

# Opioid Epidemic – *Task Force*

Decrease supply, Decrease Demand,  
Increase Treatment and Recovery

CAROL M. SMITH, M.D., M.P.H.

ULSTER COUNTY

COMMISSIONER OF HEALTH AND MENTAL HEALTH

MAY 24, 2018



Michael Hein  
County Executive

# PRESENTATION OVERVIEW

- Opioid comparison
- U.S., New York State, and Ulster County Opioid Facts
- History of Problem
- Prescription Opioids
- Overdose Death Data
- Response Efforts
- Treatment Resources
- Next Steps...?

# THE OPIOIDS

Opioids are natural or synthetic chemicals that reduce feelings of pain. Common opioids include:

- Codeine
- Morphine
- Hydrocodone (Vicodin) 1.2x Morphine
- Oxycodone (OxyContin) 1.3x Morphine
- Heroin 2x Morphine
- Oxymorphone (Opana) 5x Morphine
- Methadone 10x Morphine
- Buprenorphine 30x Morphine
- Buprenorphine + naloxone (narcain) = Suboxone
- Fentanyl 50 - 100x Morphine


POTENCY

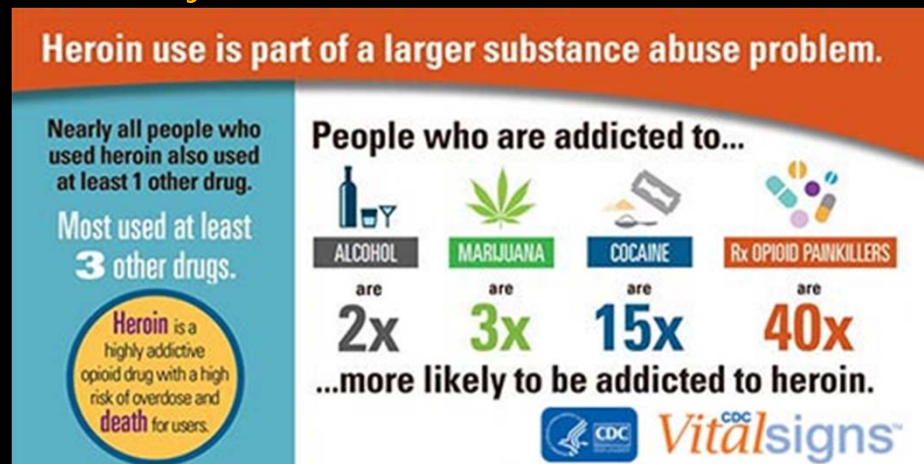
LESS



MOST

# THE COST OF SUBSTANCE ABUSE IN U.S. 2016

- 64,000 people died from opioid overdoses in 2016
- 115 people a day die from an opioid overdose
- 15,000 died from prescription drug overdoses
- 260,000 hospitalizations in 2016
- 90,000 die every year due to use of illicit and prescription drugs and alcohol
- 480,000 deaths per year are linked to nicotine addiction 
- Abuse of and addiction to alcohol, nicotine, and illicit and prescription drugs cost Americans more than \$700 billion a year in increased health care costs, crime, and lost productivity



# NEW YORK STATE (EXCLUDING NYC) AND ULSTER COUNTY OPIOID FACTS 2016

## OD Deaths:

New York State		Ulster County
• Total opioids	2,025	53
• Heroin	812	24

## ER Visits:

New York State		Ulster County
• Total opioids	6,676	107
• Heroin	4,784	68

## Hospitalizations:

New York State		Ulster County
• Total opioids	1,898	36
• Heroin	781	10

## OASAS Treatment Facility Admissions:

Ulster County	
• Total Opioids	949
• Heroin	734



*source*



New York State - County Opioid Quarterly Report  
Published April, 2018

# WHEN DID THE OPIOID PROBLEM BEGIN ?



*"Under the pressure of the cares and sorrows of our mortal condition, men have at all times, and in all countries, called in some physical aid to their moral consolations – wine, beer, **opium**, brandy, or tobacco."*

*Edmund Burke, 1729-1797*





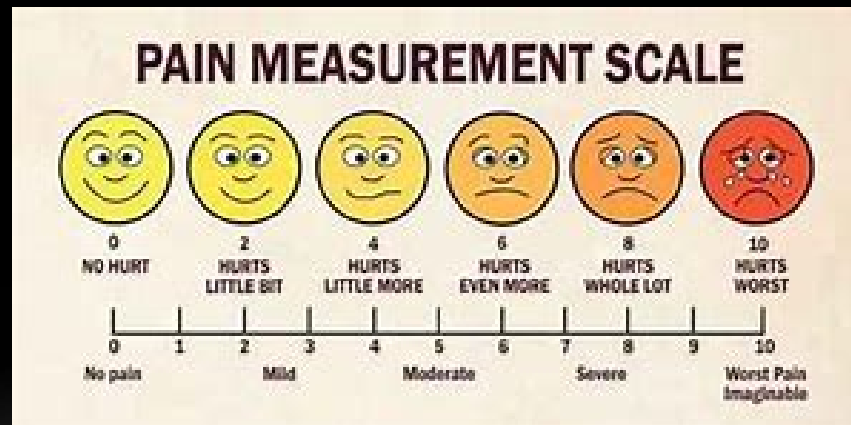
# OPIUM / OPIOIDS TIMELINE 3400 B.C. TO 2017

- 3400 B.C. The opium poppy is cultivated in lower Mesopotamia. The Sumerians refer to it as **Hul Gil**, the “joy plant”.
- 1300 B.C. Egyptians cultivate the opium plant and trade of the plant flourishes across the Mediterranean into Europe
- 460 B.C. Hippocrates “Father of Medicine” acknowledges usefulness of opium as a narcotic
- 400 A.D. Opium brought to China by Arab traders
- 1500 The Portuguese, trading along the East China Sea begin smoking opium
- 1527 European physicians begin prescribing opium pills as a painkiller
- 1600 Residents of Persia and India begin recreational use of opium
- 1680 English physicians begin prescribing opium pills for numerous ailments
- 1700 Dutch traders introduce smoking opium to the Chinese
- 1799 Chinese Emperor bans opium
- 1803 German scientist synthesizes **morphine**
- 1874 English scientist synthesizes **heroin**
- 1903 Heroin addiction rises sharply
- 1905 U.S Congress bans opium
- 1916 German scientist develops **oxycodone**
- 1923 U.S. bans all legal narcotics sales; illegal street sales to addicts rise
- 1990 Afghanistan leads morphine and heroin production
- 1996 **oxycodone commercially produced**
- 1999 to 2016 sales of prescription opioids have quadrupled



## *WHEN PAIN TREATMENT BECAME THE PROBLEM...*

In 1990 Dr. Mitchell Max (American Pain Society) reiterated the conventional wisdom of the day that "therapeutic use of opiate analgesics rarely results in addiction."

