



The Opioid Epidemic: A Madison County, NY Perspective



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Table of Contents

Executive Summary.....	4
Background.....	5
The Heart of the Epidemic - Overdose Deaths	6
Effects on the Healthcare System	
Hospitalization and Emergency Department Visit Rates	7
Neonatal Abstinence Syndrome.....	8
Access to Opioids	
Opioid Prescribing	9
National & State Prescribing Trends	11
Drug Sales	12
Impact on Communities and Families	
Drug-related Arrests	13
Child Neglect and Abuse.....	14
Youth Drug Use.....	15
Treatment and Other Interventions	
Opioid-related Treatment Facility Admissions	16
Medication Collection Program.....	17
Naloxone Use to Prevent Overdose Deaths	18
Local Efforts to Address the Heroin/Opiate Problem	19
Data Tables	22
Sources	26

Executive Summary

This report provides a snapshot describing the current state of the opioid epidemic in Madison County, New York. Consistently updating this report can help identify trends and offer insight into the effectiveness of local, state, and national prevention activities. The goal of this report is to help guide and inspire conversations about actions, initiatives, and policies aimed at reducing the burden of opioids within our community. Some key points outlined in the report include:

- Opioid-related overdose deaths continue to increase among Madison County residents.
- Heroin now plays a role in the majority of opioid-related overdose deaths in the county.
- Both hospitalizations and emergency department visits related to opioid overdoses continue to increase dramatically.
- Opioid prescribing has slowly been decreasing over the past few years.
- The amount of opioid-related arrests and child neglect and/or abuse reports in the county have increased.
- There has been a substantial increase in treatment program admissions for opioid use among Madison County residents.
- County initiatives, such as the Madison County Medication Collection Program, have been successful, and others continue to be implemented.

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 33,000 people in 2015. 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. The economic burden of prescription opioid overdose, abuse, and dependence is estimated to be \$78.5 billion each year in the United States.

The amount of prescription opioids sold to pharmacies, hospitals, and doctors' offices almost quadrupled from 1999-2010. However, studies during that same time period did not show there was a change in the amount of pain that Americans reported. The CDC estimates that nearly 2 million Americans abuse, or are dependent on prescription opioids. Everyday, more than 1,000 people are treated in emergency departments across the country for misusing prescription opioids.

The epidemic continues to evolve, and new threats have emerged. For example, the illegal manufacturing 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.

The Heart of the Epidemic

Overdose Deaths

The 15-year increase in deaths from opioid overdoses across the country is dramatic (Figure 1). It is even more troubling to know that for about 1 in 5 drug overdose deaths, no specific drug is listed on the death certificate. Meaning, the total number of opioid-related overdose deaths is underestimated.

Madison County, New York is not immune to this tragic epidemic. Figure 2 shows a similar increase over the past 8 years. An increase from a total of 2 opioid-related overdose deaths in 2008, to 14 in 2016 (a 600% increase). It is also evident that heroin now plays a role in the majority of opioid-related overdose deaths (8 out of 14 total deaths, in 2016).

While these overdose deaths drive the conversations about this epidemic, it is a complex issue, with many factors. The following pages present some of the data behind these numbers. They provide insight not only to how the epidemic is affecting the healthcare system, but also our community. There is also information about opioid access, and local initiatives aimed at turning the curve in the opposite direction.

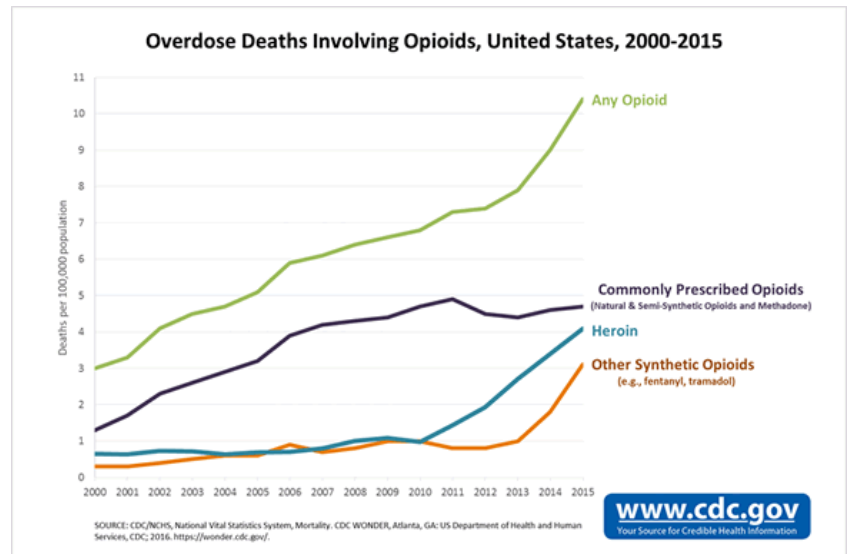


Figure 1. Annual overdose death rates due to opioids in the United States, 2000 – 2015. Source: CDC, Opioid Data Analysis. Accessed 12/2017.

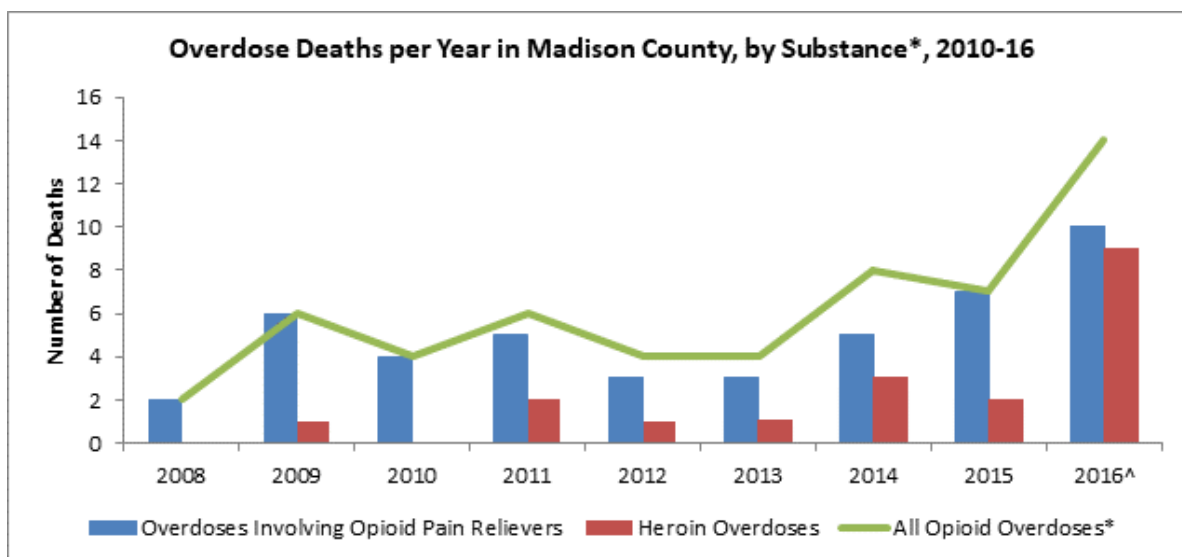


Figure 2. Annual overdose deaths by substance, Madison County, 2008 – 2016.

*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 could still be pending/under investigation (data as of 08/2017).

Source: 2008-2013 — NYSDOH Vital Statistics; 2014-2016 — NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Effects on the Healthcare System

Hospitalization and Emergency Department Visit Rates

According to data from the Statewide Planning and Research Cooperative System (SPARCS), hospitalization and emergency department (ED) visit rates due to opioid overdoses are on the rise in the 6 counties of the Central New York (CNY) region (Cayuga, Cortland, Madison, Oneida, Onondaga, and Oswego), as outlined in Figures 3 and 4.

Rates for opioid overdoses have increased across the state and region since 2005. Recently, the rates in CNY and now Madison County have begun to exceed the rate in NYS (excluding New York City). In 2016, the hospitalization rate for opioid overdoses in Madison County was 22.3 per 100,000 population (more than a 150% increase from 2006). The rate for ED visits was 73.8 per 100,000 (about a 750% increase from 2007).

There are 2 EDs in Madison County. One is located at Oneida Healthcare in Oneida, NY and the other is located at Community Memorial Hospital in Hamilton, NY. With the growing strain on EDs, and 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.

