



The Opioid Epidemic: A Madison County, NY Perspective



Prepared by: Madison County Department of Health in
collaboration with the Madison County Opioid Task Force.
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Table of Contents

Actions Madison County is Taking to Address the Heroin/Opioid Problem.....	4
Acknowledgments.....	5
Background	6
Effects on the Healthcare System	
Hospitalization Rates.....	7
Emergency Department Rates	8
Drug Overdoses.....	9
Access to Opioids	
Drug Availability	11
Opioid Prescribing by Medical Specialty	12
Impact on Communities and Families	
Drug-related Arrests	13
Child Neglect and Abuse	14
Treatment and Other Interventions	
Opioid-related Treatment Facility Admissions	15
Medication Collection Program	17
Naloxone Use to Prevent Overdose Deaths	18
Madison County Opioid Task Force	19
Sources.....	20

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 have been held each spring and fall at the county landfill since 2009. This is a collaboration between Solid Waste, the Sheriff's Office and BRiDGES. These collection events are in addition to the national DEA collections. Permanent drug collection kiosks were purchased and set up at DMV, DSS and Chittenango Police Department. Additional kiosk at NYSP barracks in Oneida. More than 7,100 pounds of medication have been collected since 2009.

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

Actions (cont.):

recovery. HEAL scheduled Open Meeting/Support Group in Brookfield in July.

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 a 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.

In October 2016, Madison County Mental Health Department will be hosting a week of training for law enforcement called Crisis Intervention Training.

Acknowledgements

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. It is estimated that 91 people die every day from an opioid overdose.

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 (bottom right) outlines opioid-related hospitalization rates in Madison County, the CNY region, and New York State from 2010 – 2014, which are the most current data available. These data reveal that since 2010, the hospitalizations rates among Madison County and CNY residents due to opioid-related diagnoses has increased 61% and 98%, respectively, when compared to 2014 data.

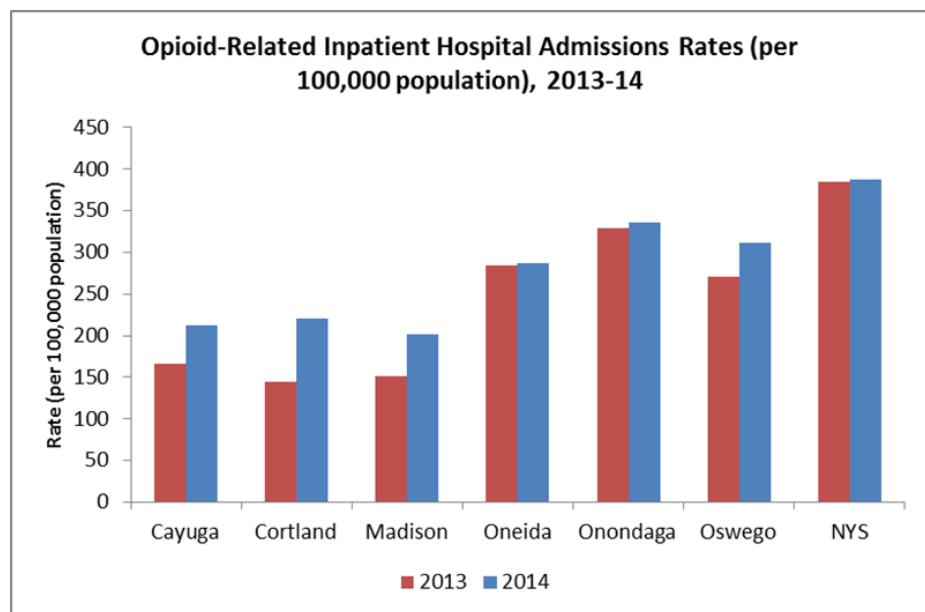


Figure 1. Annual Impatient hospitalization admissions rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use data in Madison County, CNY Region counties, and NYS from 2013 – 2014.

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

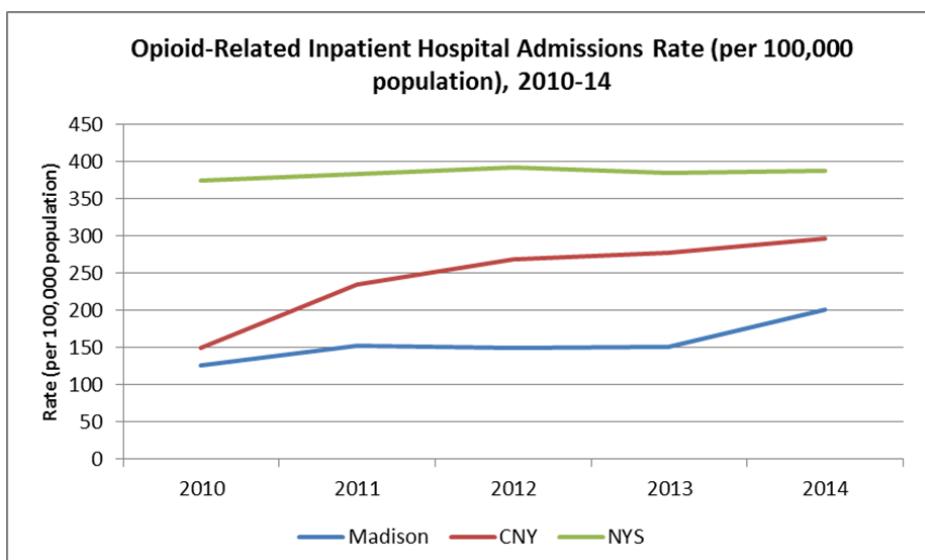


Figure 2. Annual Impatient hospitalization admissions rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use data in Madison County, CNY, and NYS from 2010 – 2014.

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

Emergency Department Rates

Figure 3 (top right) outlines emergency department data collected through Statewide Planning and Research Cooperative System (SPARCS). The data presented are emergency department visit rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use. These data can be used to help identify the numbers of patients who may come into the ED due to an opioid-related incident, but not necessarily seek further care.

Of the six county CNY region, three counties saw annual increases in ED 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 two Emergency Departments in Madison County. One is located at Oneida Healthcare in Oneida, NY and the other is located at Community Memorial Hospital in Hamilton, NY. The graph on the right (Figure 4) highlights the growing strain on EDs in Madison County, and across the state due to opioid misuse and abuse. From 2010 to 2014, in Madison County there was a 123% increase in average annual visits to EDs due to opioid misuse. With the average ED visit at roughly \$1,423 per patient, per visit, the costs associated with this epidemic can have a significant effect on overall healthcare costs.

