



# County Health Officials of New York

Leading the way to healthier communities

November 15, 2019

Written Testimony submitted by  
Sarah Ravenhall, Executive Director on behalf of  
The Board of Directors and Membership of the  
New York State Association of County Health Officials (NYSACHO)  
to the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention

***NYSACHO's MISSION:***

To support, advocate for and empower local health departments in their work to prevent disease, disability and injury and promote health and wellness throughout New York State.

*NYSACHO is incorporated as a not-for-profit, non-partisan charitable organization with 501(c)(3) tax exempt status.*

CONTACT: Sarah Ravenhall, Executive Director, [sarah@nysacho.org](mailto:sarah@nysacho.org), 518-456-7905, ext. 108

1 United Way, Albany, NY 12205 [www.nysacho.org](http://www.nysacho.org)

On behalf of our members, the 58 local health departments in New York State, I would like to thank Senators Harckham, Carlucci, and Rivera along with members of the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention for their leadership, and for including the New York State Association of County Health Officials (NYSACHO) in this important public hearing. County health officials are deeply invested in untangling the nation's opioid crisis and the significant impact it has had across New York State. New York State local health departments (LHDs) are determined to address this public health challenge via implementation of evidence-based initiatives at the local level.

According to the Centers for Disease Control and Prevention (CDC), since 1999, more than 700,000 people have died from a drug overdose in the United States. Furthermore, an average of 130 Americans die every day from an opioid overdose. In New York State, specifically, opioid overdose deaths have increased drastically between 2015 and 2016. The rate of overdose deaths associated with any opioid in New York State was almost three times higher in 2016 (15.1 deaths per 100,000 individuals) than it was in 2010 (5.4 deaths per 100,000 individuals). Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, fentanyl and morphine, as well as illegal opioids such as heroin, illicitly manufactured fentanyl and fentanyl analogues, and opium. Overdose information is generally recorded based on the number of associated deaths, emergency department (ED) visits, and hospitalizations. As a result of this crisis, many New York State residents and their families are facing negative health consequences and are unable to live life to their full potential. The National Institute on Drug Abuse (NIIDA) reports individuals impacted by the opioid crisis are more likely to experience early mortality or severe morbidity, which may even be passed on to future generations through conditions like neonatal abstinence syndrome.

The Centers for Disease Control and Prevention (CDC) reports lessons gleaned from previous public health emergencies, such as the AIDS crisis in the 1980s and 1990s, indicate the importance of meeting people where they are. This requires an understanding of, and connection to, individuals' lives and circumstances. No one knows this better than the staff who work in New York State's 58 local health departments (LHDs). Local health departments conduct Opioid Overdose Prevention Programs (OOPP) in many counties and provide educational resources to at-risk families. Through the OOPP, community members can enroll in overdose trainings and can receive free first responder kits, which include naloxone, a medication designed to quickly reverse opioid overdose. Unfortunately, LHDs face barriers in offering these services due to a variety of reasons, which have been brought to the forefront by our counties through survey responses and written excerpts.

We present this testimony to clarify the responsibilities that local health departments (LHDs) have with respect to opioid use prevention programs and services, to point out the barriers that LHDs experience in providing these services, and lastly, to propose the initiation and/or expansion of activities that help prevent opioid related overdose and deaths.

#### **Barriers in providing opioid overdose prevention services**

Public health has been critically underfunded for the past decade and local health departments are working with limited staff and resources while addressing an ever-increasing spectrum of threats to public health and safety. Given the examples of interventions led by local health departments above, if flexible and dedicated funding was allocated to this effort, local health departments would have increased capacity to conduct and expand upon the work they are doing to address the opioid epidemic.

Local health departments work hard to ensure that Opioid Overdose Prevention Programs are accessible, comprehensive and inclusive to all community members. There are factors that impact the efficiency of these local programs which LHD staff do not have control over. Many of these barriers can be addressed through administrative or regulatory changes to allow for more cooperative, joint approaches across jurisdictions and regulatory agencies.

#### **Limited resources in rural communities**

Addiction is a multifaceted issue that arises from an interplay of genetic, social, and environmental factors that accumulate over the life of an individual. Resources directed towards care which, although important, address only the downstream needs of individuals and families, and do not address the underlying upstream factors influencing the rise in opioid use and overdose incidents. Our rural counties have indicated the importance of addressing the social determinants of health (SDOH) as they are often the root cause of public health crises such as the opioid epidemic. Counties have emphasized living wages, accessibility in terms of transportation, affordable and supportive housing, social support networks and literacy levels.