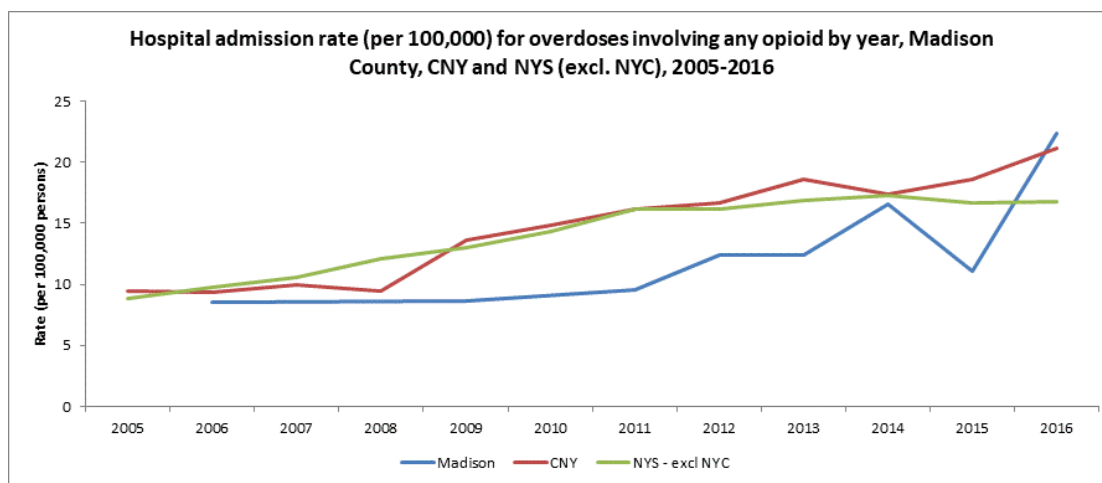


Figure 3. Annual Inpatient hospitalization admissions rates due to a opioid overdose in Madison County, CNY, and NYS (excluding NYC) from 2005 – 2016. Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

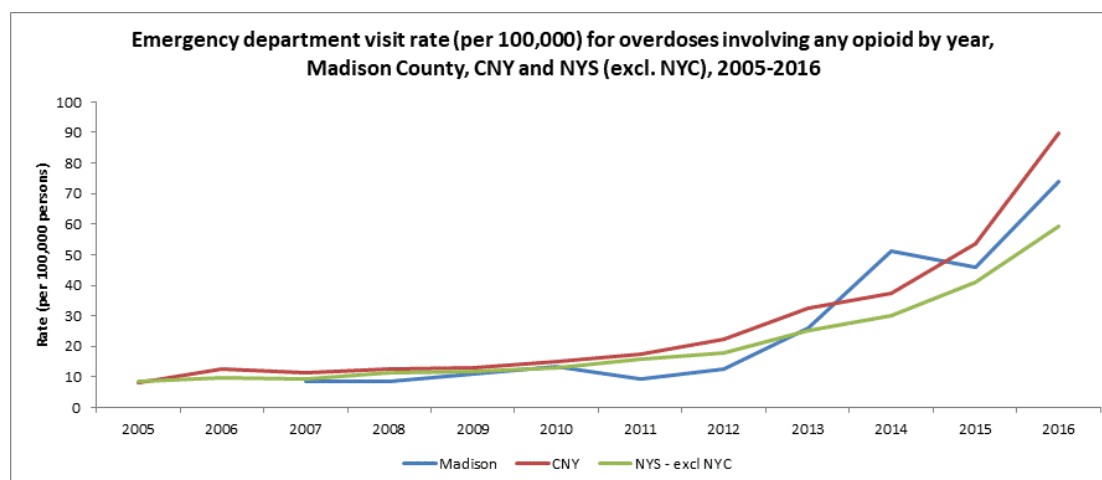


Figure 4. Annual emergency department visit rates due to a opioid overdose in Madison County, CNY, and NYS (excluding NYC) from 2005 – 2016. Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Neonatal Abstinence Syndrome

The neonatal abstinence syndrome (NAS) was first described in the literature in the 1970s. NAS is a group of conditions caused when a baby withdraws from certain drugs s/he has been exposed to in the womb before birth. While this syndrome has been recognized for more than 4 decades, there have been substantial changes in the past 10 years, including a dramatic increase in prevalence. Research shows that this increase is caused by the rise in opioid use during pregnancy, which is attributed to the more liberal use of prescribed opioids for pain control in pregnant women, illicit use of opioids such as oxycodone and heroin, and opioid-substitution programs for the treatment of opioid addiction.

The increased rate is evident in Figure 5. It has been experienced across the state, and at a higher rate in Madison County. According to the most recent data available, between 2012 and 2014 the 3-year average rate of NAS diagnosis was 9.1 per 1,000 newborn discharges; over a 3-fold increase from the 3-year average in 2005-2007 (2.8 per 1,000).

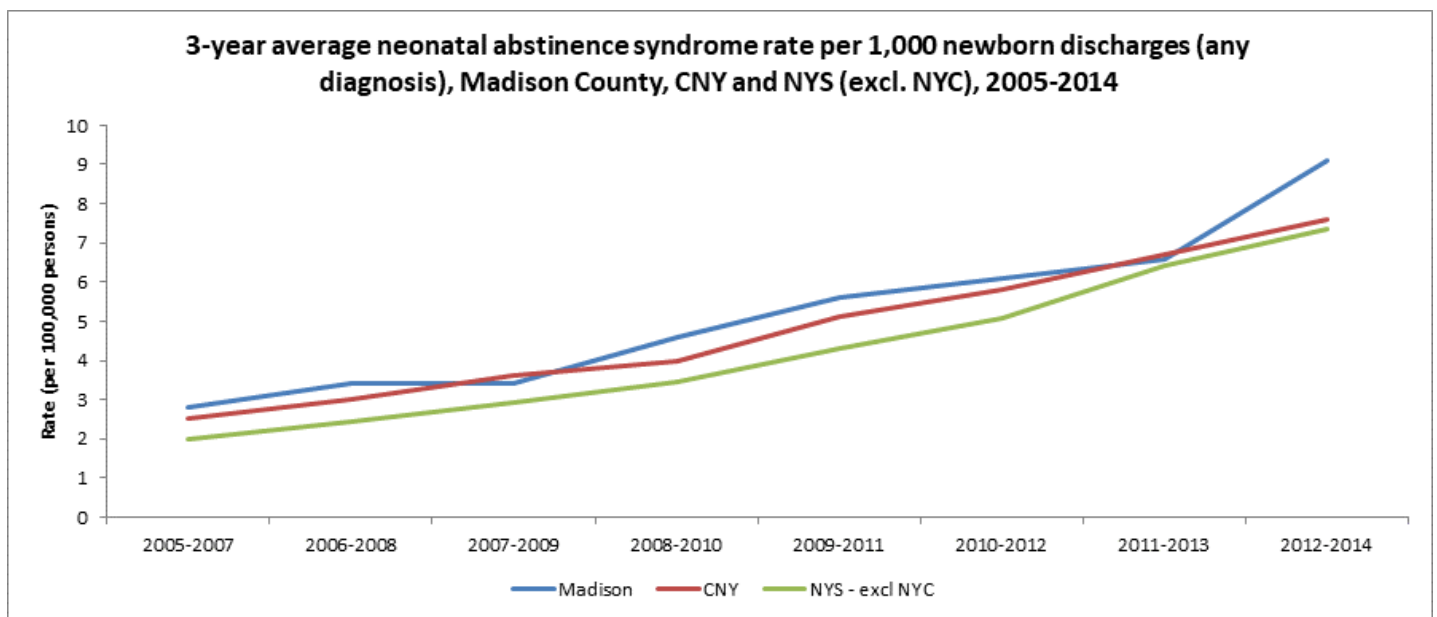


Figure 5. 3-year average neonatal abstinence syndrome discharge rates, Madison County, 2005 – 2014.
Source: NYSDOH, Opioid-related Data in New York State. Accessed 12/2017.

Access to Opioids

Opioid Prescribing

Throughout the United States, an estimated 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids in office-based settings. National prescribing rates are highest among pain medicine (49%), surgery (37%), and physical medicine/rehabilitation (36%). However, primary care providers account for about half of opioid pain relievers dispensed. long-term use of opioid pain relievers for chronic pain can be associated with abuse and overdose, particularly at higher dosages.

The New York State (NYS) Prescription Monitoring Program Registry (PMP) is an online registry that is maintained by NYS Department of Health's Bureau of Narcotic Enforcement. The registry collects dispensed prescription data for controlled substances in schedules II, III, and IV that are reported by more than 5,000 separate dispensing pharmacies and practitioners registered with NYS. Any NYS licensed prescriber, excluding veterinarians, is required to consult the PMP registry when writing prescriptions for Schedule II, III, and IV controlled substances. Pharmacists and Veterinarians can still apply for access to the PMP registry. Veterinarians are required to report controlled substance dispensing activity.

Figure 6 shows the trend in prescription rates (per 1,000 population) since 2012, in Madison County, CNY, and NYS (excluding New York City). Rates appear to have peaked in 2013, and have now dropped slightly below the rates observed in 2012. These decreases might reflect growing awareness among clinicians and patients of the risks associated with opioids. In 2016, there were about 640 opioid analgesic prescriptions per 1,000 Madison County residents. This was higher than CNY (561.9 per 1,000) and NYS, excluding NYC (496.2 per 1,000).

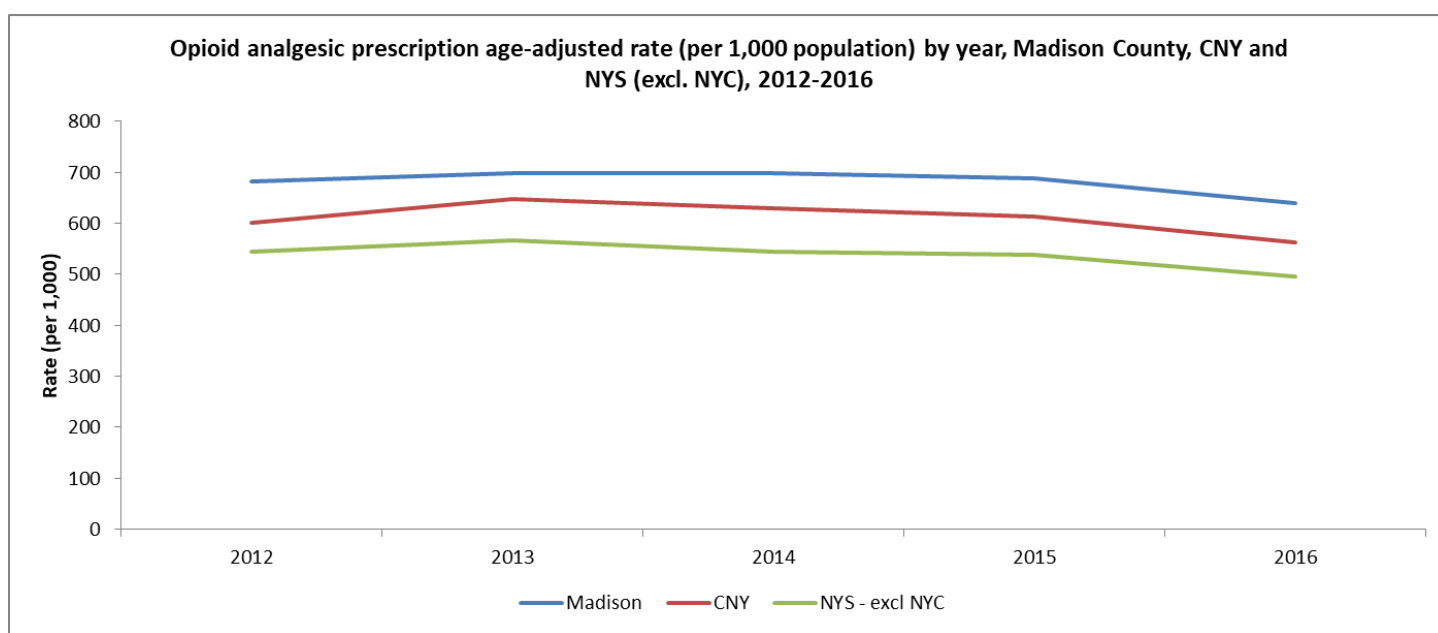


Figure 6. Opioid analgesic prescription rates, Madison County, CNY, and NYS (excluding NYC), 2012 – 2016.

