A Prevention Spectrum Approach to Opioid Use and Overdose Prevention

PRESENTED BY: Sandeep Kasat, SAMHSA CAPT; Steve Hanson, NYS OASAS; Maria Valenti, NE CAPT RET; Peggy Bonneau, NYS OASAS; James Tesoriero, NYS DOH AIDS Institute; Sarah Dakin, NYS OASAS

FACILITATED BY: Michele Calvo, The New York Academy of Medicine
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Note: Today’s presentation is being recorded and will be distributed at a later date.

If you have any technical questions or problems please contact:

Chideraa Ukeje
cukeje@nyam.org
212-822-7242
Agenda

I. Introduction, NYSPA 2013-17 Overview, IOM Prevention Spectrum
II. What is the current problem in NYS? (National and NYS data)
III. Planning for Environmental and EBP Prevention Strategies
IV. OASAS Social Norms and Awareness Campaigns
V. Overdose Prevention and Harm Reduction Strategies
VI. Questions and Discussion
About The New York Academy of Medicine

Priorities:

• Strengthen systems that prevent disease and promote the public’s health
• Eliminate health disparities
• Support healthy aging
• Preserve and promote the heritage of Medicine and Public Health.
Prevention Agenda, Part of State Health Reform

**Critical Components**
- Population Health
- Behavioral Health
- Collaboration

**PREVENTION AGENDA**
- Priority Areas:
  - Prevent chronic diseases
  - Promote a healthy and safe environment
  - Promote healthy women, infants, and children
  - Prevent mental health and prevent substance abuse
  - Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

**STATE HEALTH INNOVATION PLAN (SHIP)**
- Pillars and Enablers:
  - Improve access to care for all New Yorkers
  - Integrate care to address patient needs seamlessly
  - Make the cost and quality of care transparent
  - Pay for healthcare value, not volume
  - Promote population health
  - Develop workforce strategy
  - Maximize health information technology
  - Performance measurement & evaluation

**ALIGNMENT:**
- Improve Population Health
- Transform Health Care Delivery
- Eliminate Health Disparities

**MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM**
- Key Themes:
  - Integrate delivery – create Performing Provider Systems
  - Performance-based payments
  - Statewide performance matters
  - Regulatory relief and capital funding
  - Long-term transformation & health system sustainability

**POPULATION HEALTH IMPROVEMENT PROGRAM (PHP)**
- PHP Regional Contractors:
  - Identify, share, disseminate, and help implement best practices and strategies to promote population health
  - Support and advance the Prevention Agenda
  - Support and advance the SHIP
  - Serve as resources to DSRIP Performing Provider Systems

**ADVANCING PREVENTION PROJECT**
NYS Prevention Agenda

Steered by Ad Hoc Leadership Group

• 6 members of Public Health and Health Planning Council
• Other state agencies
  • Office of Mental Health
  • Office of Alcoholism and Substance Abuse Services
• State Education Department
• Office for the Aging
• Consumers
• Healthcare
• Business
• Academia
• Community-based
• Local Health Departments
NYS Prevention Agenda

Collaborators:
• NYS Office of Alcohol and Substance Abuse Services (OASAS)
• NYS Office of Mental Health (OMH)
• NYS Association of County Health Officials (NYSACHO)
• NYS Conference of Local Mental Hygiene Directors (CLMHD)
• Greater New York Hospital Association (GNYHA)
• Healthcare Association of Northeastern New York (HANYS)
• Local Health Departments (LHDs)
• Hospitals
• Local Governmental Units (LGUs)
• DOH Program Staff: Office of Public Health Practice, Chronic Diseases, Injury Control
To support implementation of Prevention Agenda plans in the priority areas of:

• Prevent Chronic Disease
• Promote Mental Health/Prevent Substance Abuse

www.advancingpreventionproject.org
New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (# Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=29)
- Women, Infants, Children (n=16) (n=30)
- Environment (n=9)
- HIV, STD, Vaccines & HAIs (n=3)
Why a Webinar on Opioid Use

- Prevention Agenda is the State Health Improvement Plan, developed with the help of diverse stakeholders.
- Plan identifies five statewide priorities, one of which is Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.
- MHSA is identified as a priority by 29 counties and NYC.
- Review of local* community health improvement reports indicated measures/interventions were further along when a specific MHSA issue was identified.