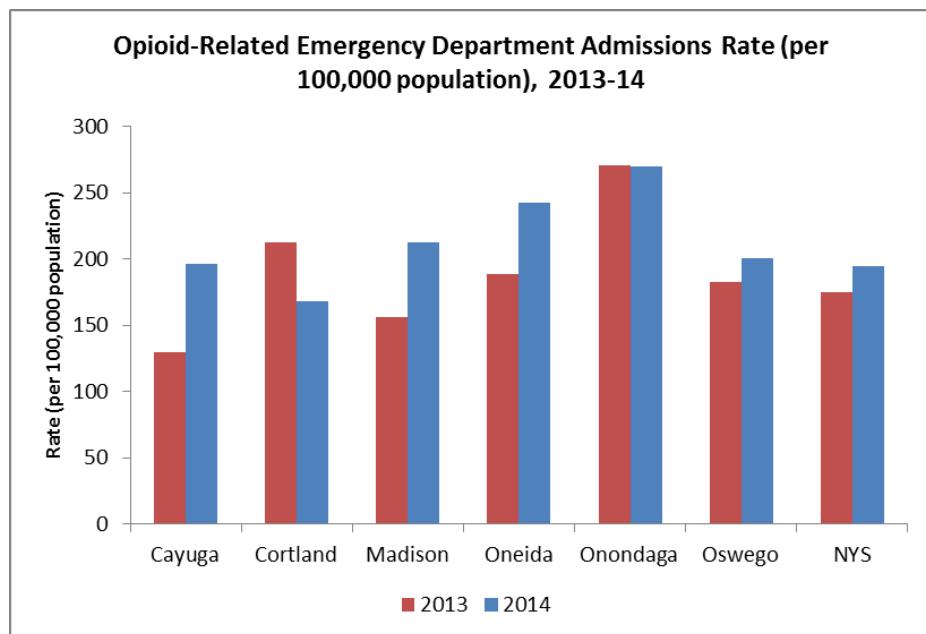


Figure 3. Annual emergency department visit rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use data in Madison County, CNY Region counties, and NYS from 2013 – 2014.

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

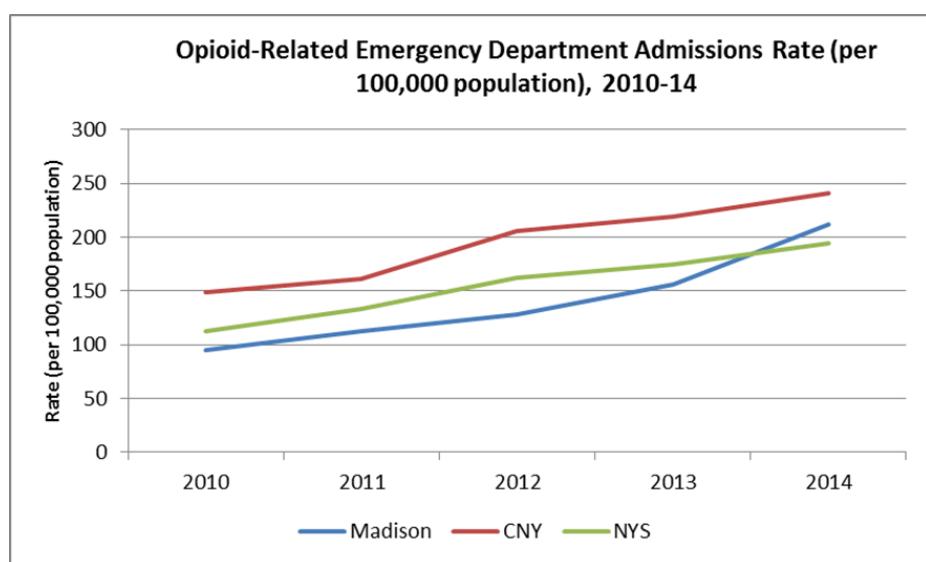


Figure 4. Annual emergency department visit rates due to a diagnosis of heroin, methadone and/or opioid-related narcotics use data in Madison County, CNY, and NYS from 2010 – 2014.

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

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.

Average age-adjusted overdose rates due to prescription opioids over a five year period (2009-2013) for the six county CNY region are displayed below (Figure 5). During this timeframe, age-adjusted death rates due to prescription opioid overdoses range from a low of 2.4 deaths per 100,000 population in Cortland County, to a high of 8.9 deaths per 100,000 population in Oswego County (Cortland County's rate is calculated with less than 20 opioid-related deaths, and therefore, is considered unstable). Madison County's death rate was 6.2 deaths per 100,000 population during that time frame. The median value for the region is 6.1 deaths per 100,000 population.