Source: NYSDOH, Opioid-related Data in New York State. Accessed 12/2017.

Opioid Prescribing (cont.)

Opioid prescribing rates differ by county, across New York State. Figure 7 displays the opioid analgesic prescription rate, per 1,000 population by county. Madison County lies within the highest third of prescription rates across the state. Figure 8 shows the percent change in opioid analgesic prescription rate from 2012 to 2016. The county has seen a decrease (6%) during this time period, but other counties have seen more dramatic decreases.

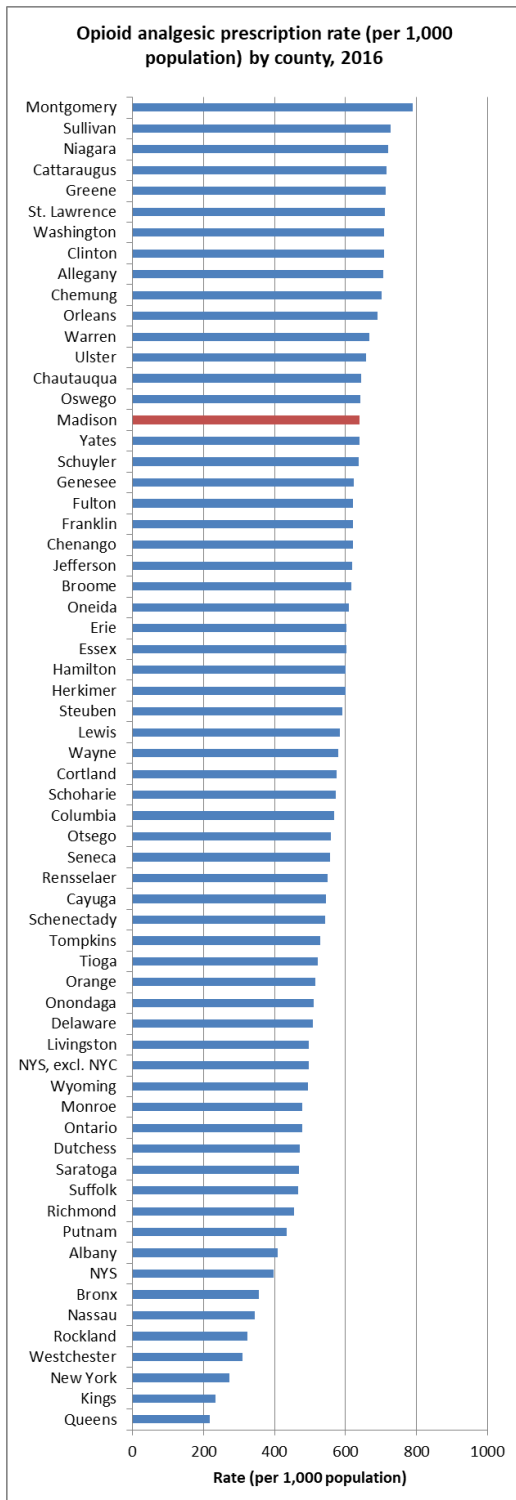


Figure 7. Opioid analgesic prescription rates by NYS county, 2016.

Source: NYSDOH, Opioid-related Data in New York State. Accessed 12/2017.

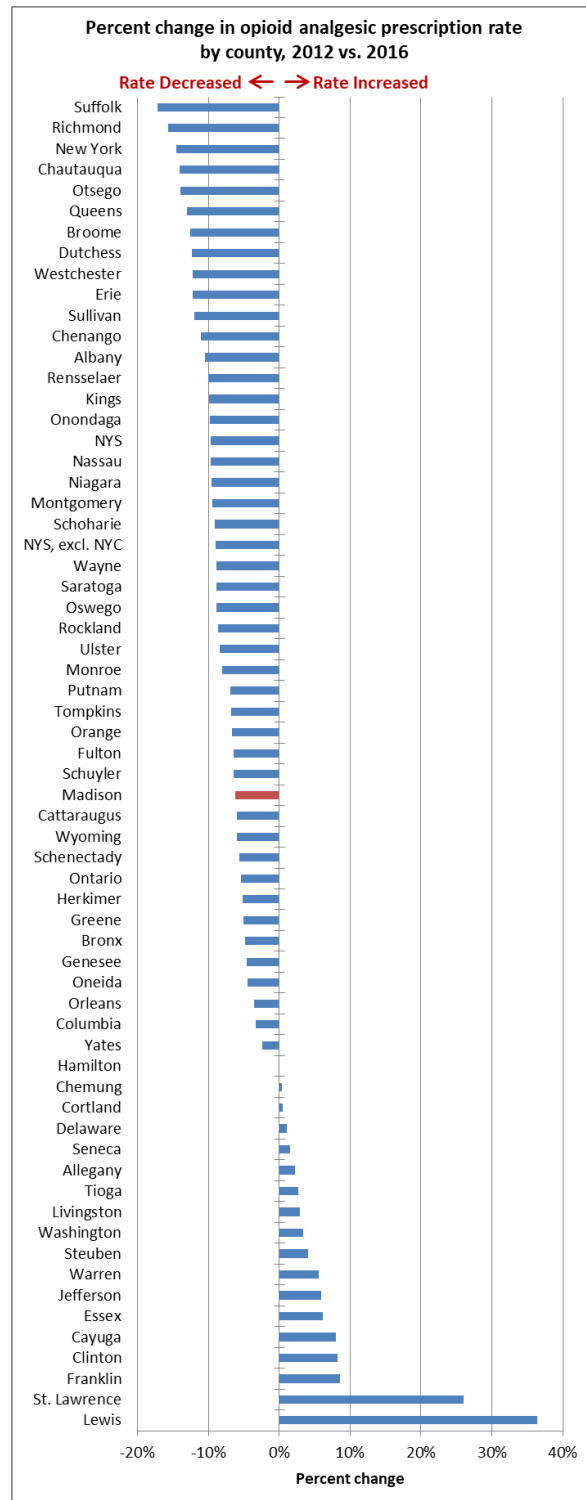


Figure 8. Percent change in opioid analgesic prescription rates by NYS county, 2012 vs. 2016.

Source: NYSDOH, Opioid-related Data in New York State. Accessed 12/2017.

National & State Prescribing Trends

A recently published study (Guy, 2017) assessed changes in national- and county-level opioid prescribing during 2006–2015. The study found significant decreases of prescriptions, measured in morphine milligram equivalents (MME) per capita from 2010 to 2015, similar to the trends in the NYSDOH data in Figure 6. Even with the decrease, MME per capita remained approximately 3 times as high as it was in 1999. Furthermore, it varied substantially across the country (Figure 9). Madison County, NY falls in the second quartile (453.6–677.1 MME per capita). The authors also identified some interesting trends among counties with the highest prescription rates (below).

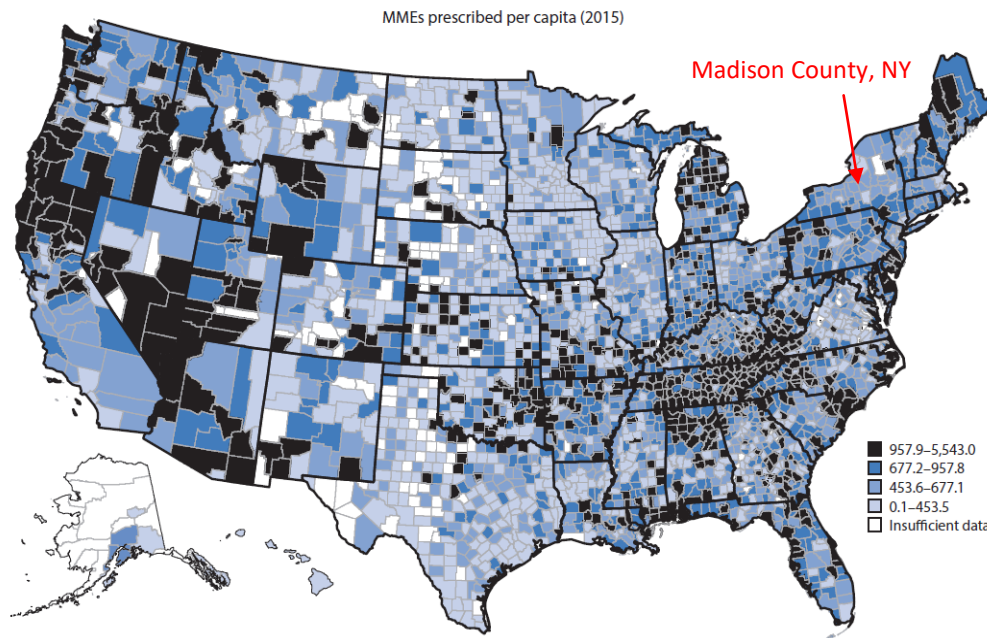


Figure 9. Opioid prescription rates (MME per capita), United States, 2015. Source: Guy, 2015.

