



The Opioid Epidemic: A Madison County, NY Perspective



Prepared by: Madison County Department of Health in collaboration with the Madison County Opioid Task Force, August 2016.



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Table of Contents

Actions Madison County is Taking to Address the Heroin/Opioid Problem.....	1
Acknowledgment	2
Background	3
Effects on the Healthcare System:	
Hospitalization Rates.....	4
Emergency Room Rates	5
Opioid-related Admissions.....	6
Controlled Substances Transactions	7
Opioid Prescribing by Medical Specialty	8
Medication Collection Program	9
Drug Overdoses.....	10
Next Steps	11
Sources.....	12

Actions Madison County is Taking to Address the Heroin/Opiate Problem Outlined in This Report:

Community-wide meeting to discuss the problem & solutions convened in the fall of 2015.

Current Trends trainings delivered to community members, parents, teachers, and others. Distributed information and posters about the opiate problem and where to seek help.

Safe Pill collection events are held twice a year. Four disposal kiosks are available at various locations throughout the county. Two one-time collection events were held in Hamilton.

Survey of *all* local pharmacies to determine level of problems in Madison County and how they dispose of medications. Hundreds of safe disposal handbills distributed to local pharmacies, both independent and chains.

Information and Referral Services to those who are addicted to heroin or other opiates and/or for the parents and other family members provided by BRiDGES.

Private treatment resources for substance use disorders available in Madison County.

First responders and many others in the community **trained in Naloxone**, anti-overdose drug. Additional trainings are scheduled for the Fall of 2016.

Madison County Jail has started a Vivitrol program in the jail, beginning in July 2016. This program will screen inmates for opiate problems and provide the first dose of Vivitrol while the inmate is in jail. While many jails and prisons only offer counseling and support groups for drug-addicted inmates, a growing number are treating inmates with drugs such as methadone, an opioid-based substance that eases withdrawal symptoms, or Vivitrol, a non-opioid, injectable medication that blocks the effects of both alcohol and heroin (Baltimore Sun).

Community members are active **participants on alcohol and substance use coalitions** at the state, regional, county, local, and college level where this problem is addressed.

Town Hall Meeting on Heroin and Opiates was held at Chittenango High School in March 2016 and was attended by more than 200 teens and adults.

Community Forum on Heroin and Opiates was held at Cazenovia High School in May 2016.

HEAL— Heroin Epidemic Action League, a grassroots group formed in Cazenovia in spring of 2016 who meets weekly. The group has met with the Governor and other Legislators to advocate for laws and services, and has started a support group for those impacted by heroin and opiate addiction that meets weekly at the Cazenovia Library. A support group has started in Morrisville, NY. Members of HEAL started a Narcotics Anonymous group, and they advocate for issues related to heroin and opiate prevention, treatment and recovery. HEAL scheduled Open Meeting/Support Group in Brookfield in July.

Actions Continued:

The Madison County Opioid Task Force is working to address the various aspects of the problem locally. The group consists of mental health, public health, social services, emergency management, Sheriff's Office, BRiDGES Council on Alcoholism and Substance Abuse, and community providers all coming together to address the problem with heroin and opiates and to develop strategies to address concerns. This includes collecting data included in this report.

BRiDGES and other regional providers, including Oneida Healthcare, are bringing the Executive Director of **Physician's for Responsible Opiate Prescribing, Dr. Andrew Kolodny**, to this region in October 2016. This conference will be promoted to and open to doctors and other prescribers in a five-county region. Other community members will be able to attend.

OASAS has provided funding for a half-time peer engagement specialist to work in hospital ER's to assist people who have presented to the Emergency Room because of an overdose or other issue related to addiction. The position will start at Oneida Healthcare and their affiliate practices, and will expand to Community Memorial Hospital in Hamilton.

The Central New York Director's Planning Group (CNYDPG) covering Madison, Oneida, Onondaga, Cayuga, and Cortland Counties has submitted a proposal to OASAS, which would create a Regional Crisis Center for Addictions that would provide 24/7 comprehensive and integrated services on a walk in/drop off basis. The CNYDPG is continuing discussions with OASAS to try and obtain their approval and funding for the project.

Liberty Resources has obtained funding to start an Office of Mental Health **Recovery Center for Madison County** residents. Peer advocates/supports with real life experience will work to connect people to any services they may need.

Acknowledgement

A special thanks to Catherine Quirion, Colgate University Upstate Institute fellow working with BRiDGES, for her contribution to this report.

Background

According to the Centers for Disease Control and Prevention (CDC), opioids, including prescription opioid pain relievers, such as Hydrocodone and Oxycodone, and heroin, killed more than 28,000 people in 2014. This is more than any other year on record. Since 1999, the annual number of overdose deaths involving opioids has nearly quadrupled.

In a recent report published by the CDC, additional threats to public health include the illegal manufacture of Fentanyl, a synthetic opioid that is added to or sold as heroin. This has the potential to increase the number of accidental overdose deaths even more, due to Fentanyl's high potency, which is 50 to 110 times more potent than other opioid/heroin drugs.