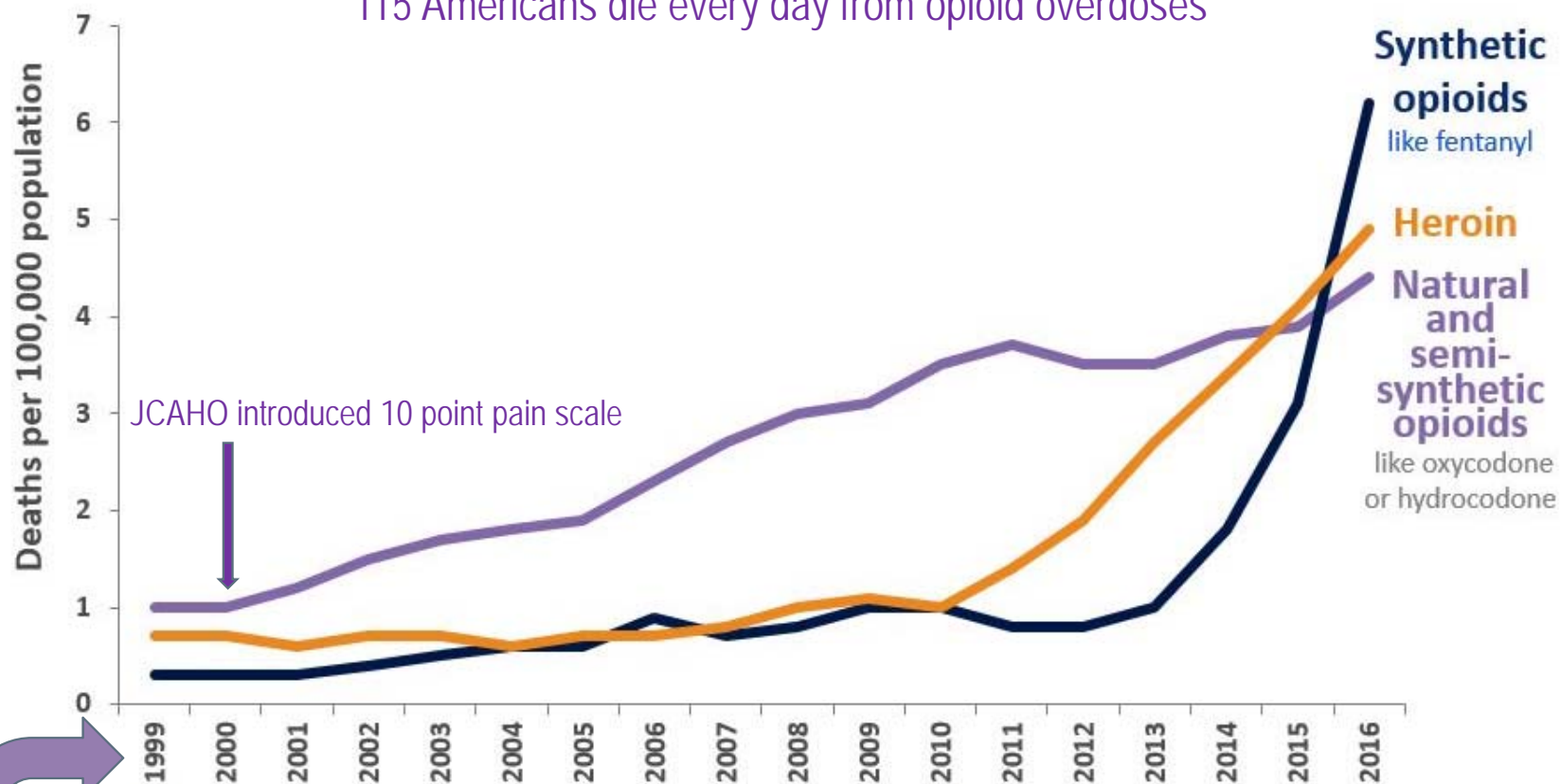




# WHEN PAIN TREATMENT BECAME THE PROBLEM...

## 3 Waves of the Rise in Opioid Overdose Deaths

115 Americans die every day from opioid overdoses



Wave 1: Rise in Prescription Opioid Overdose Deaths

Wave 2: Rise in Heroin Overdose Deaths

Wave 3: Rise in Synthetic Opioid Overdose Deaths

Oxycodone (OxyContin®) commercially produced in 1996

SOURCE: National Vital Statistics System Mortality File.

# PRESCRIPTION OPIOIDS IN U.S.

- The number of prescriptions for opioids have escalated from around 76 million in 1991 to nearly **215 million in 2016**, with the United States their biggest consumer globally, accounting for almost 100 percent of the world total for hydrocodone (Vicodin)
- Doctors wrote **66.5** prescriptions **per 100 persons** in 2016
- Providers wrote nearly a quarter of a billion opioid prescriptions in 2013— with wide variation across states. This is enough for every American adult to have their own bottle of pills





More than **11 million** people abused prescription opioids in 2016.

 **Risk Factors for Prescription Opioid Pain Reliever Abuse and Overdose**



Obtaining overlapping prescriptions from multiple providers and pharmacies.



Taking high daily dosages of prescription opioid pain relievers.



Having mental illness or a history of alcohol or other substance abuse.



Living in rural areas and having low income.



Around **46** PEOPLE

die every day from overdoses involving **prescription opioids**

**Prescription opioids can be **addictive** and **dangerous**.**

It only takes a little to lose a lot.

