

OPIATE & HEROIN EPIDEMIC

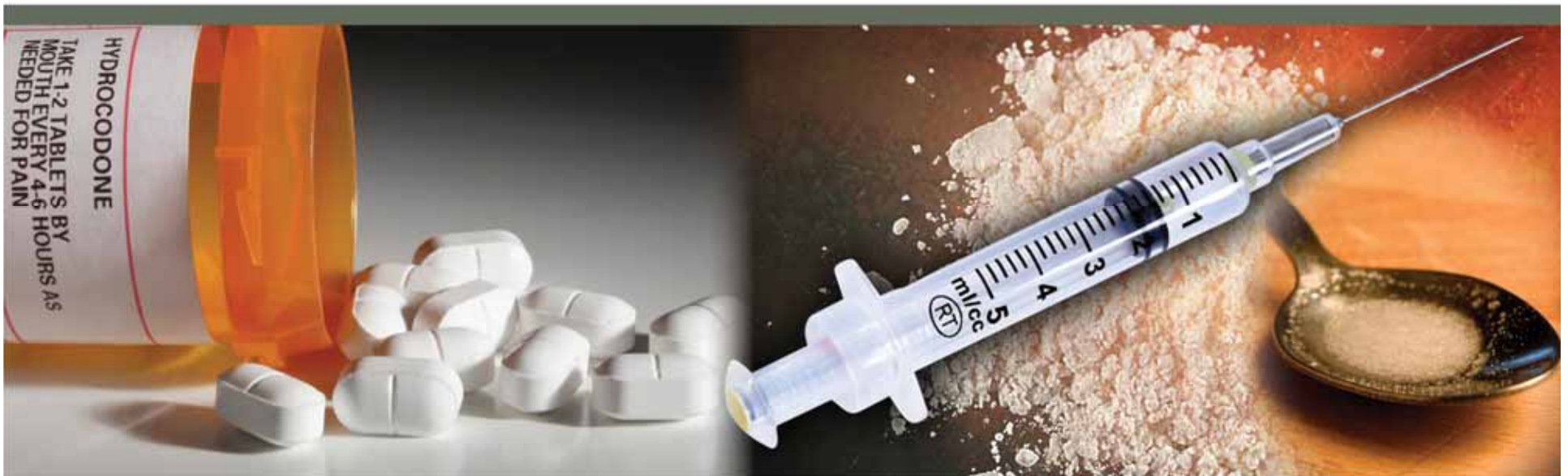
Our Problem, Our Solutions

A Community Forum

January 20, 2016

Presented by

Onondaga County Drug Task Force



Dedication

This forum is dedicated to the individuals and families who have been affected by this epidemic—those who have suffered loss and those who continue to fight the fight everyday.

We would like to join hands in addressing this problem in our community by raising awareness, providing resources, removing stigma, and being a strong force to COMBAT this epidemic.

Onondaga County Drug Task Force

- Conifer Park
- Convanta/OCRRA
- County Legislator Danny Liedka
- Crouse Hospital Chemical Dependency Treatment Services
- Department of Adult & Long Term Care Services
- Department of Social Services-Economic Security
- District Attorney's Office
- Excellus Blue Cross of CNY
- High Intensity Drug Trafficking Area
- Hofmann Sausage Company
- Kinney Drugs
- LeMoyne College
- NAVA Ambulance
- NYS Senator David Valesky
- NYS Senator John DeFrancisco
- OASAS
- Onondaga Community College
- Onondaga County Health Department
- Onondaga County Medical Society
- Onondaga County Probation Department
- POMCO
- Prevention Network CNY
- Rural-Metro Medical Services CNY
- Sheriff's Office
- St. Joseph's Hospital
- State Wide Peer Assistance for Nurses
- Syracuse Behavioral Health Care
- United Way
- Upstate Hospital
- Upstate Poison Control
- US Senator Charles Schumer

A Personal Perspective: Deanna

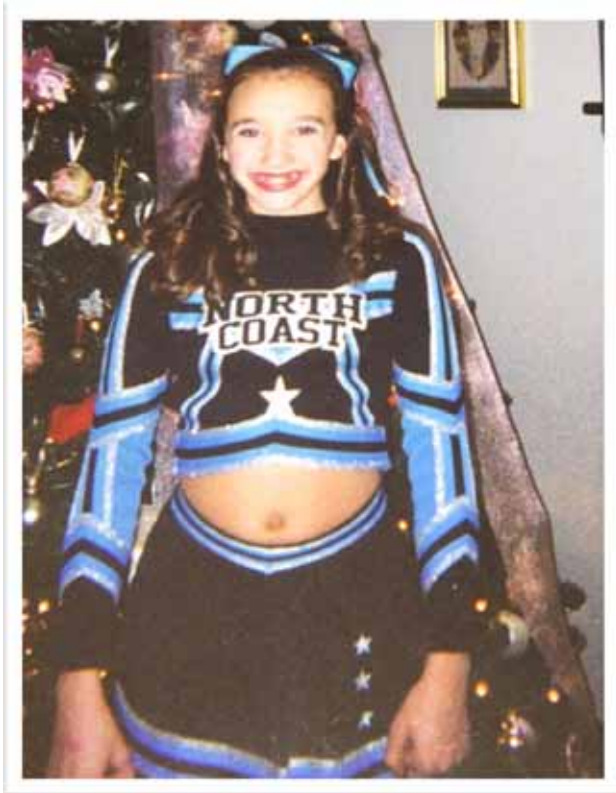
Morgan Brittany Axe

Age: 7

THIS IS OUR STORY...



Competitive Cheerleader



High School Volleyball Player



In Loving Memory



Morgan Brittany Axe
June 2, 1991
November 7, 2015

Opiate and Heroin Epidemic
Our Problem our Community

**A Public Health
Perspective**

Indu Gupta MD, MPH, MA, FACP
Commissioner Of Health
Onondaga County Health Department

Opium and Heroin



<https://www.deamuseum.org/ccp/opium/history.html>

History of Opium: Ancient Medicine

- Opium-An ancient medicine known to ancient Greek and Roman physicians
- Powerful pain reliever, for sleep and bowel relief
- Known pleasurable effects
- The trading and production of opium spread from the Mediterranean to China by the 15th century
- Morphine, codeine, oxycodone, and heroin

Historical Facts: Opium

- 1803: Opium → Morphine, was extracted
- Morphine 10 X more powerful than Opium
- Mid 1800: Hailed as a miracle drug
- Present: Morphine remains the standard against which new pain relievers are measured

Historical Facts: Heroin

- 1874: Heroin is first synthesized from morphine by the Bayer Company of Germany
- 1898: Heroin is introduced for medical use
- Physicians remained unaware of its addiction potential for years
- 1903: Heroin abuse had risen to alarming levels in the United States
- 1924: All use of heroin was made illegal by federal law

Current Epidemic

- Prescription Abuse:
 - Increase use and abuse
 - Results in addiction to the medications
- Increase use of Heroin:
 - Cheaper
 - Purer (40 - 60% more)
 - Easily available
 - Replaces prescription pills

Problem of Prescription Abuse

Global Problem

- The abuse of and addiction to opioids such as heroin, morphine, and prescription pain relievers is a serious global problem that affects the health, social, and economic welfare of all societies.
- Globally 26-36 million people abuse opioids.

United States

- Only **4.6% of the world's population,**
- Consumes
 - **80% of the global opioid supply,**
 - **Almost 100% of the global hydrocodone (e.g Vicodin) supply,**
 - **80 % of Oxycodon (e.g.percocet)**
 - **2/3 of the world's illegal drugs.**

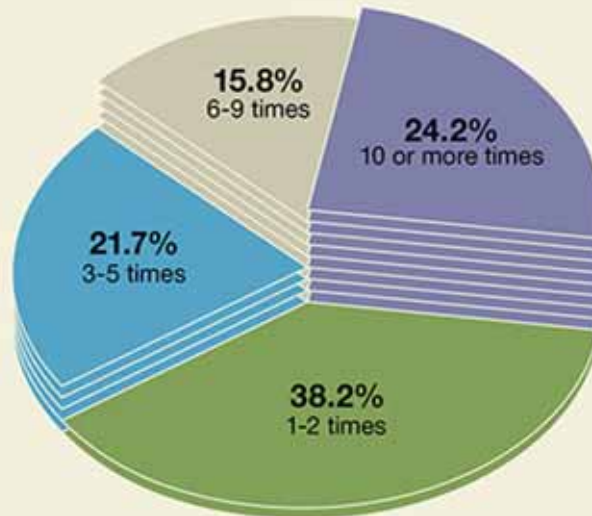
Source: National Institute on Drug Abuse: NIDA

Pain Physician 2010: 13:401-435 <https://www.asipp.org/documents/ASIPPFactSheet101111.pdf>



high school seniors surveyed reported nonmedical prescription opioid use in the past year.

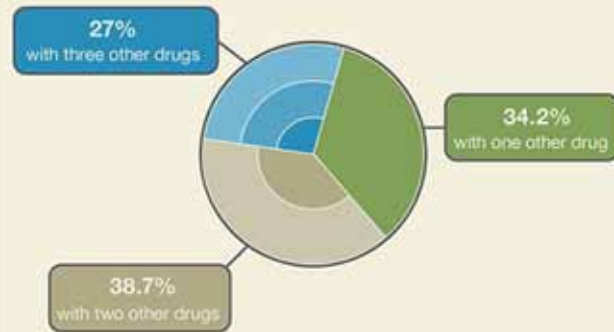
Past-Year Nonmedical Use of Prescription Opioids by High School Seniors



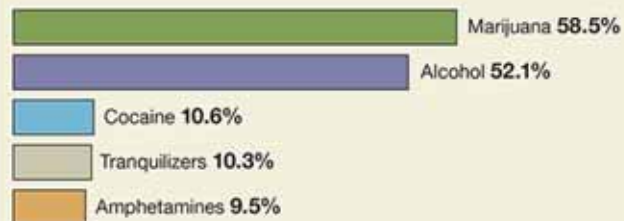


high school seniors who reported nonmedical use of prescription opioids used them in combination with other drugs in the past year.

Frequency of Co-Ingestion With Other Drugs



Drugs Seniors Most Often Used in Combination With Nonmedical Use of Prescription Opioids



Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

— DRUG OVERDOSES —

KILL MORE

THAN CARS, GUNS, AND FALLING.



Falling **28,360** deaths



Guns **32,351** deaths



Traffic accidents **33,692** deaths



Drug overdoses **41,340** deaths

(16,917 from opioid
pain medicine)

Source: CDC Wide-ranging OnLine Data for Epidemiologic Research
(WONDER) on Mortality: <http://wonder.cdc.gov/mortsql.html> (2011)

How Big is the Problem?



Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.