Counties also offered potential solutions to address the opioid overdose incidents in rural communities. Many of the suggested solutions involve community building and increasing community understanding of the complex factors that influence drug use and compassion for drug users. Other strategies include telehealth services, the introduction or expansion of peer programs, partnerships with community

organizations and schools and increased harm reduction services. Rural communities in New York need increased initiatives to support trainings, education, and policies to ensure that both younger and older populations are aware of the effects of drug use allowing them to make well-informed decisions with regards to their health.

### **Expanded collaboration**

Collaboration between key State agencies such as the Department of Health, Office for Alcohol and Substance Abuse Services, Office of Mental Health, Division of Criminal Justice Services, and the New York State Department of Education are crucial to addressing the opioid epidemic. State-level collaboration is necessary to ensure stakeholders view and analyze opioid use from various angles and will allow for development of a coordinated plan to tackle the issue in an efficient and cohesive manner. It may also lead to more effective use of resources for overdose initiatives as collaboration ensures that agencies are not doing duplicative work and therefore, some agencies may have additional funding to support new or expanded initiatives needed to address unmet needs. Such collaborations will help address the opioid epidemic through the following avenues:

1. Reduce Supply

This component encompasses the important work that law enforcement agencies and the criminal justice community do to aggressively pursue drug traffickers, and keep systems in check when it comes to identifying abuses in the healthcare delivery setting, such as over-prescription by a particular doctor or “doctor shopping” by a particular patient.

2. Reduce Demand

Reducing the supply is important but must be coupled with preventative strategies. In a profit based, supply and demand driven system, if the supply is reduced and supply agents are removed (drug dealers arrested) and the demand still exists, new suppliers will quickly fill the void. For this reason, reducing demand is a complex process that includes awareness and education throughout the community. This can be achieved by implementing evidence-based practices in schools, educating physicians, building and supporting strong local community coalitions and creating and implementing ubiquitous counter-advertising (like tobacco control/smoking prevention advertising). This can be further achieved by carrying out community awareness forums, and by holding

pharmaceutical companies accountable for the marketing tactics that have led to the increased use of these highly addictive products.

3. Treatment and Recovery

Despite the best efforts of law enforcement and public health education and awareness, far too many individuals become addicted. It is essential that people living with addiction receive the appropriate and specific help that they need. Finding the right help as well as adequate health insurance coverage to pay for treatment is critical.

Collaboration between state agencies helps to ensure that individuals are receiving the required treatment and services. We must continually explore new and innovative practices that can help improve the availability and effectiveness of these services.

A successful program, as a result of interagency collaboration, is being led in Suffolk County. The Department of Health Services at Suffolk County leveraged funding from the New York State (NYS) Office of Mental Health and the NYS Office of Addiction Services and Supports to bring together a variety of stakeholders, including treatment providers, local police departments, and hospital networks, creating a program that takes a holistic approach in helping individuals address their immediate needs and links them to ongoing treatment and support. The program, Diagnostic Assessment Stabilization Hub (DASH), is operated through a contract with the Family Service League and is seeing impressive numbers of people being served and connected to ongoing treatment and services. DASH operates under a “no wrong door” philosophy to support individuals and families, five years of age and older. The program is also a valuable tool for law enforcement agencies as it provides access to care and support in lieu of arrest and incarceration.

Since its opening in Spring 2019, DASH has helped thousands of people through its 24/7 hotline, on-site clinical and support services, and through its mobile response team. DASH has answered over 5,000 hotline calls, cared for over 2,500 individuals on-site, and met with over 2,000 people in the community through its mobile response feature. In addition, over 100 people have been inducted on buprenorphine, a medication-assisted treatment (MAT) used to treat Opioid Use Disorder (OUD), and many more have been provided Naloxone kits and overdose prevention education. In addition, there has also been a decrease in the number of Comprehensive Psychiatric Emergency program (CPEP) and ED visits since DASH opened its doors. The development of this program has removed countless barriers and increased access to the appropriate levels of care for many Suffolk County residents.