[cdc.gov/RxAwareness](http://cdc.gov/RxAwareness)

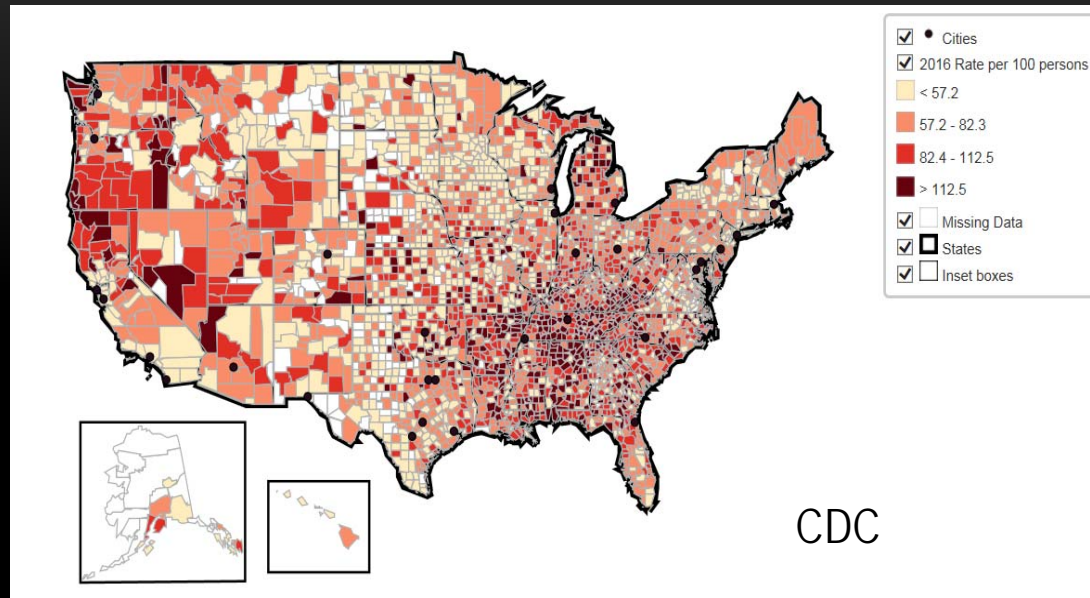
[www.cdc.gov](http://www.cdc.gov)



**NEWS ALERT** *The retail giant **Walmart** announced 5/7/2018 that it will begin limiting supplies of acute opioid prescriptions to no more than seven days, with up to a 60 morphine milligram equivalent maximum per day. Walmart's new policy aligns with the Centers for Disease Control and Prevention's (CDC) guidelines for opioid use.*



## County Prescribing Rates 2016



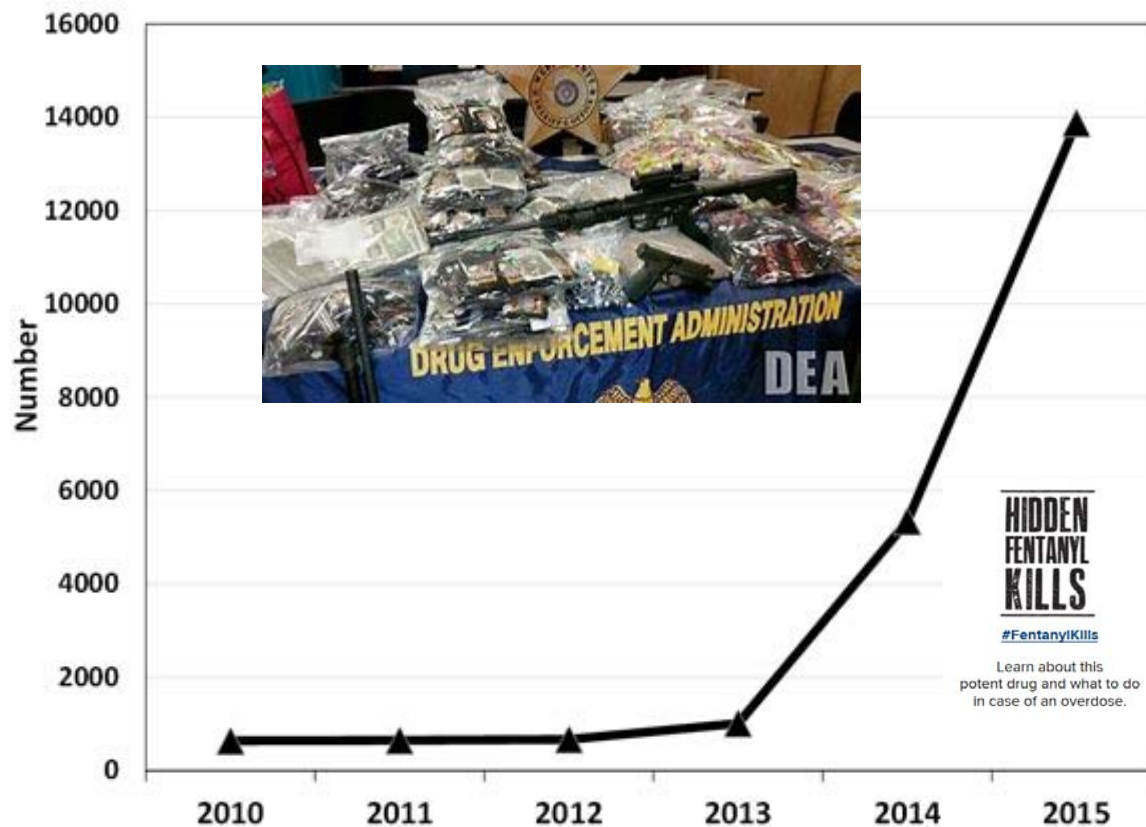
## Retail number of opioid prescriptions dispensed per 100 persons 2016