EVERY DAY

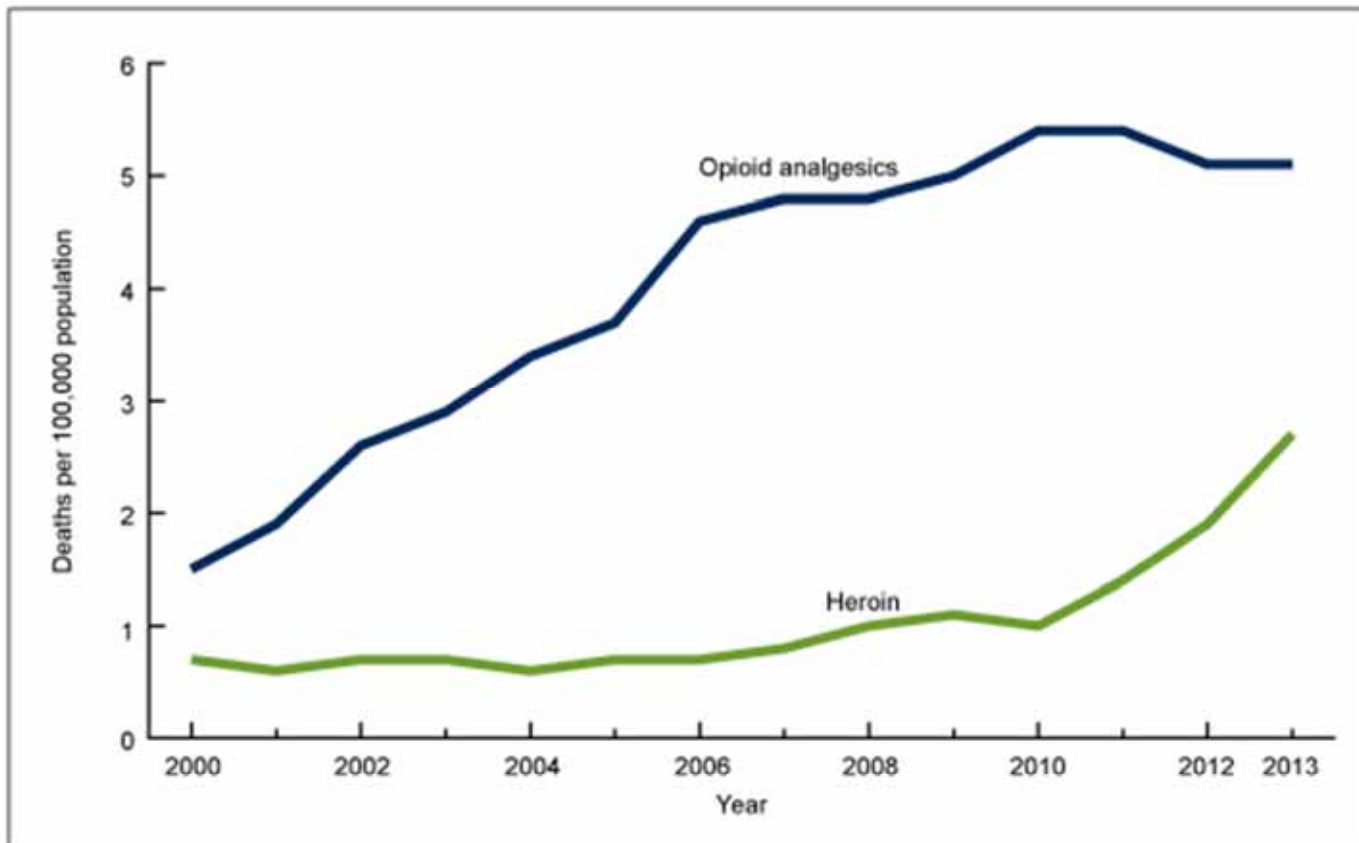
44 PEOPLE in the U.S.

DIE FROM OVERDOSE

of prescription painkillers

...and many more become addicted

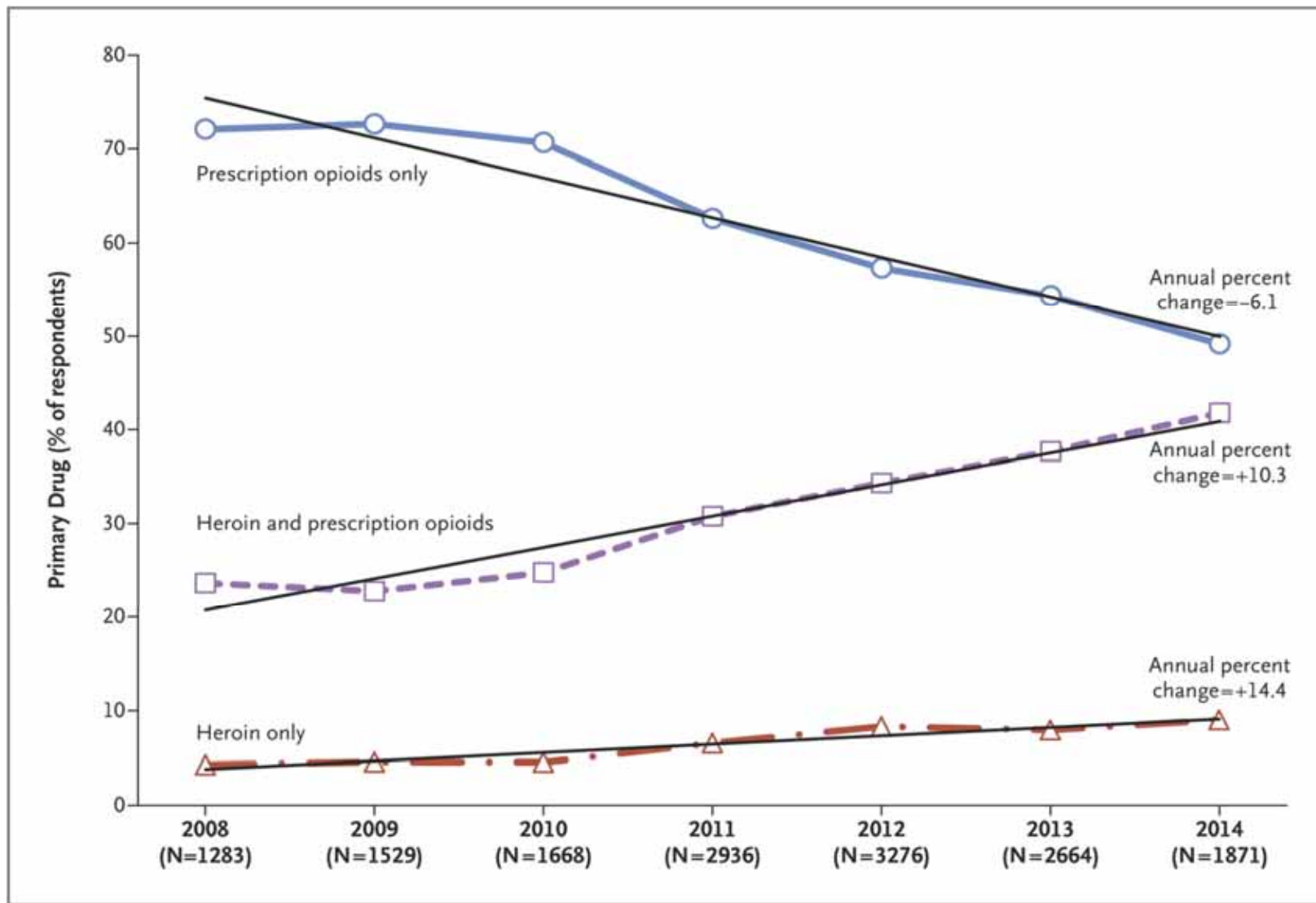
Age-adjusted rates for drug-poisoning deaths, by type of drug: United States, 2000-2013



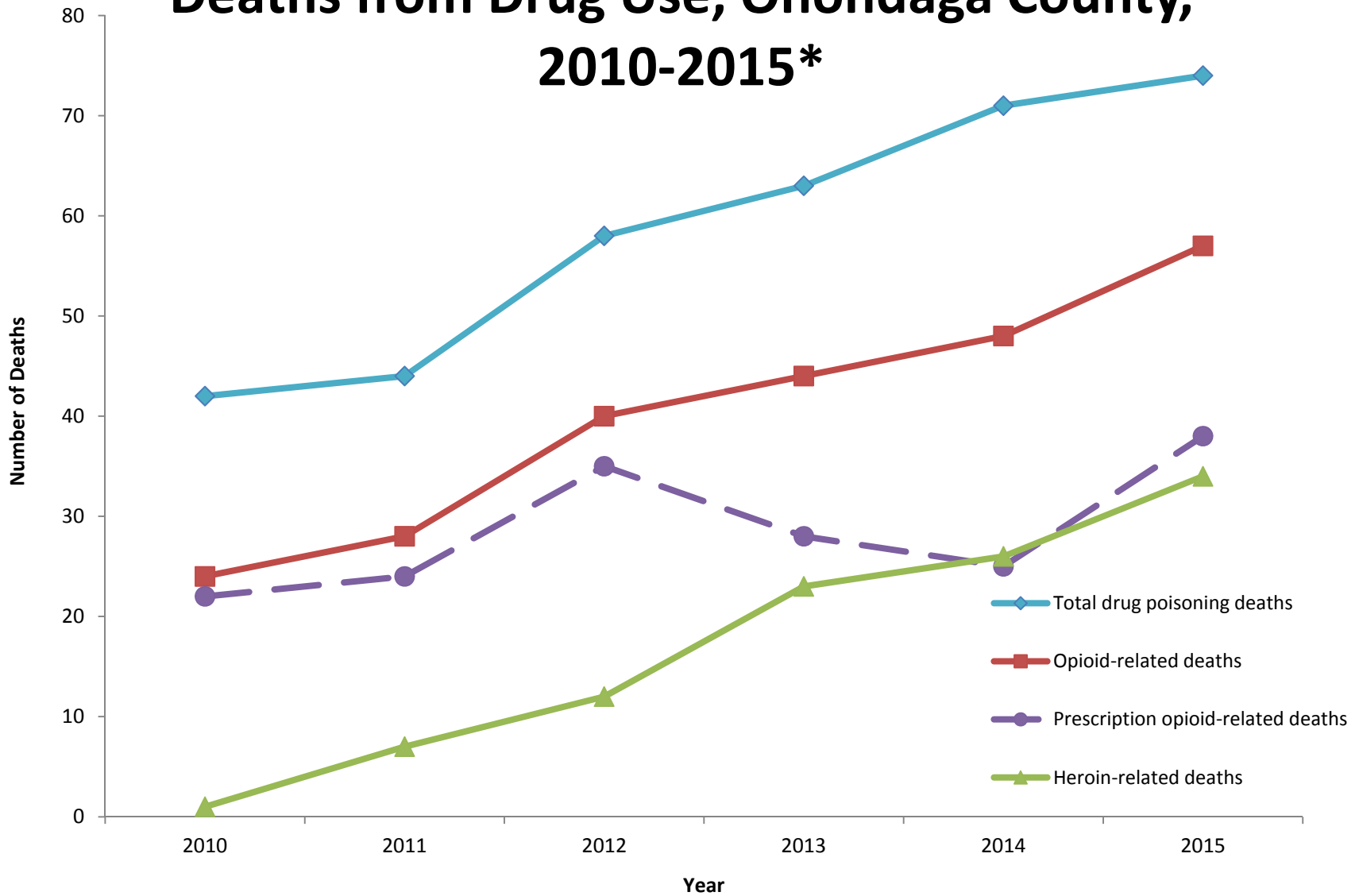
NOTES: The number of drug-poisoning deaths in 2013 was 43,982, the number of drug-poisoning deaths involving opioid analgesics was 16,235, and the number of drug-poisoning deaths involving heroin was 8,257. A small subset of 1,342 deaths involved both opioid analgesics and heroin. Deaths involving both opioid analgesics and heroin are included in both the rate of deaths involving opioid analgesics and the rate of deaths involving heroin. [Access data table for Figure 1](#) [PDF - 86KB].