When compared to the counties with the lowest opioid prescription rates, the counties with the highest rates:

Had a higher proportion of:

- Non-Hispanic White population (83.6% vs. 76.9%)
- Residents uninsured (15.7% vs. 15.2%), or on Medicaid (23.3% vs. 19.2%)
- Residents without a high school diploma (18.4% vs. 17.3%)
- Residents who were unemployed (8.5% vs. 8.5%)

Had a higher density of:

- Primary care physicians (60.0 per 100,000 vs. 44.1 per 100,000)
- Dentists (39.5 per 100,000 vs. 30.5 per 100,000)

Had a higher rate of suicide (9.0 per 100,000 vs. 7.7 per 100,000)

In New York State, the counties with the highest prescription rates had higher opioid-related overdose death rates (Fig. 10)

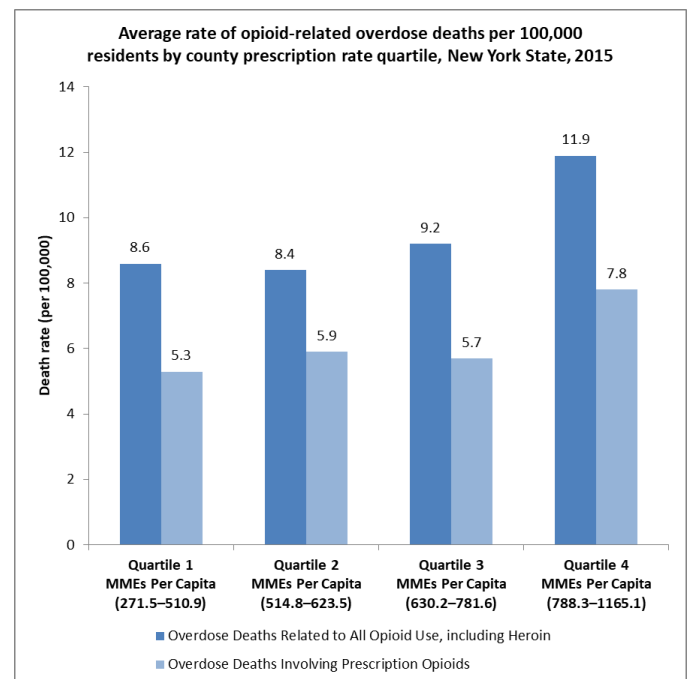


Figure 10. New York State county opioid prescription rates (MME per capita) quartiles and opioid-related overdose death rates, 2015. Source: NYS Health Foundation, 2017.

Drug Sales

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. During the height of retail opioid drug sales, the total amount of prescription painkillers written in 2012 was enough to provide every American adult with a bottle of pills.

The Automated Reports and Consolidated Ordering System (ARCOS) is a data collection system in which drug manufacturers and distributors report their retail transactions (to hospitals, retail pharmacies, practitioners, mid-level practitioners, and teaching institutions) of controlled substances to the Drug Enforcement Administration (DEA). The graph below (Figure 11) displays retail opioid sales per 100,000 population in CNY and New York State from 2006-2016. While opioid sales per 100,000 population have been decreasing across the region and state since 2011, they remain higher in CNY than statewide (38.9 kg per 100,000 vs. 35.7 kg per 100,000).

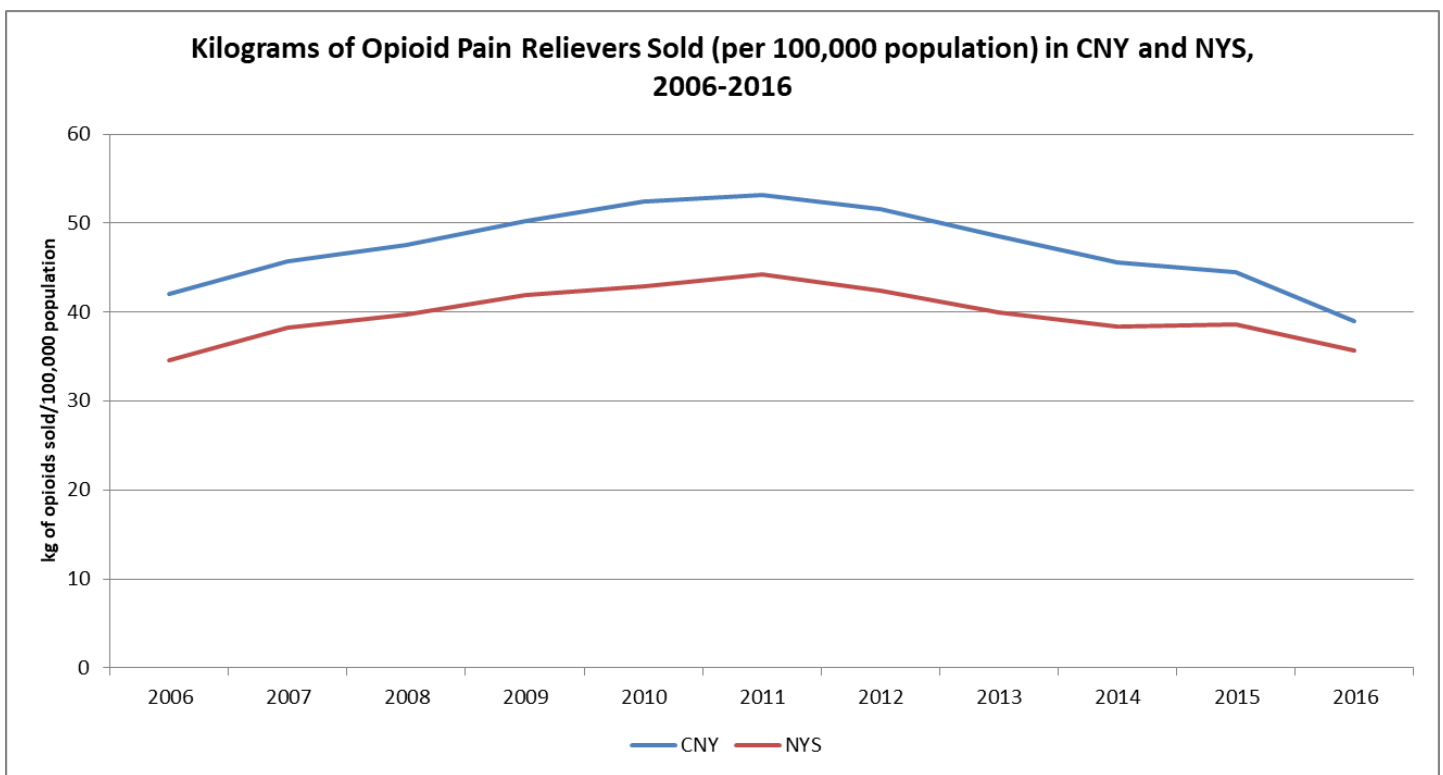


Figure 11. Opioid sales per 100,000 population in CNY and NYS, 2006 – 2016.

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).

Impact on Communities and Families

Drug-related Arrests

Figure 12 shows the annual number of opioid- and heroin-related drug charges by the Madison County Sheriff's Office from 2010 through 2016. Until 2016, the number of prescription opioid-related drug charges had remained relatively level (between 1 and 6). In 2016 this number increased to 12. Heroin-related drug charges increased dramatically in 2014 (from an average of about 1.5 charges/year, over the previous 5 years to 14 in 2014), and has remained around that level since. The total number of opioid- and heroin-related charges in 2016 was 26. This was over 5 times higher than it was in 2009.

