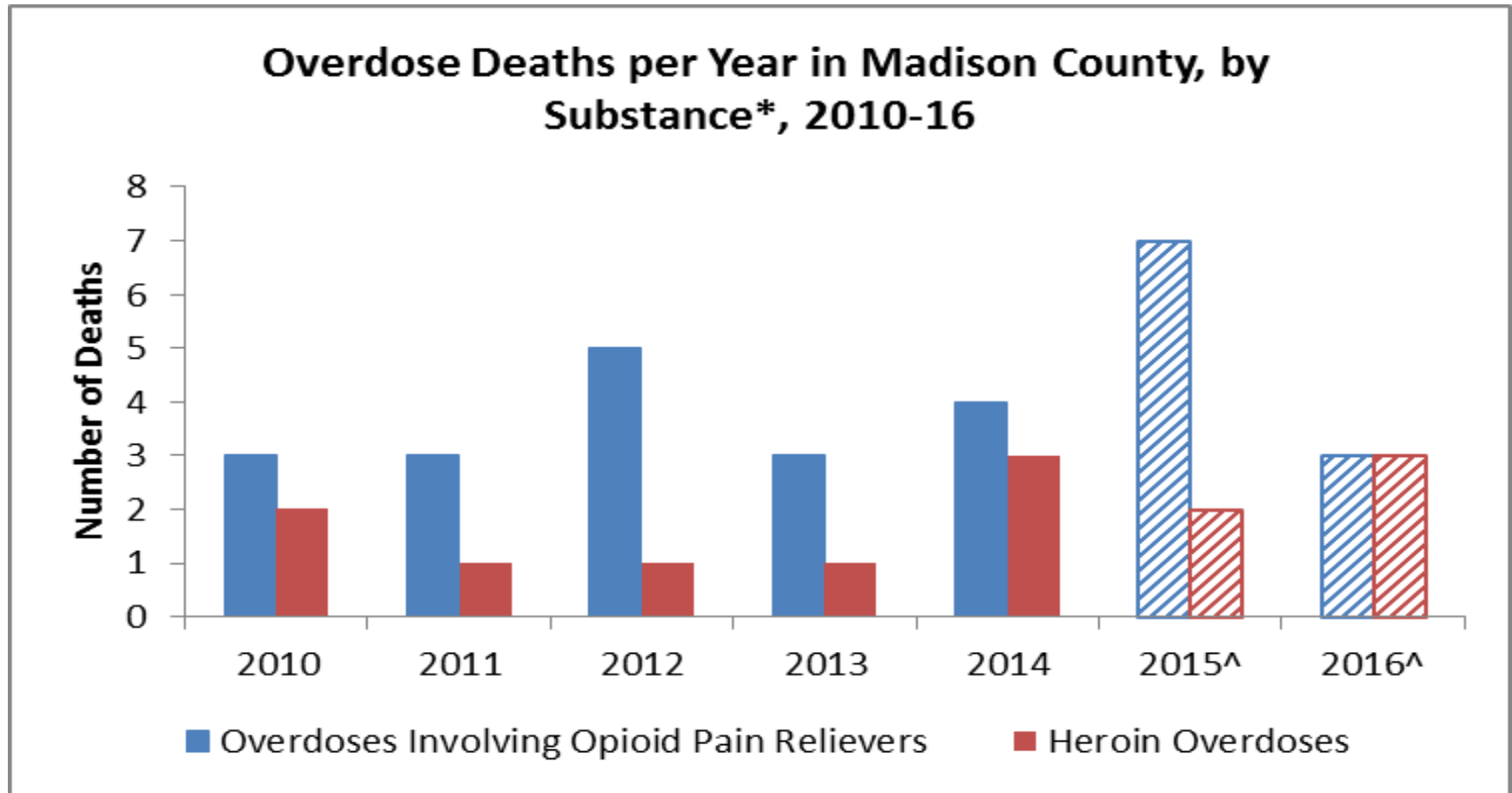
OPIOID EPIDEMIC: A MADISON COUNTY RESPONSE

Madison County Opioid Task Force

April 2017

Data/Trends continued

	2010 (n)	2015 (n)	% change
Heroin Overdoses	2	2	0%
Overdoses Involving Opioid Pain Relievers	3	7	133%



Source (2010-2013 data): Onondaga County Medical Examiner's Office.