Dutchess	55.6
Orange	58.6
Rockland	34.6
Sullivan	70.2
Ulster	67.6





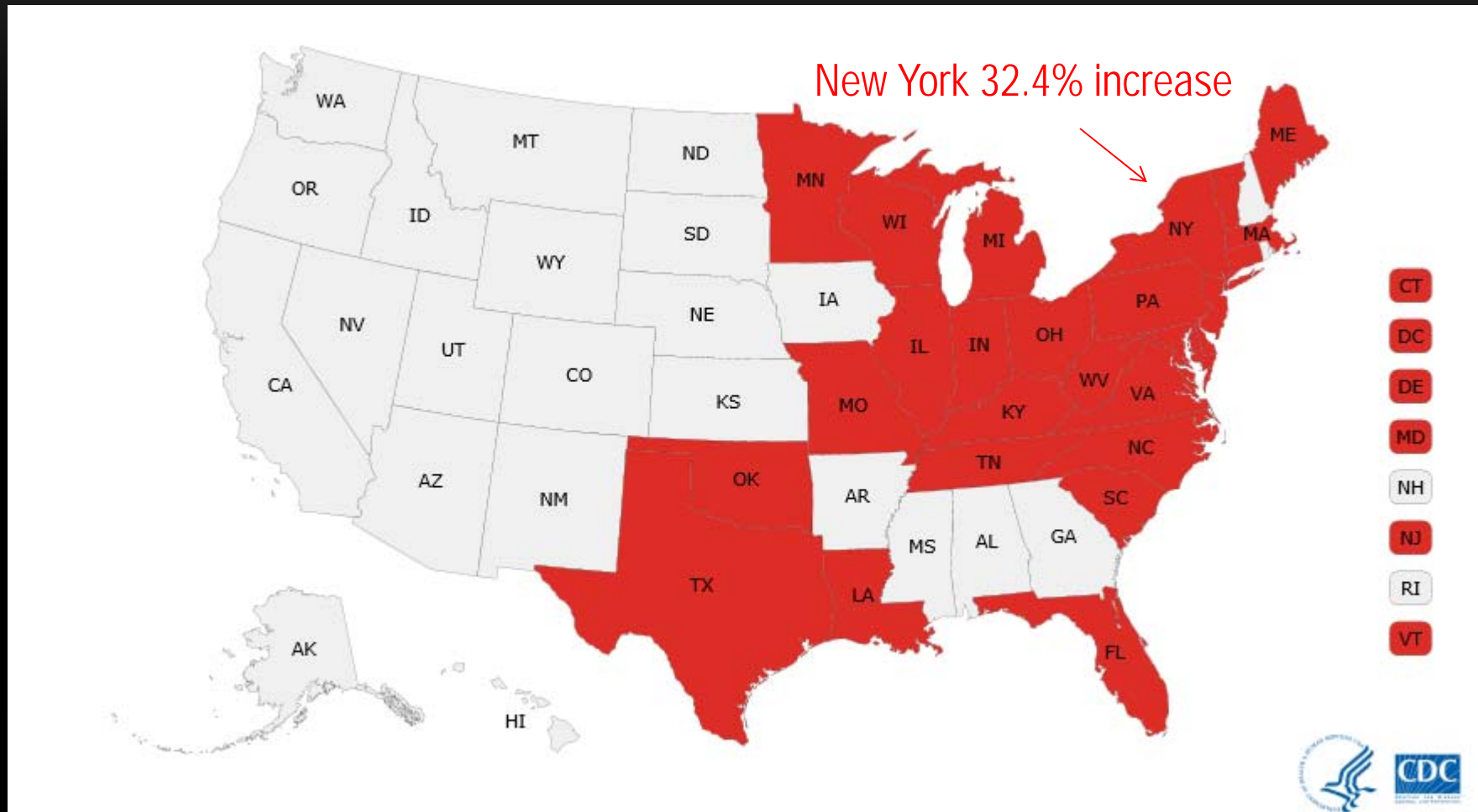
## Number of Reported Law Enforcement Encounters Testing Positive for Fentanyl in the US: 2010 - 2015



[www.cdc.gov](http://www.cdc.gov)

Your Source for Credible Health Information

# Statistically significant drug overdose death rate increase from 2015 to 2016

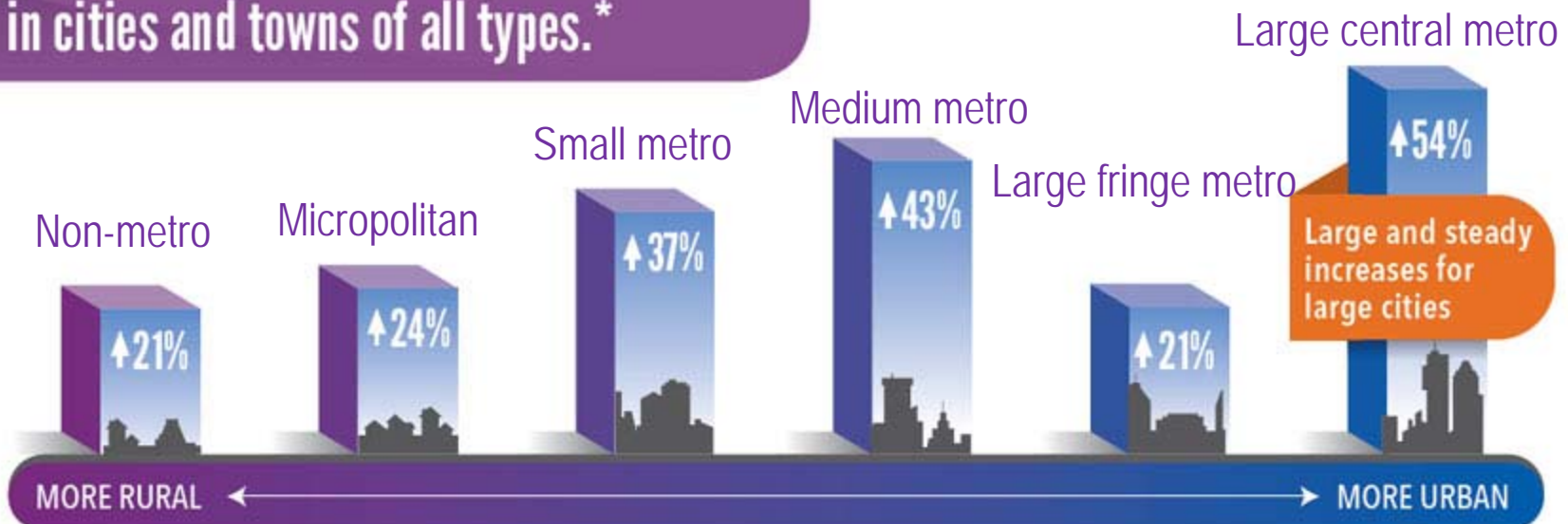


Source: CDC Drug Overdose Death Data



# % Increase in Opioid Overdoses 2016 - 2017

Opioid overdoses continued to increase in cities and towns of all types.\*



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

\* From left to right, the categories are:

1) non-core (non-metro), 2) micropolitan (non-metro), 3) small metro, 4) medium metro, 5) large fringe metro, 6) large central metro.