* Local health department, hospital, local governmental unit
<table>
<thead>
<tr>
<th>Focus Area 1: Promote mental, emotional and behavioral (MEB) well-being in communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Promote mental, emotional and behavioral (MEB) well-being in communities</td>
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</table>

<table>
<thead>
<tr>
<th>Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2.1: Prevent underage drinking, non-medical use of prescription pain relievers drugs by youth, and excessive alcohol consumption by adults</td>
</tr>
<tr>
<td>Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.</td>
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<tr>
<td>Goal 2.3: Prevent suicides among youth and adults.</td>
</tr>
<tr>
<td>Goal 2.4: Reduce tobacco use among adults who report poor mental health.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus Area 3: Strengthen Infrastructure Across Systems</th>
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</thead>
<tbody>
<tr>
<td>Goal 3.1: Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.</td>
</tr>
<tr>
<td>Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.</td>
</tr>
</tbody>
</table>
Learning Objectives and Next Steps

- Understand prevalence and trends of opioid abuse in NYS and your community
- Learn how to use population data to prevent and reduce opioid abuse
- Identify strategies for prescription opioid prevention and harm reduction
- Identify at least two resources, including community coalitions, to support community-level planning, implementation and evaluation.

After the webinar . . .
- Consult accompanying fact-sheet & handouts
- Complete evaluation form & indicate your interests in ongoing TA
What is the current problem in NYS?
National and NYS data and trends

Presented by: Sandeep Kasat, SAMHSA CAPT (Center for the Application of Prevention Technologies)
SAMHSA’s Strategic Prevention Framework (SPF)

- Promotes data-driven decision making
- Focuses on community-level change
- Follows outcomes-based approach

Substance-related outcomes | Risk and Protective Factors | Programs Policies Practices Strategies
Heroin and other opioid-related deaths per 100,000 – CDC Wonder 2007-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin-NY</th>
<th>Heroin-US</th>
<th>Other opioids - NY</th>
<th>Other opioids - US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1</td>
<td>0.8</td>
<td>2.5</td>
<td>3.3</td>
</tr>
<tr>
<td>2008</td>
<td>1.2</td>
<td>1</td>
<td>3</td>
<td>3.7</td>
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<tr>
<td>2009</td>
<td>1.3</td>
<td>1.1</td>
<td>2.9</td>
<td>3.9</td>
</tr>
<tr>
<td>2010</td>
<td>1</td>
<td>1</td>
<td>3.3</td>
<td>4.4</td>
</tr>
<tr>
<td>2011</td>
<td>1.8</td>
<td>1.4</td>
<td>3.9</td>
<td>4.7</td>
</tr>
<tr>
<td>2012</td>
<td>2.7</td>
<td>1.9</td>
<td>3.5</td>
<td>4.4</td>
</tr>
<tr>
<td>2013</td>
<td>3.5</td>
<td>2.6</td>
<td>3.8</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Percent of primary heroin and other opiates-related treatment admissions; TEDS 2010-2012

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin-NY</td>
<td>18.5</td>
<td>18.6</td>
<td>21.0</td>
</tr>
<tr>
<td>Heroin-US</td>
<td>12.8</td>
<td>14.7</td>
<td>16.3</td>
</tr>
<tr>
<td>Other Opiates - NY</td>
<td>6.0</td>
<td>7.7</td>
<td>8.0</td>
</tr>
<tr>
<td>Other Opiates - US</td>
<td>8.4</td>
<td>9.7</td>
<td>9.4</td>
</tr>
</tbody>
</table>
Past year heroin use among ages 12 and older by age group; NSDUH 2002-2013

Figure 4. Past year heroin use among individuals aged 12 or older, by age group: 2002 to 2013

*Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.
Source: SAMHSA, CBHSQ, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005, 2006 to 2010 (revised March 2012), and 2011 to 2013.
Past year nonmedical use of prescription pain relievers in 18-25 year olds – NSDUH 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
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</thead>
<tbody>
<tr>
<td>US</td>
<td>11.54</td>
<td>10.43</td>
<td>9.96</td>
<td>9.47</td>
</tr>
<tr>
<td>Northeast</td>
<td>11.99</td>
<td>10.22</td>
<td>9.25</td>
<td>8.64</td>
</tr>
<tr>
<td>NY</td>
<td>11.55</td>
<td>8.9</td>
<td>8.3</td>
<td>7.82</td>
</tr>
</tbody>
</table>
Sources of prescription painkillers for most recent nonmedical use for ages 12 and over; NSDUH 2012-2013

The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Note: The percentages do not add to 100 percent due to rounding.
Risk and Protective Factors

• Limited data from national sources
  – Consider research articles

• Similar to other substance use patterns
  – E.g., Accessibility/availability, perceptions, attitudes

• Important to assess those operating in your community
  – Consider qualitative data like focus groups, key informant interviews

• Resource: CAPT Decision Support Tool on Nonmedical Use of Prescription Drugs
Data-related Resources

• Handout
  – Table of key heroin and other opioids-related outcomes indicators and national sources

• Resources on the CAPT website (https://captus.samhsa.gov/access-resources)
  – Nonmedical Prescription Drug-related data sources
  – Other materials, webinars, state examples
### Where to get local data?

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Indicators</th>
<th>Local Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consequences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin and other opiate-</td>
<td>- Heroin and other opiate-related mortality</td>
<td>- State/County Health Departments</td>
</tr>
<tr>
<td>related-related mortality</td>
<td></td>
<td>- Medical Examiner/Coroner’s office</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Heroin and other opioids-related overdose cases and hospitalizations</td>
<td>- Hospitals/Emergency Departments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- State/County Health Departments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Poison control centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Heroin and other opioid-related treatment admissions</td>
<td>- Treatment centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Substance-abuse Single State Agency (SSA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Drug-related crime and arrests</td>
<td>- State/Local Police Departments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- State/Local Drug Courts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Drug-related school suspensions and expulsions</td>
<td>- Schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- State/County Department of Education</td>
</tr>
<tr>
<td><strong>Consumption Patterns</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin and other opioids</td>
<td>- Heroin and other opioids use</td>
<td>- State/local surveys</td>
</tr>
<tr>
<td>use</td>
<td></td>
<td>- Prescription drug monitoring programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pharmacies</td>
</tr>
</tbody>
</table>
NYS Regional Data

Presented by: Steve Hanson, NYS OASAS
OASAS Admission Data

HEROIN/OTHER OPIATE ADMISSIONS
SFY '06 - '15

Source: OASAS CDS DATA
7/13/15
OASAS Admission Data

HEROIN ADMISSIONS BY AGE GROUP

Source: OASAS CDS DATA 7/13/15
OASAS Admission Data

OTHER OPIOID ADMISSIONS BY AGE
SFY ‘06 – ’15

Source: OASAS CDS DATA 7/13/15
OASAS Admission Data

Source: OASAS CDS DATA
7/13/15
OASAS Admission Data

ALL OPIOID ADMISSIONS AGE 25-34
SFY ‘06 – ‘15

Source: OASAS CDS DATA
7/13/15
OASAS Admission Data

HEROIN ADMISSIONS BY REGION
SFY '06 - '15

Source: OASAS CDS DATA
7/13/15
OASAS Admission Data

% CHANGE IN HEROIN/OTHER OPIATE ADMISSIONS
SFY 2014 -2015

Source: OASAS CDS DATA
7/13/15
### HEROIN/OTHER OPIATE ADMISSIONS
SFY 2014-2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Heroin</th>
<th>Other Opiates</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Country</td>
<td></td>
<td></td>
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<tr>
<td>Mohawk Valley</td>
<td></td>
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<tr>
<td>Southern Tier</td>
<td></td>
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<tr>
<td>Finger Lakes</td>
<td></td>
<td></td>
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<tr>
<td>Capital Region</td>
<td></td>
<td></td>
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<tr>
<td>Central NY</td>
<td></td>
<td></td>
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<tr>
<td>Western NY</td>
<td></td>
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<tr>
<td>Mid-Hudson</td>
<td></td>
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<tr>
<td>Long Island</td>
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<tr>
<td>New York City</td>
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</tbody>
</table>