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

National Rates of Abuse of Opioids in the Previous Month Among 15,227 Respondents

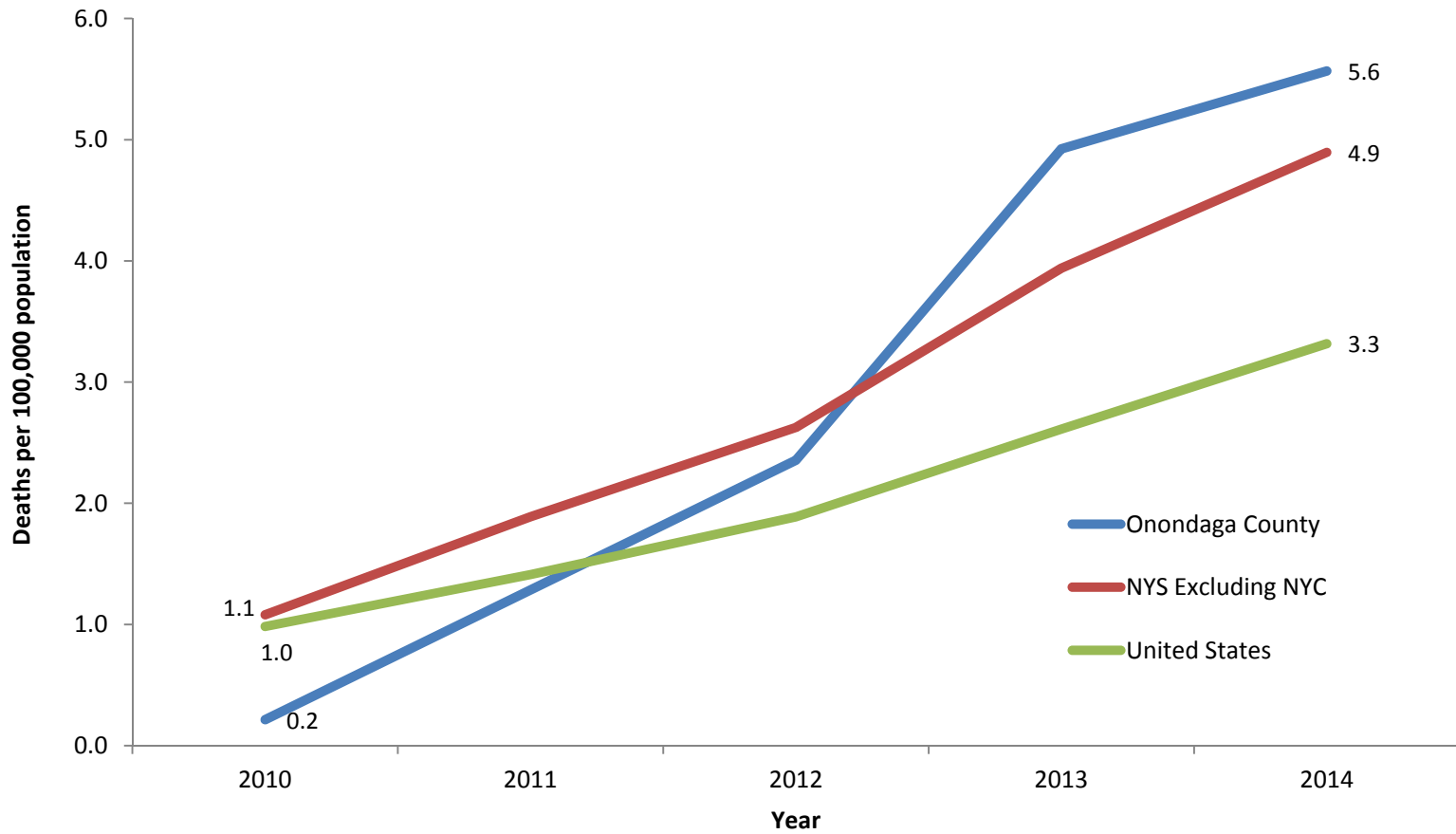


Deaths from Drug Use, Onondaga County, 2010-2015*

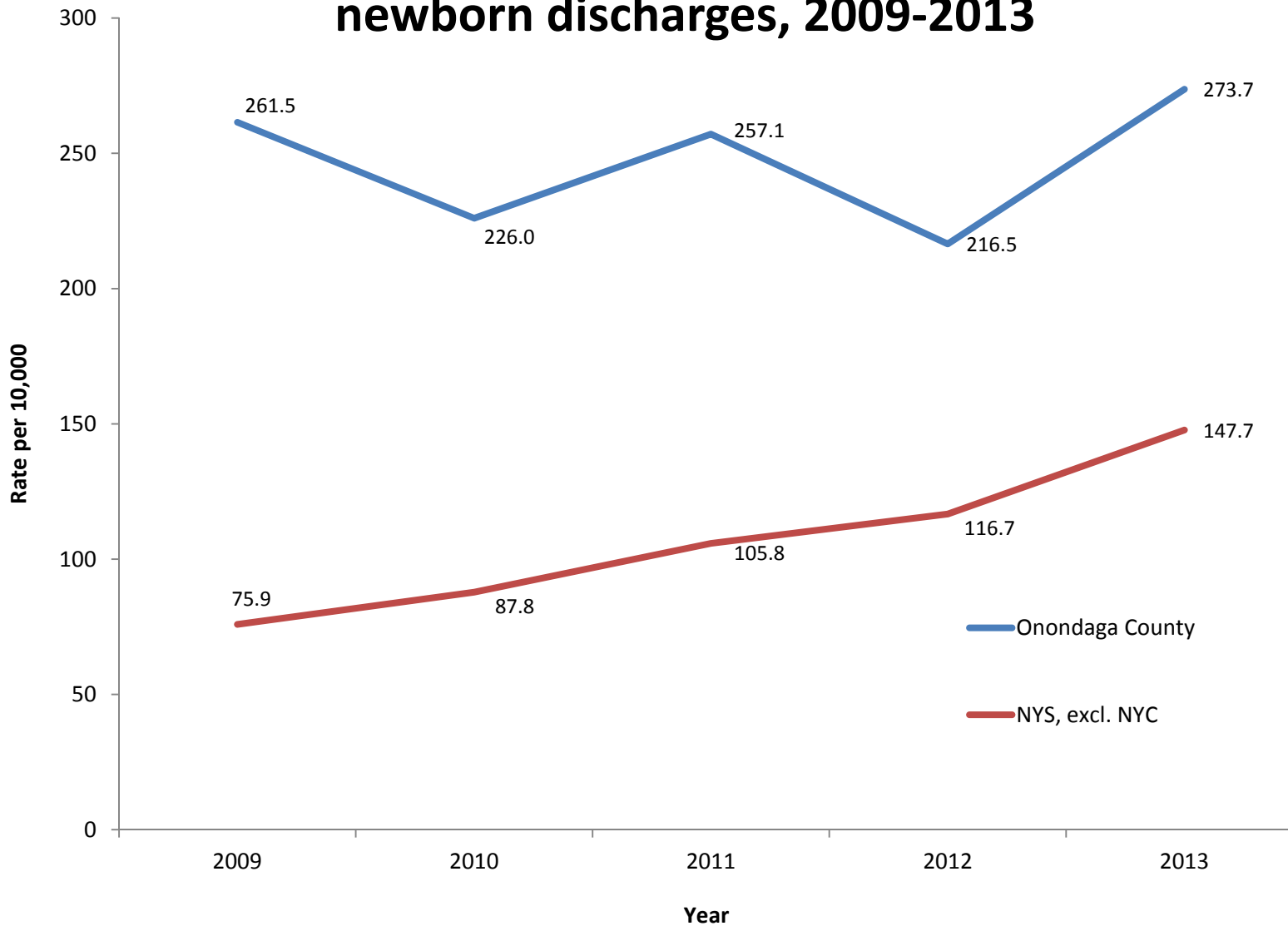


*As of 1/13/2016; a number of cases are still pending

Heroin-related overdose mortality rate in Onondaga County

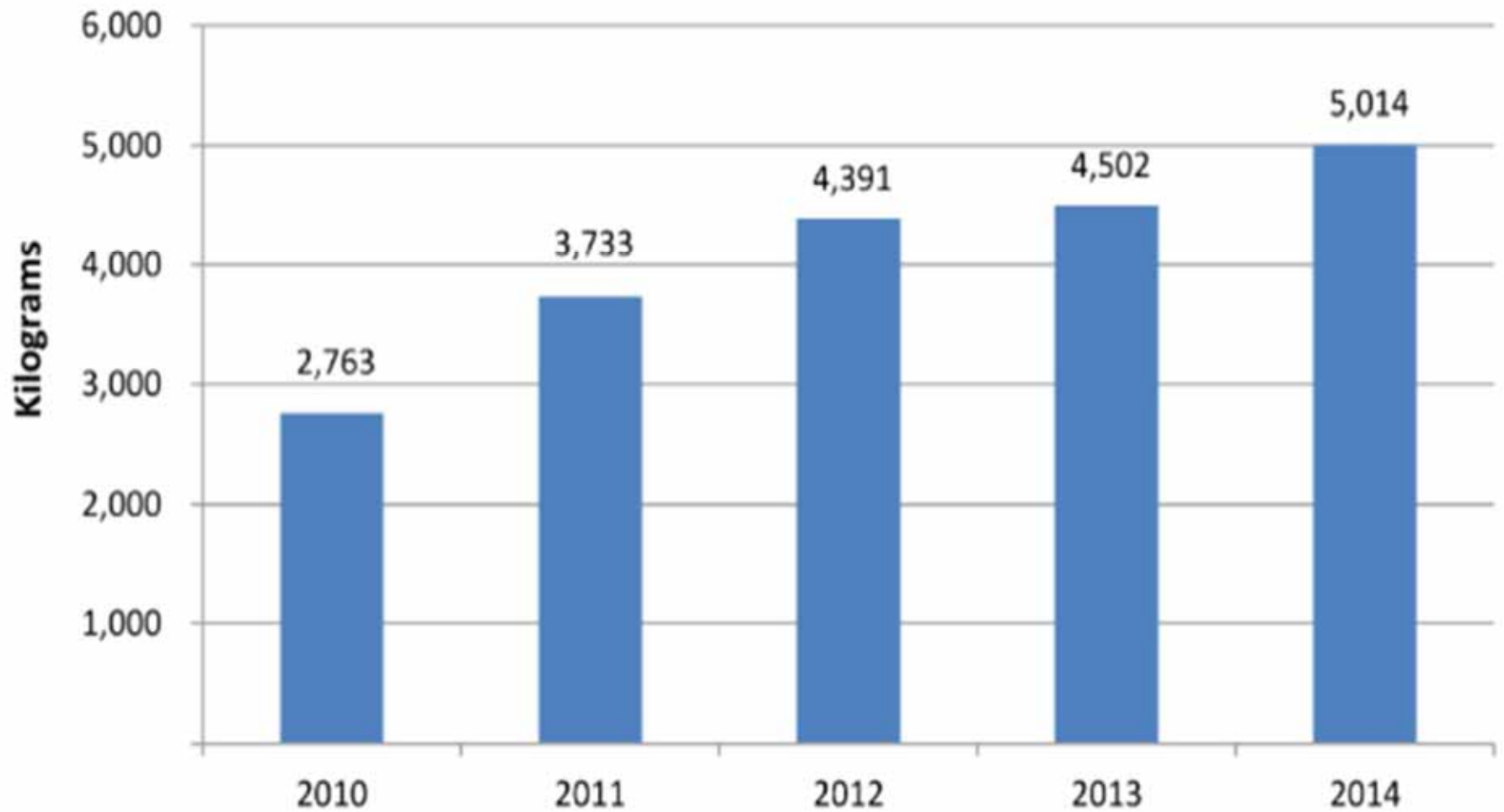


Newborn drug-related diagnoses per 10,000 newborn discharges, 2009-2013



Increasing Use of Heroin

Heroin Seizures in the United States, 2010-2014



Source: EPIC National Seizure System

Consequences

- Addiction
- Loss of control of life
- Problems at school, work, home
- HIV, Hepatitis B and C, Infection
- Neonatal Abstinence Syndrome (NAS)
- Motor vehicle accidents
- Death

Economic Burden

- Health care cost: Medical care and drug cost estimated cost insurance co. \$ 72 billion
- Substance abuse treatment
- Criminal justice system
- Lost workplace productivity

Questions

- How did we get here?
- What happened in late 1990s or early 2000?
- Are opiates the best pain medications?
- How do you treat pain?
- How do you treat addiction?
- Can you screen for possible substance use?
- Do we have resources in our community to handle this?