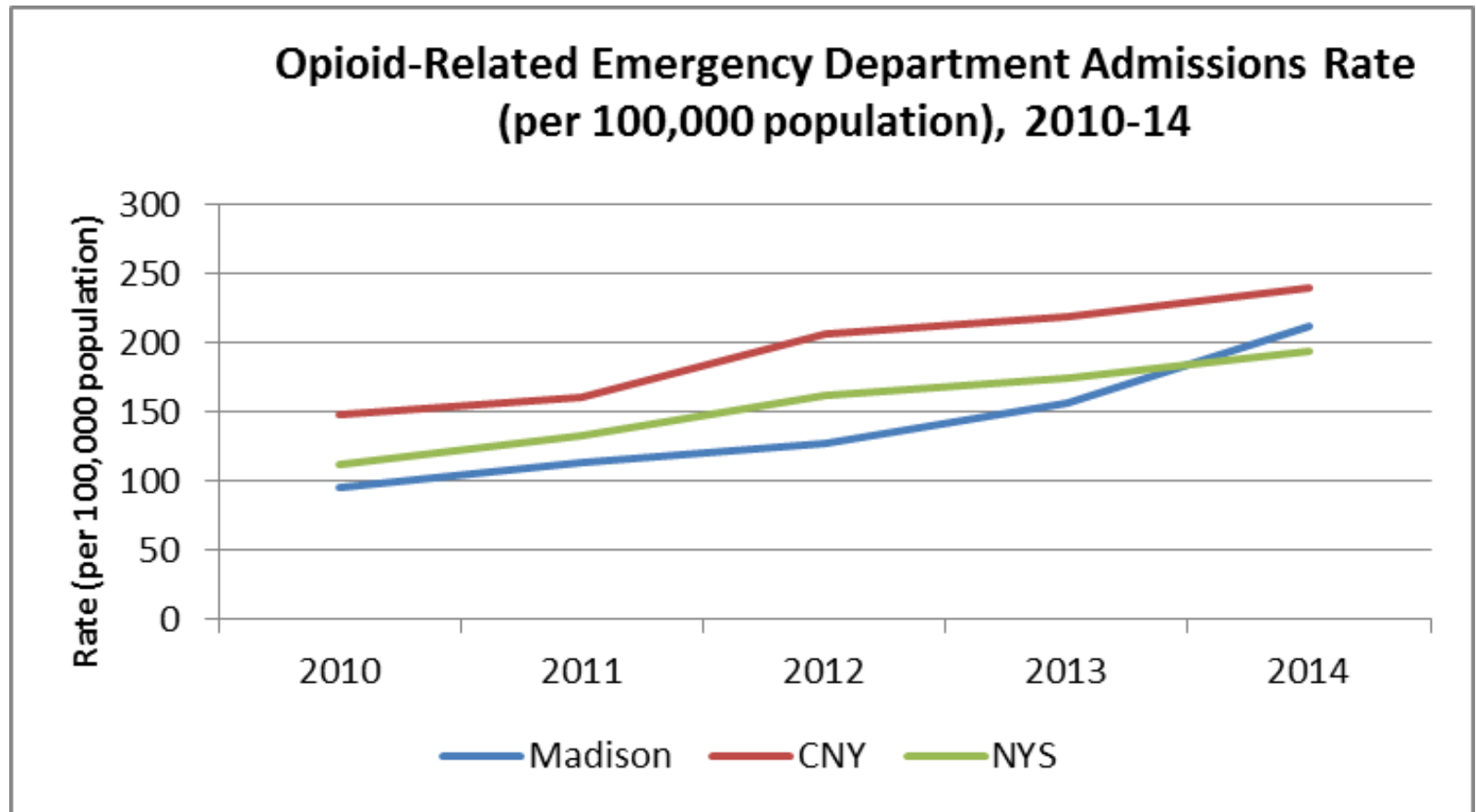
Source (2014-2016 data): NYSDOH, County Opioid Quarterly Report For Counties Outside of New York City. Published: January, 2017

Madison County Opioid-Related Overdose Deaths Demographics 2008-2014

	All opioids	Opioid pain relievers	Heroin	Madison County population
	n (%)	n (%)	n (%)	%
Total overdose deaths	33 (-)	27 (-)	8 (-)	-
Sex				
Female	15 (45%)	13 (48%)	2 (25%)	50.9%
Male	18 (55%)	14 (52%)	6 (75%)	49.1%
Age				
<25	3 (9%)	2 (7%)	3 (38%)	35.2%
25-34	10 (30%)	6 (22%)	4 (50%)	9.8%
35-44	7 (21%)	7 (26%)	0 (0%)	12.1%
45-54	3 (9%)	2 (7%)	1 (13%)	16.3%
55-64	6 (18%)	6 (22%)	0 (0%)	12.7%
65+	4 (12%)	4 (15%)	0 (0%)	13.9%
Race				
White	33 (100%)	27 (100%)	8 (100%)	96.2%
Ethnicity				
Hispanic	1 (3%)	1 (4%)	0 (0%)	1.8%
Non-Hispanic	32 (97%)	26 (96%)	8 (100%)	98.2%
Education				
No high school diploma	10 (30%)	8 (30%)	3 (38%)	9.6%
High school graduate	16 (48%)	13 (48%)	3 (38%)	33.7%
Some college, no degree	4 (12%)	4 (15%)	1 (13%)	18.6%
Associate's degree	2 (6%)	1 (4%)	1 (13%)	11.9%
Bachelor's degree, or higher	1 (3%)	1 (4%)	0 (0%)	26.2%

