

## BROOME OPIOID ABUSE COUNCIL

October 16, 2015

Present: Jill Alford-Hammitt, John Bernardo, Sean Britton, Diane Brown, Carole Cassidy, Katie Cusano, Claudia Edwards, David Harder, Arthur Johnson, Karel Kurst-Swanger, Lee Livermore, Kate Newcomb, Dennis O'Keefe, Debra Preston, Dr. Christopher Ryan, Lorraine Wilmot

Absent: Tina Barber, Allen Buyck, Alan Hertel, Jerry Mollen, Gabe Osterhout, Dr. Peter Ronan, Raymond Serowik

Karel Kurst-Swanger called the meeting to order at 10:00 a.m. The County Executive announced that the county received a \$.5 million grant for enhancement of the Drug Court and thanked Katie Cusano for her hard work on the grant application. The County Executive reported that between the Mental Health and Social Services Departments, \$3.6 million is budgeted for addiction programs and Broome County has committed more funding to these issues in 2016.

Adam Hughes, currently working for Healthlink NY on the Public Health Improvement Program for five counties (Broome, Chenango, Tioga, Tompkins and Delaware), attended the meeting to present on the AHOPE Boston Needle Exchange Program( Boston Public Health Commission) that he ran before relocating to the Southern Tier. He has trained police officers, firefighters, and providers in opiate overdose prevention. In 2007, the number one cause of accidental death in Massachusetts was opiate overdoses. The Massachusetts Bureau of Substance Abuse funded programs for opiate abuse and overdose prevention. They received a grant in 2009 for a peer driven program for overdose intervention. They developed a program to engage the active user (most were injecting heroin) to educate them about overdose prevention and to teach them to teach their peers. They developed a Consumer Advisory Board of active users who were willing to acknowledge that they were users. Peer educators were given coupons to train five active users in overdose prevention. They were tested to see if they retained the information and they received a cash stipend depending on their test score. There was concern that they would use the cash stipend to buy drugs; however, they found that most used the money for food or necessities. Within 3-4 months they had 200 active users trained and enrolled in the Narcan Program. They provided education in detox centers and prisons and gave them coupons to come to their office for Narcan upon their release as there is a high risk of overdosing after abstaining. Adam noted that it is difficult to get someone into treatment until they are ready so building the relationship with the active user was crucial. They did EMS tracking and social mapping to target their outreach to where the greatest percentage of overdoses was occurring. While this program was in operation there was a 30% decrease in overdose deaths. This was a successful program; however they lost funding and the program ended. There were 600 overdose deaths in Massachusetts in 2009; they are now averaging 1,200 per year.

Website Update: The website will be modified to put the local hotline number first; this number goes to UHS. Callers cannot get through on the 24/7 Office of Alcoholism and Substance Abuse Services (OASAS) HOPEline number (1-877-846-7369); callers are always put on hold. Katie will provide Dennis with some protocols for the website to advise people to call 911 if it is an emergency, to call the local number if they have a problem and want to speak to someone and then list the state number.

Treatment and Prevention Committee Updates: Katie reported for the committee. Captain Kate Newcomb has been appointed to the committee from the Law Enforcement Committee to facilitate the planning for the Angel Program.

Katie Cusano had a phone conference with OASAS representatives and has been meeting with Fairview staff weekly to try to open up new treatment slots. Fairview will try to move individuals who are stabilized either home with their family or to the Volunteers of America, YMCA, or YWCA to open up beds at the Crisis Center. If the Angel Program is instituted in Broome County, the Crisis Center would be a good place for people to be transported to. They have nursing staff and the ability to transport people to the emergency room or a walk-in clinic if necessary.

Fairview has applied to NYS OASAS for a waiver to be able to add two additional beds to the Crisis Center that would be designated to be used for the Angel Program with the Sheriff.

Broome County would need a coordinator to implement an Angel Program and provide training. Jeff Pryor, from the Re-Entry Program, has a program set up already and would be happy to work with us to modify that coaching program to train volunteers for the Angel Program. Broome County does have some people trained as recovery coaches through formal OASAS training. There is a Volunteer Coordinator at UHS for their chemical dependency program that we can work with as well. We could implement the program so that the ACC could stabilize the individual and discharge them to another facility and assign them an angel to connect them to the support system. There are many people in the twelve-step program that would be willing to assist. ACBC would like to start an ambulatory detox program in the near future. We are still pursuing the option of purchasing a house to transition people from the crisis center to treatment. When state approval is received for the transitional living home, eight additional beds will become available. \$300,000 in funding is needed to staff that home for a year; source of funding yet to be determined.

The Southern Tier AIDS Program does a lot of work with opiate overdose prevention through their Friends and Family Program. The Naloxone Program (through Broome County Emergency Services and the Health Department) trains police officers and first responders on Naloxone administration. The Good Samaritan Law was implemented so that people would feel comfortable calling for help for someone who was overdosing without fear of being arrested. Dr. Ryan said we are fairly certain we can save someone who is overdosing if the call is made for help.

