

# STORIES *from* SULLIVAN

*How a Rural Community Responds to the Opioid Crisis*

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*September 25, 2018*



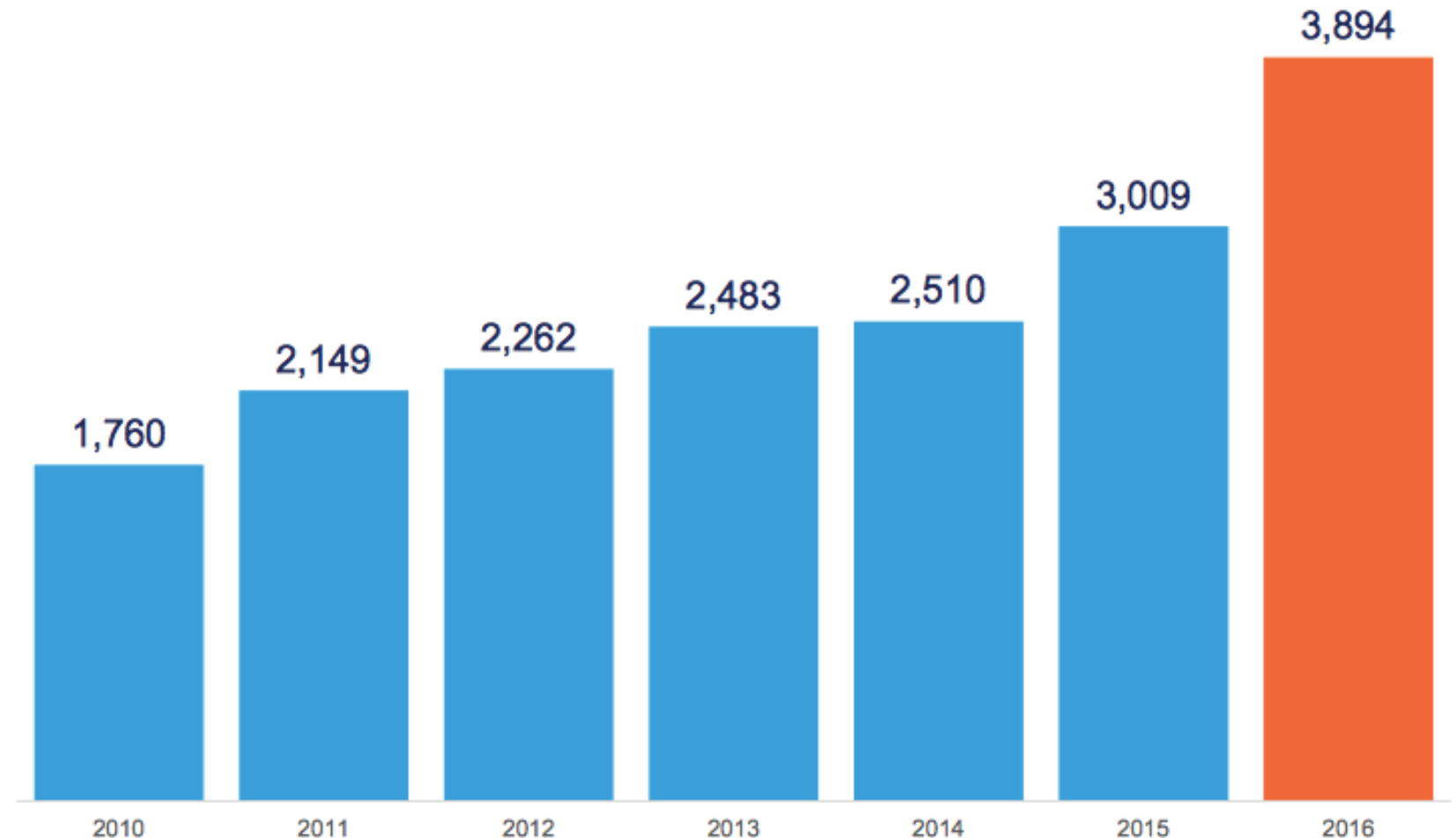
# The Problem

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# The Problem: Growing Drug Epidemic

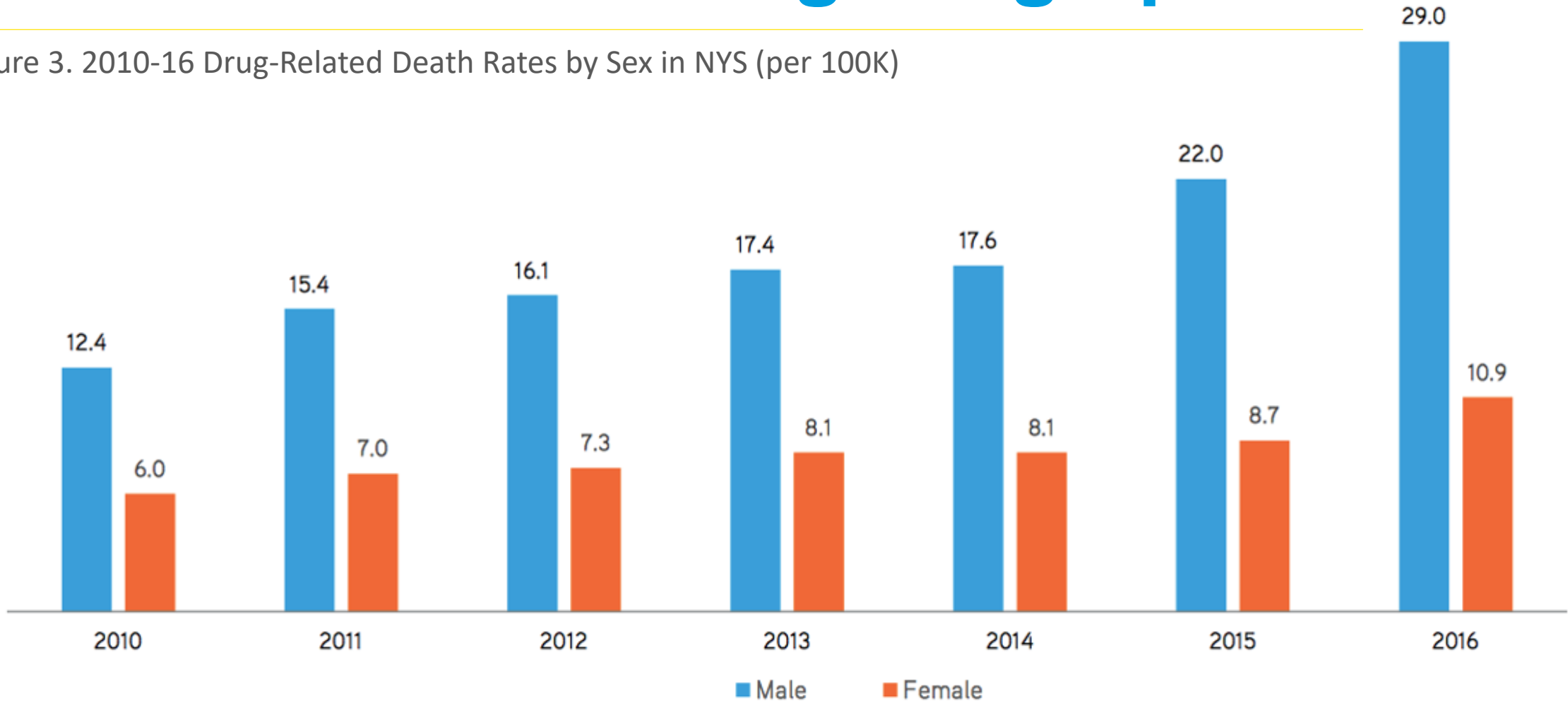
**FIGURE 1. Total Drug Overdose and Chronic Drug Abuse Deaths in New York State 2010-16**