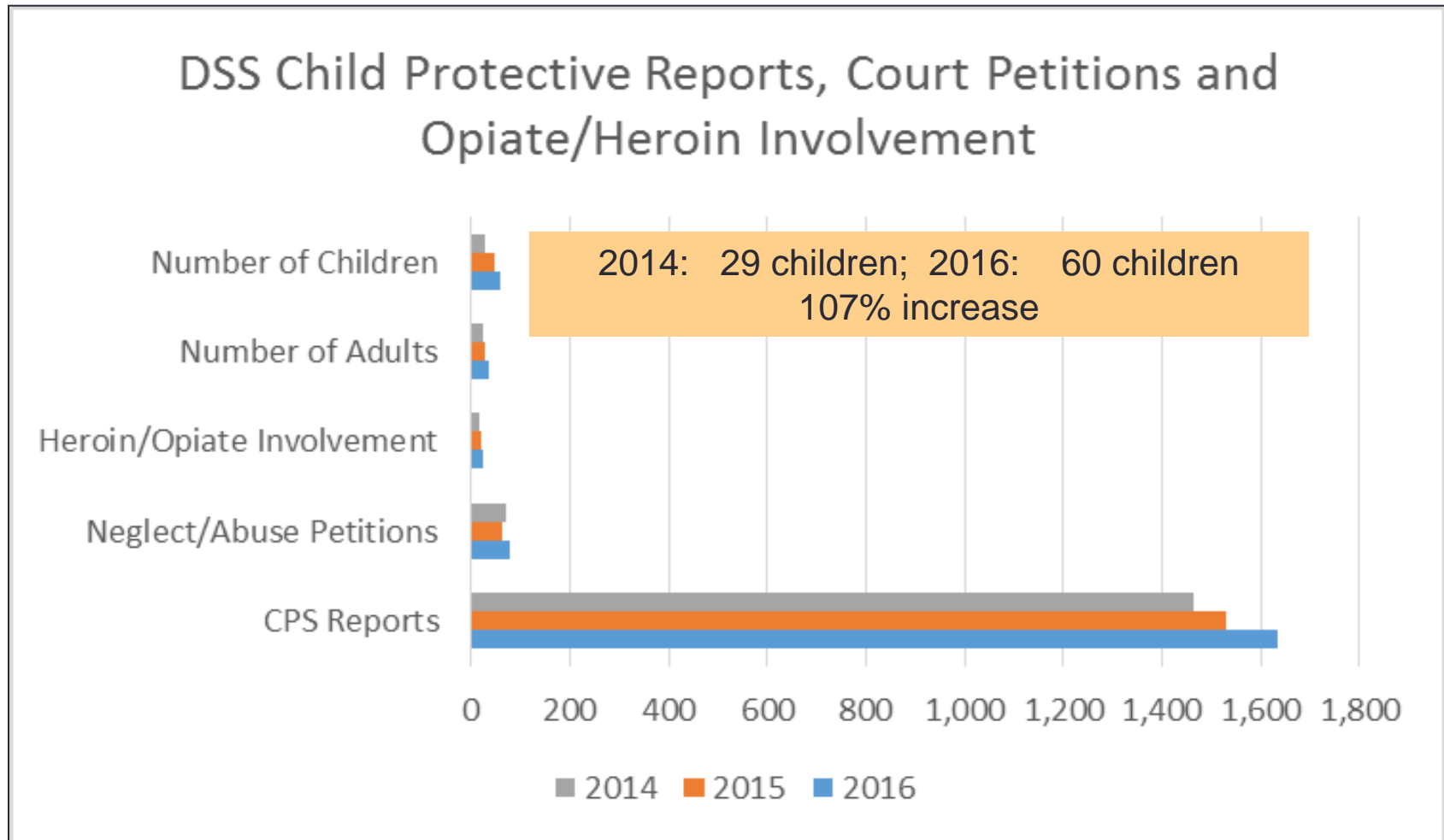
Madison County Data/Trends

	2010 (rate/100,000 population)	2014 (rate/100,000 population)	% change
ED visits			
Madison County	95.3	212.4	123%
NYS	112.5	194.8	73%
Hospital admissions			
Madison County	125.3	201.5	61%
NYS	374.8	387.6	3%