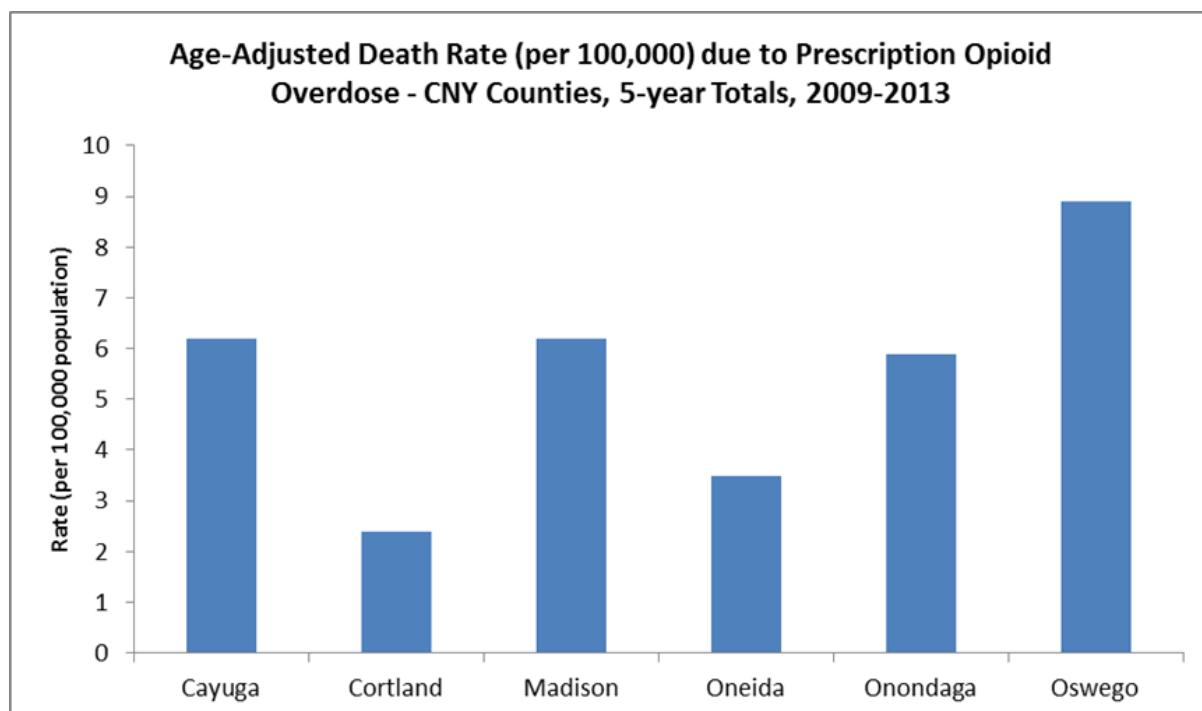


Figure 5. Age-adjusted 5-year death rates due to prescription opioid overdose, 2009 – 2013.

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

Drug Overdoses (cont.)

Annual death totals are outlined by year and substance in Figure 6 (below). Data from 2015 and 2016 are still not finalized, as death certificates and examinations can take a long time to be processed. However, the trend suggests that throughout this time period (2010-2016), we see an increasing number of opioid-related overdose deaths among Madison County residents.

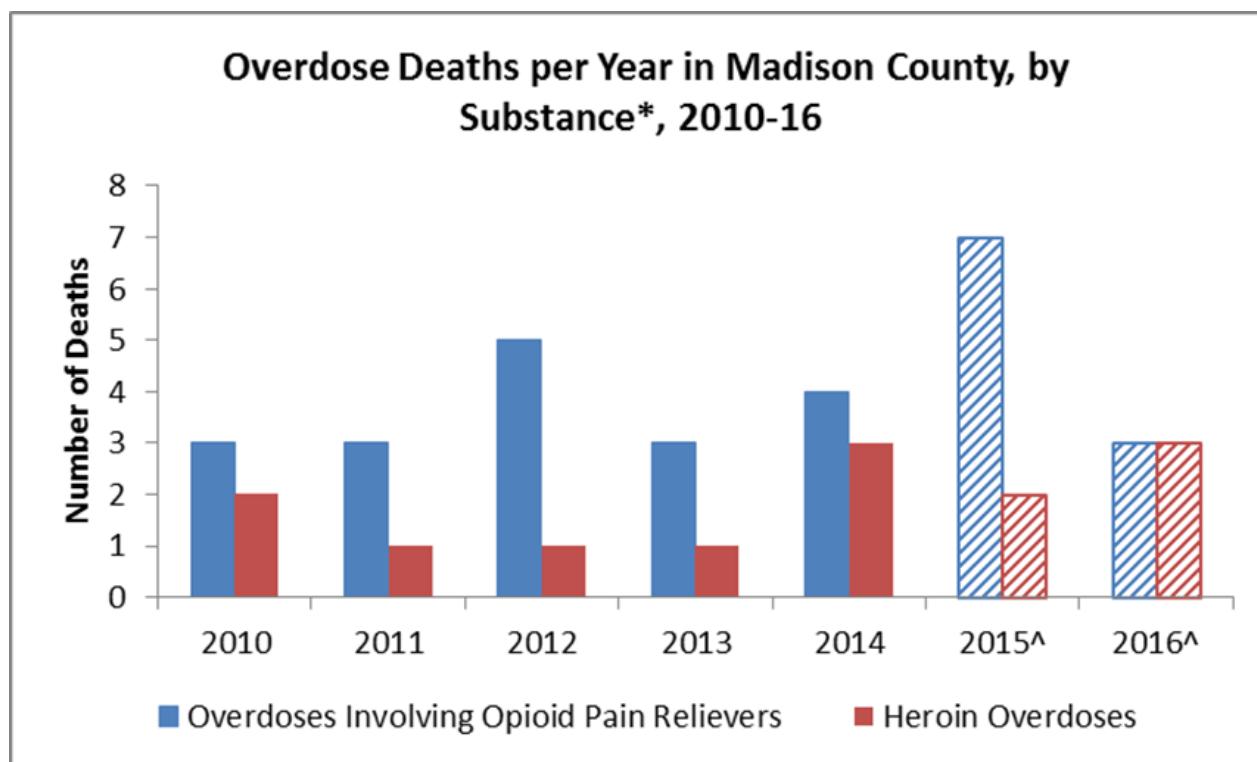


Figure 6. Opioid-related overdose deaths among Madison County residents, by drug type. Shaded columns represent incomplete counts (death certificates may still be pending).

*Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

^Counts are not final, death certificates may still be pending/under investigation. Data as of 3/2017.

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.

Note: The reported cases are based on the county of residence. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. These reports do not fully capture the burden of opioid abuse and dependence in New York State. Furthermore, the reports are not considered complete by the NYSDOH and should be used and interpreted with caution, because subsequent reports may contain frequencies for a quarter which differ from the previous report as they reflect additional confirmations and updates.

Access to Opioids

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.

We compiled data from the Automated Reports and Consolidated Ordering System (ARCOS). ARCOS is a data collection system in which drug 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 (Figure 7) displays opioid sales per 100,000 population in CNY and New York State from 2006-2015. While opioid sales per 100,000 population have been decreasing across the region and state since 2011, they remain higher in CNY.