*Source:* Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the fifty-seven vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on March 12, 2018 2:58:51 PM.



# The Problem: Growing Drug Epidemic

Figure 3. 2010-16 Drug-Related Death Rates by Sex in NYS (per 100K)



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the fifty-seven vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on March 12, 2018 3:31:34 PM.

Opinion

# States Show the Way on the Opioid Epidemic

The Trump administration ought to take a page from the areas of the country where opioid deaths are decreasing.

**By The Editorial Board**

The editorial board represents the opinions of the board, its editor and the publisher. It is separate from the newsroom and the Op-Ed section.

Aug. 24, 2018



# The Problem: End in Sight?

TABLE 2. Increase in Drug Death Rates by State and District of Columbia, 2015 to 2016

State	2015	2016	Change	State	2015	2016	Change
District of Columbia	19.3	40.5	21.2	Hawaii	12.2	14.5	2.3
Maryland	22.0	34.7	12.7	Oklahoma	19.2	21.4	2.2
Pennsylvania	26.4	37.2	10.8	Idaho	13.5	15.4	1.9
Ohio	29.4	38.5	9.1	Arizona	19.8	21.6	1.8
West Virginia	40.7	49.8	9.1	Minnesota	11.9	13.6	1.7
Delaware	22.0	30.3	8.3	Alaska	17.2	18.6	1.4
Massachusetts	27.2	34.9	7.7	Nevada	21.8	23.1	1.3
Florida	16.7	24.1	7.4	Colorado	16.4	17.6	1.2
New Jersey	16.8	23.8	7.0	Rhode Island	30.1	31.2	1.1
Maine	20.9	27.7	6.8	Alabama	16.7	17.6	0.9
Missouri	18.0	23.3	5.3	Oregon	15.1	15.9	0.8
Connecticut	23.0	27.9	4.9	Georgia	13.4	14.2	0.8
New Hampshire	32.5	37.1	4.6	Wyoming	16.9	17.6	0.7

# The Problem: Data

## Changes in Provisional Department of Health Data for Heroin Deaths for Selected Counties in 2016

County	Data from NYS Quarterly Report Published July 2017	Data from NYS Quarterly Report Published October 2017	Increase in the Number of Deaths	Percentage Increase
Broome	14	26	12	86%
Erie	47	71	24	51%
Monroe	37	56	19	51%
Nassau	28	51	23	82%
Oneida	23	34	11	48%
Onondaga	42	61	19	45%
Suffolk	72	117	45	63%
Westchester	35	53	18	51%

# Issue: Different Ideological Perspectives

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# Pete Orput, Chief District Attorney Washington County, Minnesota

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*Orput: "I don't know if zealously prosecuting drugs dealers for killing kids is going to stop it. I'm just not convinced it will."*

*The Daily: Do you see an impact on the street?*

*Orput: "No [laughter], but I don't give a shit...No, we can't even think about public policy on that. I look at it just on a very, very narrow view of 'you owe me for that dead kid.' That's it."*

# New York State's 911 Good Samaritan Law Protects YOU

The New York State 911 Good Samaritan Law allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing.

## The following are signs of an overdose. CALL 911 if the person:

- Is passed out and cannot be woken up;
- Is not breathing, breathing very slowly, or making gurgling sounds;
- Has lips that are blue or grayish color.

## Why should you care about the 911 Good Samaritan Law?

- The law empowers YOU to save a person's life.
- The law encourages anyone to call 911 when they see or experience a drug or alcohol overdose.

## Who is protected by the 911 Good Samaritan Law?

- Everyone — regardless of age — who seeks medical help for themselves or someone else during an overdose.
- The person who has overdosed.

### The law DOES NOT protect YOU from the following:

- A1 felony possession of a controlled substance (8 ounces or more);
- Sale or intent to sell controlled substances;
- Open warrants for your arrest; and
- Violation of probation or parole.

### The law DOES protect YOU from the following:

- Possessing controlled substances up to and including A2 felony offenses (anything under 8 ounces);
- Possessing alcohol, where underage drinking is involved;
- Possessing marijuana (any quantity);
- Possessing drug paraphernalia; and
- Sharing drugs

## What if I am accused of selling drugs?

- Calling 911 can be used in your defense when the charge is less than an A2 felony — as long as you don't have a prior conviction for an A1, A2, or B drug felony sales or attempted sales offense.
- Calling 911 can be a factor in reducing the length of a prison sentence for A1 and A2 felony convictions.

## What if I am under the age of 21 years, will this law protect me?

Yes. Nothing should stop YOU from calling 911 in a life-or-death situation.

# ADDICTION?

There is Always Hope...

