

# **NEW YORK STATE SENATE**

## **Joint Task Force on Heroin and Opioid Addiction Forum**

### **TESTIMONY**

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I want to thank Senator Ritchie and the members of the bipartisan Senate Task Force for working to address heroin and opioid addiction in our State, and for investing the time to hear from your constituents about a plague that is slowly decimating our families and communities.

The opioid abuse and overdose epidemic has reached crisis proportions in recent years. A 2012 federal survey on drug use and health reported that the number of people who said they used heroin in the past 12 months rose 79%, from 373,000 people in 2007 to 669,000 people in 2012. The agency also reported that the number of people dependent on heroin rose 106%, from 179,000 people in 2007 to 369,000 people in 2011. It is evident that heroin is highly addictive. The National Institutes of Health estimate that approximately 23% of individuals who use heroin become dependent.

The U.S. Centers for Disease Control report that in 2010, opioids – including both prescription painkillers and heroin – were responsible for nearly 20,000 overdose deaths in this country. And while prescription painkillers continue to account for the majority of opioid overdoses, deaths from heroin overdose increased by 45% between 2006 and 2010, fueling concerns nationwide that progress in reducing prescription painkiller misuse is being offset by a dramatic rise in heroin use and its attendant social and health consequences, including addiction, hepatitis C, and overdose.

Active abuse of prescription opioids and heroin is alive and well in Jefferson County, and as a result, we are clearly seeing increased Hepatitis C diagnoses, overdose, and overdose deaths. Let me share with you the impact we are experiencing.

Hepatitis C cases have significantly risen in Jefferson County since 2001. Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, chronic, lifelong illness that attacks the liver. Unlike Hepatitis A & B, there is no vaccine to prevent Hepatitis C. Jefferson County has seen chronic Hepatitis C cases jump from 1 in 2001, to 59 in 2007, to 67 in 2013. Jefferson's rise is not out of line with what is occurring statewide and nationally. The increase can be attributed to more testing, which is a good thing. But it's also a result of increased high-risk injection drug use, the sharing of needles and other drug paraphernalia, and the resulting bloodborne transmission of virus. Treating and managing individuals with chronic Hepatitis C is complex and expensive. Many people currently with Hepatitis C choose to forego the care that they need due to lack of access to an

infectious disease specialist and the cost for treatment, but this only serves to exacerbate disease and dramatically increase the costs – and right at the point where they face required medical intervention to live.

On the overdose front, there is significant activity in Jefferson County. Consider the 2-year time period of 2011 through 2012. Fire and Emergency Management calls indicate 698 overdose calls. 301 people visited the Samaritan Medical Center emergency department with 30% of these people presenting with self-inflicted injury related to overdose or suicide attempts, and 25% of these individuals presenting with opioid overdose. There were 199 total in-patient hospital stays at Samaritan Medical Center due to drug overdoses, with 74% of these individuals admitted with self-inflicted injury related to overdose or suicide attempt, and 38% of these stays specifically due to opioid overdose.

Overdose deaths in Jefferson County, particularly those related to opioids, are on the rise. Overdose deaths spiked 80% between 2010 and 2011, and have remained at the highest levels we've ever experienced since. Of the 48 overdose deaths from 2011 through 2013, 79% (38) had a lethal toxicology attributed to opiates, and 50% (6 heroin; 13 morphine) of these were specifically due to heroin and morphine overdose. Morphine is a breakdown product of heroin. Since 2011, drug overdose has become the leading cause of injury death in Jefferson County.

As a City Councilman, the drug and heroin use in my City, and its impact on neighborhoods, children, and families is alarming

and deeply concerning. Of all Samaritan ED and inpatient overdose visits mentioned, 48% were residents of the City. Of all overdose deaths from 2011-2013, 44% were residents who lived in the City. But of the total County population of 118,000 people, only 22% are City residents. These program data compared against population concentrations of city vs. rest-of-county underscore that drug use, and all its associated activities and bad outcomes, is most prevalent in the City of Watertown.

And so, a combination of short-term and long-term approaches are needed to combat the drug problem in our communities. And as I alluded to previously, there is great concern that the tightening up of prescription drug ordering and dispensing is having the unintended consequence of increasing heroin use and overdose for those opioid-addicted. Emerging overdose education and Naloxone distribution programs work, but currently rely on limited funding and loose policy to meet a growing need. Tighter policy and greater availability of targeted funds now through public health and prevention, emergency medical service, addiction treatment and recovery services would hasten the expansion of these programs to meet growing need and demand.

Long-term, a legislated commitment to invest and maintain support of opioid overdose fatality prevention efforts within the State Department of Health, county health and mental health departments, and community-based organizations that strengthen abilities to deliver ongoing overdose recognition and intervention training and education, and expand access to rescue medications and other evidence-based strategies is



needed to control the current crisis and mitigate it far in the future.

In conclusion, there is much to be done and no time to lose in the battle against opioid overdose. We need long-range efforts to address the underlying causes and factors which led to the initial rise in prescription opioid misuse and resultant growth in heroin use, together with immediate actions to avert additional deaths and tragedies in the short-term.

Please feel free to contact me if you have questions or would like additional information. And I thank you for your time and attention.