The opioid overdose epidemic in the United States is unlike any drug-related epidemic ever seen. It is a pervasive problem that spans across socio-economic, cultural, and geographic boundaries. Its effects ripple across all aspects of our society.

Effects on the Healthcare System

Hospitalization Rates

In Central New York, opioid abuse is a cause for growing concern. According to data from the Statewide Planning and Research Cooperative System (SPARCS), hospitalization rates due to opioids are on the rise in each county within the six county Central New York (CNY) region, as outlined in **Figure 1**. The highest annual increases in hospitalization rates were seen in Cortland and Madison counties, with a 54% and 33% increase from 2013 to 2014, respectively.

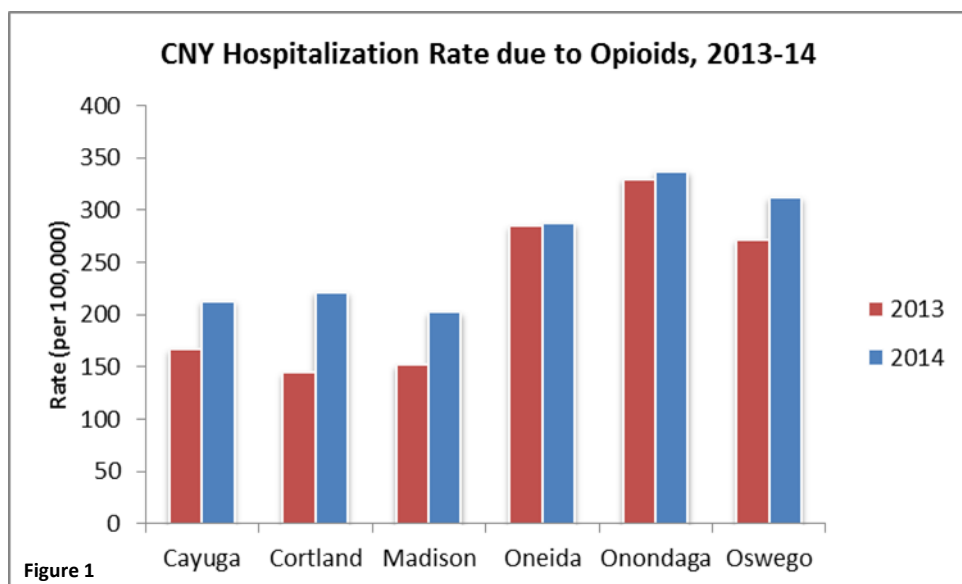
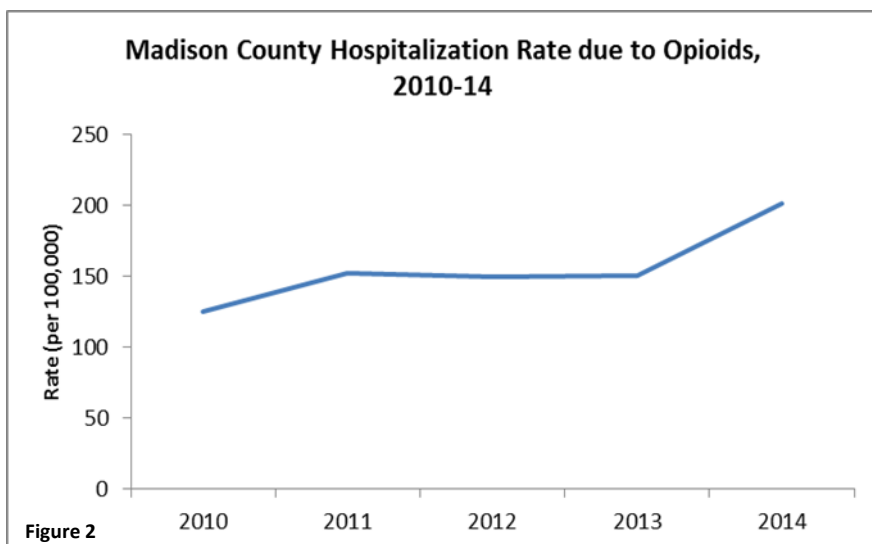


Figure 2 outlines hospitalization rates in Madison County specifically from 2010-2014, which is the most current data available. The data reveals a startling trend. Since 2010, the number of hospitalizations in Madison County due to opioid-related diagnoses has increased 61%, when compared to 2014 data.