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Today's Forum

PANEL 1: Management of Crisis

PANEL 2: Treatment of Addiction

PANEL 3: Prevention of Addiction

Post Forum Event: Narcan Training

First Panel: Management of Crisis

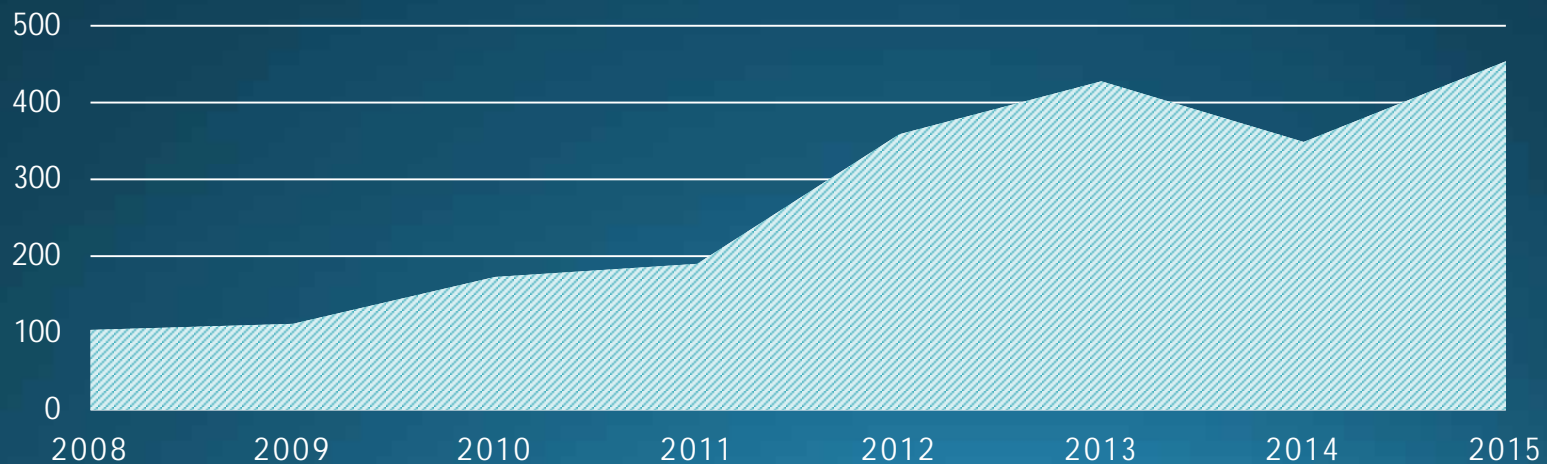
- Onondaga County Sheriff Eugene Conway
- Syracuse Police Chief Frank Fowler
- Senior Assistant District Attorney Michael Ferrante
- Assistant Director, NAVAC: Jason Casanova

Heroin Arrests

2008	2009	2010	2011	2012	2013	2014	2015
104	112	173	190	359	428	349	454

2008-2011 Average	2012-2015 Average
145	398

HEROIN ARREST TOTALS 2008 - 2015



**HOT OR
ICED COFFEE**



HOT TEA

The bearer of this card is invited to enjoy
One FREE Medium (14 oz.) Hot Coffee,
Medium (24 oz.) Iced Coffee, OR
Medium (14 oz.) Hot Tea
with any purchase

FREE
WITH ANY PURCHASE



AMERICA RUNS ON DUNKIN'

Good only at restaurants listed on back.

GOOD ONLY IN ONONDAGA COUNTY



**Chief Frank Fowler says:
See Something?
Say Something!**

Thanks For Doing The Right Thing!

To send an anonymous tip via text message to the Syracuse Police Department,
text the keyword **SPD** and your tip to 847411

***Attn Cashier: Collect card after redemption**

To Franchisee or Restaurant Manager:

This card is non-refundable. Please do not submit to Dunkin' Brands, Inc. for
reimbursement!

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Expires 12/31/16



PLU# 2696

Onondaga County District Attorney Introduces Tip411

This program has three easy ways for citizens to send anonymous and confidential tips to any Local Police Agency. Help us expand this program by forwarding this information to family, friends, neighbors, and others in your social network.

1. Download the free app, Onondaga County Crime Tips- iPhones download from Apple App Store Androids download from Google play.
2. Text a tip to 847411, start the tip with the keyword TIPDA.
3. Submit a tip and "LIKE" us on Facebook, Onondaga County Crime Tips: www.facebook.com/OnondagaCountyTip411

Follow us on Twitter

<https://twitter.com/OnondagaTip411>

Share and retweet to help spread our pages!



Second Panel: Treatment of Addiction

- Brian Johnson, MD: Professor of Psychiatry and Anesthesia; SUNY Upstate Medical University
- Hector Biaggi, MD, ABPN, ABAM, FASAM, Medical Director at Crouse Hospital-Commonwealth Place, B-MAT Clinic, Day Treatment Program
- Monika Taylor, LCSW, CASAC, Director of Behavioral Health Services Crouse Hospital (CDTS)
- Jeremy Klemanski, President and CEO, Syracuse Behavioral Healthcare

Pain and Addiction

Brian Johnson, MD

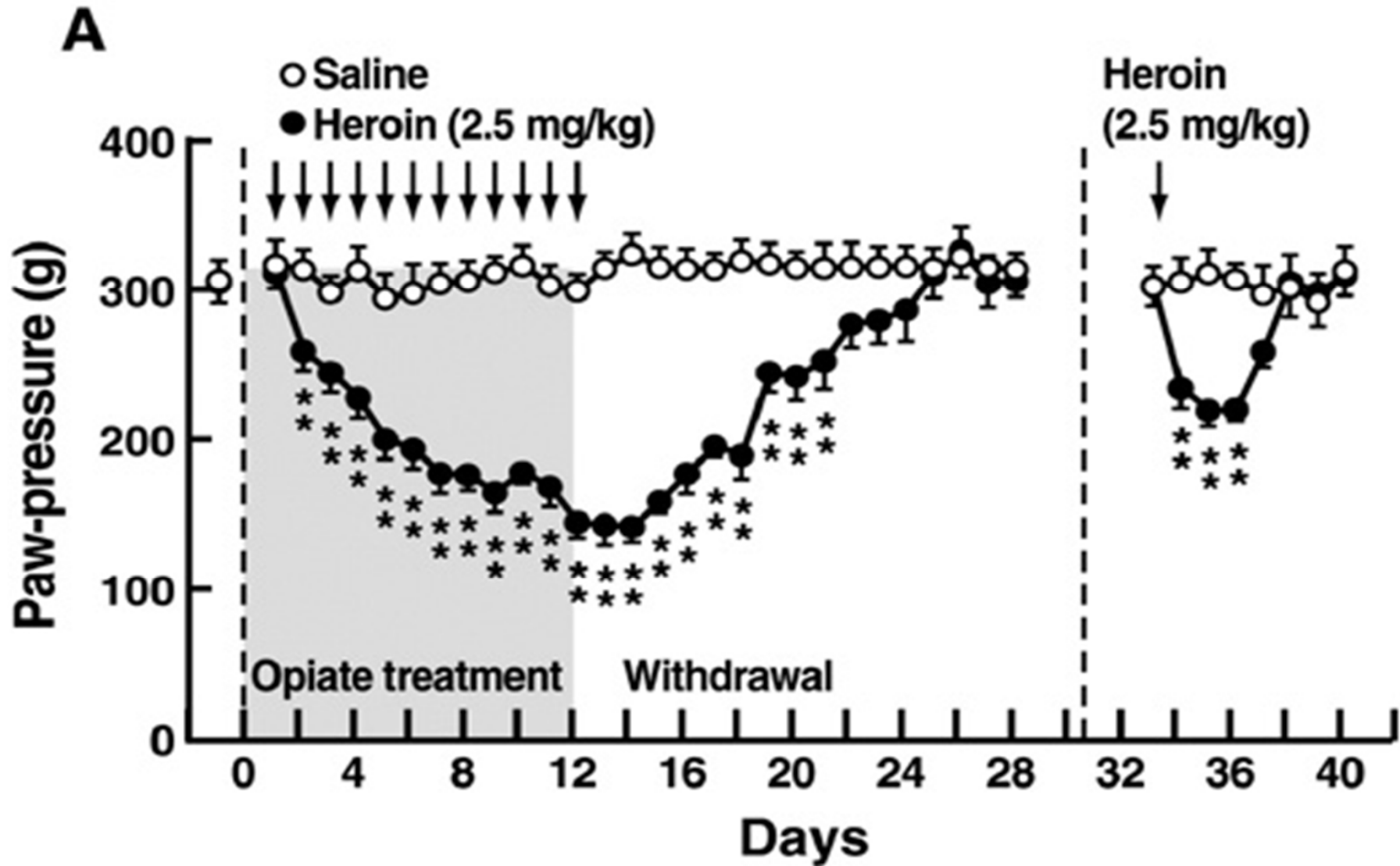
Professor

Psychiatry and Anesthesia

SUNY Upstate Medical University

Syracuse, NY

Amount of Pressure Causing Pain Response



Progressive enhancement of delayed hyperalgesia induced by repeated heroin administration: a sensitization process. Célèrier E, Laulin JP, Corcuff JB, Le Moal M, Simonnet G.J Neurosci. 2001 Jun 1;21(11):4074-80.

Upstate Hospital Psychiatric Pain Consultation Cold Pressor Test (N>34 seconds)

<u>Age</u>	<u>Gender</u>	<u>Seconds</u>	<u>Pain</u>	<u>Medication</u>
30	female	3	8	hydrocodone
26	female	10	8	oxycodone
17	female	3 minutes	1	oxycodone
27	male	10	7	hydrocodone

Repeated after detox 3 minutes, no pain 1 week later

Low Dose Naltrexone at SUNY Upstate Addiction / Pain Service

- 1 month sober without naltrexone – 36%
- 1 month sober with naltrexone – 80%
- 1 month sober pain:
 - Worse – 3%
 - Same – 45%
 - Better – 52%

Nonaddictive Interventions

Exercise/PT	NSAIDS	Acetaminophen
Low-dose tricyclics	Antidepressants	Anticonvulsants
Anxiety-reducing medications such as propranolol, clonidine		
Topical aromatics	Topical diclofenac	Regional nerve block
Hot yoga	Massage	Acupuncture
Psychotherapy	Family Therapy	Group Psychotherapy
Detoxification	Naltrexone	

Medication Assistance Opioid Addiction

Hector R. Biaggi, MD
Commonwealth Place Medical Director
Crouse B-MAT Program Medical Director
Crouse Hospital Chemical Dependency Services

Definition of Addiction

American Society Addiction Medicine

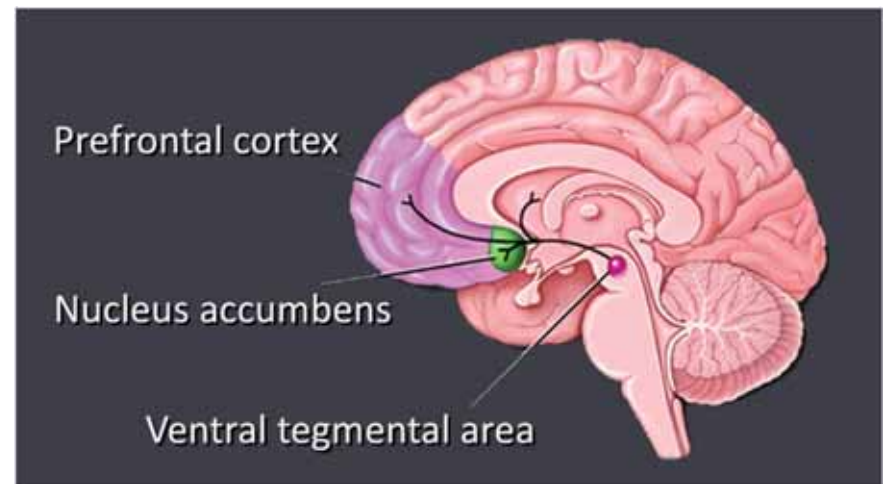
- Chronic disease of brain reward, motivation, memory and related circuitry.
- Leads to biopsychosocial and spiritual manifestations.
- The individual seeks reward and/or relief by substance use and other behaviors.