### **Funding Local Health Departments**

Counties have indicated the need for flexible funding so that they can develop and implement holistic approaches to address the opioid epidemic. Increased funding can address barriers in administering OOPPs, providing Naloxone kits and other related health and social services. There are only 24 counties currently receiving federal opioid crisis grants through the New York State Department of Health. NYSACHO requests the State of New York invest funding for all 58 counties, including New York City via grant programs so that local health departments can strengthen their opioid crisis interventions. With increased flexible funding to localities, local health departments, in coordination with community partners could introduce or expand upon activities including:

1. Hire additional staff that are dedicated to coordinate activities with stakeholders
2. Communication strategies engaging the media with a focus on promoting local and regional efforts for combatting opioid epidemic and, providing information to the public on how people can link to training, prevention and crisis response
3. Increasing educational efforts/outreach by conducting public forums and facilitating meetings and discussions, implementing educational programs aimed at raising community awareness and destigmatizing opioid addiction among public and law enforcement, providing Naloxone training for families/communities and first responders to mitigate adverse effects of drug overdose, and supporting school health literacy with respect to substance abuse
4. Decrease accessibility of unused controlled substances by leading drug takeback events, and promoting drug takeback programs that will become available as a result of the 2018 drug takeback statute
5. Assembling regional coalitions and broadening of the county-level opioid task forces to combat the opioid epidemic
6. Formalize a regional workforce development/training curriculum for law enforcement agencies dealing with substance abuse related emergency response, that include adverse childhood experiences (ACEs), Trauma Informed Care, Mental Health First Aid, and cultural competency
7. Purchasing and distributing Naloxone beyond what is provided to counties, to ensure accessibility

## **Evidence-Based Strategies**

In addition to the suggestions mentioned above, with grant funding, LHDs can update pre-existing programs and/or adopt evidence-based strategies suggested by the CDC to address the opioid epidemic in their county, which of course, is dependent on funding from State and associated agencies.

1. Targeted Naloxone Distribution

Naloxone is an opioid antagonist, which has the potential to reverse the effects of opioid overdose both rapidly and safely. Targeted distribution programs aim to train and equip individuals who are most likely to encounter or witness an overdose, especially people who use drugs and first responders with naloxone kits. The most effective ways to implement this includes community distribution programs, co-prescription of naloxone, and equipping first responders.

2. Medication-Assisted Treatment (MAT)

MAT is a proven pharmacological treatment for OUD. Agonist drugs, such as methadone and buprenorphine, activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria. It is effective at reducing use and helping people to lead normal lives. MAT works best when it is carried out with services like counseling and social support and when it involves fixed, safe, and predictable doses of medications.

3. Academic Detailing

Academic detailing consists of structured visits to healthcare providers, by trained professionals, who can provide tailored training and technical assistance to promote best clinical practices. In the context of overdose prevention strategies, academic detailing can be used to assist physicians in reducing potentially risky opioid prescribing practices, to prepare pharmacists to effectively distribute naloxone to the public, to co-prescribe naloxone with opioid prescriptions, and many other ground-breaking and community-based initiatives designed to deliver new skills to individuals who have the ability to make an impact on the rate of overdose in their communities. The Madison County Health Department partnered with other agencies and conducted academic detailing visits to 30 health care providers and 15 pharmacists. The input received from the providers was shared with the community at large and the opioid awareness task force to inform outreach, education and provider support strategies to help reduce prescription opioid use.

4. Syringe Service Programs

Syringe service programs are often referred to as “needle exchange” or “syringe exchange” programs and provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Programs that are more comprehensive often provide services such as safe disposal of syringes and needles, education about overdose and safer injection practices, referral and access to drug treatment programs (such as MAT) and other related services. Rather than encouraging use, these programs are a proven public health intervention, reducing the spread of infectious diseases, such as HIV, and Hepatitis A, B and C, in these high-risk populations for disease exposure through shared needle use.

### **Continued investment in Public Health Surveillance and Reporting**

Over the past few years, New York State put significant effort in improving opioid use related reporting and surveillance. Surveillance is critical to responding to any epidemic and accuracy, accessibility and timeliness are necessary to identify areas of need and interventions. Locally, many counties are using ODMAP to improve access to real-time overdose data. In Oneida County, County leadership, the Mohawk Valley Crime Analysis Center, and other key community stakeholders, collaborated with the Oneida County Health Department (OCHD) to form the Oneida County Overdose Response Team (a subgroup of the County’s Opioid Task Force) to implement and monitor the Overdose Detection Mapping Application Program (ODMAP) to support a coordinated and focused response plan to address opioid overdoses. All 16 of the counties local law enforcement agencies were recruited to report overdoses to ODMAP through a central hub. Implementing ODMAP has allowed for access to more real-time overdose surveillance data and supports the efforts of the Overdose Response Team (ORT) to monitor and alert the community for spikes in overdose events, mobilize action to address spikes and to deploy Certified Peer Recovery Advocates (CRPAs) to connect with overdose victims to assist in linking them to treatment and recovery services. The ORT also uses ODMAP to identify and alert the community and partners to drug trends and better evaluate the impact of the opioid epidemic on various demographic and geographic groups. From January to September 2019, 301 overdoses and 28 fatalities were captured in ODMAP; 2 spike alerts were issued; and 61 of the overdose victims were connected to peer and/or treatment services. Oneida County’s collaborative public health and public safety efforts in this initiative led to national recognition by the state and federal HIDTA program as a best practice and its successful application for the Bureau of Justice Assistance and CDC’s Partnerships