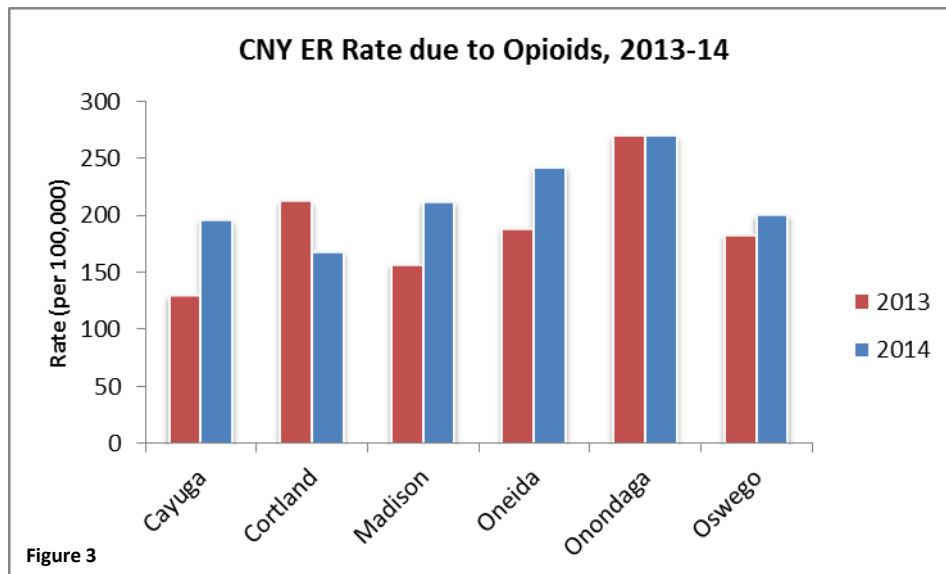


Emergency Room Rates

Many drug users are transient by nature and may not comply with medical advice following stabilization after an opioid-related incident, so SPARCS also collects data on Emergency Room (ER) patient visits and admissions.

Figure 3 outlines data collected on average annual emergency room visit rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use. This data can be used to help identify the numbers of patients who may come into the ER due to an opioid-related incident, but not necessarily seek further care.

Of the six county CNY region, three counties saw annual increases in ER visits due to opioids greater than 25% from 2013 to 2014, with Cayuga County seeing the largest annual increase at 51%, followed by Madison County at 36%.



There are presently two Emergency Rooms in Madison County, with one located at Oneida Healthcare in Oneida, NY and the other located at Community Memorial Hospital in Hamilton, NY. The graph below outlines the growing strain on ERs in Madison County due to opioid misuse and abuse. From 2010 to 2014, there was a 123% increase in average annual visits to ERs due to opioid misuse. With the average ER visit at roughly \$1,423 per patient, per visit, the costs associated with this epidemic can have a significant effect on overall healthcare costs. Tens of thousands of dollars can be saved from institutional policy changes, such as expanded naloxone training and policies focusing on prevention and risk reduction.

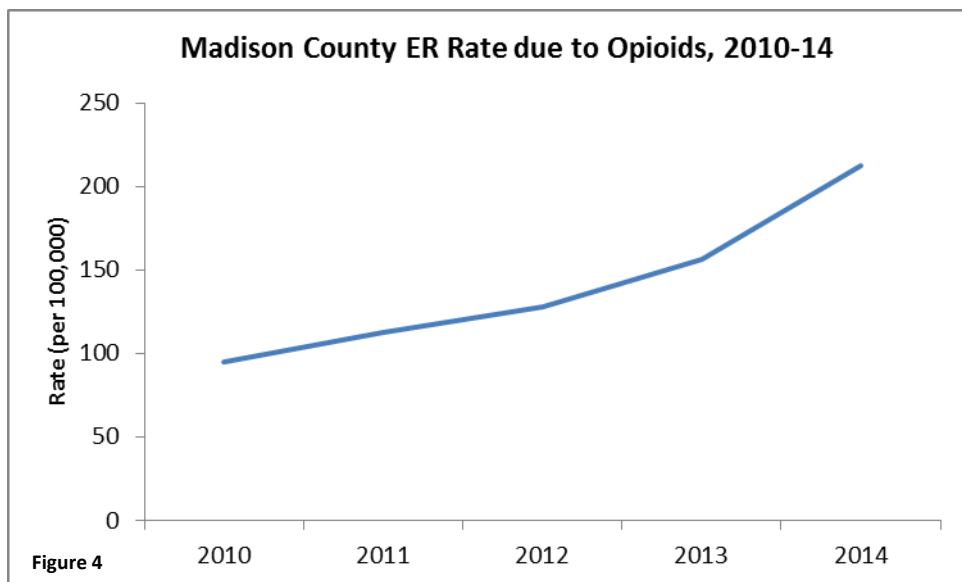


Figure 4 outlines average annual emergency room visit rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use data in Madison County from 2010-2014.

Opioid-related Admissions

The NYS Office of Alcoholism and Substance Abuse Services (OASAS) certified chemical dependence treatment programs report admissions of people served in programs throughout NYS. This data outlines the number of admissions to NYS OASAS certified treatment programs aggregated by the program category, county of the program location, age group of client at admission, and the primary substance of abuse group.