LOCAL 24/7 INFO & REFERRAL:

# 866-832-5575

NATIONAL:

TEXT #HOPENY



**S.A.L.T.**  
SULLIVAN AGENCIES  
LEADING TOGETHER

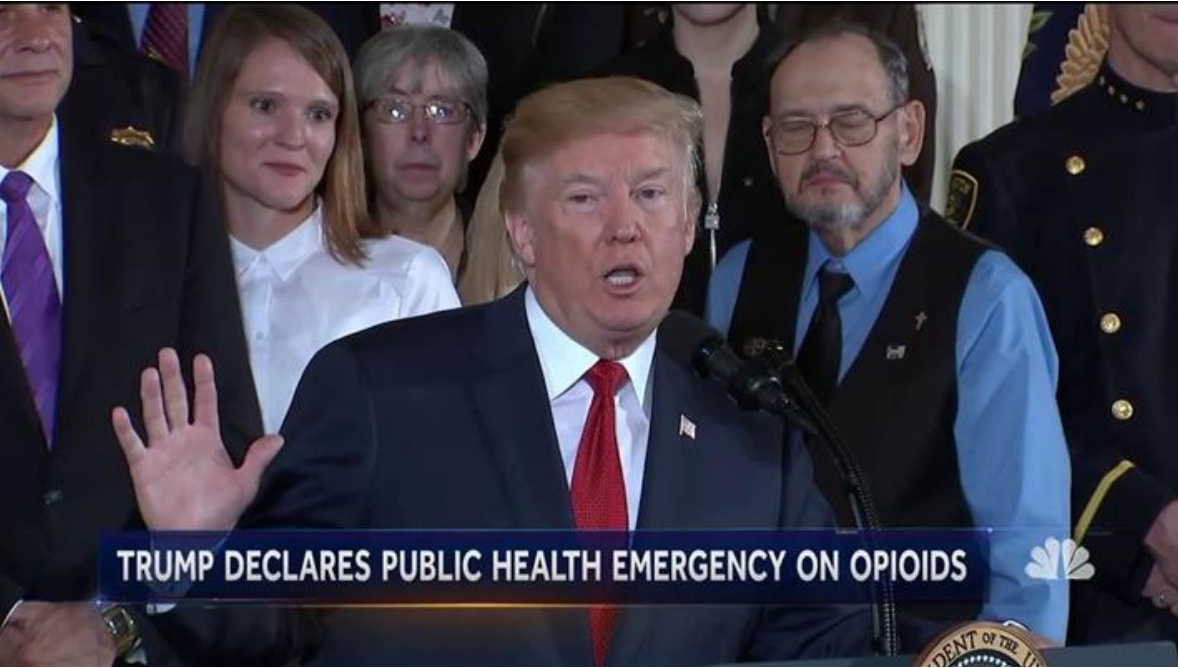


Source: New York State Department of Health,  
<https://www.health.ny.gov/publications/0139.pdf>

# Our Approach: What Works



# A National Emergency



# Experienced and Addressed Locally

# Roadmap

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**1.**

What we know



**2.**

Stories from Sullivan



**3.**

Strengthening our response

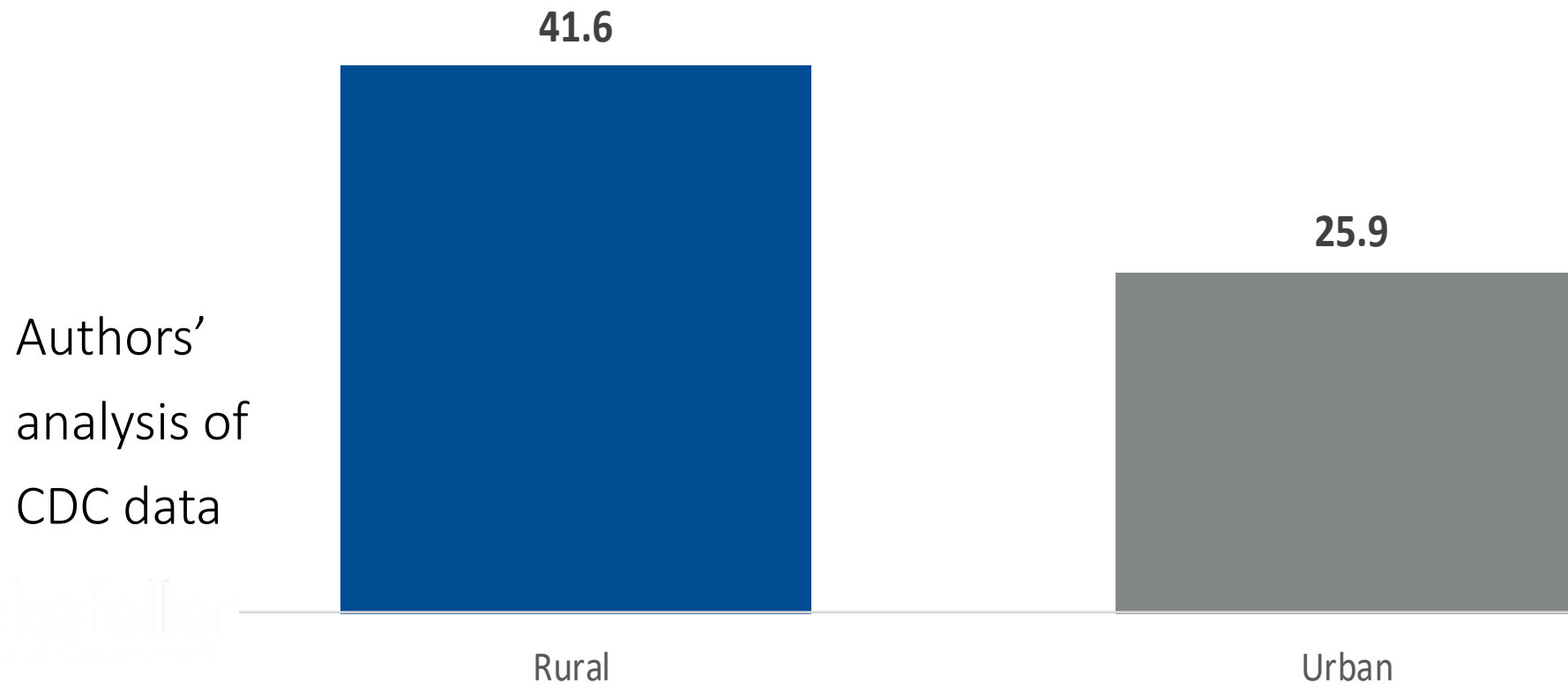


# What We Know

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## 1. Drug use has a disproportionate impact on rural communities.