ABC's of Addiction

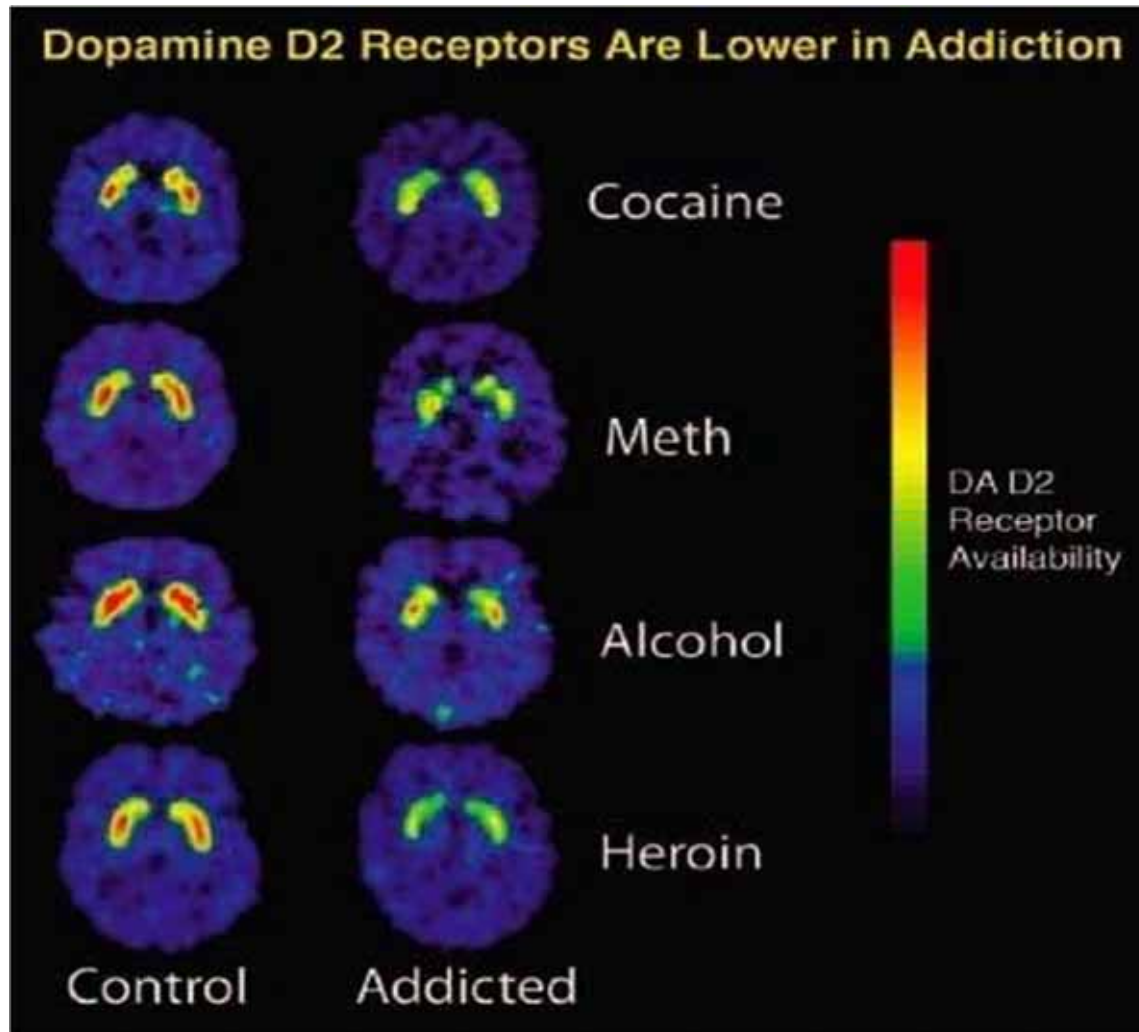
- A. Inability to consistently **A**bstain.
- B. Impairment of **B**ehavioral control.
- C. **C**ravings or increased “hunger” for drugs.
- D. **D**enial of problems with behavior.
- E. A dysfunctional **E**motional

Reward Pathway

- Stimulated normally by food, sex, water, etc.
- VTA connects to the nucleus accumbens and prefrontal cortex
- Neurons in VTA contain dopamine, which is released in the nucleus accumbens and prefrontal cortex in response to the rewarding stimulus



DOPAMINE RECEPTOR ACC DOWN REGULATION



Opioid Addiction: Medical Problem

- Can be treated effectively with medications
- Similar to asthma, hypertension, diabetes
- Genetics, personal choice, environment play comparable roles in these 4 conditions
- Best treatment associated with medications and behavioral interventions

Treatment

- Which disease has the highest rate of medical compliance?
- Medical compliance is following a physician's treatment orders

Disease	Medical Compliance
Heroin Addiction	?
Hypertension	?
Diabetes	?

Treatment

- Heroin use disorder treatment has a higher rate of medical compliance than other chronic diseases
- As a result, treatment is often more successful than treatment of other chronic diseases
- Successful treatment usually uses a combination of behavioral and pharmacological treatments

Disease	Medical Compliance
Heroin Addiction	60%
Hypertension	<30%
Diabetes	<50%

Medications Approved for Treatment

Products	Receptor	FDA Approval	Treatment Settings
Methadone Tablet, Oral Solution	Full Mu Agonist	N/A – 1960's	OTP
Buprenorphine SL Tablet (Subutex)	Partial Mu Agonist	2002	OBOT, OTP, Other Physician Office
Bup./Naloxone SL Tab, Fm (Suboxone)	Partial Mu Agonist / Antagonist	2002	OBOT, OTP, Other Physician Office
Naltrexone Tab/IM (Revia, Vivitrol)	Antagonist	1984	OBOT, OTP, Other Physician's Office

Monika Taylor, LCSW, CASAC

Director, Behavioral Health

Crouse Hospital

Chemical Dependency Treatment Services

Crouse Outpatient Services (410)

- **Medication Assisted Treatment** for Opioid Use Disorders:
 - Methadone & Suboxone
- **Outpatient Rehabilitation:** meets 4-5 times per week for 4 hours
- **Outpatient Treatment:** 1-3 times per week 75 minutes to 2 hours per session (day time and evening hours)
- **Addiction Psychiatry:** available to patients of Crouse Chemical Dependency Treatment Services

Crouse Inpatient Services

Inpatient Program (Commonwealth Place)

- 40-bed residential treatment facility for adults ages 18 and older

Hospital Based

- Healthcare Intervention Service (HIS)
- Withdrawal Management

Admission Process



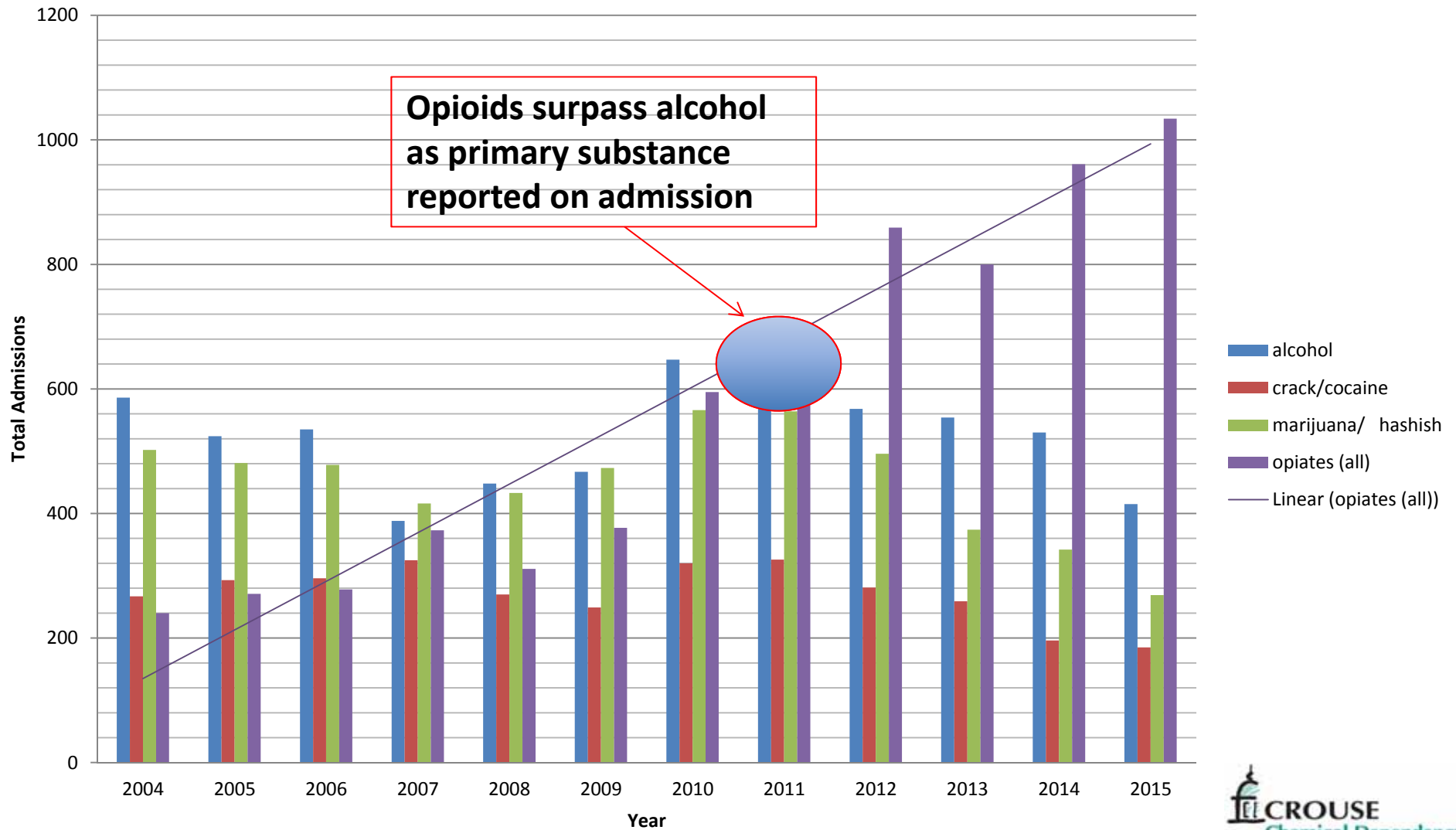
Call us at (315) 470 – 8304

Monday – Friday from 7:30am – 4:30pm

Walk-in hours: 7:30am-1:00pm

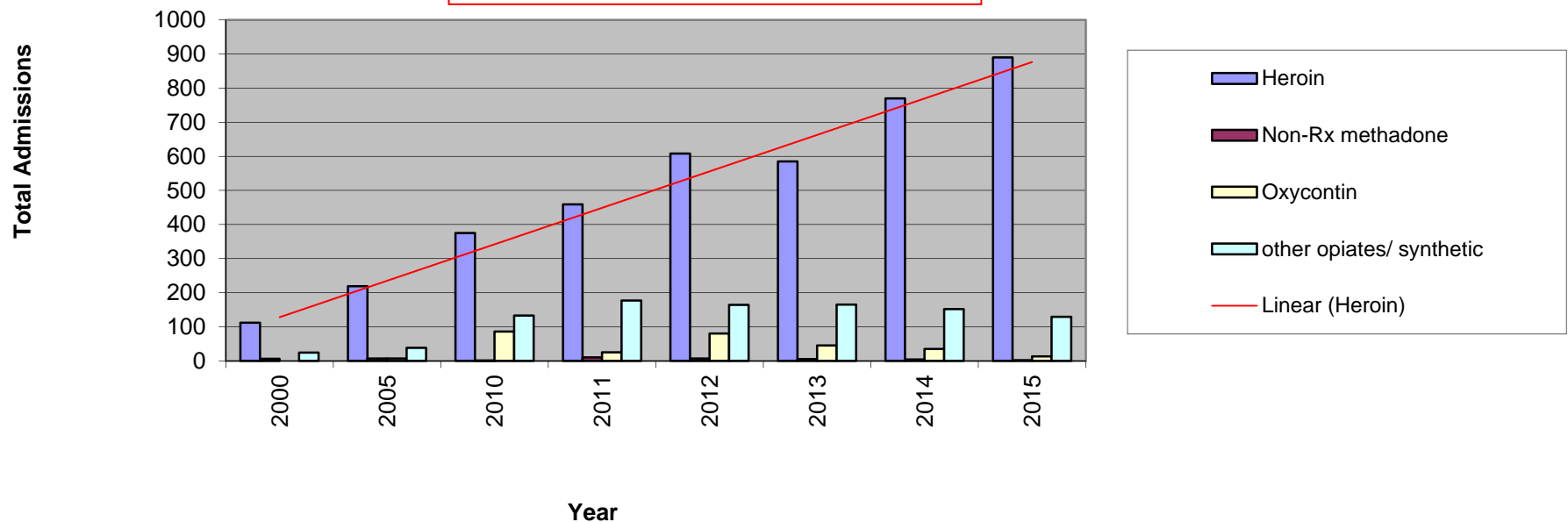
- Same Day Access Services available for all outpatient treatment programs (excludes medication assisted treatment)
- Inpatient withdrawal management services are sought at Crouse Hospital's Emergency Department, medical necessity criteria must be met

Admissions by Substance of Abuse



Admissions with Opiate as Primary Substance of Abuse

800% increase in admissions with heroin as primary substance of abuse



Opioid Treatment Program Admissions

	2010	2015	
total admissions	156	256	← 64% increase
male	77	114	
female	79	142	
pregnant females	34	73	← 114% increase
Age			
19-21	10	8	
22-25	32	40	
26-35	65	135	← 107% increase
36-45	24	39	
46-55	20	24	
56+	5	10	

