



Capital Region Opioid Task Forces

2019 Regional Activity Summary

Although opioid mortality has decreased from 2017-2018 in NYS excluding NYC (2170 to 1824 per 100,000 individuals), 58% of the Capital Region reported they were personally affected by opioid abuse in 2018. Greater collaboration and local best practice sharing is integral to reducing the impact of opioid-related substance use in the Capital Region. This provides an overview of initiatives, successes, and lessons learned from 2019 to accompany our [updated Opioid Task Forces Guide](#), which contains detailed information of coalitions working to address this issue in Albany, Rensselaer, Saratoga, Schenectady, Columbia, and Greene counties.

If viewing this document as printed material, the Opioid Task Forces Guide can be found at www.hcdiny.org/content/sites/hcdi/Reports/Capital-Region-Opioid-Task-Forces.pdf

FAST FACTS

- From 2015-2019 6,018 persons from Albany County were trained on naloxone administration (795 in 2019)
- Schenectady county trained 29 CRPAs, 12 Certified Peer Recovery Advocates (CRPA) supervisors, and offered CRPA training for any Community Health Workers in Schenectady County in 2019
- Greene County launched the Greener Pathways Mobile, a mobile clinic for individuals who have a Substance Use Disorder
- Rensselaer County established a 9am-9pm helpline to assist individuals with Substance Use Disorders (SUDs) and connect them to community resources

DATA HIGHLIGHTS

- Opioid burden rate highest among ages 25-44 followed by 18-24
- The rate for Opioid burden nearly two and a half times higher for males than females
- 90% of respondents in Prescription for Progress Opioid Abuse study felt that opioid abuse in the Capital Region has gotten worse in the past few years

Training/Education: All counties prioritized Naloxone training, which will continue in 2020. Specifically, many counties made an effort to train inmates and their friends/families because inmates are disproportionately affected by substance use disorders. ([78% in NYS](#)). All counties emphasized community education during 2019 through various means such as creating websites, tabling events, school programs, conducting hospital grand rounds and coordinating community events. All counties promote and support provider education as well as Buprenorphine waiver training. The reduction of stigma was emphasized during both community and provider education.

Treatment/Access: Many counties are implementing Certified Peer Recovery Advocates (CRPAs- trained individuals who are also in recovery) in Emergency departments and community settings. When someone receives MAT, having a CRPA there to guide individuals through the process is beneficial. This tremendous benefit of CRPAs in the ED has led to some CRPAs checking in with other hospital departments and leading support groups. Some counties and hospitals are beginning to implement Capital District MATTERS (Medication Assisted Treatment and Emergency Referral) which is a potential model for hospital emergency department initiated buprenorphine programs and coordination of rapid, reliable referrals to community-based programs for patients upon discharge.

Tracking: Many counties are implementing HIDTA ODMAP; a software for first responders and law enforcement personnel, which provides real-time surveillance of suspected overdoses. This also allows the opportunity for a CRPA to reach out to individuals and their families.

Lessons Learned

Naloxone Training

- Needs to be in an accessible, confidential location preferably with a consistent date/location
- Advertising with a flyer that contains training dates for the entire year in public spaces (such as a hospital)
- Critical to discuss the stigma surrounding naloxone by comparing it to a remedy (such as Ipecac syrup) that can cause unpleasant symptoms in the recipient

Medication Disposal

- Project Orange's prescription medication disposal envelopes strategy was not a sustainable or scalable intervention. Resolved by replacing it with permanent collection sites
- Permanent collection sites need to be conveniently located for community members (i.e. locations other than police departments)

Provider Education, Buprenorphine Waiver Training

- Health provider training conducted by other health providers helps reduce stigma and are more successful
- Important to provide pre and post support for Buprenorphine training
- Important to reduce stigma in both community and provider educational events
- Because specific training is required for providers to prescribe buprenorphine, a provider stigma of increased risk exists

Cross-sector Collaboration

- Collaboration is the most successful when participants are gathered for in-person meetings so they can connect with others and spark new ideas

Certified Recovery Peer Advocates (CRPA)

- Important to inform and educate a facility's staff about the CRPA's role to increase understanding prior to CRPA's arrival

Rural Areas

- Lack of cellular and internet services restrict access to virtual and/or phone-based support
- Transportation/access to treatment- lack of behavioral services in some hospitals

Capital Region MATTERS

- Requires organizational change for providers (first responders, hospitals, peer support, treatment)
- Challenging to coordinate a cross-regional effort

ODMAP Implementation/Data

- Requires organizational change for first responders
- Accessing data from corner reduces the potential of a few month data lag, though not available in every county



hcdiny.org

**Population Health
Improvement Program**

phip@hcdiny.org

DATA REFERENCES

Prescription for Progress

<https://scri.siena.edu/2018/04/15/54-of-nyers-personally-touched-by-opioid-abuse/>

Capital Region Community Health Assessment's Opiate Abuse analysis

http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf#page=151

New York State Opioid Annual Report 2019

https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2019.pdf