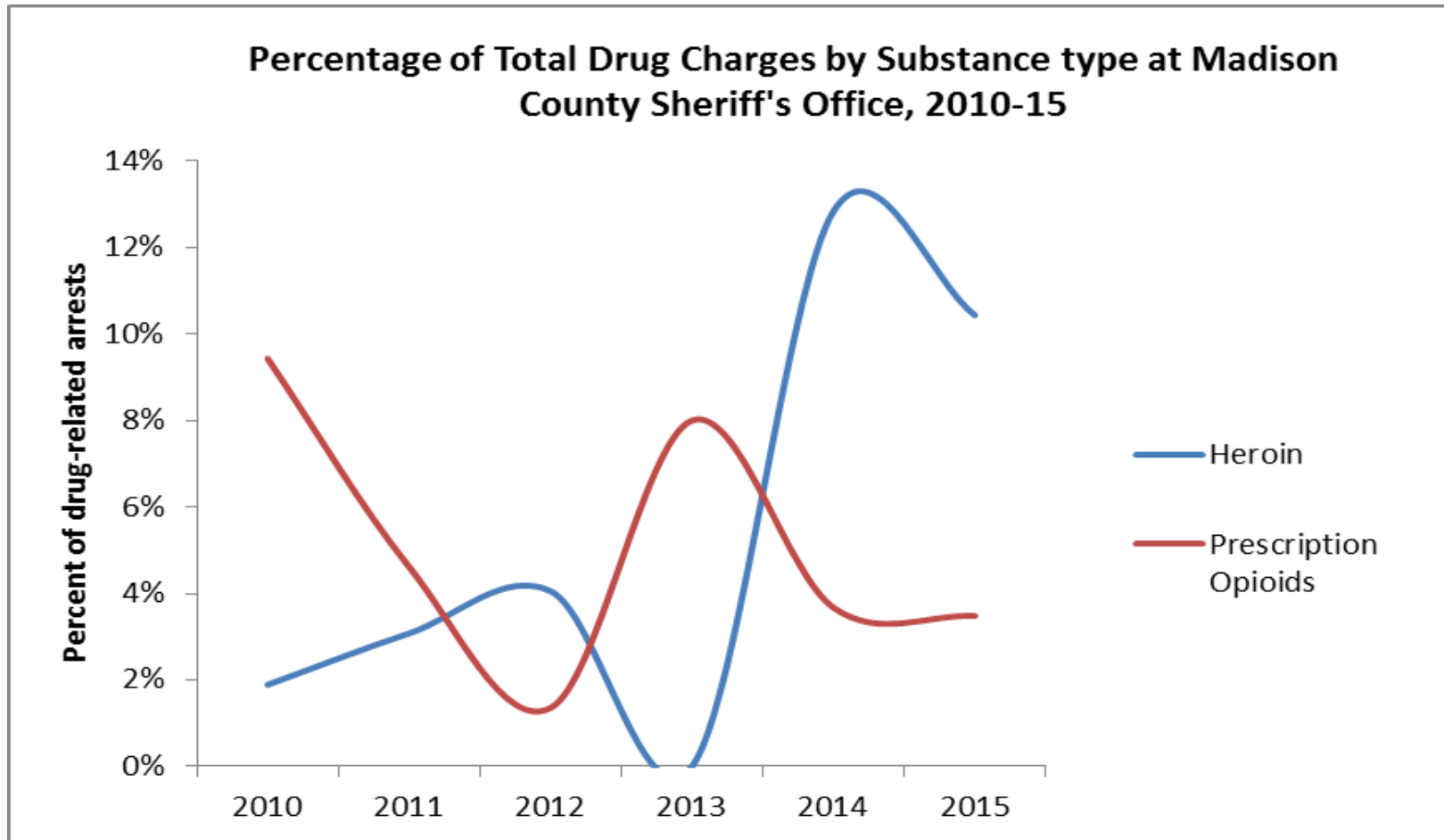
Source: NYSDOH, Opioid Poisoning, Overdose and Prevention 2015 Report to the Governor and NYS Legislature, 2015.

Data/Trends continued



Source: Madison County Department of Social Services, February 2017.

Data Trends cont.



Source: Madison County Sheriff's Office.