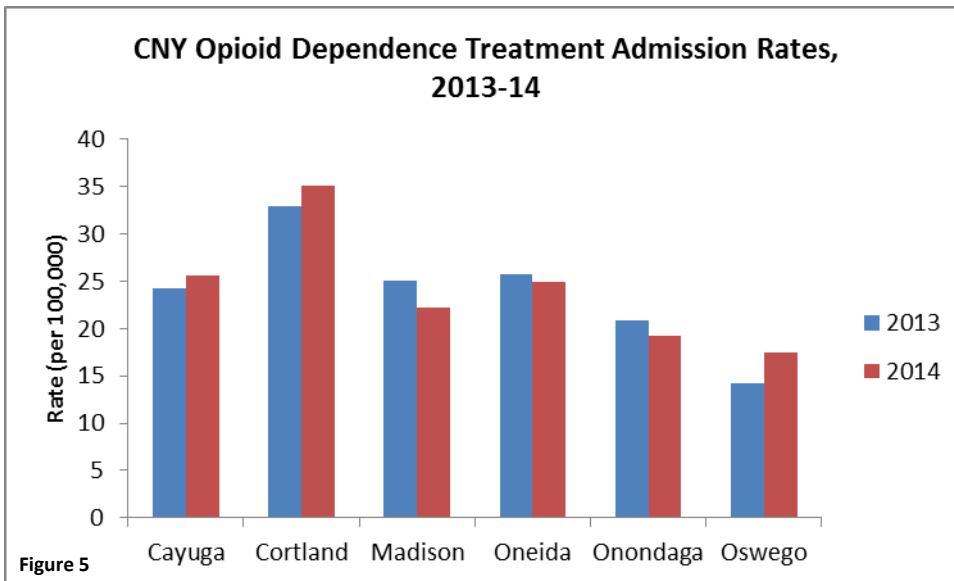


Figure 5 outlines the rates of opioid-related admissions to these facilities within the six county CNY region. Overall, the average admission rate due to opioid-related dependence across the region is up 1% from 2013 to 2014.

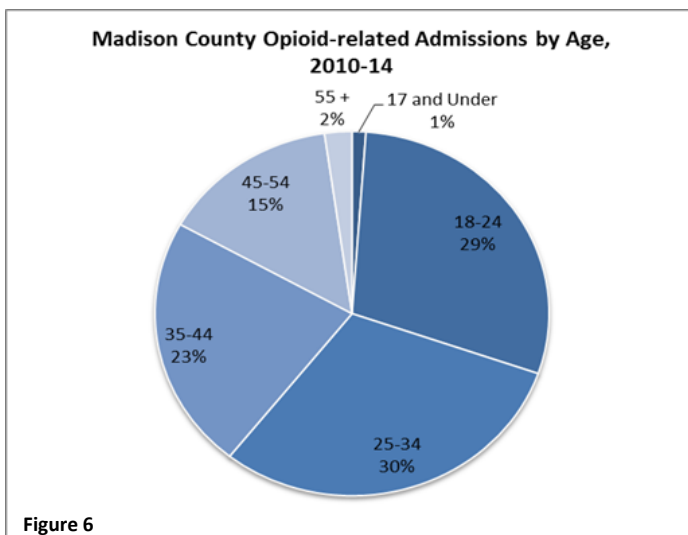


Figure 6 represents the percentage of age groups admitted to treatment facilities from 2010- 2014 in Madison County due to opioid-related dependence. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that the age range with the highest proportion of treatment admissions was the 25–29 age group at 14.8%, followed by those aged 20–24 at 14.4%. The age cohort with the highest admission rate in Madison County is patients aged 25-34 years, followed closely by patients aged 18-24 years, which closely mirrors national trends of admission ages.

Controlled Substances Transactions

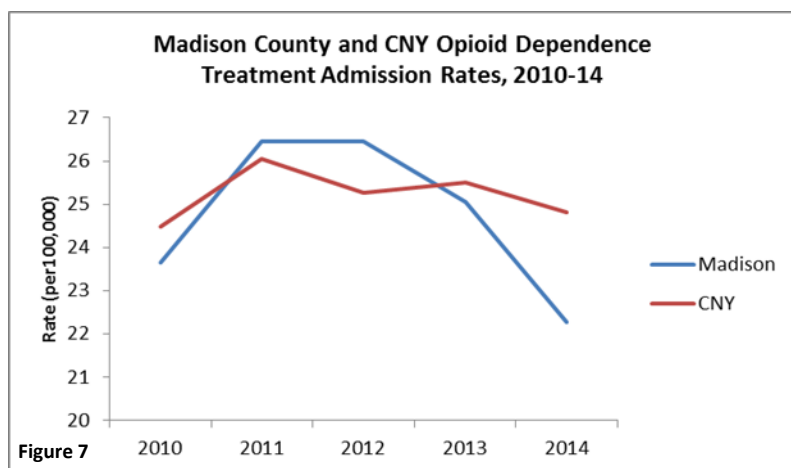
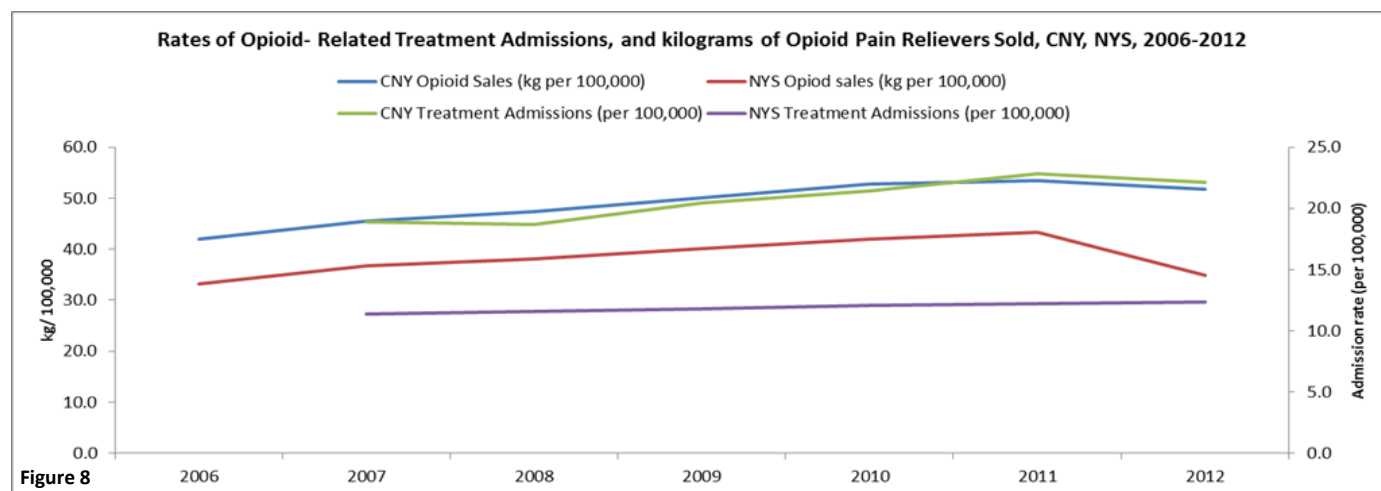