Figure 1. US Drug Death Rate Per 100k, Rural versus Urban (2016)



# Why?

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- + **Individual-level characteristics:** age, sex, co-occurring mental health issues, other addictions Edlund et al. 2010; Ghandour, Martins, & Chilcoat 2008; Martins et al. 2009a, 2009b; Hall, Howard, & McCabe 2010; Martins et al. 2012; McCabe, Cranford, & West 2008
- + **Family-level characteristics:** socioeconomic status, creating new pathways for distribution Pollack et al. 2002; Leukefeld et al. 2007; Ward et al. 2011; Goldensohn 2018.
- + **Community-level characteristics:** transportation barriers; a lack of treatment options; lack of resources Dew, Elifson, and Dozier 2007; Leukefeld et al. 2007; Robertson and Donnermeyer 1997; Brown and Waite 2005; Jenkins 2001; De Haan and Trageton 2001; Cellucci, Vik, & Nirenberg 2003

# What We Know

## 2. Black Americans and Hispanic Americans have reduced access to physician-prescribed opioids.

- + Less likely to be treated for pain and less likely to be prescribed pain medication (Green et al., 2003; Meghani, Byun, & Gallagher, 2012).
- + Overall, Hispanic Americans are 22 percent less likely to receive opioids, while Black Americans are 22 percent less likely to receive *pain medication of any kind*, and 29 percent less likely to receive *opioids* than white Americans for similar conditions (Meghani et al. 2012).
- + When discretion plays a role, it's even worse. For non-surgical/trauma pain (e.g. backache or migraine rather than back surgery or an accident) Hispanic Americans are *30 percent less likely to receive opioids*, and Black Americans are *34 percent less likely* than white Americans for similar conditions (Meghani et al., 2012). Physicians often underestimate the severity of non-white patients' pain (Anderson et al., 2009).



# What We Know

## 3. Prescription opioids are frequently diverted.

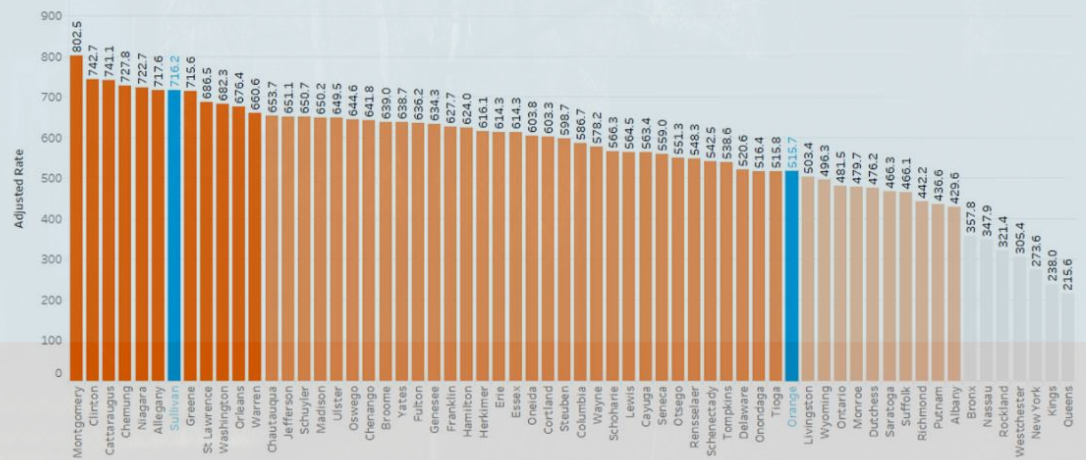
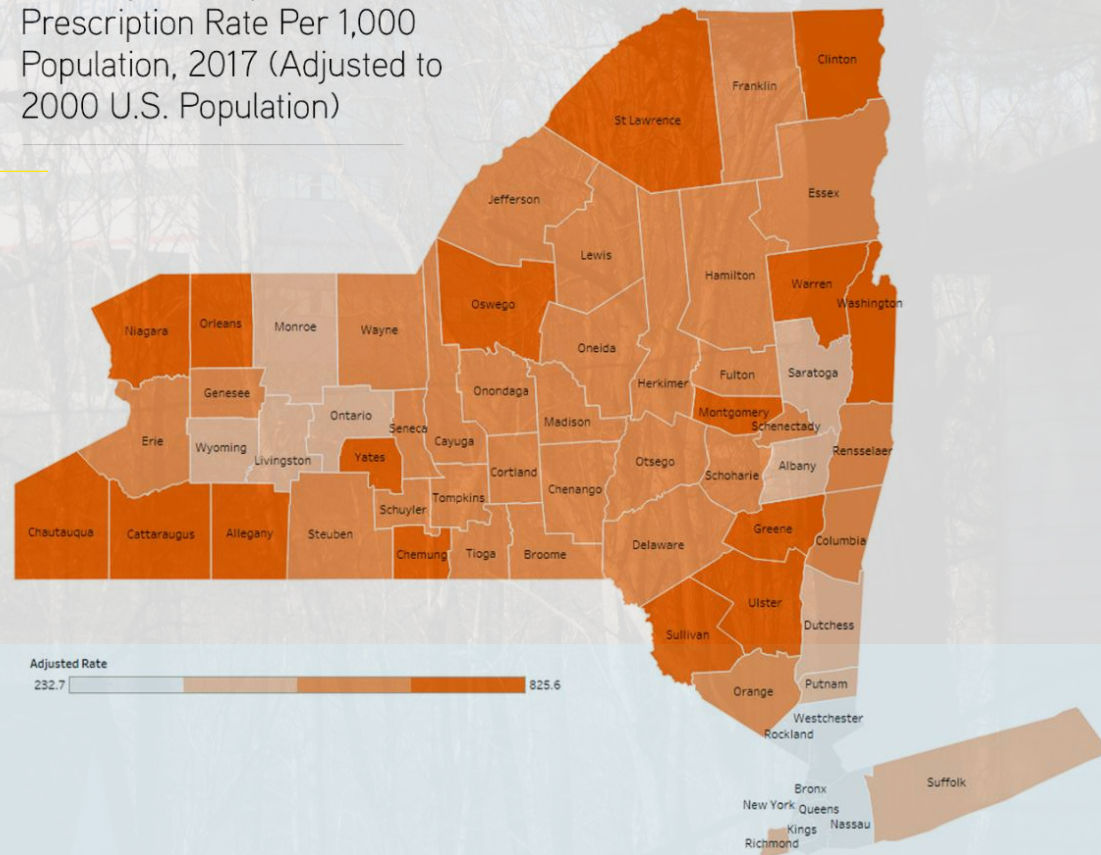
+ A 10% increase in prescription opioids under Medicare Part D leads to a 7% increase in opioid-related deaths and a 14% increase in treatment admissions rates *for populations ineligible for Medicare* (Powell, Pacula, and Taylor, 2015, p. 6)

# What We Know

## 4. People in rural areas have greater access to physician-prescribed opioids.

- + Physicians in rural areas are much more likely to prescribe opioids (Sarpatwari, Sinha, & Kesselheim, 2017)
- + Physicians from higher-ranked medical schools prescribe fewer opioids (Schnell and Currie 2017)
- + Physicians receive little education on pain management (Anderson, Green, & Payne, 2009)

Age-Adjusted Opioid Analgesic Prescription Rate Per 1,000 Population, 2017 (Adjusted to 2000 U.S. Population)



# What We Know

## 5. People in rural areas have reduced access to treatment

+ Less than half (1465 out of 3143) of US counties have a physician who can prescribe buprenorphine, leaving ten percent of the population (more than 30 million people) without a single prescriber—the overwhelming majority (21 million) in rural areas (Jones 2015, SAMHSA data).