New York State - County Opioid Quarterly Report  
Published April, 2018

Ulster County: Opioid overdoses and rates per 100,000 population  
(Preliminary data as of February, 2018 - subject to change)

Indicator	Location	Jul-Sep, 2016		Oct-Dec, 2016		2016 Total		Jan-Mar, 2017		Apr-Jun, 2017		Jul-Sep, 2017	
		Number	Crude Rate	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
<b>Deaths<sup>1</sup></b>													
All opioid overdoses	Ulster	14	7.8	12	6.7	53	29.4	10	5.6	11	6.1	11	6.1
	NYS excl. NYC	483	4.3	528	4.7	2,025	18.0	517	4.6	514	4.6	324	2.9
Heroin overdoses	Ulster	5	2.8	6	3.3	24	13.3	3	1.7	4	2.2	3	1.7
	NYS excl. NYC	204	1.8	189	1.7	812	7.2	196	1.7	174	1.5	126	1.1
Overdoses involving opioid pain relievers <sup>2</sup>	Ulster	10	5.6	11	6.1	39	21.6	8	4.4	10	5.6	9	5.0
	NYS excl. NYC	376	3.3	457	4.1	1,603	14.3	443	3.9	447	4.0	275	2.4
<b>Outpatient emergency department visits<sup>3</sup></b>													
All opioid overdoses	Ulster	29	16.1	31	17.2	107	59.4	33	18.3	33	18.3	59	32.8
	NYS excl. NYC	1,552	13.8	1,606	14.3	6,676	59.4	1,730	15.4	1,979	17.6	1,800	16.0
Heroin overdoses	Ulster	21	11.7	21	11.7	68	37.7	22	12.2	26	14.4	38	21.1
	NYS excl. NYC	1,085	9.6	1,128	10.0	4,784	42.5	1,215	10.8	1,465	13.0	1,303	11.6
Opioid overdoses excluding heroin <sup>2</sup>	Ulster	8	4.4	10	5.6	39	21.6	11	6.1	7	3.9	21	11.7
	NYS excl. NYC	467	4.2	478	4.3	1,892	16.8	515	4.6	514	4.6	497	4.4
<b>Hospitalizations<sup>3</sup></b>													
All opioid overdoses	Ulster	8	4.4	8	4.4	36	20.0	8	4.4	10	5.6	15	8.3
	NYS excl. NYC	457	4.1	468	4.2	1,898	16.9	487	4.3	518	4.6	490	4.4
Heroin overdoses	Ulster	s	s	s	s	10	5.6	0	0.0	s	s	9	5.0
	NYS excl. NYC	197	1.8	174	1.5	781	6.9	180	1.6	210	1.9	216	1.9
Opioid overdoses excluding heroin <sup>2</sup>	Ulster	s	s	s	s	26	14.4	8	4.4	8	4.4	s	s
	NYS excl. NYC	260	2.3	294	2.6	1,117	9.9	307	2.7	308	2.7	274	2.4

<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids. Figures for 2016 may have changed due to updates in documented causes of death and/or decedent county of residence.

<sup>2</sup> This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

<sup>3</sup> Indicators generated for hospitalizations and emergency department visits are based on ICD-10-CM codes.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are fewer than 6 discharges.

Ulster County: Opioid overdoses and rates per 100,000 population  
(Preliminary data as of February, 2018 - subject to change)

New York State - County Opioid Quarterly Report  
Published April, 2018

Ulster County: Unique clients admitted to OASAS-certified chemical dependence treatment programs <sup>1,2</sup>  
(Preliminary data as of January, 2018 - subject to change)

Indicator	2016					2017		
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total	Jan-Mar	Apr-Jun	Jul-Sep
Unique clients admitted for heroin	227	252	257	233	734	215	214	228
Unique clients admitted for any opioid (incl. heroin)	300	328	323	291	949	281	284	290

OASAS: Office of Alcoholism and Substance Abuse Services

<sup>1</sup> The number of unique clients admitted per year does not equal the sum of the unique clients admitted each quarter. This is because an individual client can be admitted to treatment in more than one quarter during the year.

<sup>2</sup> Clients may have heroin, other opioids, or any other substance simultaneously recorded as the primary, secondary and tertiary substance of abuse at admission.

s: Data for indicators are suppressed for confidentiality purposes if there are fewer than 5 clients.

Ulster County: Naloxone administration reports (Preliminary data as of February, 2018 - subject to change)

Indicator	Location	2016					2017				
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Emergency Medical Services (EMS) naloxone administration reports <sup>1,2</sup>											
Naloxone administration report by EMS	Ulster	34	49	32	32	147	36	49	77	39	201
	NYS excl. NYC	1,730	2,009	1,747	1,542	7,028	1,518	1,710	1,692	1,353	6,273
Law enforcement naloxone administration reports <sup>3</sup>											
Naloxone administration report by law enforcement	Ulster	2	5	24	9	40	8	5	29	18	60
	NYS excl. NYC	404	402	392	346	1,544	336	443	361	315	1,455
Registered Community Opioid Overdose Prevention (COOP) program naloxone administration reports <sup>3</sup>											
Naloxone administration report by registered COOP program	Ulster	0	0	2	0	2	2	1	0	0	3
	NYS excl. NYC	257	251	226	182	916	216	316	209	104	845

<sup>1</sup> County numbers displayed in the table represent only naloxone administration events reported electronically; therefore, actual numbers of events may be higher.