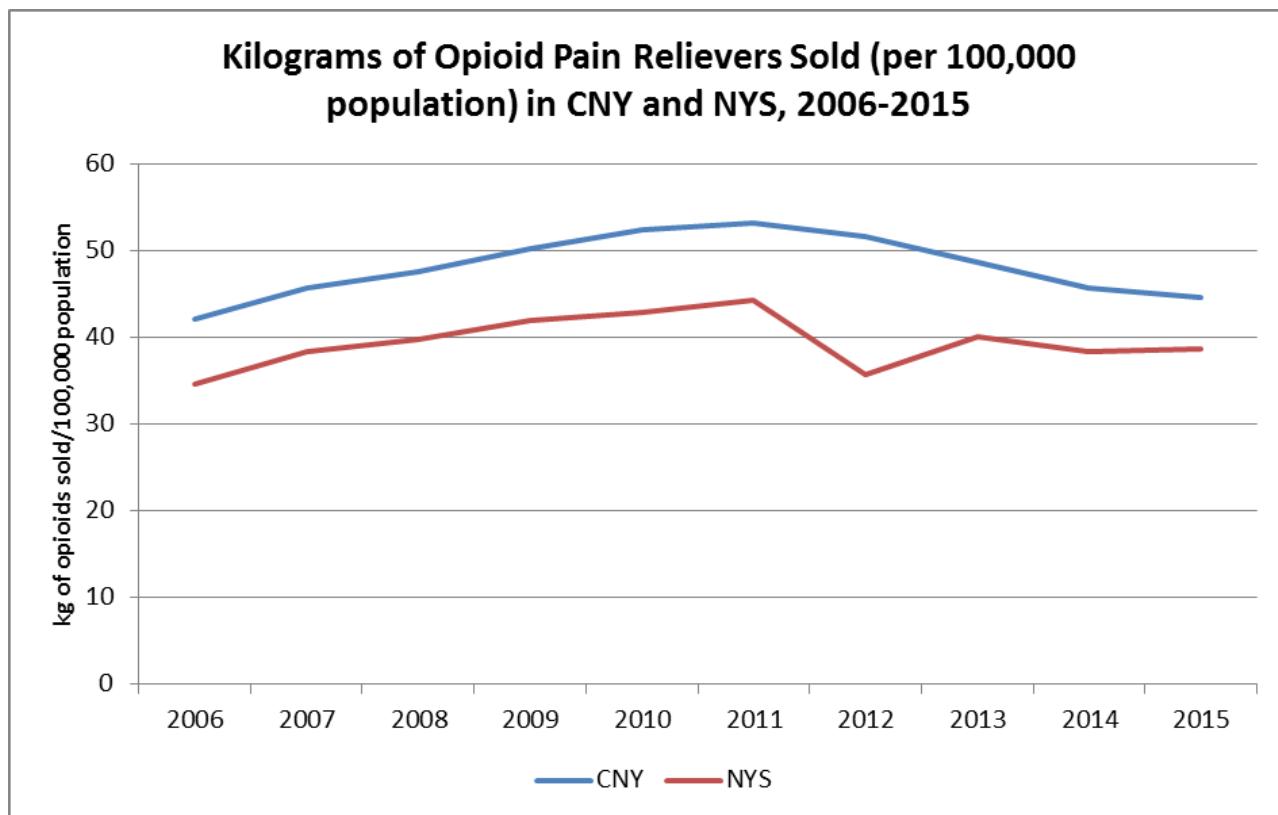


Figure 7. Opioid sales per 100,000 population in CNY and NYS, 2006 – 2015.

Drug sales data collected for: CNY zip codes 130XX-135XX; New York statewide; and drugs: Codeine, Fentanyl, Hydrocodone, Hydromorphone, Meperidine (Pethidine), Methadone, Morphine, and Oxycodone.

Source: Automated Reports and Consolidated Ordering System (ARCOS); Drug Enforcement Administration (DEA).

Opioid Prescribing by Medical Specialty

The chart below (Figure 8) displays data from Excellus Blue Cross/BlueShield (EBCBS). Specifically, it contains the proportion of opioid prescription claims 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.

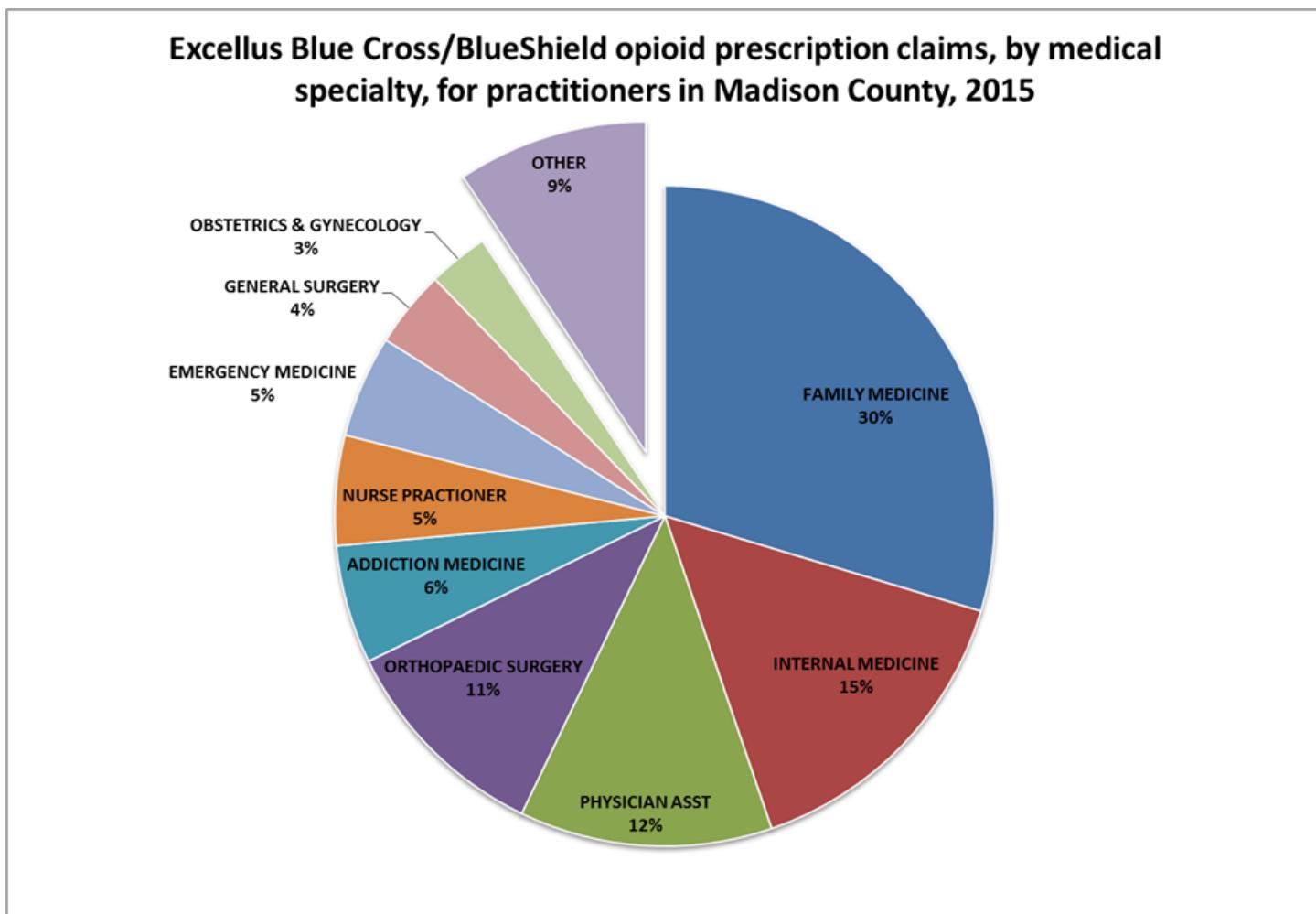


Figure 8. Proportion of Excellus Blue Cross/BlueShield opioid prescription claims by provider type, 2015.