Treatment with Methadone

- An agonist medication that mitigates opioid withdrawal symptoms and at higher doses blocks effects of heroin and other opiates
- Dispensed in an Opioid Treatment Program must be approved by and comply with regulations from the US Center for Substance Abuse Treatment, US Drug Enforcement Administration and the NYS Office of Alcoholism and Substance Abuse Services; accredited by an approved accreditation body (ex. JCAHO, CARF)

Treatment with Methadone

- Combination of medication, counseling and behavioral therapy
- Medication dose is tailored for the individual patient
- Includes medical, vocational, educational, and other assessment and treatment services.
- Goal: **restore an individual's ability to live a self-directed life**

Treatment with Methadone

- Admission to the program includes a **thorough medical work-up** (H&P, EKG, lab work)
- **Methadone Induction:** Daily assessment by RN; steady build up of methadone until therapeutic dose is reached ~ 2-3 weeks

Jeremy Klemanski

President and CEO
Syracuse Behavioral Healthcare



Inpatient Services

Medically Supervised Withdrawal and Stabilization Services

- Appropriate for individuals experiencing mild to moderate withdrawal

Medically Monitored Withdrawal and Stabilization Services

- Appropriate for individuals experiencing mild withdrawal and/or a situational crisis
- SBH operates 50 Withdrawal and Stabilization beds; 25 in Syracuse and 25 in Rochester

Inpatient Rehabilitation Services

- Appropriate for individuals unable to participate in, or comply with, treatment outside of a 24 hour structured treatment setting
- SBH operates 40 Inpatient Rehabilitation beds in Syracuse



Outpatient Services

Integrated Outpatient SUD/MH Clinic

- Walk-in hours available 5 days week
- Group counseling
- Individual therapy
- Medication Assisted Therapy
- Psychiatric consultation
- Medication management
- Intensity of services varies from daily - weekly - continuing care
- Staffed by CASAC's, LMSW's, LMHC's, RN's, NP's, PA's and MD's, Psychiatrists and Psychologists



Residential Services

OASAS Certified Community Residential Services

- Appropriate for individuals that have a living environment not conducive to recovery and have been determined to need outpatient treatment services and/or other support services.
- Three programs for men, totaling 76 beds
- One program for women, totaling 12 beds

OASAS Certified Supportive Living Programs

- Appropriate for individuals who exhibits the skills and strengths necessary to maintain abstinence and readapt to independent living in the community while receiving the minimal clinical and peer support provided by this residential environment.



Recovery Services

SBH Recovery Center

- Open hours four days/ week
- Job readiness seminars, book clubs, fitness activities and various leisure activities

Services Coming Soon

- Intervention Services
- HCBS Services: Psychosocial Rehabilitation, Habilitation, Family Support and Training, Education Support Services, Empowerment Services/Peer Supports, Prevocational Services, Transitional Employment, Intensive Supported Employments, Ongoing Supported Employments



Training Institute

350 Hour CASAC Course

Re-credentialing hours for CASAC and LMSW/LCSW

Trainings provided by both local and national experts

- Motivational Interviewing
- De-escalation techniques
- Trauma Informed Care
- Opioid Overdose Prevention (Narcan) Training

Host of CNY Behavioral Health Conference

- April 6, 2016 at Sheraton Syracuse University



Facilities for Treatment of Addiction

- Belvedere Addiction Center
- Bright Path Counseling Center
- Central New York Services
- Conifer Park
- Crouse Hospital Chemical Dependency Treatment Services
- Forensic Consultants
- Professional Counseling Services
- Syracuse Behavioral Healthcare
- Syracuse Community Health Center
- Syracuse Recovery Services
- Tully Hill Chemical Dependency Treatment Center
- Upstate Medical University
- Veterans Administration Medical Center

Panel Three: Prevention of Addiction

- Ross Sullivan, MD, Toxicologist, Emergency Room Physician, Assistant Professor SUNY Upstate University Hospital
- Beth Hurny, LMSW, CASAC, Executive Director, Prevention Network,
- Gail Banach, MS, MSEd, IDDE, BA, Director of Public Education and Communications, Upstate New York Poison Center

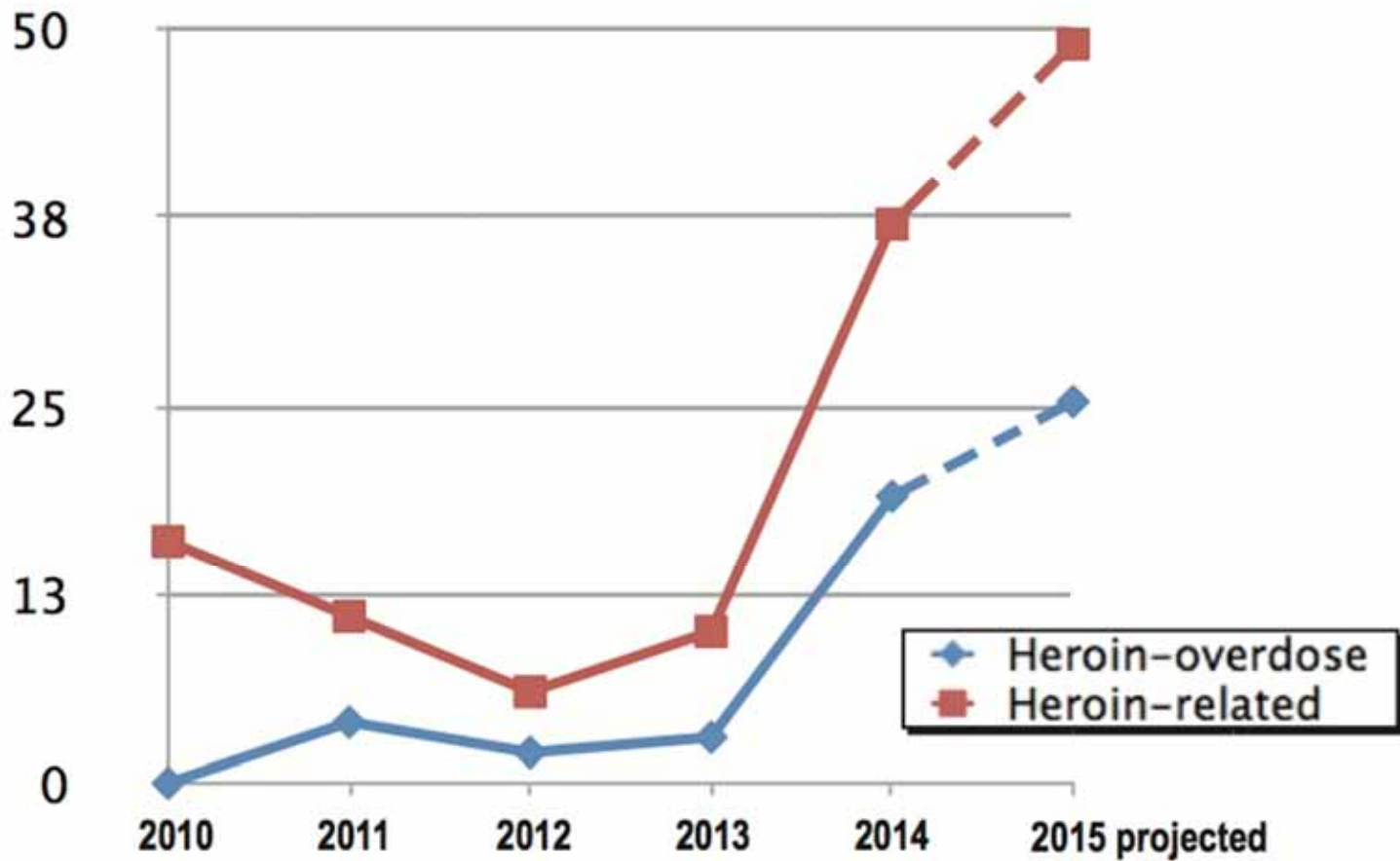
Ross Sullivan MD

Director, Medical Toxicology

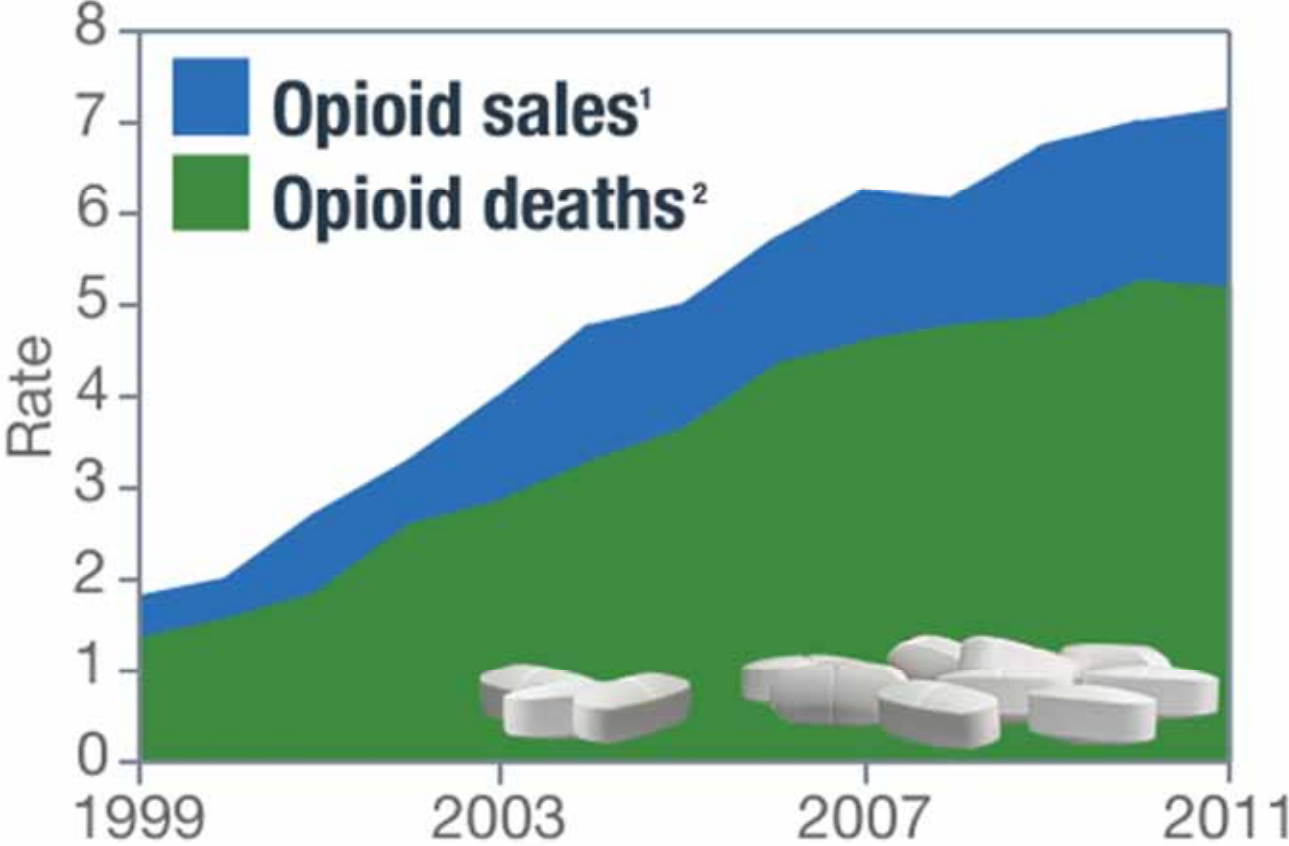
Assistant Professor, Emergency Medicine

SUNY Upstate Hospital

EMERGENCY ROOM VISITS



Rates of Opioid Sales and Overdose Deaths United States, 1999-2011



1. In kilograms per 10,000 people. 2. Per 100,000 people.
Source: Centers for Disease Control and Prevention.

1986

- Chronic use of opioid analgesics in non-malignant pain: report of 38 cases
- **“Opioid maintenance therapy can be a safe, more humane alternative to surgery or no treatment”**

1990

American Pain Foundation
recommended to make
pain “the fifth vital sign”

2001

**The Joint Commission launched
Pain: The Fifth Vital Sign
campaign.**

2004

Federation of State Medical Boards
called on state medical boards to make
under treatment of pain punishable.