<sup>2</sup> EMS reporting may have been affected by a change in documentation systems used by EMS agencies/ies serving the area. Counts may decrease until updates to the data are available later in 2018, if applicable.

<sup>3</sup> Numbers displayed in the table represent only naloxone administration reports submitted by registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may be higher.

Ulster County: Opioid overdoses and rates per 100,000 population  
(Preliminary data as of February, 2018 - subject to change)

## ULSTER COUNTY MEDICAL EXAMINER DATA 2013 -2017

YEAR	TOTAL AUTOPSIES	OPIOIDS DETECTED	MULTIPLE SUBSTANCES DETECTED (including opioids and alcohol)
2013	97	5 (5%)	31
2014	96	14 (15%)	21
2015	142	30 (21%)	43
2016	145	45 (31%)	60
2017	142	42 (30%)*	42



\* Does not include deaths which occurred outside of Ulster County



# A rise in opioid overdoses is detected. What now?



**Naloxone** is a drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.



**Medication-assisted treatment (MAT)** for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

- Offer naloxone and training to patient's family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

## Local Emergency Department



## First Responders | Public Safety | Law Enforcement Officers



- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

## Mental Health and Substance Abuse Treatment Providers



- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

**Coordinated, informed efforts can better prevent opioid overdoses and deaths**

## Community Members



- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

## Community-Based Organizations



- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral

## Local Health Departments



- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and

# NY STATE PRESCRIPTION DRUG MONITORING PROGRAM 2013 – I-STOP

**Practitioners & Pharmacists**

**Questions About the Online PMP Registry?**

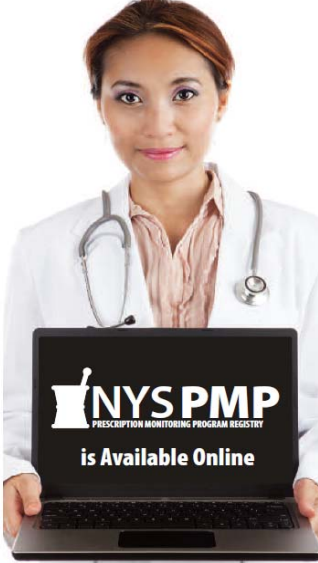
*If you have questions about New York's online Prescription Monitoring Program Registry, contact:*

**New York State Department of Health  
Bureau of Narcotic Enforcement**  
1-866-811-7957  
[www.health.ny.gov/professionals/narcotic](http://www.health.ny.gov/professionals/narcotic)

*Additional resources relating to prescription drug abuse treatment:*

**New York State Office of Alcoholism and Substance Abuse Services**  
1-877-8-HOPENY  
1-877-846-7369  
[www.oasas.ny.gov/](http://www.oasas.ny.gov/)

**Substance Abuse and Mental Health Services Administration (SAMHSA), Find Substance Abuse and Mental Health Treatment**  
[www.samhsa.gov/treatment/](http://www.samhsa.gov/treatment/)



**NEW YORK**  
state department of  
**HEALTH**

1084 3/13

**New York State Department of Health  
Bureau of Narcotic Enforcement**

**Action:** Required prescribers to check the state's PDMP before prescribing opioids.

- This information allows practitioners to better evaluate their patients' treatment with controlled substances and determine whether there may be abuse or non-medical use.
- Provides a quick, confidential online report to the practitioner and the pharmacist
- Available 24/7
- Information is based on controlled substance prescription data received from nearly 5,000 pharmacies

**Result:** Saw a **75% decrease** in patients' seeing multiple prescribers for the same drugs



# REDUCE DEMAND

## REDUCE SUPPLY



## TREATMENT & RECOVERY



URGENT LAW ENFORCEMENT TASK FORCE

ULSTER PREVENTION COUNCIL

FAMILY ADVOCATE

MANDATORY PHARMACY MED TAKE BACK

YOUTH DEVELOPMENT SURVEY

UlsterHelps.org

PRESCRIBER EDUCATION

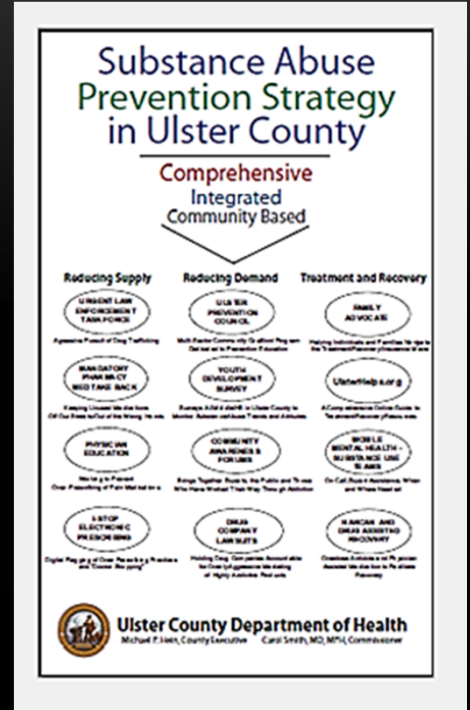
COMMUNITY AWARENESS FORUMS

MOBILE MENTAL HEALTH / SUBSTANCE USE HELP TEAMS

I - STOP ELECTRONIC PRESCRIBING

DRUG COMPANY LAWSUITS

NARCAN AND DRUG ASSISTED RECOVERY PROGRAMS



ULSTER COUNTY'S MULTI AGENCY RESPONSE TO OPIOID EPIDEMIC  
Comprehensive <> Integrated <> Community Based

# PREVENTION INITIATIVES IN ULSTER COUNTY

- Community Forums
- Ellenville Hospital/Institute for Family Medicine DSRIP MAX Series Program
- Pharmacy Take Back Initiative
- UlsterHelps.org – new mobile website/comprehensive online resource guide –
- UCDOH/MH Opioid Overdose Prevention Program
- Sequential Intercept Mapping (diversion from Criminal Justice System)
- Mobile MH and Mobile Intervention Teams
- PARRI (Police Assisted Recovery Program)
- Urgent TF (to interdict the flow/supply of illegal drugs into UC)
- Pharmaceutical Company Lawsuits vs. 11 companies (several states and counties including Ulster, Dutchess Orange, Sullivan, Broome, Erie and Suffolk).
- HIDTA High Intensity Drug Trafficking Area