Source: Excellus Blue Cross/BlueShield.

Impact on Communities and Families

Drug-related Arrests

Figure 9 (below) 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 since 2013.

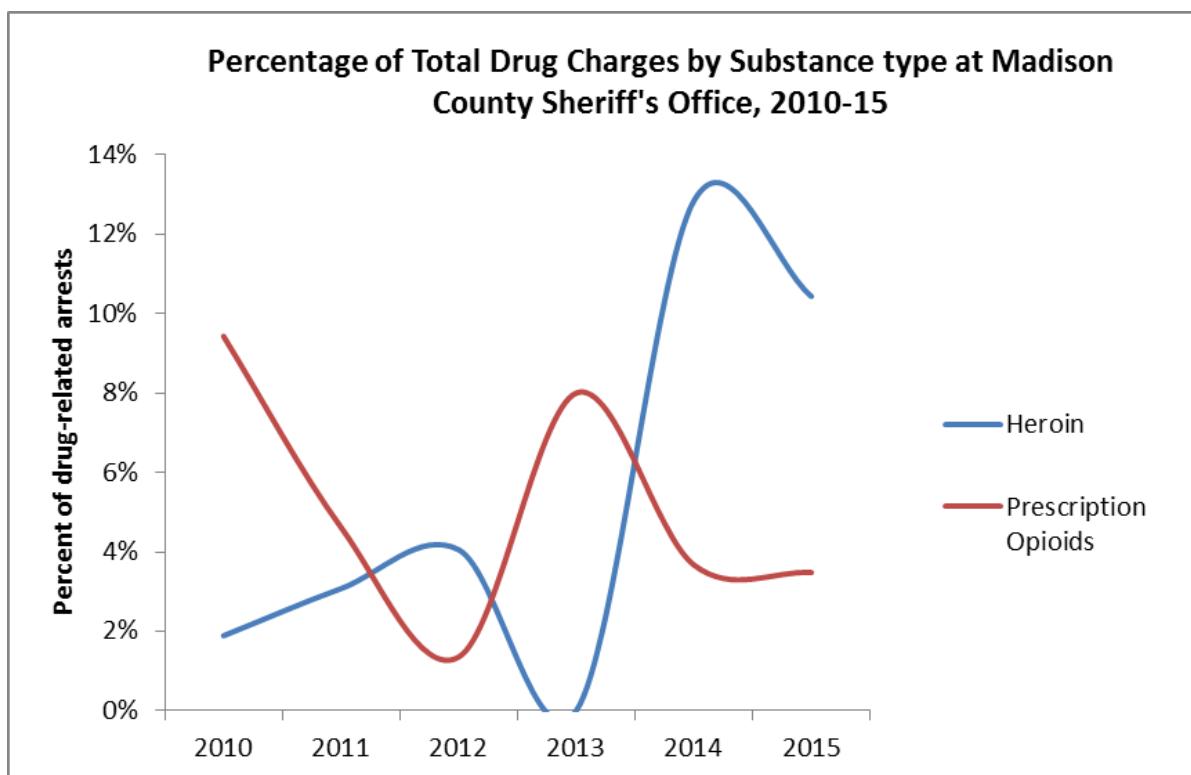


Figure 9. Annual proportion of all Madison County Sheriff's Office drug-related arrests related to heroin and opioids, 2010 – 2015.

Source: Madison County Sheriff's Office.

Child Neglect and Abuse

The Madison County Department of Social Services (DSS) Child Protective Services (CPS) program investigates child neglect and/or abuse reports throughout the county. Figure 10 (below) displays statistics for 2014 – 2016 that include total CPS reports, total neglect/abuse petitions filed, and the number of adults/children in those petitions. Of greatest concern is the fact that the number of children in the petitions where heroin/illegal use of opiates is the major reason for the neglect petition has doubled since 2014.