to Support Data-driven Responses to Emerging Drug Threats Grant to expand use of real-time data to mobilize action to address drug threats in the community.

NYSACHO recommends that continued support for expansion of ODMAP or similar tools be encouraged and supported to improve on the ground surveillance and rapid interventions when spikes in overdoses are identified.

#### **Public Health Infrastructure and Funding to Localities for Medical Examiners and Coroners**

Public health data, including data related to overdoses and opioid related death, relies on multiple sources, including death reporting from medical examiners and coroners. Up until 2011, medical examiner services related to public health work were reimbursable under Article Six state aid. At that time, the state decided to remove that funding from the general public health work appropriation and move it to the Division of Criminal Justice Services. Local health departments, Medical Examiners and Coroners objected to this, due to a need to maintain independence from law enforcement when their work intersected with criminal investigations. The result was that state support for Medical Examiner services simply disappeared from the state budget.

These services have been a 100% county cost since that time, even though the state has relied increasingly on the Medical Examiner/Coroner system for public health surveillance. Their work is particularly vital to surveillance of emerging public health concerns related to the opioid epidemic and suicide prevention. NYSACHO urges the legislature to recognize the valuable public health role of Medical Examiners and Coroners in the data collection, research and surveillance needed to identify trends and develop interventions, and work with NYSACHO and other county organizations to address the lack of state funding support for this critical public service.

Our recommendation is for the State of New York to provide for a 50-50 state and local match for counties investigating unattended deaths. Funding will support efforts by coroners and medical examiners to perform autopsy, pathology, and toxicology services including the identification of real-time trends such as prescription medication and drug abuse, lethal activities, and to alert the appropriate county and State agencies, and the public of these dangers.

## **Conclusion**

We hope to address this issue, never forgetting that behind all the statistics are individuals, families, and communities who are being torn apart each day. NYSACHO and its members are committed to mitigating the opioid overdose epidemic and supporting our members and communities as they continue to collect data, respond to overdoses, and provide supports to those in their communities.

In summary, we respectfully request the legislature to consider the following actions which will better protect communities in New York from death and illness stemming from the opioid crisis:

1. Increase the availability of flexible funding via grant programs to local health departments so they can enhance the services they offer within communities.
2. Support policy recommendations that strengthen and facilitate partnerships across state agencies and between those state and local government entities that share primary responsibility for tackling the opioid crisis in a holistic manner.
3. Consideration of the impact this crisis has in rural areas of the State and subsequent dedication of resources to jurisdictions in need.
4. Provide for a 50-50 state and local match for counties investigating unattended deaths.
5. Recognition of the negative impact the last several years of funding constraints has had on both the local and state public health workforce and work together to identify ways to maintain and enhance the capacity of our public health infrastructure.
6. Continued support for expansion of ODMAP or similar tools to improve on the ground surveillance and rapid interventions when spikes in overdoses are identified.

The County Health Officials of New York and their association, NYSACHO, look forward to working with you to develop the policies and identify the resources and services necessary to address this public health challenge.

## **Acknowledgements**

Thank you to NYSACHO members who provided local-level information that was used to compile this report. Work adopted from County Health Officials in Oneida, Suffolk, Madison and Ulster County were of unique importance to finalization of this document. We also thank Benish Syed, Policy Intern, University of Albany for writing this document. Thank you to the leaders and teams working within the

58 local health departments across New York State for their dedication to protecting the health and safety of communities where we live, work and play.

### References

Centers for Disease Control and Prevention. Understanding the Epidemic. Retrieved from:

<https://www.cdc.gov/drugoverdose/epidemic/index.html> on Nov. 14, 2019.

New York State Department of Health. Opioid Annual Data Report 2018. Retrieved from:

[https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_opioid\\_annual\\_report\\_2018.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2018.pdf) on Nov. 14, 2019.

National Institute on Drug Abuse. Opioid Overdose Crisis. Retrieved from:

<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis> on Nov. 14, 2019.