**Collaboration between  
Critical Access Hospital &  
Federally Qualified Healthcare Center  
Emergency Department Super Utilizers  
DSRIP Max Series Program**

New York State Public Health Association – Planning for the Future of Public Health  
April 20, 2018

Source: Steven L. Kelley, President and CEO Ellenville Regional Hospital

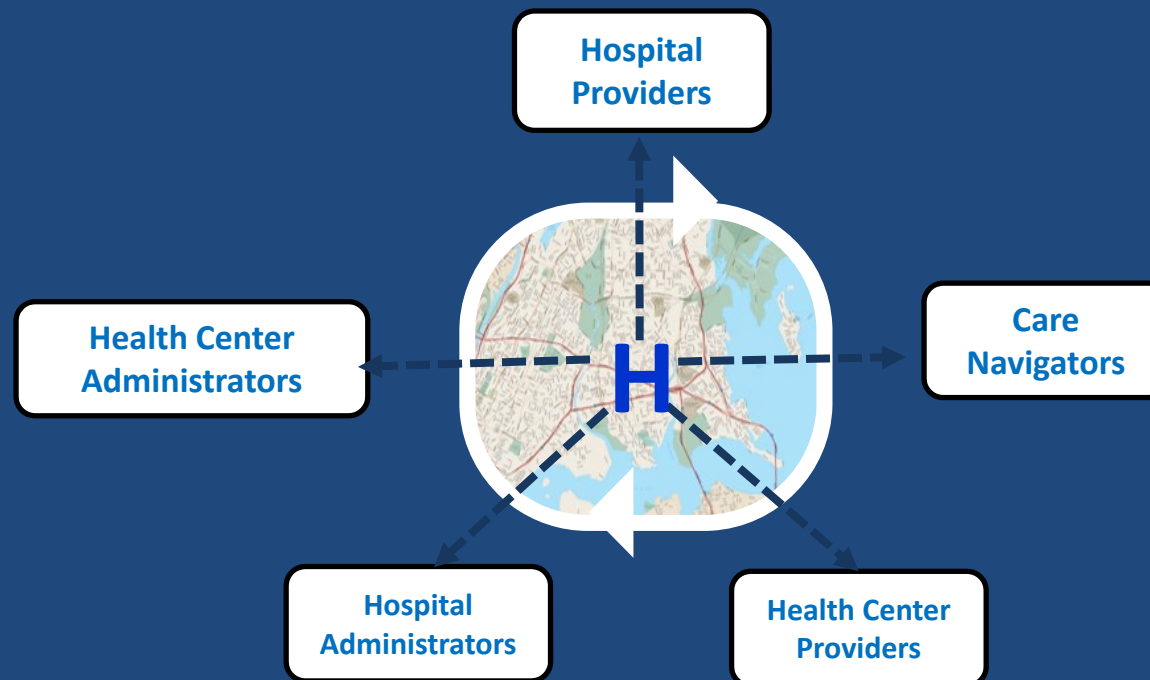


## National/State Recommendations

- **Prevent Mortality:**
  - Prevent overdoses by promoting use of overdose-preventing drugs
- **Increased Identification and Screening (i.e. SBIRT)**
- **Increase Access to Treatment**
- **Emphasis on evidence-based treatment, including Medication Administration Training (MAT)**
- **Change Opioid Prescribing Practices**
  - Revised CDC Guideline for Prescribing Opioid for Chronic Pain
  - Lower dosages
  - All patients are at risk for abuse/misuse, not just “high risk patients”

Source: Steven L. Kelley, President and CEO Ellenville Regional Hospital

# Action Team



Source: Steven L. Kelley, President and CEO Ellenville Regional Hospital



## Actions



- **Practice Change**
  - Prescription Monitoring Program (ISTOP) check rolled out to all EDs
  - Pain Management—Referrals and consultations
- **Training and Education**
  - Formal in-house training module in development for all disciplines—basics
- **Increased Screening and Referral**
  - SBIRT (screening, brief intervention and referral to treatment) (general SUD)

Source: Steven L. Kelley, President and CEO Ellenville Regional Hospital





## Program Impact- Results


	Before <i>(May'15 - Oct'15)</i>	After <i>(Jul'17 - Dec'17)</i>	%
 ED Visits	70 /month	20 /month	$\Delta$ -72.8% ↓
 Opioid Orders	64 /month	9 /month	-84.4% ↓

Source: Steven L. Kelley, President and CEO Ellenville Regional Hospital

# SUBSTANCE USE DISORDER TREATMENT

Services News Government Local

OASAS Certified Treatment Service Descriptions for levels of substance use disorder care.



## NYS OASAS Treatment Availability Dashboard

Search For State Certified Outpatient Or Bedded Programs

**Check all that apply** [Help](#)

**Type of Program**  Show only Programs with Availability  Show all Programs

**Gender**  All  Male  Female  Transgender

**Age Group**  Adult (Age 18 and above)  Adolescent (Under age 18)

**City, County or Zip Code**

**Within**  5 Miles  10 Miles  25 Miles  50 Miles  100 Miles

For help: Call 1-877-8-HOPENY (1-877-846-7369) Text HOPENY (Short Code: 467369)  
Visit [www.oasas.ny.gov/accesshelp](http://www.oasas.ny.gov/accesshelp)