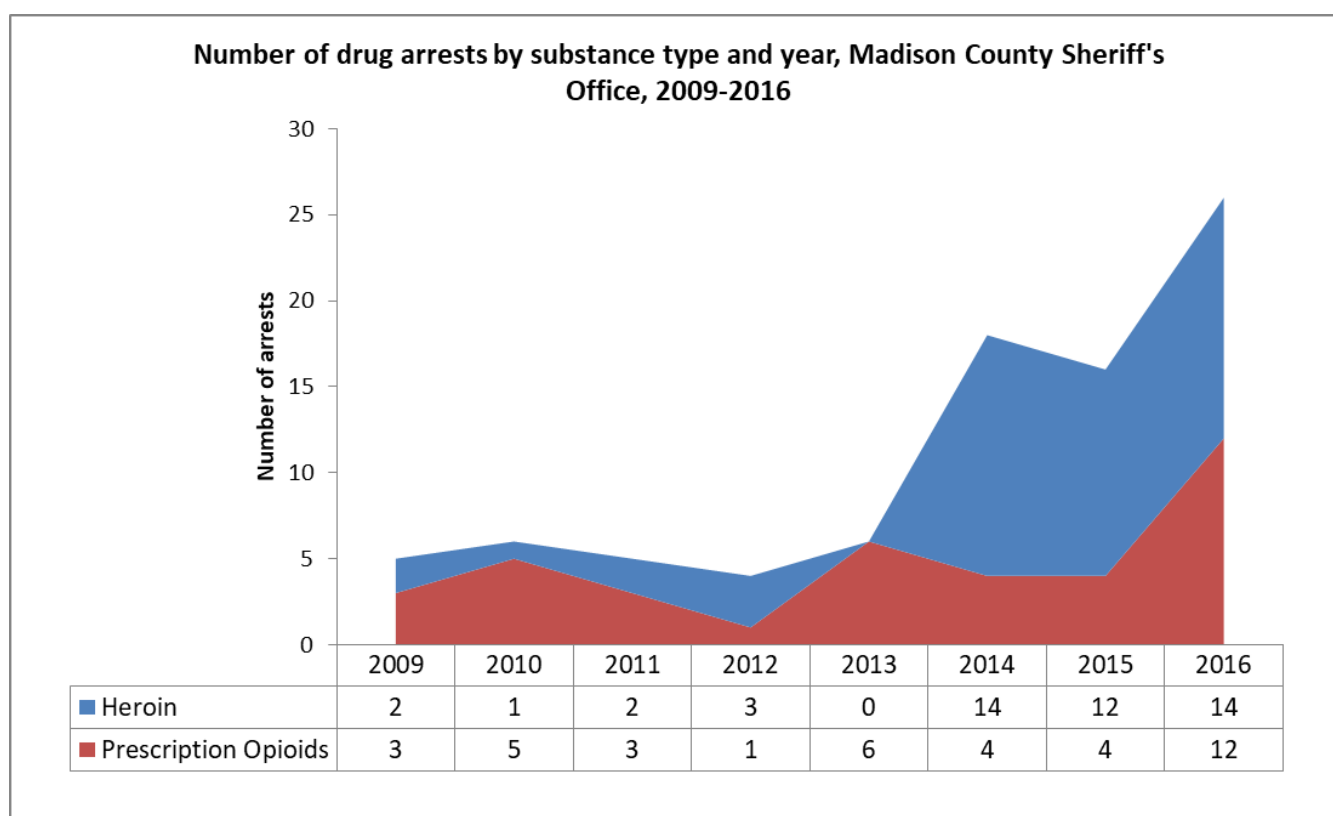


Figure 12. Annual proportion of all Madison County Sheriff's Office drug-related arrests related to heroin and opioids, 2010–2016.

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 13 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 increased by over 50% since 2014 (26 in 2016 vs. 17 in 2014).

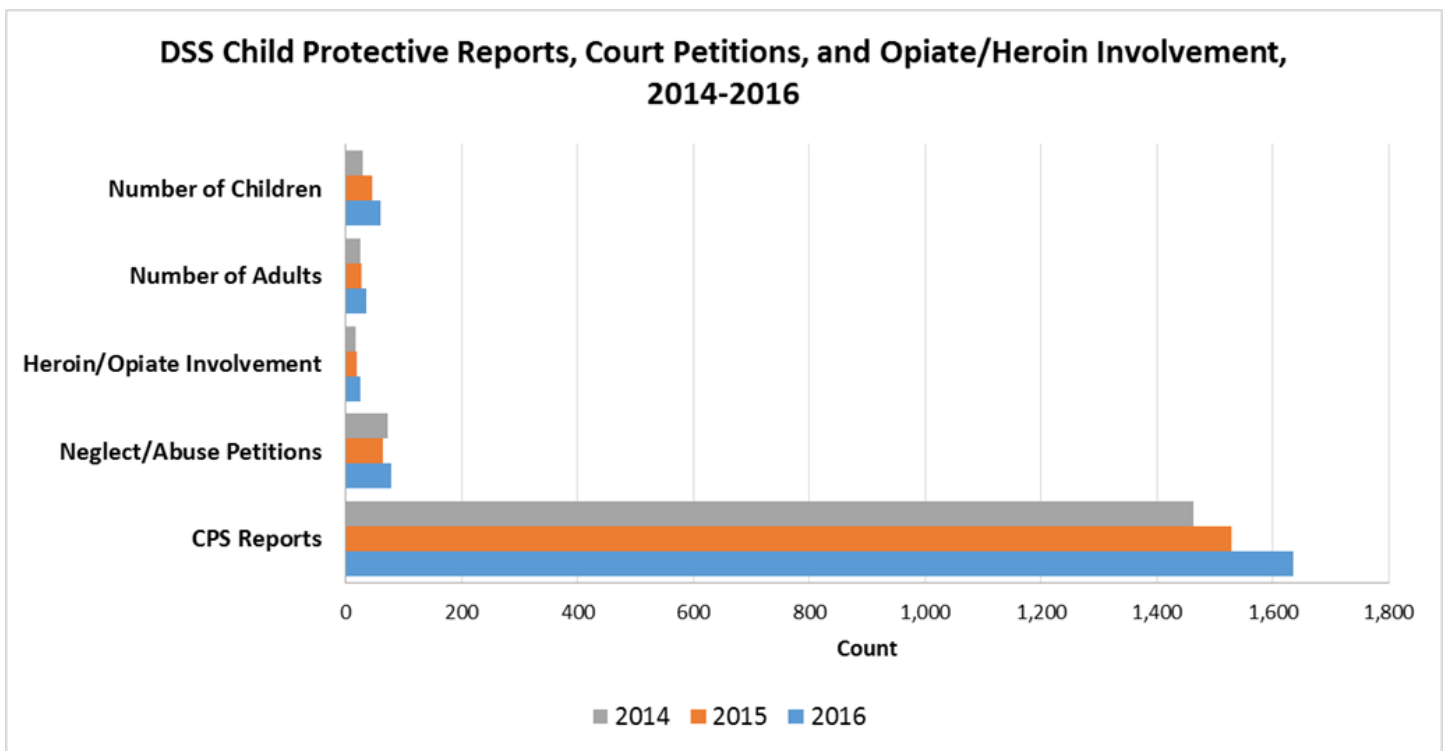


Figure 13. Madison County Department of Social Services Child Protective Services reports, 2014–2016.

Source: Madison County Department of Social Services.

Youth Drug Use

In 2014, The Madison County Youth Bureau, in cooperation with Madison-Oneida BOCES and the chief school officers of the 9 participating school districts (Canastota, Cazenovia, Chittenango, DeRuyter, Hamilton, Madison, Morrisville-Eaton, Oneida and Stockbridge Valley) administered the Teen Assessment Project (TAP) survey. The survey is part of an ongoing process to assess the risk and protective factors, developmental assets, and resources present in the lives of adolescents in Madison County. The survey was also recently administered in other counties throughout New York State, including Herkimer (2013) and Oneida (2015).

A total of 2,388 Madison County students, from grades 7-12 participated in 2014. With prescription drug and heroin use only beginning to emerge as a commonly recognized public health issue, some new survey questions were added to the 2014 questionnaire.

Figure 14 shows that about three quarters of teen students think that using prescription drugs not prescribed to them can cause some, or a lot of harm. Regarding the use of prescription drugs within the past year, there is not an obvious trend (Figure 15). In 2014, the proportion of students reporting use within the past year (4.2%) declined compared to 2010, and is similar to the most recent proportions in the other counties.

Another question that was added in 2014 asked about heroin or other opiate use within the past year (Figure 16). Two and a half percent (2.5%) of students surveyed reported this behavior, which was higher than what was reported in Oneida County.

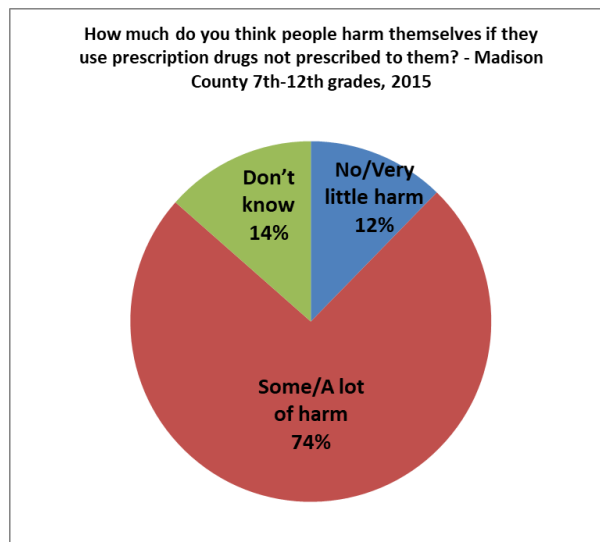


Figure 14. Adolescent perception of harm from prescription drug use, Madison County, 2014. Source: Madison County Youth Bureau, 2014.

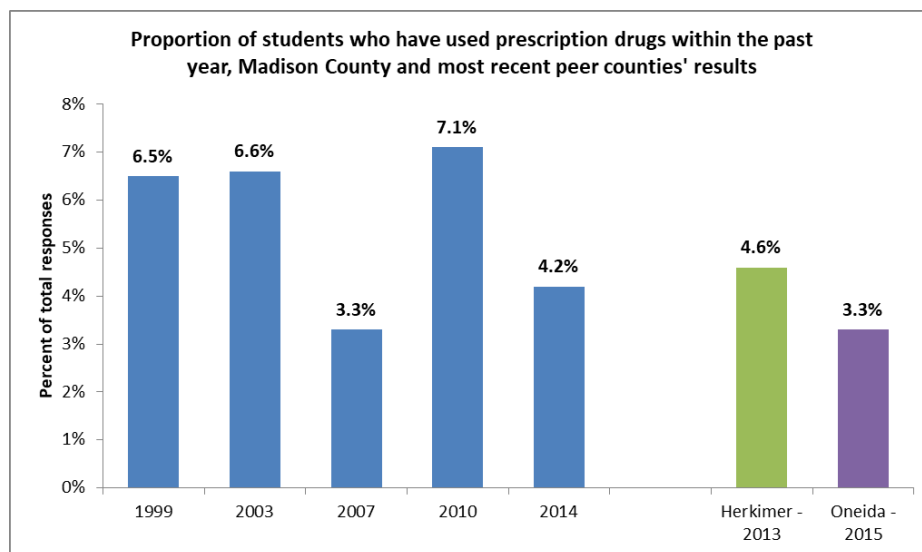


Figure 15. Adolescent prescription drug use with the past year, Madison County, 2014. Source: Madison County Youth Bureau, 2014; Herkimer-Oneida Counties Comprehensive Planning Program, 2013 & 2015.