Figure 7 represents admission rates from 2010-2014 for the CNY region, compared to annual rates for Madison County over that same time frame. While it cannot be determined why admission rates have shown a gradual decrease in Madison County over the specified time frame, it may be due to several factors, including the wavering availability in local facilities as compared to surrounding counties, a lower distribution of mental health care professionals available to give referrals, and the potential costs associated with treatment.

Drug Availability

According to the American Society of Interventional Pain Physicians (ASIPP), the United States, which makes up only 4.6% of the world's population, is consuming roughly 80% of the global opioid supply, and 99% of the global hydrocodone supply. The total amount of prescription painkillers written in 2012 was enough to provide every American adult with a bottle of pills.

Figure 8 represents data from the Automated Reports and Consolidated Ordering System (ARCOS), which is a data collection system in which manufacturers and distributors report their controlled substances transactions to the Drug Enforcement Administration (DEA). Research was conducted in order to determine the amount of controlled substance transactions happening in the CNY region. The graph below compares opioid sales in CNY and New York State from 2006-2012, as well as superimposing the treatment admissions rate for both CNY and NYS during that same time frame. Rates for both sale and treatment admission are significantly higher in Central New York than in the rest of New York State.



Opioid Prescribing by Medical Specialty

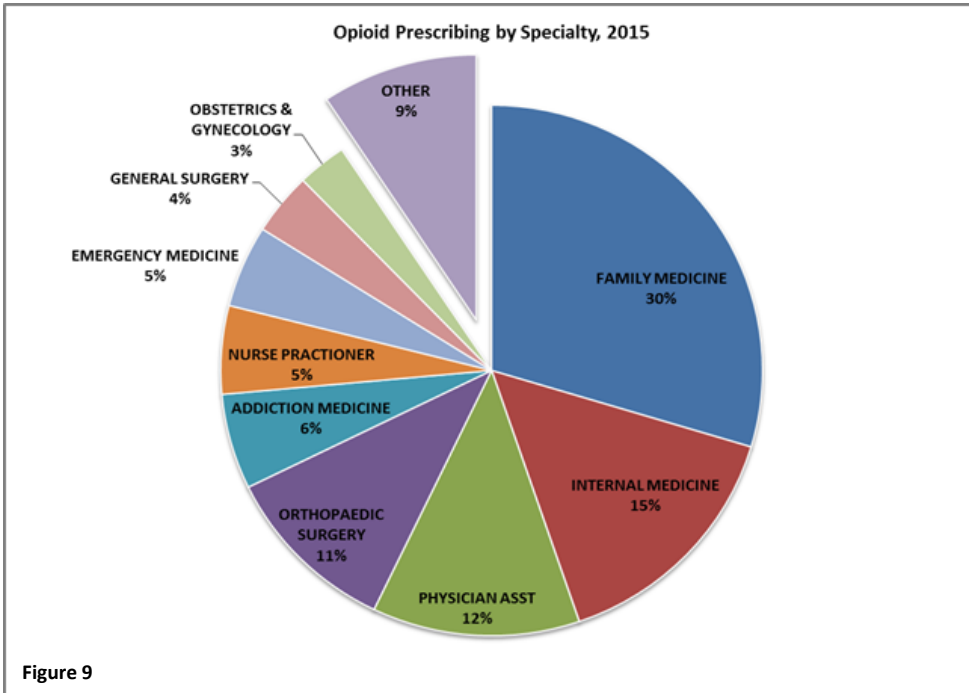
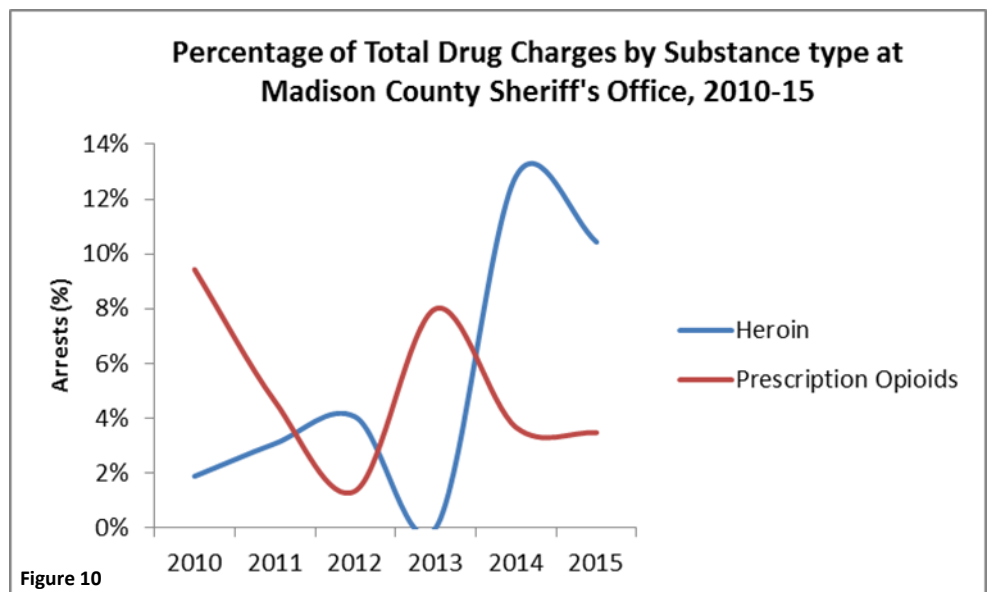