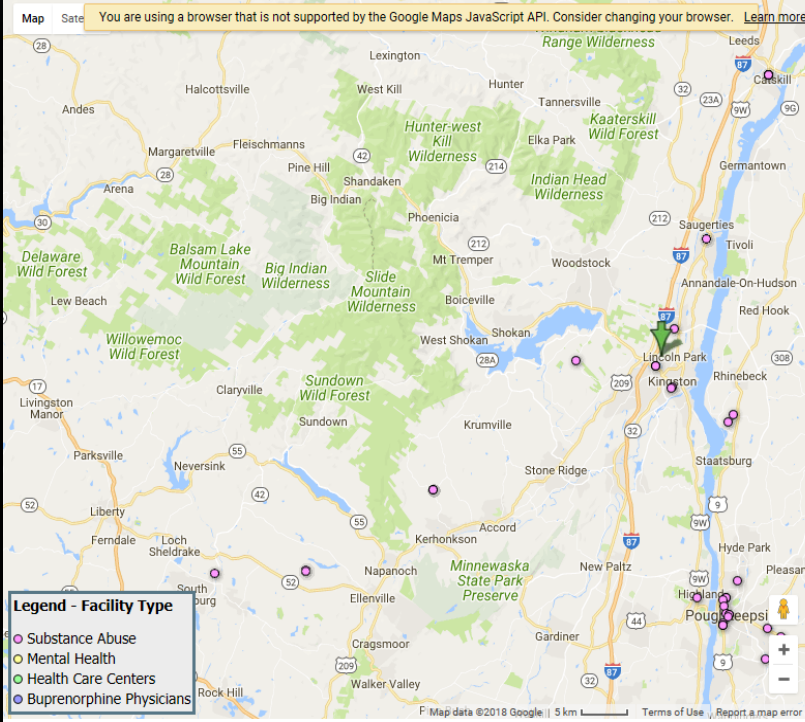


Find Facility  
Kingston, NY 12401, USA

State  County  Distance 5 miles | [Options](#)

Service:  Substance Abuse (SA)  Mental Health (MH)  SA & MH  
 Health Care Centers  Veterans Affairs  
 Buprenorphine Physicians

Home About FAQs State Agencies Widgets Contact Us Help Video Tutorial



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Facility Listing Information	
1	<b>Kingston Hospital MTP</b> 2 Barbarossa Lane Kingston, NY 12401 Main Tel: 845-943-6022 <a href="#">Website</a> <a href="#">Directions</a> <a href="#">More Information</a>
2	<b>WMCHealthAlliance Hosp Broadway Campus The Bridge Back</b> 10 Barbarossa Lane Kingston, NY 12401 Main Tel: 845-943-6091 <a href="#">Website</a> <a href="#">Directions</a> <a href="#">More Information</a>
3	<b>WMCHealthAlliance Hosp Broadway Campus WMC Health/HealthAlliance Bridge Back</b> 10 Barbarossa Lane Kingston, NY 12401 Main Tel: 845-943-6091 <a href="#">Website</a> <a href="#">Directions</a> <a href="#">More Information</a>
4	<b>Step One at Northeast Center for Special Care</b> 300 Grant Avenue Lake Katrine, NY 12449 Main Tel: 845-691-9191 Intake Tel 1: 845-334-3500 x33272 <a href="#">Website</a> <a href="#">Directions</a> <a href="#">More Information</a>
5	<b>Health Alliance of Westchester Med MMD Chemical Dependency Acute Care/Detox</b> 105 Marys Avenue Kingston, NY 12401 Main Tel: 845-334-4705 Intake Tel 2: 845-338-2500 x4705 <a href="#">Website</a> <a href="#">More Information</a>

Show 100 per page << 1 2 3 4 5 6 7 >>

# UlsterHelps.org 2017

The screenshot shows a web browser window with the URL <http://ulsterhelps.org/>. The page features the UlsterHelps.org logo and the text "Substance Use Disorder Resource Guide". Below the logo are five buttons: four blue buttons with the text "TOGETHER WE CAN HELP", "FOR ME", "FOR SOMEONE I KNOW", and "FOR MY COMMUNITY", and one red button with the text "GET IMMEDIATE SUPPORT". At the bottom of the page, a disclaimer states: "The content of this site is for informational purposes only and should NOT be substituted for medical/professional diagnoses, treatment or advice. If you, or someone you know, are experiencing a substance". The browser's taskbar at the bottom shows icons for Internet Explorer, Google Chrome, and other applications, along with the system clock displaying 12:44 PM on 9/12/2017.

UlsterHelps.org  
Substance Use Disorder Resource Guide

TOGETHER WE CAN HELP

FOR ME

FOR SOMEONE I KNOW

FOR MY COMMUNITY

GET IMMEDIATE SUPPORT

The content of this site is for informational purposes only and should NOT be substituted for medical/professional diagnoses, treatment or advice. If you, or someone you know, are experiencing a substance

# HELP FOR ADDICTION – THE ROAD TO RECOVERY

Never Alone Inc



Addiction Treatment Programs



**Child & Family Guidance Center Addiction Services, Inc.**

**PEOPLE, Inc.**



*WellnessRecovery.org*

THANK YOU









## Potential Roles of Healthcare Providers/Institutions

- **General Provider/Staff Training/Education**
- **Overdose Prevention**
  - Register to become Opioid Overdose Prevention Program (kits are free)
  - Hospital pharmacies can dispense naloxone under Deputy Commissioner's standing order for Naloxone Dispensing Protocol
- **Screening and Referral to Treatment**
  - SBIRT—Reimbursed by Medicare/Medicaid/Commercial
  - Primary Care based Collaborative Care – include SUD
- ▶ **Buprenorphine expansion**
- **Community/Neighborhood training/education/partnerships**
- Develop operational processes to improve screening and connectivity to treatment

Source: Steven L. Kelley, President and CEO Ellenville Regional Hospital

This rise in opioid overdose deaths can be outlined in three distinct waves.

- The first wave began with increased prescribing of opioids in the 1990s<sup>2</sup>, with overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1999.
- The second wave began in 2010, with rapid increases in overdose deaths involving heroin.

The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids – particularly those involving illicitly-manufactured fentanyl (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.<sup>1</sup>

## Synthetic Opioid-Related Overdose Deaths

Death rates involving synthetic opioids doubled from 2015 to 2016. This data confirms that increases in drug overdose deaths are being driven by continued sharp increases in deaths involving synthetic opioids (other than methadone), such as illicitly manufactured fentanyl (IMF).

In 2016, there were more than 19,000 deaths relating to synthetic opioids (other than methadone) in the United States.

Also in 2016, the largest increases in overdose death rate from synthetic opioids were in persons aged 25-44, specifically males 25-44.

Synthetic opioid overdose deaths significantly increased in 21 states, with 10 states at least doubling their rates in 2016. New Hampshire, West Virginia, and Massachusetts had the highest death rates from synthetic opioids.<sup>1</sup>