Source: OASAS CDS DATA
7/13/15
Environmental and EBP Prevention Strategies

Presented By: Maria Valenti, NE CAPT RET
Major Literature Reviews and Scans

• CAPT (currently being updated) NMUPD Prevention Strategies Decision Support Tool
• Haegerich et al. (2014) – Impact of state policy and systems-level interventions on prescription drug overdose¹
• Trust for America’s Health (2013) – Prescription Drug Abuse: Strategies to Stop the Epidemic³
Sample Common NMUPD Prevention Strategies

Disposal

Enforcement

Monitoring

Education
New York Disposal Strategies

Permanent Disposal Sites

Disposal Events
Enforcement Strategies\textsuperscript{2,15}

- Shut down “Pill Mills”
- Stop “doctor shoppers”

- In general - not evaluated

- Exception:
  - FL: “Operation Pill Nation”
Monitoring Strategies

• Prescription Drug Monitoring Programs
• Research evidence supports outcomes\textsuperscript{12,13,16-20}
• Guidance from Brandeis’s PDMP Center of Excellence\textsuperscript{7}
• NY: Internet System for Tracking Over-Prescribing (I-STOP)\textsuperscript{14}
Education Strategies

- Youth education/awareness.
- Community-wide or targeted social marketing campaigns.
- Parent education/awareness.
- Training providers on responsible prescriber practices.
- Integrating prescription drug-related education into existing prevention curricula.
Provider Training$^9,10,11$

- Presentations that describe practices for safe prescribing
- State-level clinical guidelines

Things to consider:
- Target areas with highest death rates
- Align processes with provider needs and restrictions
- Collaborate with local health care organizations and staff is critical
- Make resources accessible (e.g., state website user-friendly)
Putting it Together: Logic Model

Assessment
What does the data say is the problem?

Implementation
What strategies focus on impacting the problem?

Evaluation
How do we know the strategy did what it was supposed to do?
OK… SO WHAT MIGHT THIS LOOK LIKE?
## Example: Assessment

<table>
<thead>
<tr>
<th>BROAD ASSESSMENT</th>
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</thead>
<tbody>
<tr>
<td>What, specifically is the problem?</td>
</tr>
<tr>
<td><strong>EXAMPLE:</strong> Past 30-day use of the nonmedical use of prescription opioids (NMUPO) has increased significantly in ANYSTATE as indicated by a 2015 state survey.</td>
</tr>
<tr>
<td>What are the major contributing factors?</td>
</tr>
<tr>
<td><strong>EXAMPLE:</strong> Young adults in ANYSTATE are more likely to access opioids for non-medical use from social sources, as indicated by a 2015 state survey.</td>
</tr>
</tbody>
</table>
**LOCAL ASSESSMENT:**
What local factors contribute to the problem?

- A lack of publicized clear guidelines on opioid prescribing/use contribute to a lack of perceived consequences for patients which leads to drug sharing (2015 key informant interviews)
- County residents unaware of harms associated with NMUPO (2015 state survey)

**What activities will we implement to address these factors?**

- Educate medical institutions, doctors, staff on clinical guidelines and PDMP use
- Prescribers educate patients on the consequences of drug sharing
- Social marketing campaign – “Use as directed”
- Social marketing campaign
OASAS Social Norms and Awareness Campaigns