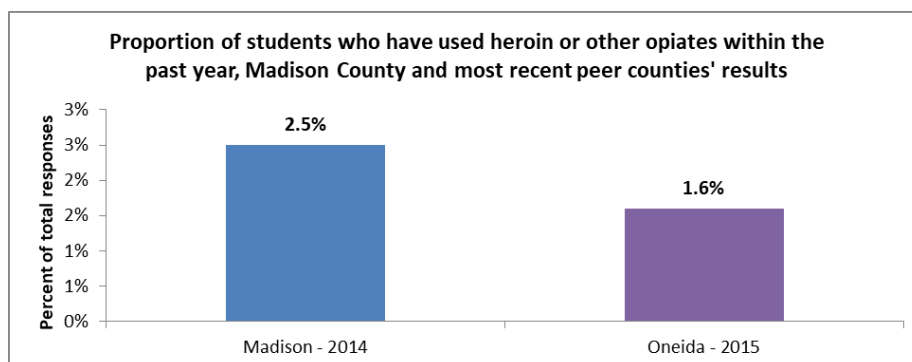


Figure 16. Adolescent heroin or opiate use with the past year, Madison County, 2014. Source: Madison County Youth Bureau, 2014; Herkimer-Oneida Counties Comprehensive Planning Program, 2015.

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. Since 2007, the annual number of opioid-related treatment admissions to OASAS certified chemical dependence treatment programs among Madison County residents has significantly increased (Figure 17). In 2016 there were a total of 502 admissions (more than 5 times the amount in 2007). The vast majority, 490 (98%) were at treatment facilities outside of the county. It is important to note that admissions are not unique counts of people. A person could be admitted more than once in a given year.

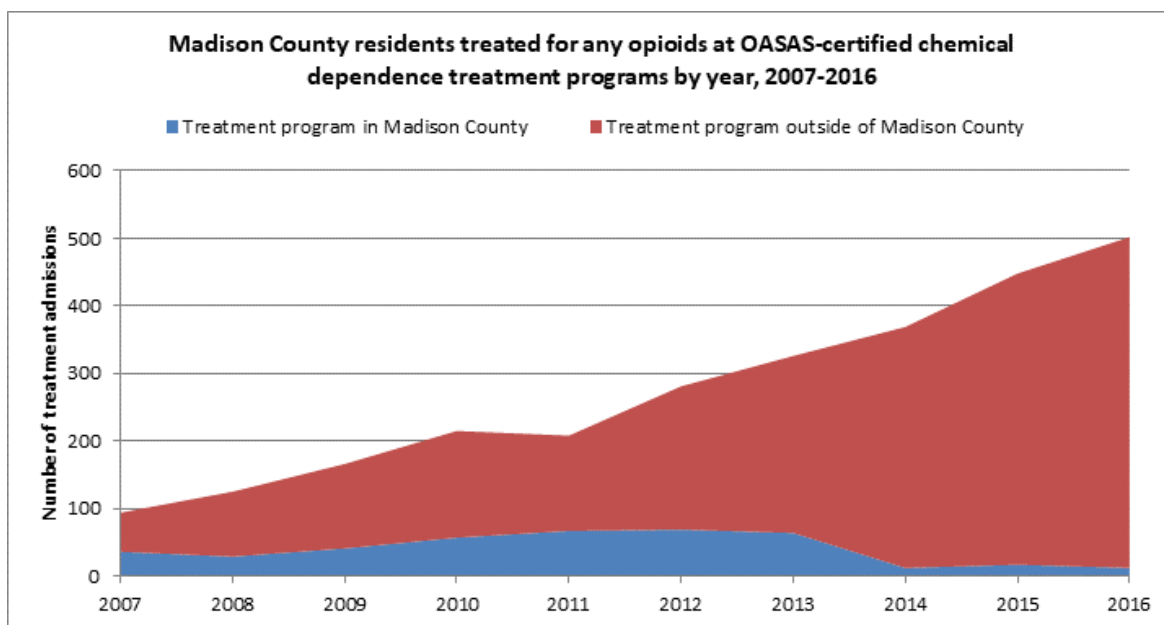


Figure 17. Admissions rates to OASAS-certified treatment programs for use of heroin and/or any opioid. Source: NYSDOH, OASAS Data Warehouse. Requested 3/2017.

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 18 shows the admission rates of unique individuals to OASAS-certified treatment programs for both Madison County and CNY residents. Admissions among CNY and Madison County residents have increased since 2015, for both heroin and all opioids. The admission rates are lower among Madison County residents compared to the CNY region.

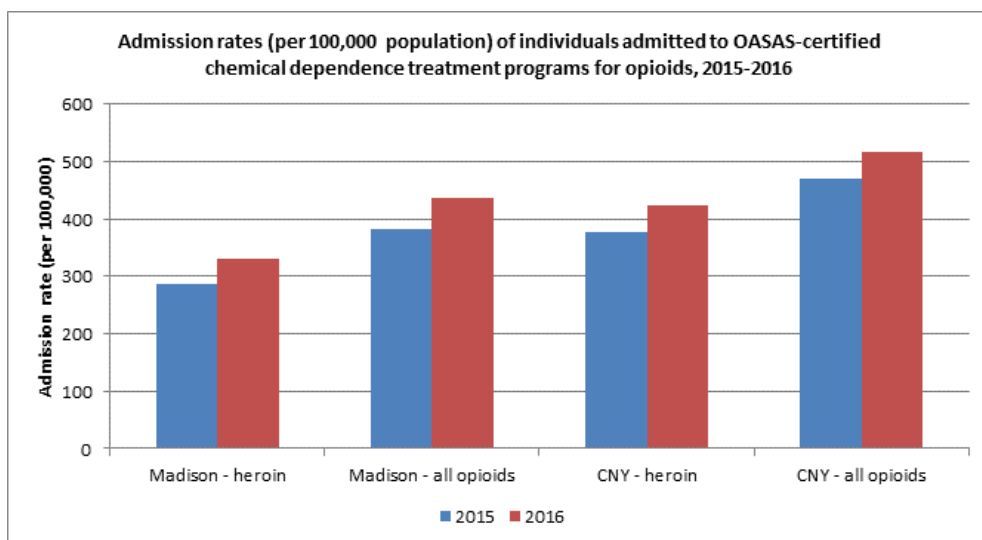


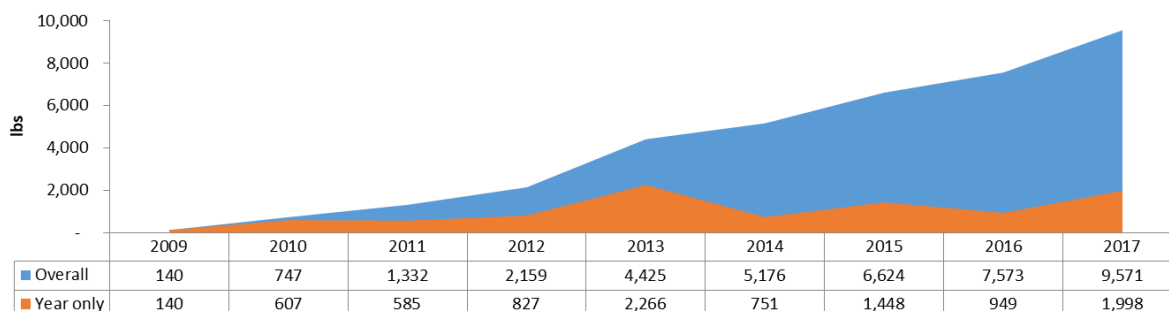
Figure 18. Admissions rates to OASAS-certified treatment programs for use of heroin and/or any opioid. Source: NYSDOH, County Opioid Quarterly Report For Counties Outside of New York City.

Medication Collection Program

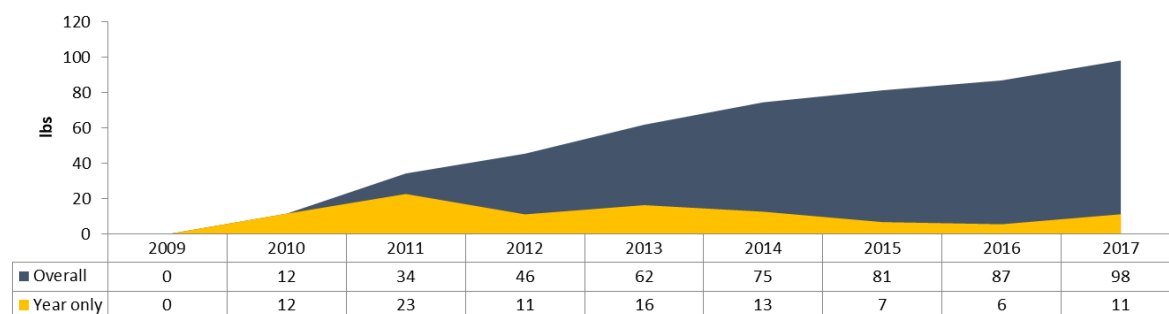
Since 2009, BRiDGES, the Madison County Council on Alcoholism and Substance Abuse, Inc., in collaboration with the Madison County Sheriff's Office and Solid Waste, has offered medication drop boxes to the public. There are 4 medication disposal kiosks at various locations throughout Madison County. They 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. New locations for kiosks are being proposed. The most recent effort is to establish one at the Hamilton Village Police Department. There are also bi-annual pill collection events at the Madison County Landfill.