Figure 9 represents data from Excellus Blue Cross/BlueShield (EBCBS). The chart above represents opioid prescription claim rates processed by EBCBS, by medical specialty, for practitioners in Madison County in 2015. Additional analysis of claims outlined by substance type revealed that over 2500 prescriptions were written for a Hydrocodone-acetaminophen combination drug, which represented 44% of total opioid prescription claims processed over that time frame. According to EBCBS data, the average quantity of opioid drugs provided in a prescription was 65 doses. This resulted in an average 16 day supply of opioid medication per claim, which is significantly more than one needs to develop the early stages of physiologically dependency to opioids, which begins between 5 and 7 days after regular use, as recent research has suggested.

Another indicator examined by researchers was local law enforcement data.

Figure 10 shows the annual percentage of opioid and heroin-related drug charges within the Madison County Sheriff's Office from 2010 through 2015. While rates of prescription opioid-related drug charges have decreased since their peak in 2010, rates of heroin-related drug charges have increased dramatically in the last two years.



This could be due to a variety of factors, including the introduction of I-STOP, which reduced the environmental availability of many prescription opioids, but the significant increase in heroin-related drug charges may also serve as an indirect indicator that heroin use is on the rise throughout Madison County.

Medication Collection Program

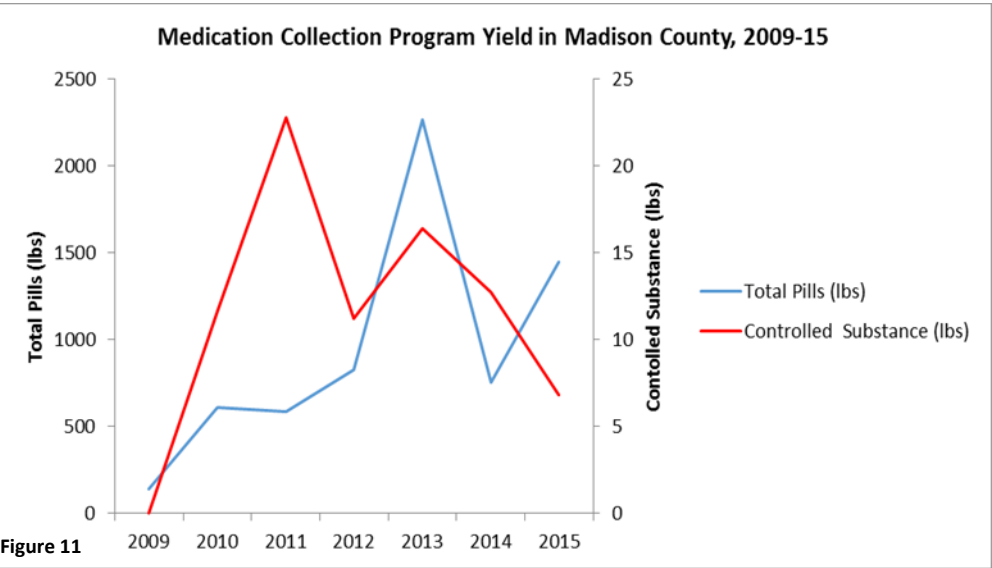


Figure 11 represents data collected by BRiDGES, the Madison County Council on Alcoholism and Substance Abuse, Inc. on the medication drop boxes from 2009 through 2015. There are four medication dispersal kiosks at various locations throughout Madison County, including the Department of Social Services in Wampsville, the Department of Motor Vehicles in Wampsville, the Chittenango Police Department, and the NYS Trooper barracks in Oneida, with pick up at each kiosk occurring regularly. The graph reveals that the annual amount of controlled substances being voluntarily turned in has decreased by 70% since a high in 2011, when compared to 2015. This again could be due to a variety of factors, but it could also be seen as an indirect indicator of increased non-medical use of leftover opioid-based painkillers.