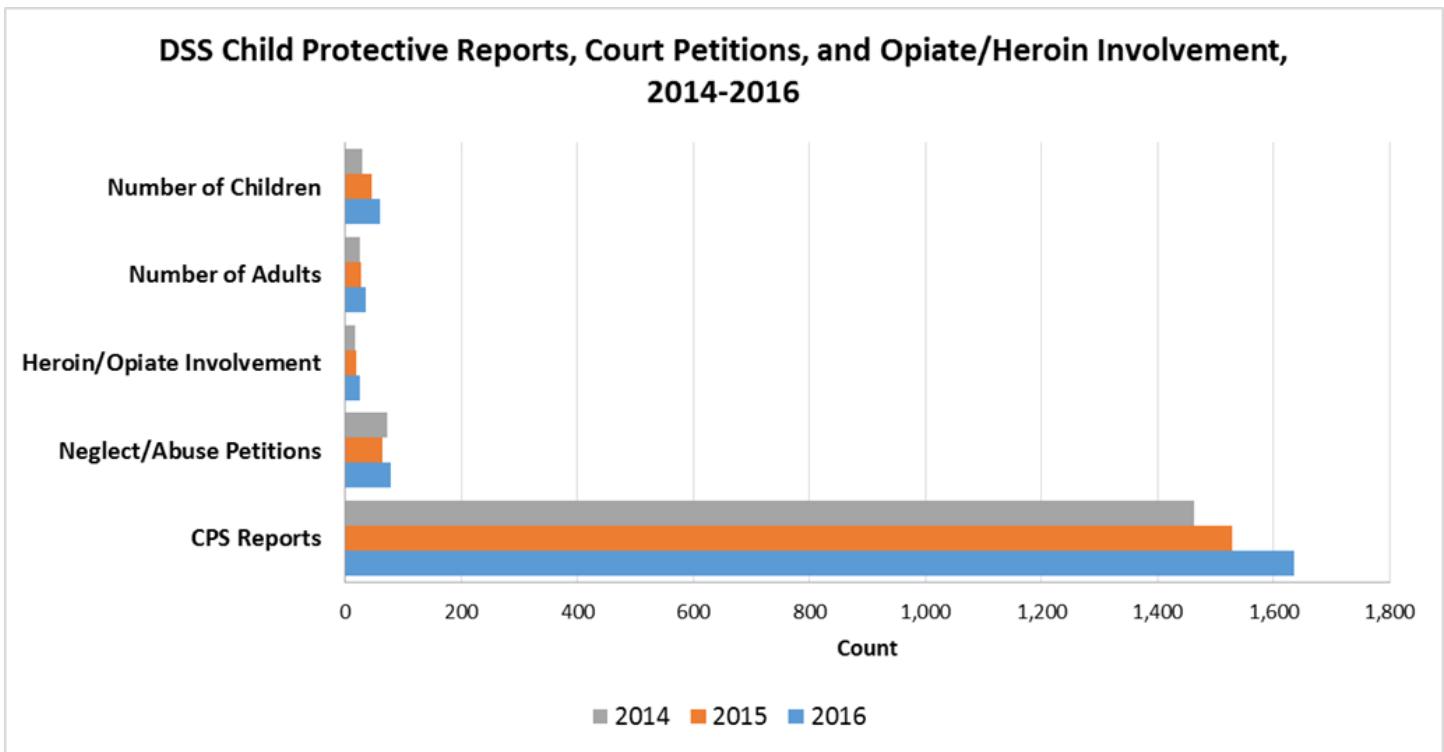


Figure 10. Madison County Department of Social Services Child Protective Services reports, 2014 – 2016.

Source: Madison County Department of Social Services.

Treatment and Other Interventions

Opioid-related Treatment Facility 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. These data outline 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.

Beginning in 2015, OASAS made data available that show the number of unique clients admitted to one of these programs, by county of most recent residence. Figure 11 (below) shows the admissions rates of unique individuals to OASAS-certified treatment programs for both Madison County and CNY residents. These data are not final, but as of now, the admissions among CNY and Madison County residents have increased since the beginning of 2015.

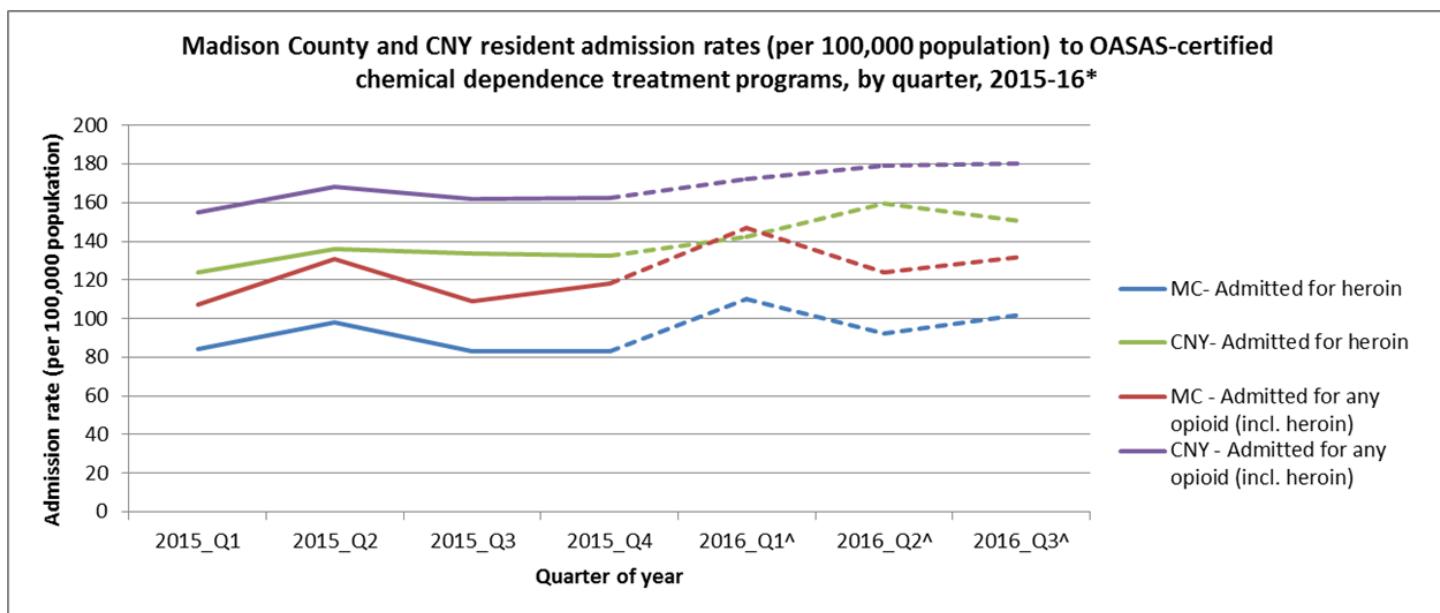


Figure 11. Admissions rates to OASAS-certified treatment programs for use of heroin and/or any opioid.

Source: NYSDOH, County Opioid Quarterly Report For Counties Outside of New York City. Published: January, 2017.

*Data as of 3/2017

[^]Counts are not final, rates likely to change - Generally, admissions are not considered substantially complete until three months after the end of the clinical admission month. Therefore, data in this report are not considered complete by OASAS and should be used and interpreted with caution.

Note: The reported cases are based on the county of residence at the time of admission. County residents admitted more than once per quarter or year are counted once.

Opioid-related Treatment Facility Admissions (cont.)

Figure 12 (below) represents the percentage of age groups admitted to OASAS-certified treatment facilities in Madison County from 2010- 2014 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 treatment facilities is patients aged 25-34 years, followed closely by patients aged 18-24 years, which closely mirrors national trends of admission ages.