The charts below (Figure 19) show the total amount (pounds) of pills collected at 2 of the 4 kiosk sites, and the Solid Waste bi-annual collection events. Over 9,500 pounds of pills have been collected since the program began in 2009. The total amount of pounds collected in 2017 alone (1,998) has been the second highest since the program began. During the bi-annual collections, the type of substance and the number of households utilizing the service can also be tracked. In 2017, the total amount of controlled substances (11 pounds) nearly doubled from the amount in 2016 (6 pounds). Furthermore, over twice as many households participated in the 2017 bi-annual collection events (227 households) compared to 2016 (102 households).

Total pounds of medication collected from the bi-annual pill collections at Madison County Solid Waste and kiosk sites*, overall and by year, 2009-2017



Total pounds of controlled substances collected from the bi-annual pill collections at Madison County Solid Waste, overall and by year, 2009-2017



Total number of households utilizing the bi-annual pill collections at Madison County Solid Waste, by year, 2009-2017

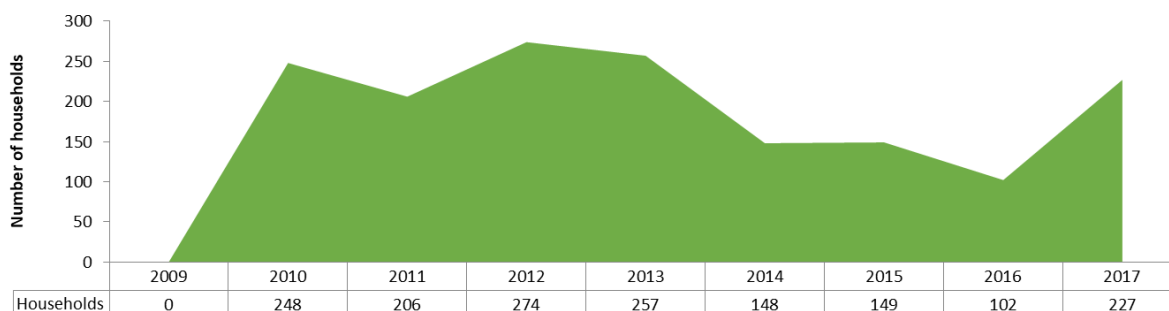


Figure 19. Medication collection program totals and usage by year, Madison County.
*These numbers do not include the medication collected at the NYS Troopers at Troop D or the kiosk at Chittenango P.D.
Source: BRiDGES.

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 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 is shown in Figure 20. Since the beginning of 2015, there was an increase in the amount of Naloxone administrations by law enforcement through 2016. However, Naloxone use by law enforcement declined in early 2017. Usage by EMS more than doubled from the beginning of 2015 through the second quarter of 2016, but then declined over the next year. Throughout New York State (excluding NYC), this decline has not been observed. Since the 2nd quarter of 2016, statewide EMS Naloxone use leveled off, and law enforcement usage continued to increase.

Increases and decreases may represent expansion or contraction of the program and may or may not indicate 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.

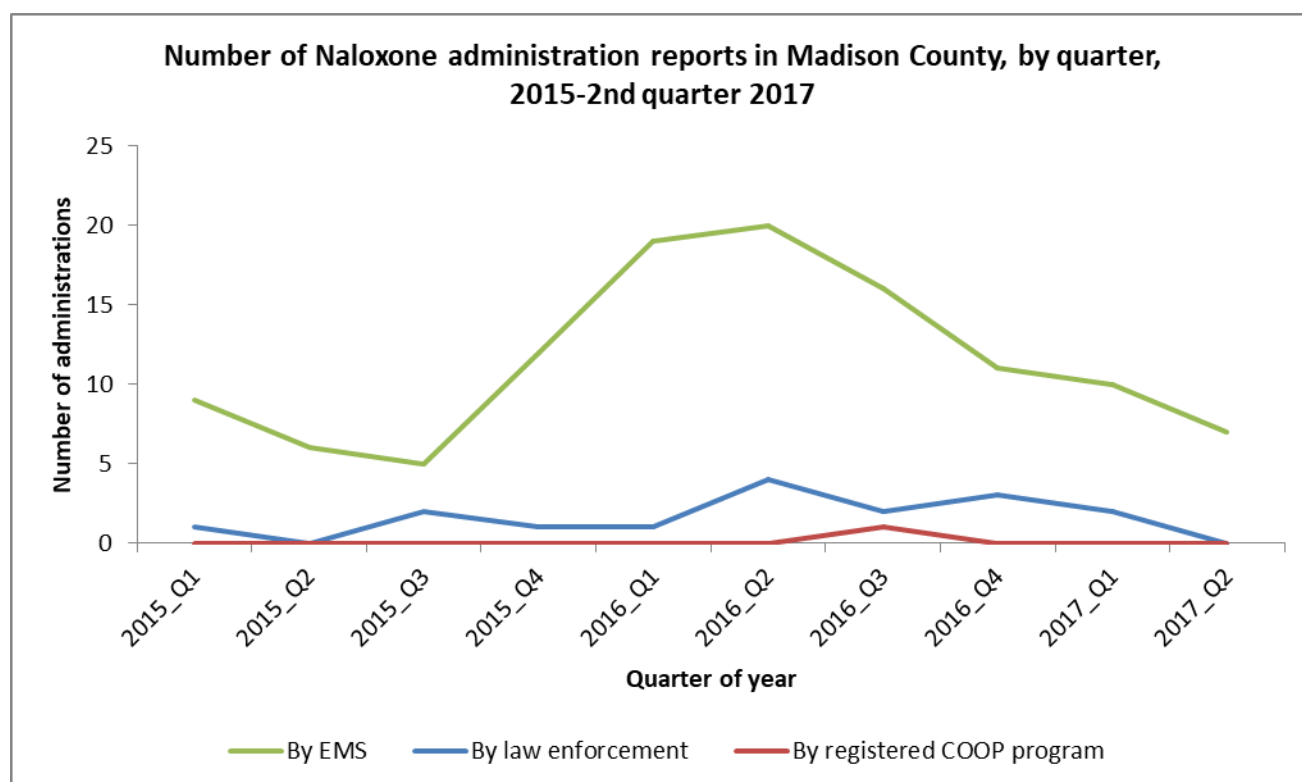


Figure 20. Frequency of Naloxone administration reports in Madison County, by quarter of the year.

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

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.

Local Efforts to Address the Heroin/Opiate Problem:

New Efforts in 2017

As of July 2017, BRiDGES has been working across county lines to coordinate prevention, treatment, and recovery related to the opioid epidemic through the **Central Region Addiction Resource Center (CRARC) grant** from OASAS. They will receive \$100,000 annually to collaborate with other prevention, treatment, and recovery agencies and grassroots organizations in Cayuga, Cortland, Madison, Onondaga, and Oswego counties. The goal of the CRARC is to not only reduce the stigma around opioid addiction, but also to give people in the central region information on and access to the resources available in all five counties. Current initiatives are to build relationships with community partners from all five counties, put together a list of resources available, and build an application, or “app”, that can be downloaded on any smart device showcasing the different resources and activities happening.

The Hamilton Area Community Coalition has completed the paperwork, and is working with BRiDGES on establishing a **permanent drug kiosk at the Hamilton Village Police Department**.

In September 2017, there was a **community walk** at Higinbotham Park in Oneida, NY, organized by Lyndon Joslyn. Over 100 people showed up to hear speeches, walk in Oneida, and learn about community resources. The goal was to raise awareness of opioid and heroin addiction that grips the community. The Mayor spoke, among others.

A **Celebrate Recovery group** has started meeting at Church on the Rock. They have many other plans, and have established a Facebook page. BRiDGES has been attending some meeting to hand out resources and materials aimed at increasing the message around prevention and recovery.

The Health Department implemented a targeted public awareness campaign. Materials and messaging from the national **multi-media campaign, Lock Your Meds®** (right) have been incorporated into Department Facebook messaging, and displayed in area movie theaters and on roadway billboards. The campaign focuses on three key messages: 1) locking up one’s medications; 2) disposing of prescription medications properly; and 3) asking for alternatives. Further efforts will include promoting the Madison County medication disposal program, and conducting educational forums.



Many school districts in the county have been teaching the **Botvin's Life Skills Training Program**, which is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. BRiDGES identified an opioid lesson, also developed by Botvin, which they will be integrating into the program for any school district at which the 15-week curriculum is being taught.

Syracuse Behavioral Healthcare's Center of Treatment Innovation is now available in Madison County. It provides outreach and mobile services to individuals struggling with an opioid use disorder. They offer peer-to-peer support net-

New Efforts in 2017 (cont.)

works, assistance with transportation, counseling services, personalized treatment programs, medication assisted treatment, and patient education. For more information please visit <https://www.sbh.org/center-treatment-innovation-coti/>

BRiDGES, along with pharmacies such as Walmart have begun to provide **safe and effective prescription disposal kits** when prescriptions are filled, or if individuals are interested. These kits consist of a substance that is added to left over prescription pills in a pill bottle or bag, which is then mixed with water to separate the medication into a biodegradable “paste” so it can be safely thrown out. Furthermore, drugs treated with this method are both physically and chemically sequestered and cannot be extracted for abuse or pollute landfills and water supplies.

Ongoing Efforts

Safe Pill collection events are 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. An additional kiosk is at the NYSP barracks in Oneida. More than 9,500 pounds of medication has been collected since 2009.

Madison County Jail started a **Vivitrol program** in the jail, beginning in July 2016. This program screens inmates for opiate problems and provides 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.

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.