Improving the Way Opioids are Prescribed for Safer Chronic Pain Treatment



The problem:

Existing guidelines vary in recommendations, and primary care providers say they receive insufficient training in prescribing opioid pain relievers. It is important that patients receive appropriate pain treatment, and that the benefits and risks of treatment options are carefully considered.



259 million

In 2012, health care providers wrote 259 million prescriptions for opioid pain relievers – enough for every American adult to have a bottle of pills ¹



300% increase

Prescription opioid sales in the United States have increased by 300% since 1999², but there has not been an overall change in the amount of pain Americans report^{3,4}.



2 million

Almost 2 million Americans, age 12 or older, either abused or were dependent on opioid pain relievers in 2013.⁵



16 thousand

In 2013, more than 16,000 people died in the United States from overdose related to opioid pain relievers, four times the number in 1999.⁶

Improving practice:

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these powerful drugs.

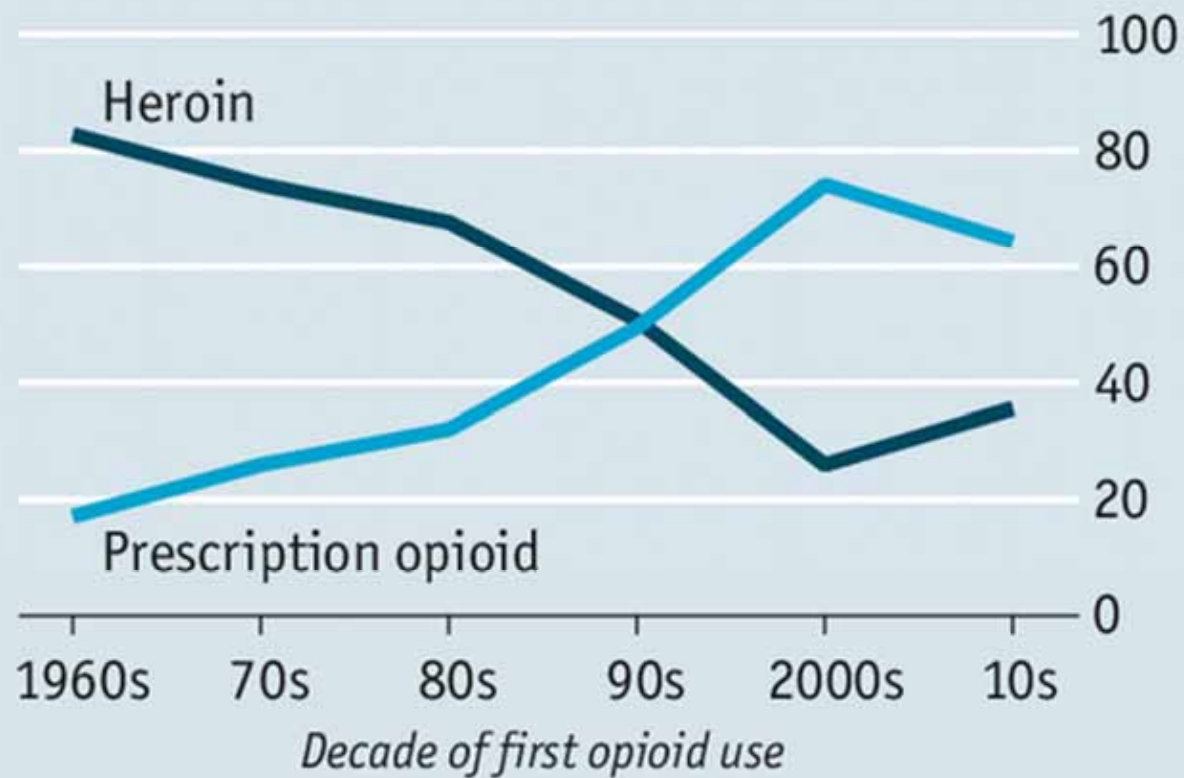
What We Learned?

Opioids are **BAD** for chronic pain!

- Tolerance/withdrawal/addiction
- Severe constipation
- Change of personality/behavior
- Scientifically proven that after 2-3 weeks on an opioid, those opioids cause **INCREASED PAIN**
- In fact, one time prescriptions in adolescents for legitimate pain actually **INCREASES** their risk of addiction later on

New means, same end

Heroin-dependent sample that used heroin or a prescription opioid as their first opioid of abuse
% of total



Source: *JAMA Psychiatry*

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

How Can We Prevent It?

I-STOP

Internet System for Tracking Over Prescribing Prescription Monitoring Program

- Effective August 27, 2013 prescribers are required to consult the Prescription Monitoring Program (PMP) Registry for Schedule II, III, and IV controlled substances.
- The PMP Registry provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients. The PMP is available 24 hours a day/7 days a week

How Can We Prevent It?

REDUCE First time opioid prescription

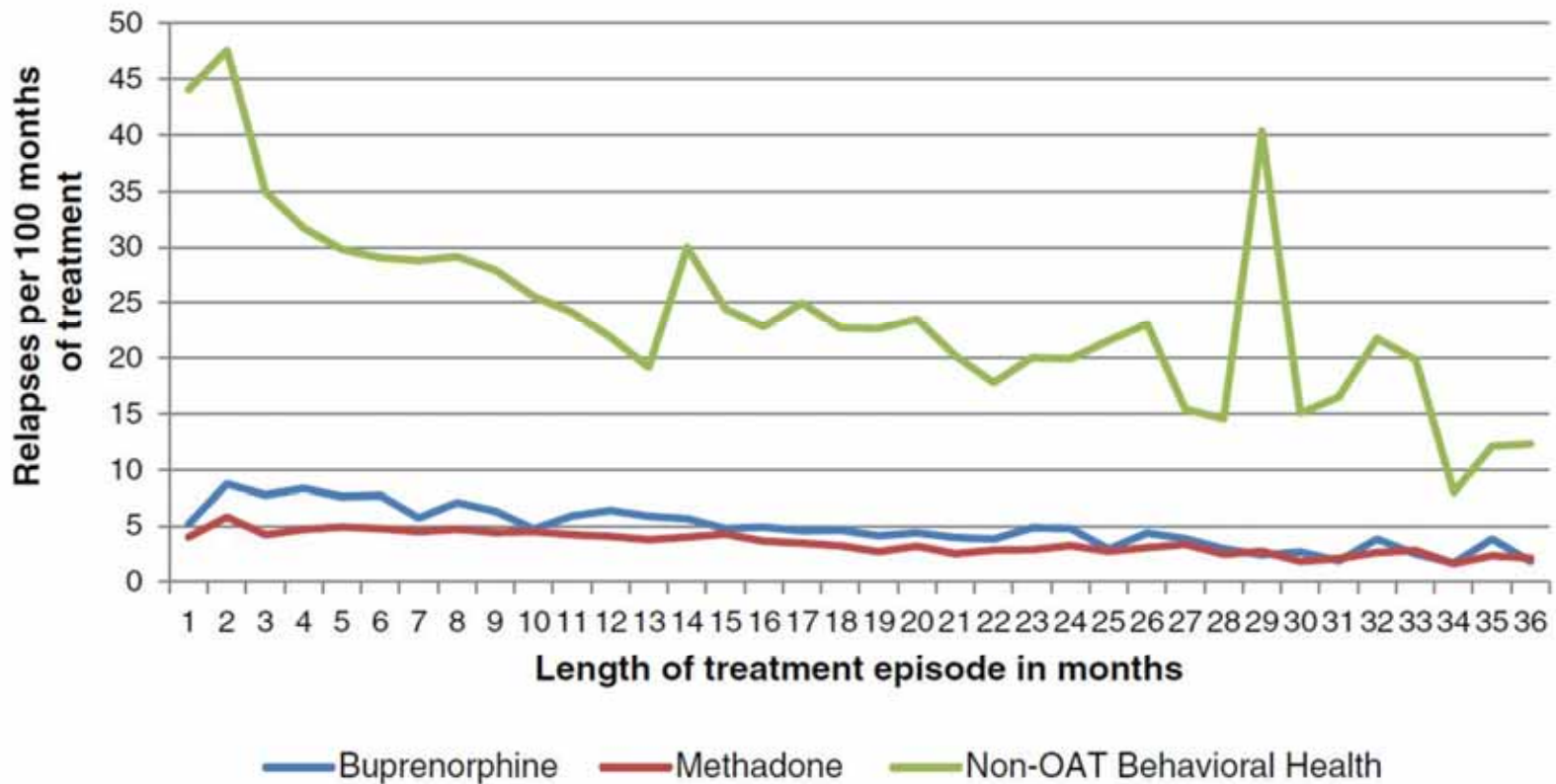
Alternative ways to treat pain

- Non Opioids
 - Tylenol / Motrin
 - Aspirin
 - Lidocaine patches
- Exercise
- Massage/stretching
- Meditation
- Acupuncture

How Can We Prevent It?



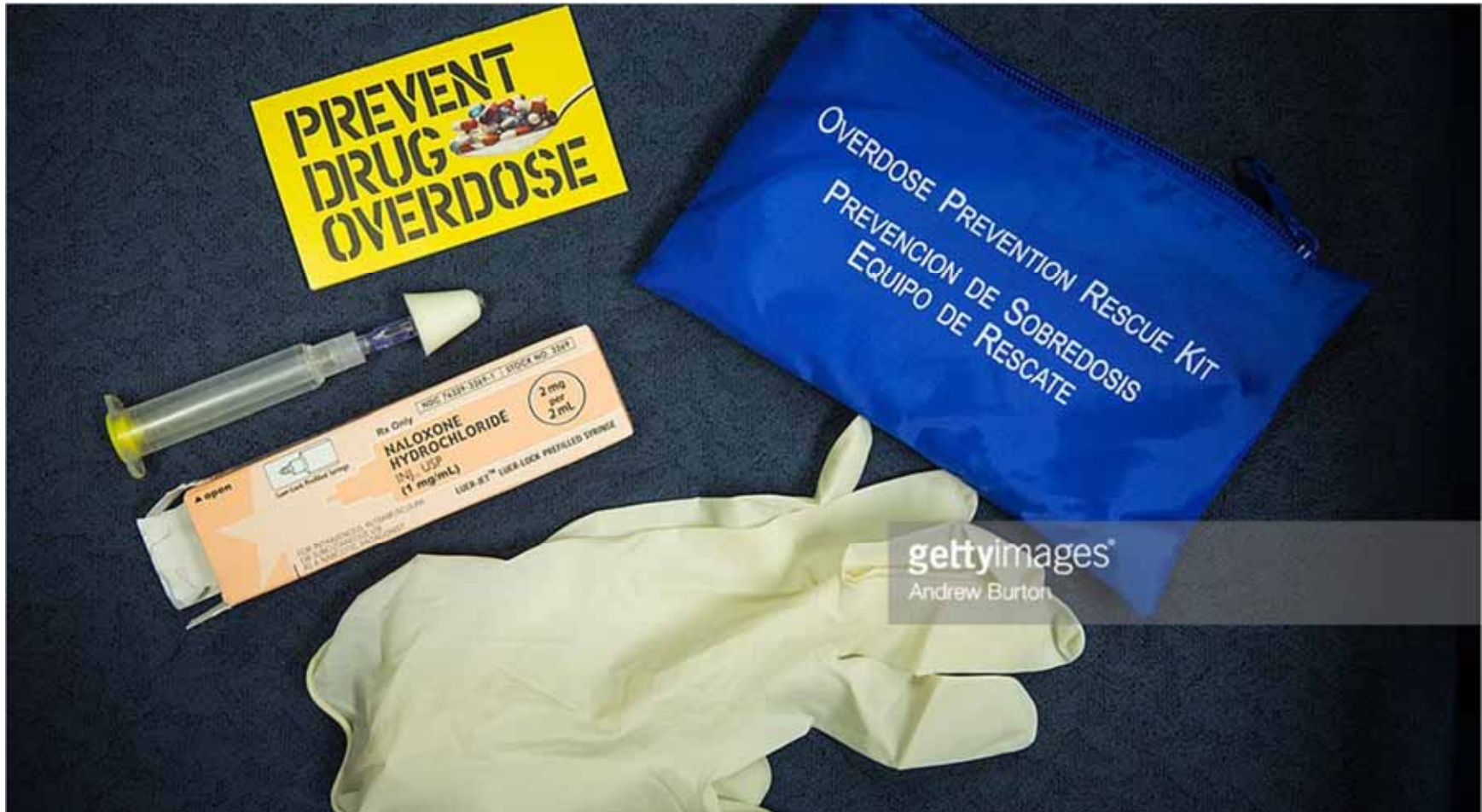
REDUCE



ing treatment among MassHealth members who received treatment for opioid addiction between 2003 and 2010¹. ¹ N = 18,866 episodes of buprenorphine treatment and 31,220 episodes of non-OAT behavioral health treatment in month 1. 33% of buprenorphine episodes, 52% of methadone episodes, and 1% of non-OAT treatment episodes lasted 12 months or more. 13% of buprenorphine treatment episodes, 27% of methadone episodes, and 1% of non-OAT treatment episodes lasted 36 months or more.