+ Eight-five percent of federally designated mental health personnel shortage areas are in rural locations. Rural counties and high poverty areas also have the most severe shortages for child psychiatrists (Hogue et al 2013).

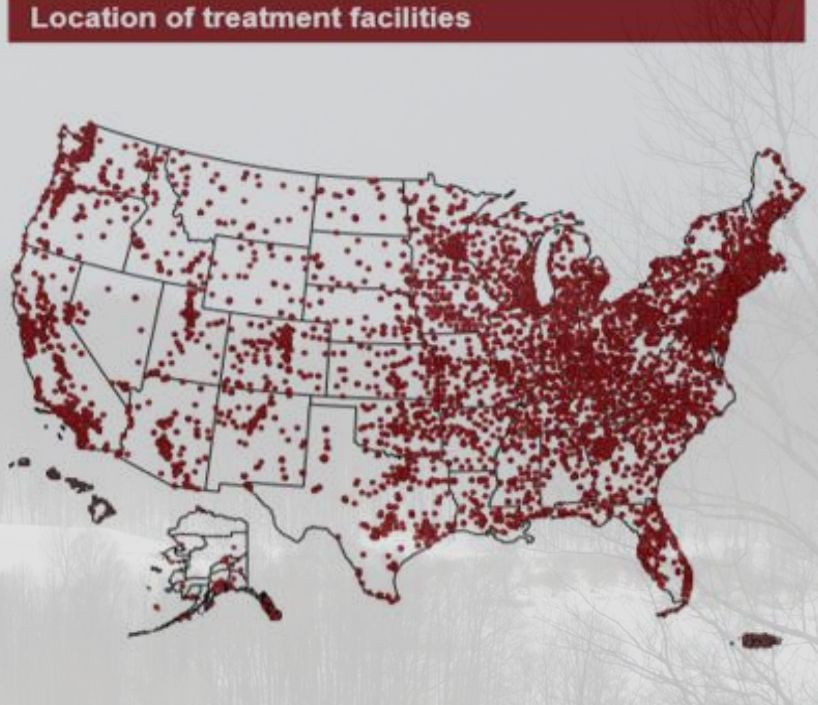
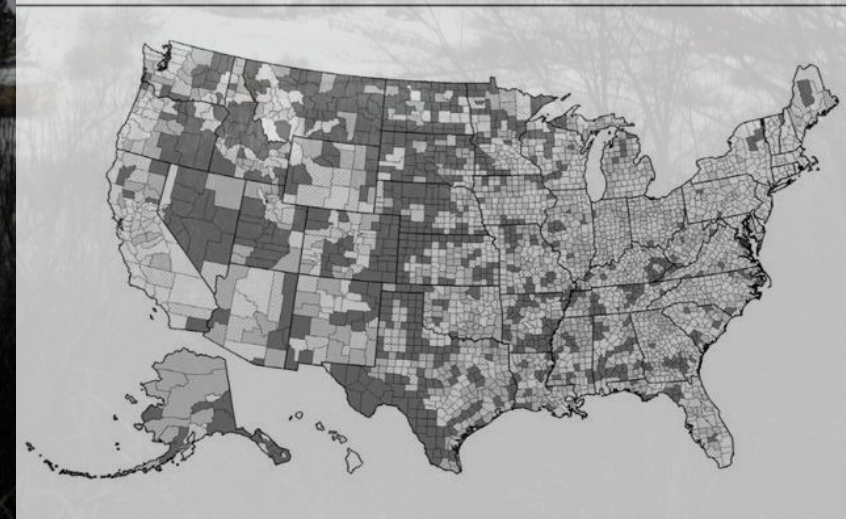
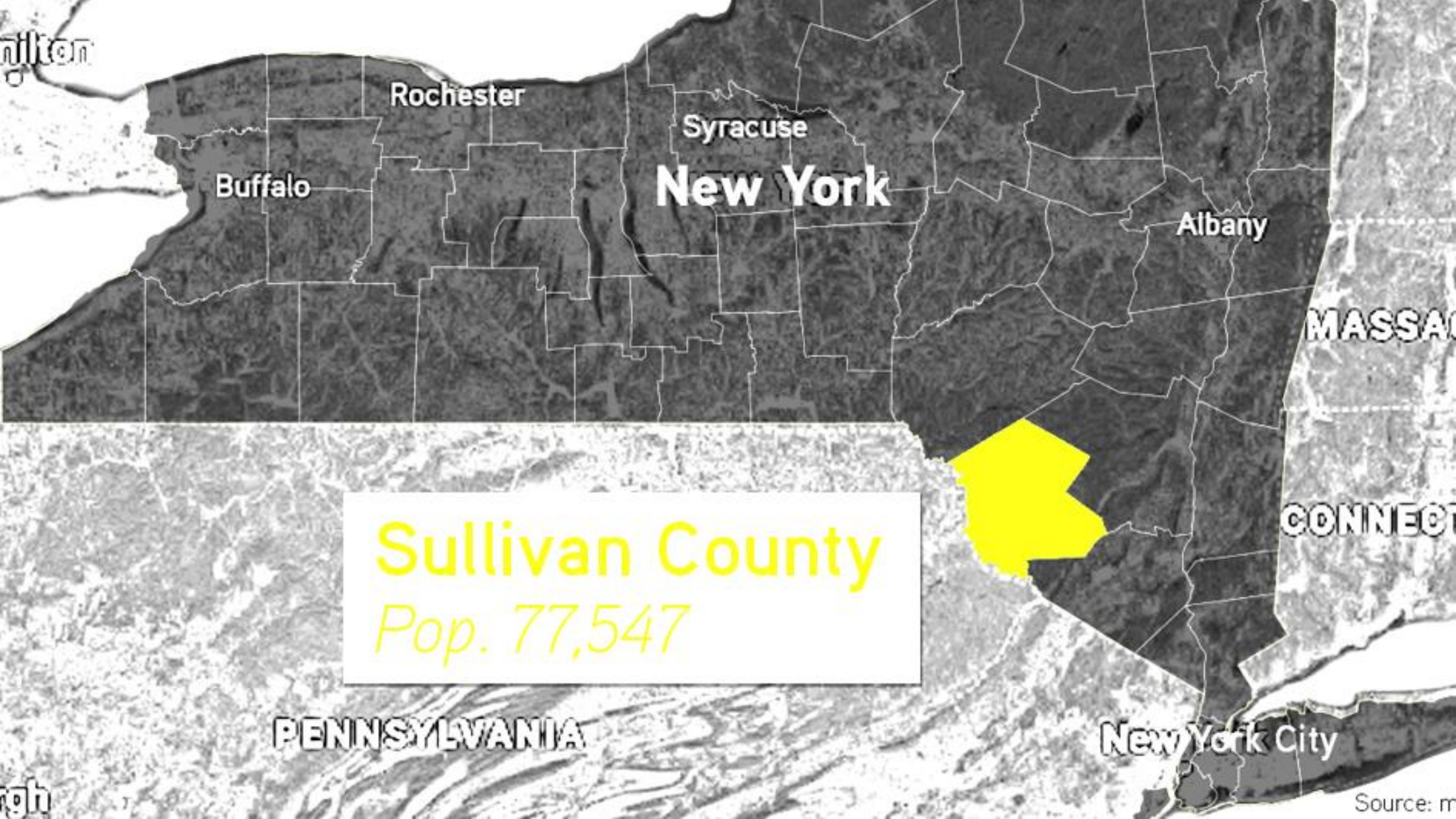