Community Education Committee: Jill reported for the committee. Community education events have been held for the Susquehanna Valley, Windsor, Deposit, Whitney Point and Binghamton school districts. Jill distributed flyers for the Chenango Valley community education night scheduled for November 4th, 5:30-8:00 p.m. in the Chenango Valley High School Auditorium. Chenango Forks school district staff and parents may be invited to this event as well. The Johnson City Rotary scheduled a Heroin Awareness Night at the Sarah Jane Johnson Memorial Methodist Church for October 27th at 6:30 p.m. There will be a call to action from the JC event to other Rotary organizations to sponsor educational meetings. The flyers for the JC and Chenango Valley events will be posted on the BOAC website. Jill will continue to work on scheduling events for Union Endicott, Maine Endwell and Vestal to provide a location for the community to come together for an educational session. The Greene Central School District is hosting a community education event on November 2nd. Dreams over Drugs will present. Dope without Dope is hosting a bowling event at Laurel Lanes, a chili cook off, and sponsoring a craft fair on November 1st. The committee is working with BOCES to provide training for school personnel to identify someone under the influence.

Law Enforcement Committee: Captain Kate Newcomb will work with the Law Enforcement Committee as well as the Treatment and Prevention Committee to facilitate communication.

Education of Medical Professionals Committee: Sean spoke to a retired pharmaceutical representative about providing academic detailing at physician offices to modify prescribing behavior for opioids. Typically a representative would visit each office once every four months to provide a 3-5 minute pitch. This individual would need a good knowledge of the issue to provide a harm reduction path to stop opiate prescribing.

An RFP would be put out to hire a contractor for a twelve-month period at a minimum base salary of \$70-80,000 per year; funds for this purpose have not been identified. Options would be given to practitioners for prescribing pain relief medications. The message would need to be crafted to be short but memorable to gradually change prescribing behavior over time. It would take six months to a year to affect prescribing behaviors.

Tools would be developed for providers to give to their patients about the dangers of opiate addiction. Most parents do not know what questions to ask about pain medication for adolescents. A list of questions parents should ask could be put on the website.

Dr. Ryan provided a graph of Naloxone administration by EMS agencies in the three county region of Broome, Tioga and Chenango since January 1, 2013. He provided a report on opioid-involved death in Broome County and a descriptive epidemiology of opioid overdose deaths in Broome County from 2009-2013. The definite source for cause of death data is the death certificate. If there is nothing at the scene to suggest opiate involvement, it won't be listed as a cause of death. The data for this report was from the "local" copy provided to the Broome County Health Department before the NYS Department of Health Division of Vital Statistics maps the causes of death to ICD-10 (International Classification of Diseases) codes to make the death certificates as accurate as possible. The Council of State and Territorial Epidemiologists (CSTE) created lists of keywords that, when found on a death certificate, indicate a drug-involved death, an opioid-involved death or a heroin-involved death (or some combination). Data was provided for 2010-2015: 2010-10; 2011-10; 2012-12; 2013-20; 2014-26; and 11 for 2015 (through 8/27/15). Many recent deaths are still pending as the investigation into cause of death continues and were not included in this report. The number of opioid overdose deaths increase sharply from 2009-2010 and then levelled off. The descriptive epidemiology of opioid overdose deaths indicated that most were in young to mid-adult years and two-thirds were male. Dr. Ryan noted that opioid death rates based on death certificate data is one useful indicator of the opioid problem in Broome County; however, other potentially useful data includes: rates of Naloxone use on EMS calls, rates of opioid-positive urine drug screens at hospital laboratories, rates of visits to emergency departments for non-fatal opioid overdoses and the locally-maintained database of preliminary death certificates. Each would complement each other in efforts to develop a more complete understanding of the opioid situation in Broome County.

Dr. Ryan presented to the Lourdes Hospital medical staff last Monday; he was allowed 15 minutes to present to 107 members of the medical staff at their bi-monthly meeting. They were receptive. He is being given 10 minutes to present to the UHS medical staff next Monday. Jerry Mollen reached out to Dr. Kolodny; however, nothing has been scheduled yet. Dr. Ryan said it has been his experience that it is difficult to get medical professionals to attend a non-scheduled event; there may be more time to present but attendance is generally very low.

There was an increase from 17 to 40 from 2010 to 2013 of newborns with neonatal abstinence syndrome. The number has been rising statewide over the last 7-8 years; more steeply in Broome County than the rest of the state. There has been a big growth in investigations related to heroin and

the instability of the family situation through Child Protective Services. A child cannot be removed from a home because the child is born positive for opiates; there needs to be other factors as well.

A letter was received from the NYS Office of Alcoholism and Substance Abuse Services stating that they are moving forward toward offering Opioid Treatment Programs the opportunity for eliminating capacity restrictions to increase patient access to medication assisted treatment in the opioid treatment program setting. OASAS intends to coordinate lifting the capacity restrictions with an overall strategy of expanding treatment options offered to patients and to improving access to care

The next meeting is scheduled for 10:00 a.m. on Friday, November 6th in the large conference room at the Broome County Legislature. Brian Sickor from WSKG is interested in this issue; discussion will take place at the November agenda.