Drug Overdoses

According to the CDC, the majority of all accidental drug overdose deaths involve an opioid, and at least half of all opioid overdose deaths involve a prescription opioid. Additionally, since 2010, heroin-related overdose deaths have more than tripled.

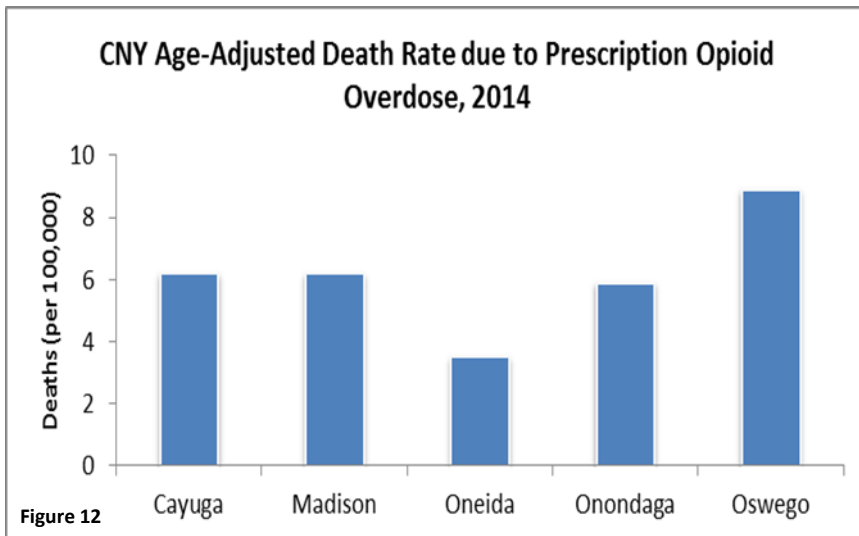
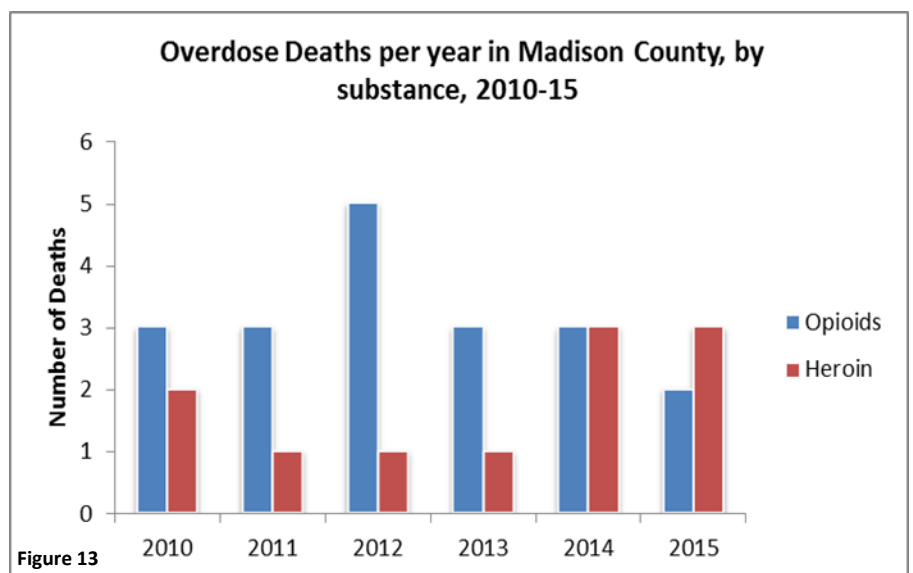


Figure 12 above represents the average age-adjusted overdose rates due to prescription opioids over a five year period (2009-2013) for the six county CNY region. Deaths rates due to prescription opioid overdoses range from a low of 3.5 deaths per 100,000 population in Oneida County, to a high of 8.9 deaths per 100,000 population in Oswego. Madison County death rates were 6.2 deaths per 100,000 during that time frame. The median value for the region is 6.2 deaths per 100,000 population.

According to data acquired from the Onondaga County Medical Examiner's office, 19 people in Madison County died as a result of prescription opioid overdoses, and 11 people died as a result of Heroin overdoses, from 2010 through 2015.