Figure 1

Unmet need for mental health professionals among counties with an overall shortage<sup>a</sup>



<sup>a</sup> Shading (from light to dark, indicating first to fourth quartiles, respectively) is intended to convey an overall pattern of unmet need for prescribers and nonprescribers combined. [For finer detail, this map is available as an online supplement to this article at [ps.psychiatryonline.org](http://ps.psychiatryonline.org).]



Buffalo

Rochester

Syracuse

**New York**

Albany

MASSACHUSETTS

CONNECTICUT

PENNSYLVANIA

New York City

**Sullivan County**  
*Pop. 77,547*

# Method of Listening

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# Rural Challenges: Access

CATSKILL REGIONAL

For Your  
Safety this  
Area is  
Monitored  
by Audio &  
Video  
Surveillance

# Rural Challenges: Housing



“Aftercare treatment is homelessness.”

# Rural Challenges: Wrap-Around Services

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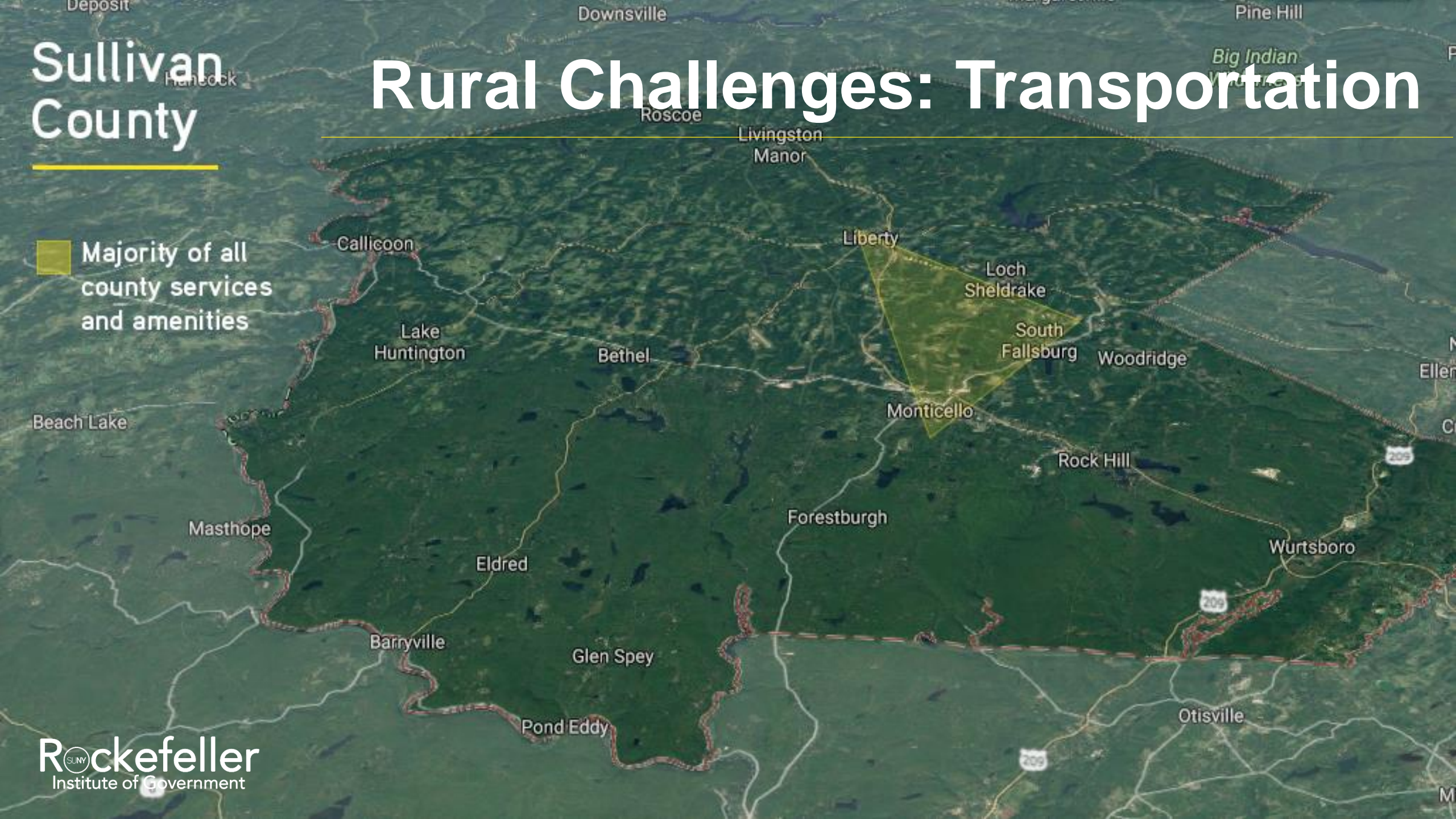
“[T]hey’re thrown back into the street, thrown back into their parents’ house, they’re just thrown back into the same place they were, but without the... support to succeed.”