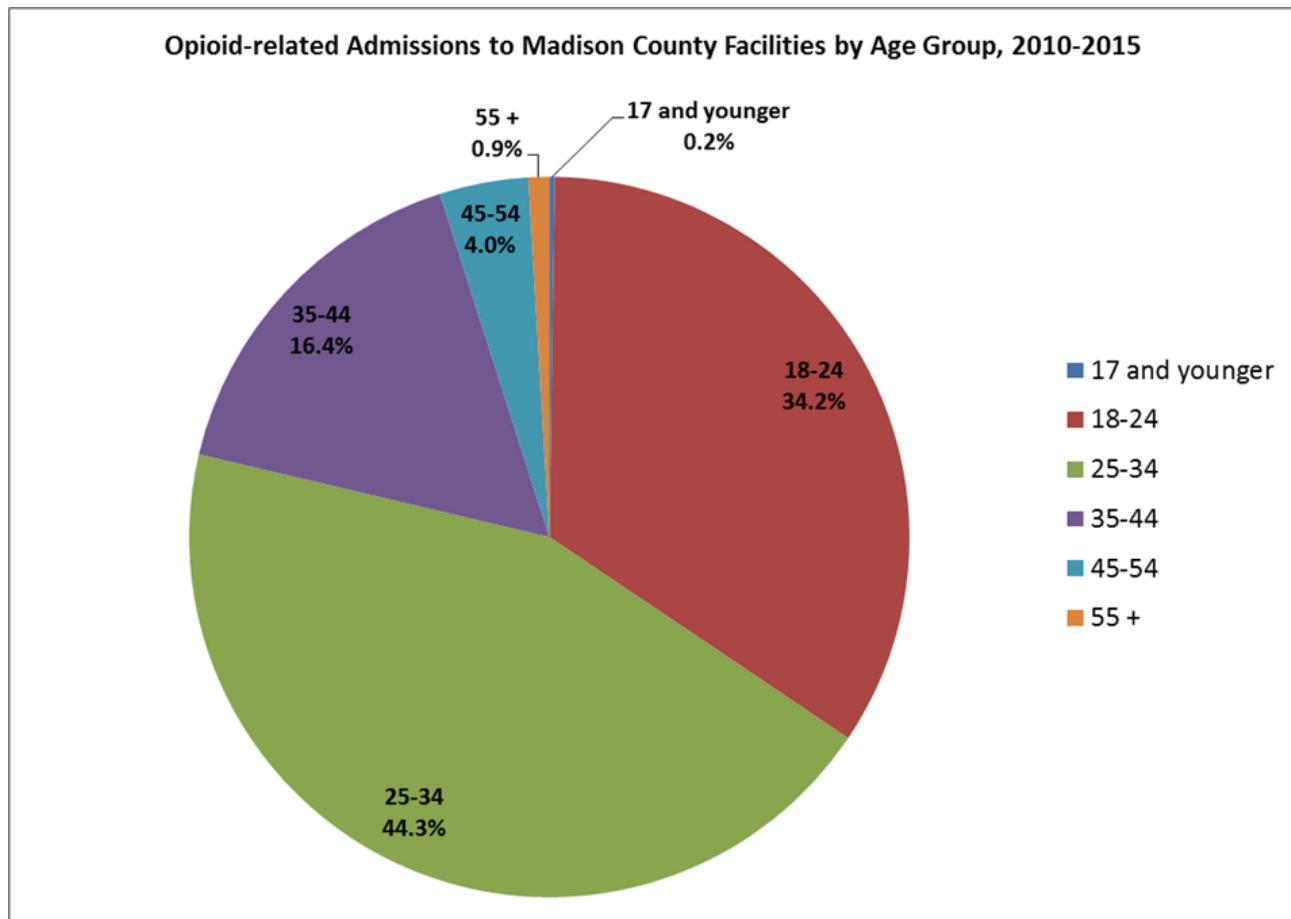


Figure 12. Age group distribution of opioid-related admissions to OASAS-certified treatment facilities within Madison County.

Source: NYSDOH, OASAS Chemical Dependence Treatment Program Admissions: Beginning 2007.

Medication Collection Program

Since 2009, BRiDGES, the Madison County Council on Alcoholism and Substance Abuse, Inc. has offered medication drop boxes to the public. There are four medication disposal kiosks at various locations throughout Madison County. They are located at 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 charts below (Figure 13) show the type and amount (pounds) of total pills and controlled substances being voluntarily turned in by year. The amount of controlled substances collected has decreased by 70% since a high in 2011, when compared to 2015.

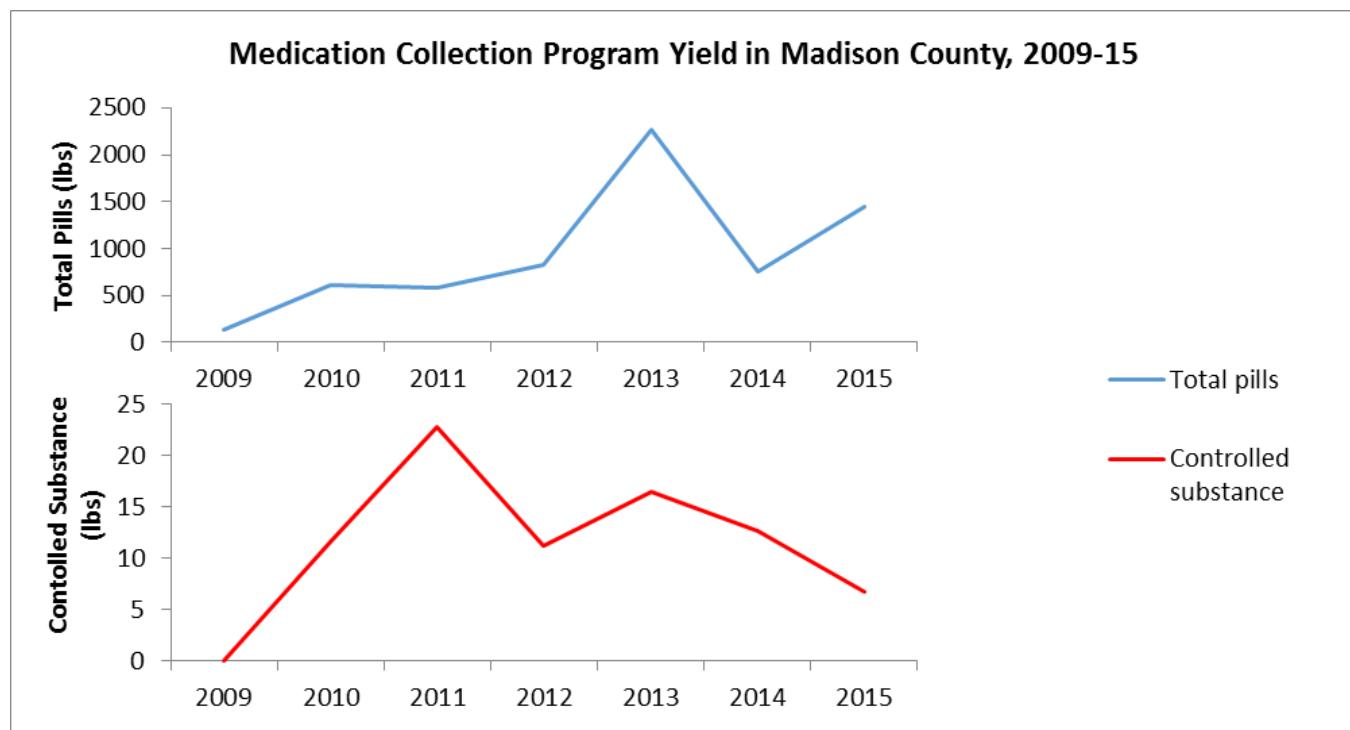


Figure 13. Amount and type of medications collected by the Madison County Medication Collection Program (sponsored by BRiDGES) by year.