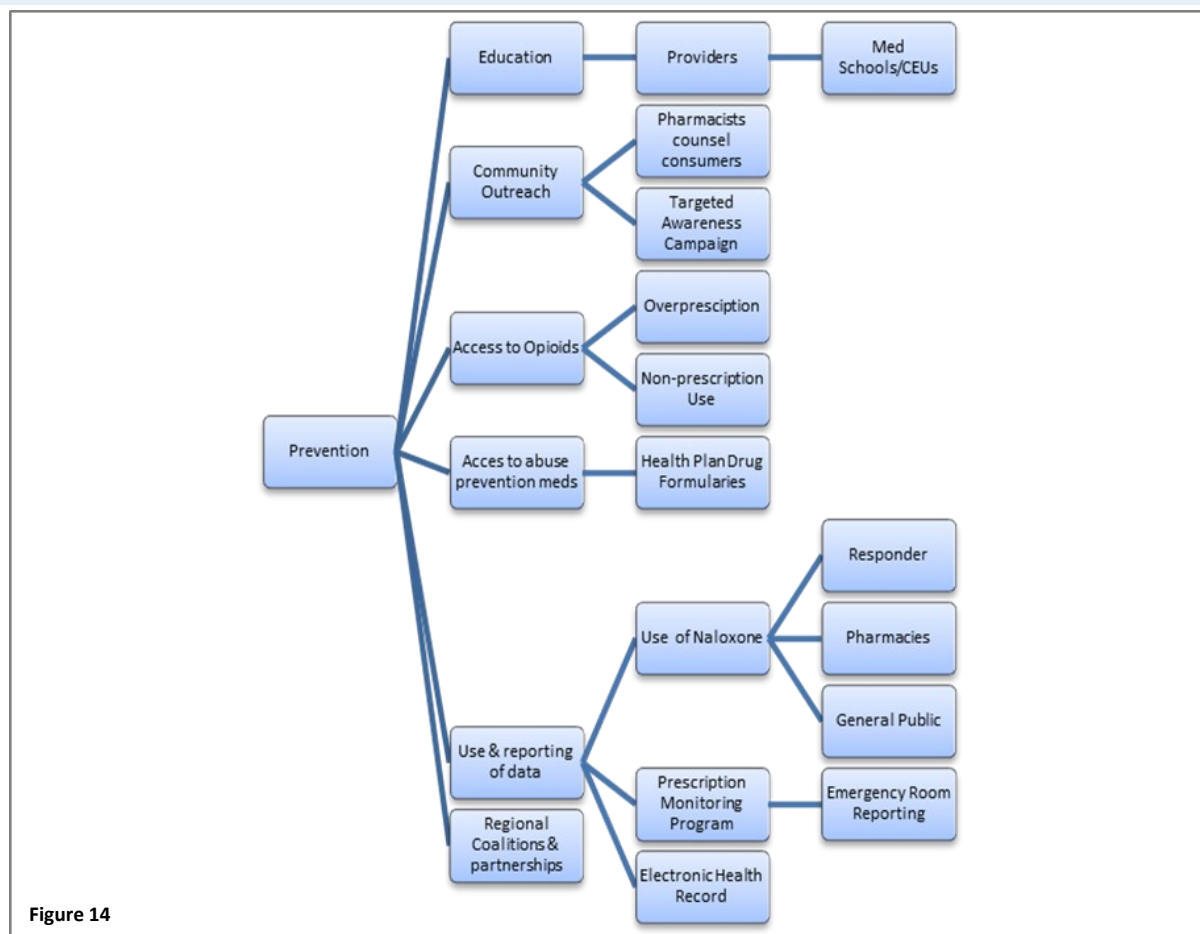
Annual death totals are outlined by year and substance in **Figure 13**. Additional analysis was conducted to determine age and gender trends for prescription opioid and heroin overdose deaths in Madison County. The average age for overdose deaths to due prescription opioids was 41.7 years.

The average age for overdose deaths



due to heroin use was 31.4 years. Males made up a little over half all deaths attributed to prescription opioid abuse, with 53% of the total. Males also made up the overwhelming majority of heroin use related deaths with 82% of the total.

Next Steps



The data presented above, as well as what countless other public health sources and agencies have published, demonstrate the growing need for elected officials, policy makers, and stakeholders to actively address this epidemic. We are not immune to the effects of the opioid overdose epidemic here in Madison County.

Officials working within the Madison County government recognized the need to work together to address the issue using a multi-faceted approach. Earlier this year, an Opioid Task Force was formed at Madison County. The group holds monthly meetings to discuss the opioid overdose epidemic and how to address various aspects of it. The group consists of mental health, public health, BRiDGES Council on Alcoholism and Substance Abuse, emergency management, Sheriff's Office, social services, and other community providers with the aim of coming together to address the problem with heroin and opiates and to develop strategies to address concerns together as one cohesive group.

Figure 14 above outlines one tier of a four-tiered opioid overdose prevention plan, complete with evidence-based steps the county can take in order to reduce the effects of the opioid overdose epidemic across the communities in our county. An additional step taken by officials here at Madison County include the introduction of a Vivitrol program in the county jail, beginning in July 2016. This program will screen inmates for opiate problems and provide the first dose of Vivitrol while the inmate is in jail, and link the inmate up with substance abuse programs and coordinators upon their release.

Sources

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