# Sullivan County

# Rural Challenges: Transportation

Majority of all county services and amenities

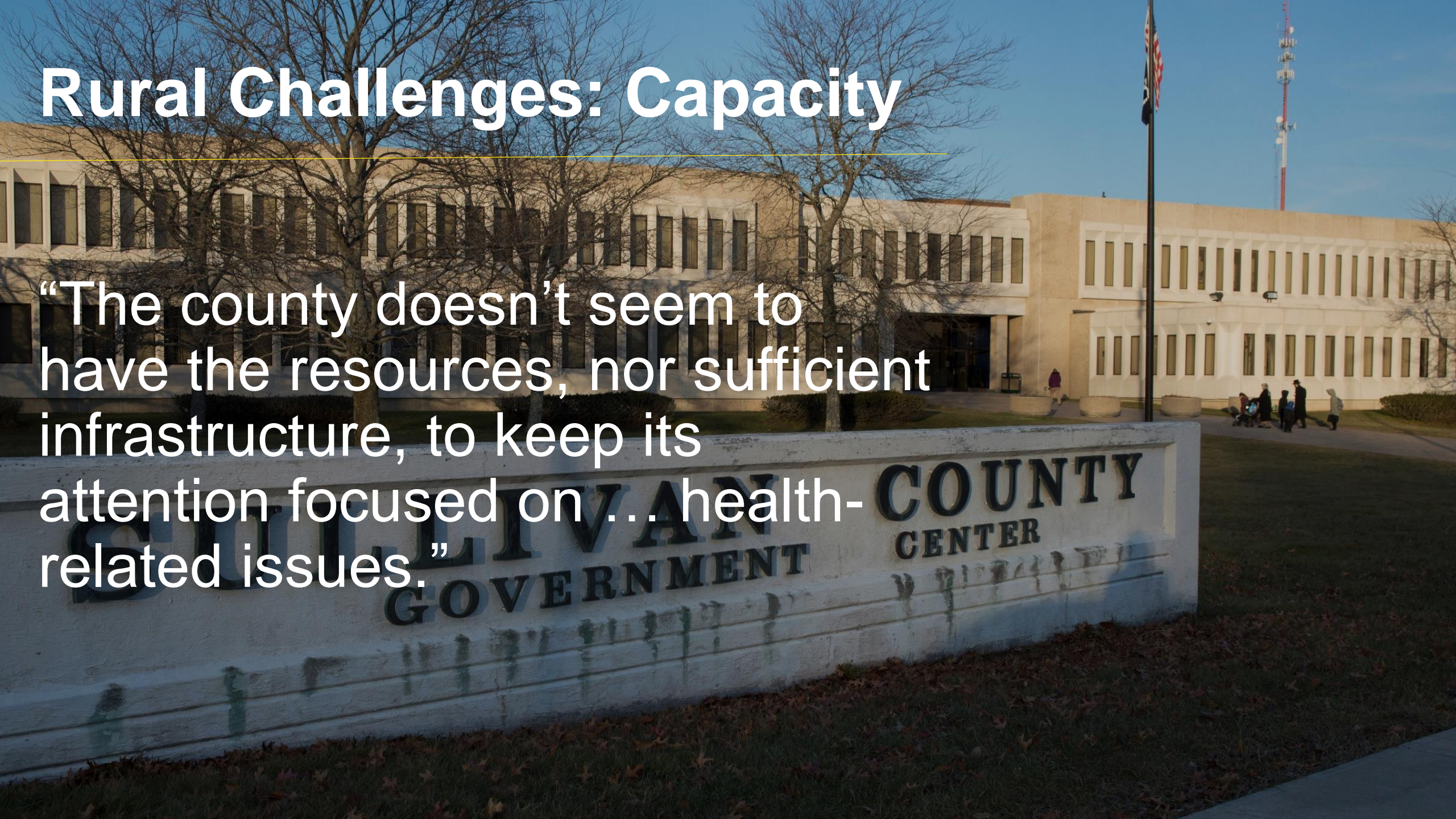


# Rural Challenges: Capacity

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“The county doesn’t seem to have the resources, nor sufficient infrastructure, to keep its attention focused on...health-related issues.”

SULLIVAN COUNTY  
GOVERNMENT CENTER



# Sullivan County

# Orange County

Population  
(2010 Census):

**77,547**

Population  
(2010 Census):

**372,813**

Median  
income:

**\$52,027**

Median  
income:

**\$71,910**

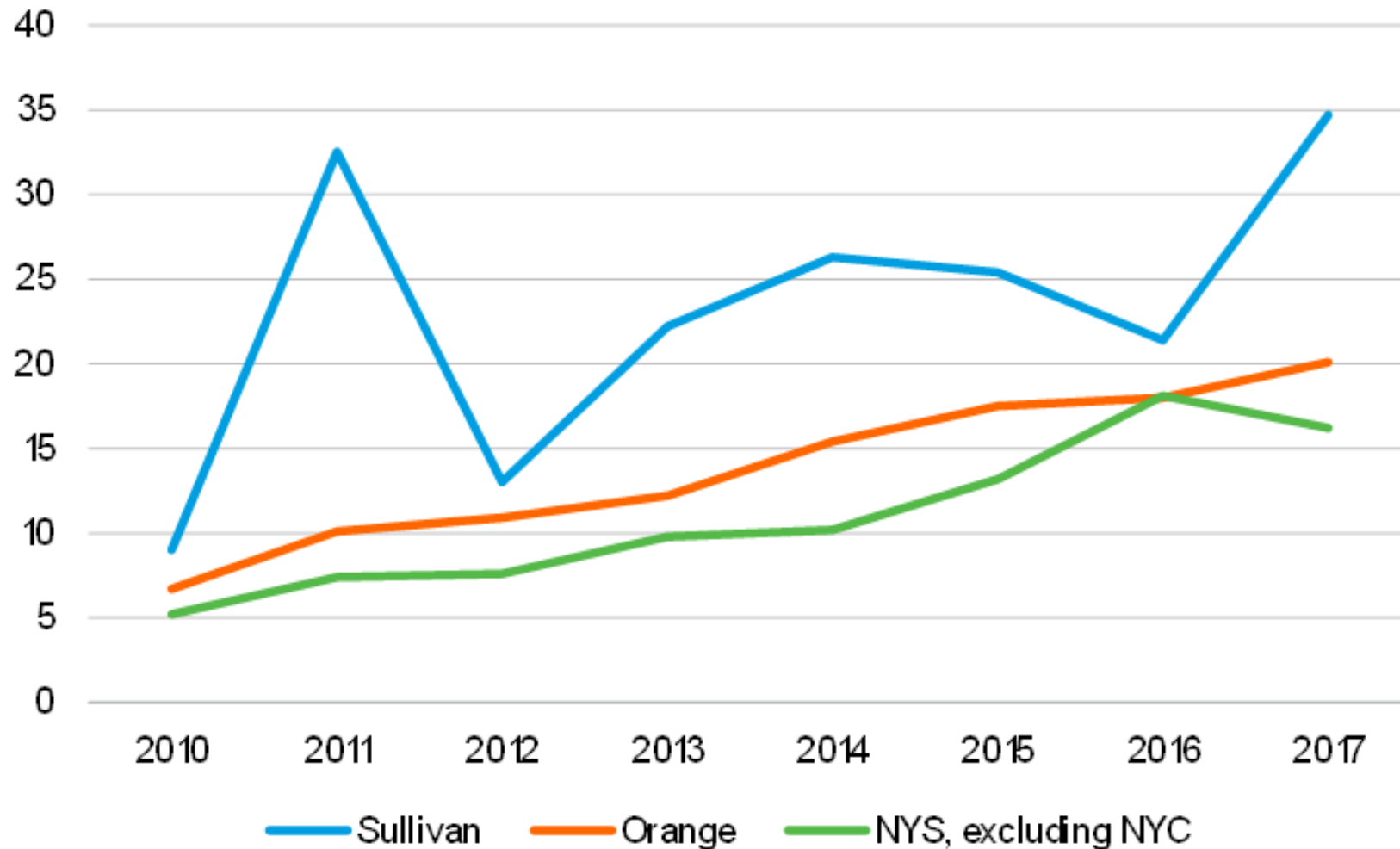
Health  
ranking:

**61**

Health  
ranking:

**21**

# Overdose Deaths Involving Any Opioid, per 100,000 People, 2010-17



Source: Authors' analysis of NYS DOH Opioid-Related Data



ORANGE  
REGIONAL

707



ORANGE  
REGIONAL

MEDICAL CENTER

# Shared Challenges



Office of Alcoholism and Substance Abuse Services

OASAS Certified [Treatment Service Descriptions](#) for levels of substance use disorder care.

Admission to programs subject to meeting admission criteria and current availability. Priority admission is given to intravenous drug users and pregnant women, please inform program staff if you meet either criteria.

Your search returned 6 Programs [Help](#)

Show     Records Per Page

← Back to Search

Monticello Clinic OP Outpatient Clinic  
1.4 Miles

Outpatient Program ?

396 Broadway  
Monticello, NY 12701

845-794-8080

Availability



Adult

Monticello Day Rehab OP-R Outpatient Rehabilitation  
1.4 Miles

Outpatient Program ?

396 Broadway  
Monticello, NY 12701

845-794-8080

Availability



Adult

"[Y]eah, there's open beds. I get emails every day from providers, we have beds, we have beds, we have beds.... That's not the problem."

# The Illusion of Service: Medically Supervised Detox

“[W]e have several hospitals in the area, there’s no detox facility. The only detox is in Bon Secours, and they make you sit. The rule there is that you have to sit, and if you sit eight hours, then they may detox you . . . Again, you are suffering and you are in pain, you are not going to go to the hospital. You know, everything is just structured to make the individual fail.”

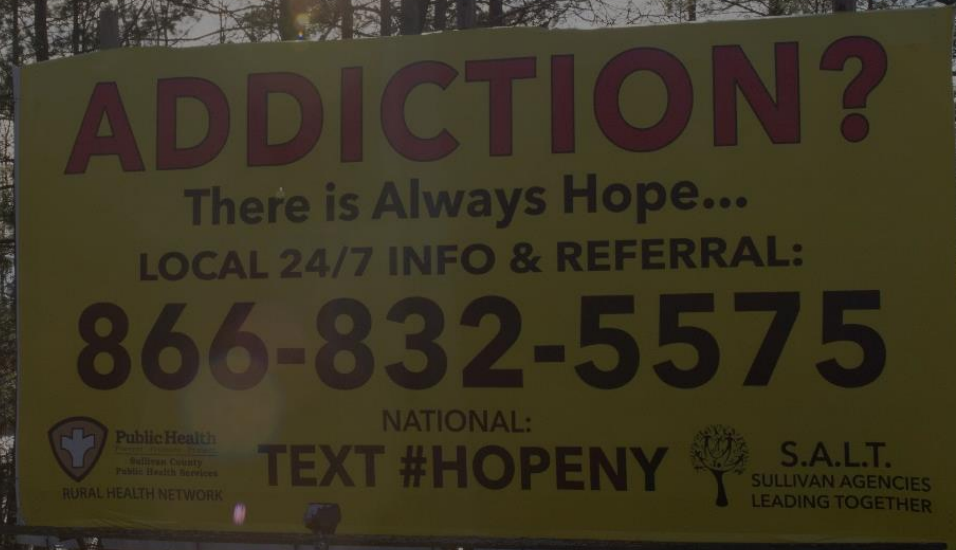
# Illusion: Residential Treatment

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**Length of Stay Restrictions  
Admissions Criteria**




# Illusion: Medication-Assisted Treatment



**ADDICTION?**  
There is Always Hope...  
LOCAL 24/7 INFO & REFERRAL:  
**866-832-5575**  
NATIONAL:  
**TEXT #HOPENY**

 Public Health  
Sullivan County  
Public Health Services  
RURAL HEALTH NETWORK

 S.A.L.T.  
SULLIVAN AGENCIES  
LEADING TOGETHER



#1 IN SULL  
J  
E

Hands pointing up

**Few qualified prescribers**  
**Limits on prescribing**

# Missed opportunity: “I’m ready”

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*I didn't care if I woke up. I would have welcomed it at one point. **Death is not a motivating factor to stop using because how much worse could your life get. . .** Withdrawal is frightening. The physical symptoms, they're bad . . . Once you get past that, it won't go away. You think that it just goes away once you stop taking the drug but there's always some underlying issue that's going to come up. There's always going to be something else to address.*

— Person in Recovery

*They are more... afraid of life than death.*

— Drug Court Judge

# Ending the Illusion

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1. Utilize standardized protocols for treating patients with substance use disorders.
2. Help treatment providers meet their staffing needs.
3. Incentivize medication-assisted treatment.

Are you, a family member or friend  
struggling with Opiate Addiction?

RECEIVE HELP 800.286.4671

Catholic Charities Center for  
Treatment Innovations (CCTI) is here to HELP

We offer outreach, treatment and recovery services through our team of dedicated peer educators, clinicians, care managers and prescribers. Our team serves Sullivan and Ulster county, offering community based crisis support, clinical care, medication assisted treatment and peer support services. Peer Services available EVERY Tuesday 9:30a-12:30p at Liberty United Methodist Church (775 & Main St)

201 Walker  
Berkshire #7 270  
2 Hours  
Support #120

Now 24/7  
24/7 24/7  
24/7 24/7



The image features a scenic view of a lake at dusk or dawn, framed by silhouetted trees and reeds. The text is overlaid in white. The logo consists of the word 'Rockefeller' in a large, sans-serif font, with 'SUNY' in a smaller font inside a circle that forms the letter 'O'. Below it is the text 'Institute of Government'. To the right of the logo is a vertical line, followed by the website address 'www.rockinst.org'. At the bottom center is the social media handle '@RockefellerInst'.

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