Treatment

Options for treatment for substance abuse include:

- **Family Counseling Services** – clinic in Oneida, opening satellite in Morrisville sometime this year.
 - Offers outpatient counseling, and can do some medication assisted treatment including Vivitrol and just started Suboxone.
- **MC Mental Health Clinic** –
Can do dual diagnosis work, meaning if someone does not need a level of intensive outpatient treatment, and has a MH diagnosis, we have trained clinicians to be able to work with the person. We would refer for additional services if needed.

Treatment, continued...

- **Liberty Resources** – they have an OMH clinic, as well as many options for housing for folks with substance abuse problems.
 - They plan to expand their residential services to include treatment right in the housing programs. Liberty Resources also recently opened a Peer Recovery Center funded by the Office of Mental Health. They will however work with people with substance abuse issues and mental health issues.
- **Private Practice Physicians** – locally, there is only one private physician who prescribes medication for folks suffering from opiate addiction.

Treatment, continued....

- Regional Crisis Center for Addictions – The Central NY Director's Planning Group
 - completed a survey and needs assessment of the region regarding the need for services related to addiction.
 - proposed a project to the State Office of Alcohol and Substance Abuse (OASAS) which would create a regional crisis addiction center.
 - This would allow people to access treatment when they need it with no wait.
 - It would have 24/7 access, and then the center would link people back to their community for services once they are stable.
 - There will be an RFP issued very soon for providers to respond to. The intent is that this will be opened during the summer.

Treatment, continued....

- **Part time Peer Specialist**
 - working with Oneida Hospital. The purpose of the position is to have people who present at the ER who have overdosed work with the peer to link them to services.



Recovery

- **HEAL- Heroin Epidemic Action League**- grassroots community group- offers support groups for those affected by heroin/opiate addiction, N.A. meetings, educational events and provides speakers in recovery, upon request
 - N.A.- Narcotics Anonymous Meetings

Addiction is the #1 HEALTH CRISIS in the U.S.....Let's not ignore the problem



THURSDAY, September 22nd, 7:00 p.m.
Catherine Cummings Theatre, Cazenovia New York
TO RESERVE YOUR SEAT, GO TO GATHR.US/TICKETS

Sponsored by: HEAL, Madison County
Common Grounds

BRIDGES



Sheriff's Office- Correction's Division

- **Vivitrol program** – An injectable medication that blocks the effects of opiates and/or alcohol. This program is designed to encourage retention in a post-release substance abuse treatment plan.
- **Narcan program** – Naloxone, sold under the brandname Narcan among others, is a medication used to block the effects of opioids, especially in overdose. All jail supervisors are trained, and followed up with an annual in-service training on Narcan
- **Narcan Expanded program** – All jail staff members to receive Narcan training augmented with an increase in the on hand supply of Narcan
- **Chemical Dependence programs** are offered to inmates during incarceration such as “Life Skills Group”.
- **Post –release Suboxone program** – A state initiative designed to encourage retention in a post-release substance abuse treatment plan as an option for inmates that do not qualify for the Vivitrol program.
- **Re-entry team program** – As one of many parts of this program, the opioid section does referrals for both inpatient and outpatient programs through Conifer Park, Veterans Administration, Family Counseling, Beacon Center.

Sheriff's Office - Criminal Division

- 2 actual narcan deployments, 1 person saved, 1 was deceased before patrol arrival but narcan deployed in an effort to revive (assist to Chittenango PD)
- *1 person was revived by MCSO Corrections Staff in the PSB lobby bathroom* 10 assists or responses by agency members to suspected heroin overdoses (either dispatched to help or went on their own because they were narcan trained and equipped)
- All full time patrol and CID members and part time members assigned to patrol are trained (29 full time members & approximately 6 part time members)
- All new patrol employees are trained in narcan use/deployment during Field Training (if they're not already trained)
- MCSO has 2 members who are specifically qualified to train other members in narcan use
- All criminal division actual narcan uses are reviewed by the Narcan program physician (Dr. Newton)
- Extra naloxone supply and associated kits are kept on hand, monitored for expiration and replaced when appropriate
- Have recognized program on file and approved with the NYS Department of Health
- Mandatory drug test (urine test) for all intakes to jail to identify potential issues jail staff (security and medical) may face so they can be prepared.

MC Task Force

- **Members**

- Sherry Willis Buglione
- Maureen Campanie
- Teisha Cook
- Eric Faisst
- Mike Fitzgerald
- Ted Halpin/John Barattini
- Susan Jenkins
- Allen Riley

- **Purpose:** Reduce Opioid Overdose and abuse

- **Action Plan Focus:**

- Prevention, Treatment, Recovery, and Enforcement

Questions?