Presented By: Peggy Bonneau, NYS OASAS
Reducing Prescription Drug Abuse

• In June 2014, Governor Cuomo signed 12 bills into law which have greatly assisted NYS in combating the heroin and prescription opioid epidemic.
addiction can happen to anyone, any family, at any time
www.combatheroin.ny.gov

- Easy to navigate NEW website for individuals, parents, educators and healthcare professionals
  - Prevention
  - Warning Signs
  - Get Help
  - Get Involved
  - Real Stories
  - Free Resources
Real stories

http://www.youtube.com/watch?v=_9lv5nU1hYc
Accomplishments
in collaboration with OASAS, DOH, OGS-MSC, SED, SUNY, CUNY, DCJS

- PSA's launched 9/22/14
- Multiple Press Releases
- Social Media
  - Facebook quadrupled
- Digital Media
  - Over 21 million
- NYS Thruway Posters
- Print Materials
  - Over 250,000
- Website
  - Over 400,000 page views
  - 91% reported the website was useful
- New videos released
- PSA's in movie theaters during the holiday season
- Billboards and shopping malls advertising
- Opioid Overdose trainings - trained over 55,000 with over 1,500 lives saved
Real New Yorkers share their stories of how opioids and heroin impacted their families

http://www.combatheroin.ny.gov/real-stories
Public Awareness and Education

addiction can happen to anyone, any family, at any time

there is HOPE

1-877-8-HOPENY
(1-877-846-7369)

combatheroin.ny.gov
HEROIN addiction starts here...

Combat Heroin and Prescription Drug Abuse
New York State Office of Alcoholism and Substance Abuse Services

CombatHeroin.ny.gov

1-877-8-HOPENY
(1-877-846-7369)
HEROIN addiction starts here...

CombatHeroin.ny.gov
New York State Office of Alcoholism and Substance Abuse Services

For help 24 hours a day, 7 days a week, call

1-877-8-HOPENY
(1-877-846-7369)
Kitchen Table Toolkit Contents

1. Adult Video – community forums, PTA meetings, etc
2. Adult-Adolescent/Young Adult Conversation
3. Guidance Documents
4. Conducting Forums
5. Print Materials
Adult Conversation Video
NEW YORK STATE

Combat Heroin and Prescription Drug Abuse

oasas.ny.gov
combatheroin.ny.gov

Young Adult Conversation Video
Next Phase

- Talk2Prevent
- Combat Addiction
PARENTS, DID YOU KNOW?

49% of high school seniors in NY have consumed alcohol in the past 30 days – that’s more than 100,000 seniors.

Talk2Prevent

You can keep kids safe from alcohol and drugs. Learn how: www.Talk2Prevent.NY.gov

NYS Health Foundation

The New York Academy of Medicine

At the heart of urban health since 1847

Office of Alcoholism and Substance Abuse Services
Quick Facts: OASAS Partnerships for Success (PFS)

• SAMHSA’s Center for Substance Abuse Prevention (CSAP) has awarded New York State OASAS $8.1 million dollars to reduce opiate abuse in the 12-25 year old population.

• Ten (10) community coalitions in New York State have each been funded $627,300 over the 4.5 year grant.

• The coalitions are now beginning a data-driven planning process to select, implement and evaluate environmental strategies to prevent and reduce heroin and Rx opioid abuse among high school students and young adults.
## Partnership for Success Funded Counties – Communities

<table>
<thead>
<tr>
<th>County</th>
<th>Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie</td>
<td>West Side Youth Development, Buffalo</td>
</tr>
<tr>
<td>Chautauqua</td>
<td>HOPE Chautauqua</td>
</tr>
<tr>
<td>Ontario</td>
<td>Partnership for Ontario</td>
</tr>
<tr>
<td>Cortland</td>
<td>Cortland Area Communities That Care</td>
</tr>
<tr>
<td>Jefferson</td>
<td>Alliance for Better Communities</td>
</tr>
<tr>
<td>Saratoga</td>
<td>Comm. Coalition for Family Wellness, S. Glens Falls</td>
</tr>
<tr>
<td>Putnam</td>
<td>Putnam County Communities That Care</td>
</tr>
<tr>
<td>Orange</td>
<td>TEAM Newburgh</td>
</tr>
<tr>
<td>Richmond</td>
<td>Tackling Youth Subst. Abuse, Staten Island</td>
</tr>
<tr>
<td>Nassau</td>
<td>Massapequa Takes Action, Massapequa</td>
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### Number of OASAS Registered Substance Abuse Prevention Coalitions