Source: BRiDGES, the Madison County Council on Alcoholism and Substance Abuse, Inc.

Naloxone Use to Prevent Overdose Deaths

Naloxone is a life-saving drug that can reverse the effects of a prescription opioid and/or heroin overdose when administered in time. Naloxone is non-addictive, and expanding training on how to administer the drug can help basic emergency medical service (EMS) staff reverse an opioid overdose and save more lives. In New York State, Naloxone administration reporting is mandated under regulation. The number of reports of Naloxone administration by quarter of the year in Madison County are shown in Figure 14 (below). Since the beginning of 2015, we see an increase in the amount of Naloxone administrations by law enforcement. Increases may represent expansion of program and may or may not indicate an increase in overdose events. Furthermore, Naloxone data in this chart reflect the county in which the overdose occurred and in which the naloxone was administered, not necessarily the county of the overdosed person's residence. These data are based on self-report; therefore, we may not be fully reporting the use of Naloxone in Madison County.

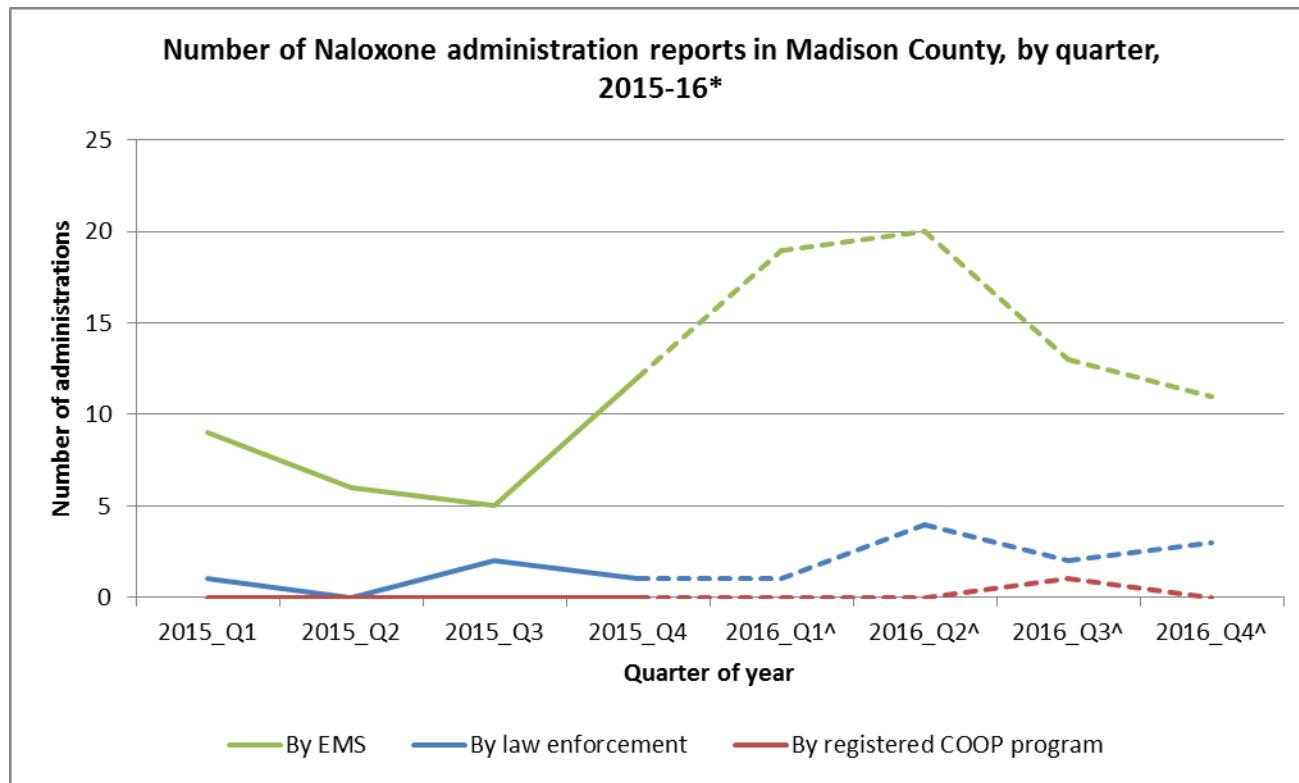


Figure 14. Frequency of Naloxone administration reports in Madison County, by quarter of the year.

Source: NYSDOH, County Opioid Quarterly Report For Counties Outside of New York City. Published: January, 2017.

*Data as of 3/2016

^Counts are not final - There is often a lag in data reporting.

COOP – Community Opioid Overdose Prevention

Note: Naloxone administration reporting is mandated under regulation. All Naloxone administration data are based on self-report. Naloxone data in the report reflect the county in which the overdose occurred and in which the naloxone was administered—not necessarily the county of the overdosed person's residence. Increases may represent expansion of program and may or may not indicate an increase in overdose events.

Madison County Opioid Task Force

Madison County government recognized the need to work together to address the opioid issue facing our community. In 2015, an Opioid Task Force was formed comprised of representatives from the county's departments of mental health, public health, social services, emergency management and sheriff's office, as well as representatives from Oneida Health Care and BRiDGES, the Council on Alcoholism and Substance Abuse. The task force assessed the opioid situation in Madison County, reviewed current national and state information and initiatives, and developed and implemented strategies, in four areas (prevention, treatment, recovery, and enforcement) to reduce the use and abuse of opioids in Madison County . Simultaneous to the formation of the task force, local, grass roots community efforts were initiated, such as HEAL Madison County in Cazenovia. The Task Force recognizes and supports these local efforts .

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