REVERSE

Naloxone Prevention Program



Together We Can Prevent This!

- Talk to your loved ones about pain and drugs
- Avoid prescribing/using first time opioids unless necessary
- Explore alternatives for pain relief
- As physicians, we need to join hands with all people in the fight against opioids and heroin

Beth Hurny, Executive Director
Prevention Network

Prevention Network

Our mission is to implement and support strategies promoting healthy choices that prevent addictions and address related concerns.



We provide substance abuse prevention education, information, referral, and support services across the lifespan

- Family Support Navigator
- Teen Institute – youth peer leadership
- Environmental Prevention
 - Community Coalitions
 - Environmental Strategies

Prevention Education

- Botvins Life Skills – Middle School & High School
- Victim Impact Panel
- Impaired Driver Program
- Prevention training program for OASAS professional certification
- Custom tailored educational presentations related to substance use issues to meet the needs of any community group
- Work closely with OASAS to provide researched-based programs

*We serve individuals, families, and communities
across all of Onondaga County*

SBIRT in Onondaga County

- SBIRT is a screening, brief intervention, and referral to treatment process to identify indicators of potentially undiagnosed mental health and substance abuse issues
- SBIRT can be applied in a variety of settings to address a multitude of substance abuse and mental health issues

For more information about SBIRT visit the
New York State Office of Alcoholism and Substance Abuse Services (OASAS)
<http://www.oasas.ny.gov/adMed/sbirt/index.cfm>

Gail Banach, MS, MSEd, IDDE, BA

Director of Public Education and
Communications

Upstate New York Poison Center
Upstate Medical University



Upstate New York Poison Center



Poison: anything that can harm you if it is 1) used in the wrong way 2) used by the wrong person or 3) used in the wrong amount

Upstate New York Poison Center

Open 24/7/365

- Provides help for the general public and healthcare professionals that call the Poison Center
- Staffed by RNs trained in toxicology, clinical (PharmD's) and medical toxicologists, (MD's) and educators
- Provides educational outreach and information to the hospitals and communities we serve
- Tracks and shares data in real time with local, state and federal government to keep you safe



Heroin and Opioids Calls Upstate New York Poison Center

	2012		2013		2014		2015	
	54 CTY	ONON	54 CTY	ONON	54 CTY	ONON	54 CTY	ONON
Heroin	177	40	241	83	348	95	333	99
Opioids	3555	376	1337	213	2367	362	2366	247

The Upstate New York Poison Center provides educational information to the communities we serve.



ONE SOLUTION In Onondaga County

SNADD

SNADD = **S**harps, **N**eedles, **AND** **D**rug **D**isposal

For proper disposal of drugs and needles/sharps

You can dispose of drugs and sharps at participating local law enforcement agencies, to rid your home of unwanted drugs

Police Departments



DEA Collection



OCCRA/Covanta



SNADD

Aim: To reduce accessibility & availability of drugs through safe disposal

Police Departments now collecting meds and sharps

- Baldwinsville
- Camillus
- Cicero
- Dewitt
- Manlius



Collection since 11/15 totaling 120 lbs of drugs, 10 lbs of needles

A Personal Perspective:

Rob

Closing Remarks

Where do we go from here?

- Connect with the Task Force for any question, presentation or for feedback
- Plan similar events in every school and community small or big- task force member will be at your side if you need help
- Work to reduce stigma
- Resources are on line- go to our website

Where do we go from here?

- Have a conversation at the dinner table with your children, parents, friends
- Monitor for troubling signs and ask questions
- Stay informed about what is happening in the community
- Learn about problems of prescription opioid pain killers and ask question if pain medication is given to you.

Work Together in Coalition

- You are not alone in this fight!
- Parents, children, families
- Neighborhood community coalitions
- Providers working to streamline resources
- Physicians coalitions works to reduce the opioid prescription pain killers

OASAS Public Awareness Initiatives



- Combat Heroin campaign provides prevention, treatment and recovery information and resources related to Heroin and Prescription Drugs
- <http://combatheroin.ny.gov/>

Facilities for Treatment of Addiction

Substance Abuse and Mental Health Services Administration

SAMHSA

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Find Help Topics **Programs & Campaigns** Grants Data Priorities About Us Publications

Programs & Campaigns > Medication-Assisted Treatment > Physician and Program Data > Buprenorphine Treatment Physician Locator

Medication-Assisted Treatment

- Certification of Opioid Treatment Programs
- Buprenorphine Waiver Management
- Oversight of Accrediting Bodies
- Medication and Counseling Treatment
- Training Materials and Resources
- Physician and Program Data
- Buprenorphine Treatment Physician Locator**
- DATA-Certified Physicians
- Legislation, Regulations & Guidelines
- About DPT

Buprenorphine Treatment Physician Locator

Find physicians authorized to treat opioid dependency with buprenorphine by state.

Select a state from the map or use the drop down lists to view all of the physicians certified to provide buprenorphine treatment in a city, state or zip code.

Zip Code: City:

State:

First	Last	Deg.	Address	City	State	Zip	Tele.	Fax
Dr. Dorothy	Lennon	M.D.	109 South Warren Street Suite 806	Syracuse	New York	13202	(315) 475-4777	

National Institute on Drug Abuse

en español

Researchers | Medical & Health Professionals | Patients & Families | Parents & Educators | Children & Teens

NIH National Institute on Drug Abuse
The Science of Drug Abuse & Addiction

enter keywords

Connect with NIDA:      

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Researchers



[Funding Opportunities](#)

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News

NIDA editorial urges safer opioid prescribing practices for pregnant women

New opioid prescribing policies not likely to have caused increase in heroin use

Registration open for Drugs & Alcohol Chat Day, SHATTER THE MYTHS pledge card available

Drug use trends remain stable



Summer Research with NIDA, applications due 2/14/16

1 2 3 4 II

Latest Science

Teen Opioid Prescriptions Raise Risk of Later Opioid Misuse ([Science Feature](#))

Encouraging News from Monitoring the Future ([Nora's Blog](#))

Survey Examines Risky Behavior Among Young HIV+ Men ([Science Feature](#))

[View More](#)

[News From NIDA's Labs](#)

Trends and Statistics



DIFFERENCES IN MARIJUANA USE DISORDER

Women	Men
• Greater disorder severity	• More serious disorder
• More anxiety disorder	• More antisocial personality disorder
• More panic attacks	• More of other substance use problems

PRESCRIPTION PAIN MEDICINES

This infographic shows differences in substance use trends between women and men for marijuana use disorder, abuse of prescription pain medicines, treatment admissions for sleeping aid misuse, and nicotine cessation.

[See the infographic](#)

[Get More Stats](#)

[See All](#)

NIDA Director



[Director's Page](#)

[Nora's Blog](#)

[Videos](#)

National Drugs & Alcohol Chat Day



Registration Now Open

ABCD Study



Adolescent Brain Cognitive Development

The largest long-term study of brain maturation and other health outcomes in youth. [More...](#)



[All Topics](#) > [Mental Health and Substance Abuse Services](#)

Substance Abuse Services, Onondaga County

[Assessment for Substance Abuse](#) (35)

[Detoxification](#) (3)

[DUI Offender Programs](#) (2)

[Substance Abuse Education/Prevention](#) (18)

[Substance Abuse Treatment Programs](#) (102)

[Supportive Substance Abuse Services](#) (12)

[Transitional Residential Substance Abuse Services](#) (8)

Serving Residents of:

- Jefferson
- Lewis
- Onondaga
- Oswego
- St. Lawrence

Find near Zip Code

Miles:

CONTACT
Community Services
Advocate. Counsel. Teach.

211CNY is answered by:

CONTACT COMMUNITY SERVICES, INC.
6311 Court Street Road
East Syracuse, NY 13057
www.contactsyracuse.org

Phone: (315) 251-1400
Fax: (315) 251-2218
211cny@contactsyracuse.org




United Way of Central New York
United Way of Greater Oswego County
United Way of Northern New York, Inc.

Onondaga County Health Department Heroin Webpages

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Combat Heroin on.gov.net



How May We Help You? Where Can I Find?

HL HOME | HEALTH A-Z | CONTACT | PRESS RELEASES | PROFESSIONALS | FORMS/PUBLICATIONS | DATA | VOLUNTEER/INTERNSHIP | BOARDS/PARTNERS | BLOG

- Combat Heroin
- Register for the Forum
- History of Heroin
- Opioid Pharmacology
- Local Statistics
- Contact Us

Health Department Home

Combat Heroin

Current Heroin Epidemic

Heroin use is increasing across all social classes in Onondaga county similar to state and national trends. Two, main reasons for this troubling trend are:

- Increased use of prescription opiate pain medications
- Availability of cheap heroin

What are Opiates and Opioids?

Opiates and opioids are classes of depressant analgesics derived from or chemically similar to substances found in *P. somniferum*, the opium poppy. They include both naturally occurring and synthetic substances. **Opiates** are **benzylisoquinoline** alkaloids, which are found naturally in the poppy plant *Papaver somniferum*. The psychoactive compounds found in the opium plant include **morphine**, **codeine**, and **thebaine**.

Opioids is the broader term which includes all substances with opium-like effects, including opiates, semi-synthetic opioids derived from morphine (such as **heroin**, **hydrocodone**, **hydromorphone**, **oxycodone**, and **oxymorphone**), and synthetic opioids which are not derived from morphine (such as **fentanyl**, **buprenorphine**, and **methadone**).

Heroin is illegal in the United States and is both physically and psychologically highly addictive. It can be injected, inhaled or snorted, and is the fastest-acting opioid. Large doses of heroin can cause fatal respiratory depression. Heroin use has been rising since 2007, growing from 373,000 yearly users to 669,000 in 2012, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). An estimated 467,000 people in the US were addicted to heroin in 2012, and heroin overdose death rate quadrupled in a decade to reach 8,300 in the US in 2013.

Prescription pain relievers can be abused illegally for their opioid effects by those without prescriptions or a medical need. Some commonly abused or illegally resold pain relievers include: Hydrocodone (Vicodin), Oxycodone (OxyContin, Percocet, Percodan), Morphine, Codeine and Methadone.

Risk Factors for Heroin Abuse or Dependence

- History of alcohol abuse, marijuana, or cocaine
- History of prescription opioid pain medications

According to the CDC, the likelihood of heroin addiction doubles with the alcohol use, triples with Marijuana use, increases 15 times over with Cocaine and 40 times over with the use of prescription opiates.


Heroin use is part of a larger substance abuse problem.

Onondaga County Health Department Heroin Webpages

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Health Department Home

Combat Heroin - Community Drug Task Force Feedback

Thank you for contacting us!

1. Do you have a question about opiate or heroin prevention and treatment?
2. Are you interested in Narcan training?
3. Are you planning a community forum and would like to request a speaker or planning guidance?
4. Are you looking for resources in our community (in addition to what is available on the [OASAS](#), [NYS Combat Heroin](#), and [Onondaga County websites](#))?
5. Or just want to give feedback to the Task Force?

Please let us know using the form below. Your question or comment will be directed to the members of the Onondaga County Drug Task Force. You will receive a response from the Task Force member(s) most appropriate for the nature of your question or comment. Thank you!

Community Drug Task Force Feedback

Name: * Email: *

First Last

Phone: - -

*** **

Question or Comment: *

Thank You