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger Lakes</td>
<td>18</td>
</tr>
<tr>
<td>Central</td>
<td>9</td>
</tr>
<tr>
<td>Western</td>
<td>15</td>
</tr>
<tr>
<td>Northeast</td>
<td>20</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>19</td>
</tr>
<tr>
<td>NYC</td>
<td>7</td>
</tr>
<tr>
<td>Long Is.</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>102</strong></td>
</tr>
</tbody>
</table>

For Coalition Contact information:

Regional Prevention Resource Center (next slide)

or

racheltruckenmiller@oasas.ny.gov
NYS Prevention Resource Centers

Western Region
Finger Lakes Region
Central Region
Mid-Hudson Region
New York City
Long Island

http://www.oasas.ny.gov/prevention/C/C/PRC/index.cfm
Overdose Prevention and Harm Reduction Strategies

Presented By: James Tesoriero, PhD, Director, Division of HIV, STD, HCV Prevention, NYS DOH AIDS Institute
Syringe Access and Opioid Overdose Prevention – NYS Department of Health
Syringe Access in New York State

- Syringe Exchange Programs (SEPs) first authorized in 1992
- 24 Authorized Syringe Exchange Programs in NYS (14 in NYC and 10 elsewhere)
- Various models are used: Storefront, Mobile Van, Peer Delivered Syringe Exchange, Special Arrangement
- Expanded Syringe Access Program (ESAP) began January 2001
- Over 3,000 pharmacies are participating in the Expanded Syringe Access Program
- Approximately 8 million syringes furnished annually through the SEPs and ESAP.
## Demographics of Enrolled Participants (N=184,751)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>72%</td>
</tr>
<tr>
<td>Female</td>
<td>27%</td>
</tr>
<tr>
<td>Transgender</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 and under</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>4%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>14%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>22%</td>
</tr>
<tr>
<td>50 and over</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>40%</td>
</tr>
<tr>
<td>White</td>
<td>38%</td>
</tr>
<tr>
<td>African American</td>
<td>20%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1%</td>
</tr>
<tr>
<td>Native American</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

## Referrals to Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive services</td>
<td>176,488</td>
</tr>
<tr>
<td>HIV testing</td>
<td>54,902</td>
</tr>
<tr>
<td>Primary/medical-related care services</td>
<td>57,114</td>
</tr>
<tr>
<td>Drug detoxification</td>
<td>22,204</td>
</tr>
<tr>
<td>Methadone maintenance</td>
<td>8,875</td>
</tr>
<tr>
<td>Residential drug treatment</td>
<td>3,834</td>
</tr>
<tr>
<td>Other drug treatment</td>
<td>36,584</td>
</tr>
<tr>
<td>TOTAL REFERRALS</td>
<td>360,001</td>
</tr>
</tbody>
</table>
### Syringe Exchange Programs: Services and Outcomes

#### Comprehensive services

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
</tr>
<tr>
<td>Syringe exchange</td>
</tr>
<tr>
<td>HIV prevention education, peer training/skills building</td>
</tr>
<tr>
<td>Condom and bleach kit distribution/demonstrations</td>
</tr>
<tr>
<td>Referals (31% for substance use-related services)</td>
</tr>
<tr>
<td>Ear-point acupuncture</td>
</tr>
<tr>
<td>Individual and group counseling</td>
</tr>
</tbody>
</table>

#### Outcomes

**NYC 1990:** 50% of IDUs HIV positive, 4% infected/year

*Des Jarlais, AJPH 2000*

**NYC 2000:** Perhaps as few as 20% of IDUs HIV positive, 1% infected/year

*Des Jarlais, Atlanta, 2000*

**NYC 2012:** BIMC evaluation showed <3% IDUs HIV positive
Opioid Overdose Prevention: Community Program

Summary Data
- More than 75,000 individuals have been received opioid overdose prevention training since the program’s inception in 2006, with more than 2,000 administrations of naloxone.