HEAL— Heroin Epidemic Action League, a grassroots group formed in Cazenovia in spring of 2016, and 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. Support groups have also started in Morrisville, NY and Brookfield, NY. Members of HEAL started a Narcotics Anonymous group, and they advocate for issues related to heroin and opiate prevention, treatment, and recovery.

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.

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

Ongoing Efforts (cont.)

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 started an Office of Mental Health **Recovery Center for Madison County** residents. Peer advocates/supports with real life experience work to connect people to any services they may need.

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.

Trainings for the use of Naloxone continue to be offered, and have been well attended. These are sponsored by OASAS and hosted at BRiDGES.

Efforts in 2016 & 2015

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

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

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.

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.

First responders and many others in the community have been **trained to use Naloxone**, anti-overdose drug.

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

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

Data Tables

Overdose Deaths — Madison County

	2008	2009	2010	2011	2012	2013	2014	2015	2016^
All opioid overdoses*	2	6	4	6	4	4	8	7	14
Heroin overdoses	0	1	0	2	1	1	3	2	9
Overdoses involving opioid pain relievers	2	6	4	5	3	3	5	7	10

*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 could still be pending/under investigation (data as of 08/2017).

Source: 2008-2013 — NYSDOH Vital Statistics; 2014-2016 — NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Hospitalization and Emergency Department Visit Rates (per 100,000 population) for Overdoses Involving Any Opioid

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Hospitalizations rate												
Madison County	s	8.5	s	s	8.6	s	9.5	12.4	12.4	16.6	11.1	22.3
CNY	9.4	9.3	10.0	9.4	13.6	14.8	16.1	16.7	18.6	17.4	18.6	21.1
NYS (excl. NYC)	8.8	9.8	10.6	12.1	13.0	14.3	16.1	16.2	16.9	17.3	16.7	16.8
Emergency Department visit rate												
Madison County	s	s	8.6	8.6	s	13.6	9.5	12.4	26.2	51.1	45.9	73.8
CNY	8.0	12.7	11.2	12.4	12.9	14.9	17.5	22.5	32.3	37.4	53.8	89.9
NYS (excl. NYC)	8.5	9.7	9.3	11.3	11.7	13.2	15.8	18.0	25.0	30.2	41.0	59.4

s: Data for indicator are suppressed for confidentiality purposes if there are less than 6 discharges.

Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Neonatal Abstinence Syndrome 3-year Average Rate (per 1,000 newborn discharges)

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Madison County	2.8	3.4	3.4	4.6	5.6	6.1	6.6	9.1
CNY	2.5	3.0	3.6	4.0	5.1	5.8	6.7	7.6
NYS (excl. NYC)	2.0	2.4	2.9	3.4	4.3	5.1	6.4	7.4

Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Opioid Analgesic Prescription Age-Adjusted Rate (per 1,000 population)

	2012	2013	2014	2015	2016
Madison County	682.4	699.4	698.4	687.5	640.4
CNY	601.1	646.9	630.3	612.9	561.9
NYS (excl. NYC)	545.4	566.4	543.6	537.6	496.2

Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Data Tables (cont.)

Opioid Analgesic Prescription Age-Adjusted Rate (per 1,000 population) and percent change (2012 vs. 2016), for all New York State Counties

County	2012	2016	Percent change
Albany	457.9	409.9	-10%
Allegany	691.0	706.2	2%
Bronx	374.5	356.3	-5%
Broome	706.2	617.8	-13%
Cattaraugus	761.0	715.1	-6%
Cayuga	503.7	544.2	8%
Chautauqua	748.4	643.4	-14%
Chemung	699.8	702.7	0%
Chenango	698.4	621.2	-11%
Clinton	655.1	709.3	8%
Columbia	589.3	569.4	-3%
Cortland	572.5	575.0	0%
Delaware	503.2	508.8	1%
Dutchess	536.6	470.4	-12%
Erie	688.0	603.9	-12%
Essex	568.7	603.9	6%
Franklin	573.2	622.0	9%
Fulton	664.7	622.1	-6%
Genesee	654.0	623.6	-5%
Greene	751.1	713.1	-5%
Hamilton	602.0	601.2	0%
Herkimer	633.0	600.1	-5%
Jefferson	585.1	619.4	6%
Kings	260.1	234.2	-10%
Lewis	428.5	584.6	36%
Livingston	483.3	497.3	3%
Madison	682.4	640.4	-6%
Monroe	521.1	479.1	-8%
Montgomery	870.3	788.6	-9%
Nassau	381.7	344.7	-10%
New York	320.4	273.9	-15%
Niagara	797.0	720.6	-10%

County	2012	2016	Percent change
Oneida	637.3	608.8	-4%
Onondaga	566.2	511.0	-10%
Ontario	504.9	477.7	-5%
Orange	553.0	516.3	-7%
Orleans	717.3	691.6	-4%
Oswego	703.5	641.3	-9%
Otsego	650.1	559.2	-14%
Putnam	465.7	433.6	-7%
Queens	249.3	216.7	-13%
Rensselaer	610.5	549.5	-10%
Richmond	539.4	454.7	-16%
Rockland	354.2	323.7	-9%
Saratoga	515.7	470.1	-9%
Schenectady	575.8	543.3	-6%
Schoharie	630.3	573.3	-9%
Schuyler	681.9	638.2	-6%
Seneca	547.9	556.1	1%
St. Lawrence	564.4	711.2	26%
Steuben	569.0	592.4	4%
Suffolk	562.5	466.0	-17%
Sullivan	826.6	727.7	-12%
Tioga	509.2	522.6	3%
Tompkins	566.4	528.0	-7%
Ulster	719.2	658.4	-8%
Warren	631.6	667.0	6%
Washington	686.0	709.3	3%
Wayne	637.2	580.7	-9%
Westchester	353.1	309.8	-12%
Wyoming	526.3	494.6	-6%
Yates	654.8	638.8	-2%
NYS	440.8	397.9	-10%
NYS, excl. NYC	545.5	496.2	-9%

Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

Data Tables (cont.)

Drug Sales (Kilograms of Opioid Pain Relievers Sold per 100,000 population)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
CNY	42.1	45.7	47.5	50.2	52.4	53.2	51.5	48.6	45.6	44.5	38.9
NYS	34.6	38.3	39.7	41.9	42.9	44.3	42.4	40.0	38.4	38.6	35.7

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).

Madison County Sheriff's Department Drug-related Arrests

	2009	2010	2011	2012	2013	2014	2015	2016
Heroin	2	1	2	3	0	14	12	14
Prescription Opioids	3	5	3	1	6	4	4	12

Source: Madison County Sheriff's Office.

Madison County Department of Social Services (DSS) Child Protective Reports, Court Petitions, and Opiate/Heroin Involvement

	2014	2015	2016
CPS Reports	1,463	1,529	1,634
Neglect/Abuse Petitions	72	65	78
Heroin/Opiate Involvement	17	19	26
Number of Adults	25	27	36
Number of Children	29	47	60

Source: Madison County Department of Social Services.

Teen Assessment Project (TAP) Survey Results — Madison County

	1999	2003	2007	2010	2014
How much do you think people harm themselves if they use prescription drugs not prescribed to them?					
No/Very little harm					12.3%
Some/A lot of harm					74.2%
Don't know					13.5%
How often you use prescription drugs (such as Oxy-Contin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?					
Never used	88.3%	89.1%	94.6%	89.3%	93.3%
Did use, but stopped	5.2%	4.3%	2.1%	3.6%	2.5%
Have used within the last year	6.5%	6.6%	3.3%	7.1%	4.2%
How often you use Heroin or other Opiates?					
Never used					96.7%
Did use, but stopped					0.8%
Have used within the last year					2.5%

Source: Madison County Youth Bureau, 2014

Data Tables (cont.)

Madison County Residents Treated for Any Opioids at OASAS-Certified Chemical Dependence Treatment Programs

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Treatment program in Madison County	36	29	41	57	67	69	64	12	17	12
Treatment program outside of Madison County	58	96	125	158	141	212	262	357	431	490

Note: Admissions are not unique counts of people. A person could be admitted more than once in a given year.

Source: NYSDOH, OASAS Data Warehouse. Requested 3/2017.

Madison County Resident Admission Rates to OASAS-Certified Chemical Dependence Treatment Programs

	2015	2016
Madison County		
For heroin	285.9	329.5
For any opioid (incl. heroin)	375.8	423.2
CNY		
For heroin	382.6	437.1
For any opioid (incl. heroin)	471.1	515.5

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

Madison County Medication Collection Program Total Pounds of Substance Collected and Households Utilizing Service

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total pounds collected*									
Overall	140	747	1,332	2,159	4,425	5,176	6,624	7,573	9,571
Year only	140	607	585	827	2,266	751	1,448	949	1,998
Controlled substances (total pounds collected)^									
Overall	0	12	34	46	62	75	81	87	98
Year only	0	12	23	11	16	13	7	6	11
Households utilizing service^									
Overall	0	248	454	728	985	1,133	1,282	1,384	1,611
Year only	0	248	206	274	257	148	149	102	227

*These numbers do not include the medication collected at the NYS Troopers at Troop D or the kiosk at Chittenango P.D.

^Only includes statistics from bi-annual collection events at Madison County Landfill.

Source: BRIDGES.

Naloxone Administration Reports, by Quarter — Madison County

	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2
By EMS	9	6	5	12	19	20	16	11	10	7
By law enforcement	1	0	2	1	1	4	2	3	2	0
By registered COOP program	0	0	0	0	0	0	1	0	0	0

EMS: Emergency Medical Services; COOP: Community Opioid Overdose Prevention.

Source: NYSDOH, New York State County Opioid Quarterly Reports. Accessed 12/2017.

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