Community (non-public safety) Program
- Over 225 registered overdose programs across NYS, including all 12 OASAS ATCs
- Over 100 newly approved programs in 2014
- More than 1,375 reversals reported by programs among their trained responders
- More than 500 administrations since January 2014
- Directory of all of the registered programs, upcoming scheduled trainings and other helpful information available on-line at www.health.ny.gov/overdose
**Public Safety Programming**

- **Law Enforcement**: 5,300 law enforcement officials trained through the Division of Criminal Justice Services (DCJS) initiative since May 2014; 661 administrations of naloxone have been made by law enforcement since April 2014; 100 in July 2015

- **Emergency Medical Services**: Intranasal naloxone administration in 70 BLS EMS agencies

- **Firefighters**: The curriculum used by law enforcement was modified for fire fighters. Expansion to additional non-EMS firefighting personnel will continue in 2015.

**Prison-Based Programming**

- **Division of Criminal Justice and Correctional Services (DOCCS)**: First NYS agency to have registered overdose program (8/28/14)

- **Standing order in place for nurses for nurses in DOCCS facilities to administer naloxone**

- **Releasee opioid overdose training pilot (February 2015)**: Over 700 incarcerated individuals soon-to-be-released have been trained, with over 25% receiving a naloxone kit upon release; expansion to other correctional facilities will occur in 2015

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**Opioid Overdose Prevention: Special Initiatives**
Opioid Overdose Prevention: Special Initiatives (continued)

Opioid Overdose Response Capacity in School Districts, Schools and BOCES

- Program is voluntary
- Inclusive of school nurses and other school personnel
- SED regulations went into effect August 11, 2015
- Web-based curriculum has been developed;
- Trainings are anticipated to begin in the 2015-16 school year;

Pharmacy

- Approaches to pharmacy dispensing pursuant to non-patient specific prescriptions (standing orders) currently under discussion. Anticipated roll-out in early 2016
Fear of arrest has kept many people from calling 911.

The Good Samaritan 911 Law became effective July 20, 2011 to address this fear.

It protects both the person who has overdosed as well as the persons who summon emergency assistance:

- From arrest in the presence of misdemeanor drug possession and/or underage drinking.
- From prosecution for felony possession of controlled substance (but not A-1 felony) unless there are aggravating circumstances, e.g. possession with intent to sell.
Other Important Legal Developments

Syringes
- Penal law directly addresses legality of SEP, ESAP and Opioid Overdose Program syringes
- Residue in syringes no longer constitutes criminal possession of controlled substance

Naloxone
- Non-patient specific prescribing and dispensing of naloxone is now permitted under Public Health Law
- Scope of practice RNs has been expanded in Education Law so they can administer naloxone pursuant to non-patient specific order
Drug User Resources on NYSDOH Web Site

  - Click on HIV/AIDS
  - Click on Harm Reduction & Drug Use
  - Click on Syringe Access & Disposal

- [http://www.health.ny.gov/overdose](http://www.health.ny.gov/overdose)
References

2. SAMHSA’s Treatment Episode Raw Dataset 2010-2012.


References


References


Please review the factsheet and handouts available on the Advancing Prevention Project website (scroll to the bottom of the page): http://www.nyam.org/nys-prevention-agenda/resources.html
Upcoming Learning Opportunities
SIGN UP FOR TA!

On the Advancing Prevention Project Website you can:

• Schedule a one-on-one TA appointment

• Join a Learning Collaborative

• You can also find resources and current training opportunities, including a fact sheet on opioid use, slides and recording for webinars

Stay tuned for an upcoming webinar on preventing opioid use & overdose with local practitioners
Thank you!

www.AdvancingPreventionProject.org