

Suffolk County Opioid Task Force Report



MONDAY JULY 25, 2022

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The Suffolk County Opioid Task Force was established in 2021 by executive order No. 2 - 2021. The main focus of the task force was to seek input from experts and stakeholders on the opioid addiction crisis in order to develop a guidance document for the use of opioid settlement funds.

Funds were secured because Suffolk County took a leadership position in New York State and in the nation in holding accountable the pharmaceutical companies, prescription drug manufacturers, and pharmacies that contributed to the opioid crisis. Suffolk County was the first municipality in New York to file suit seeking compensation for the devastating impact of the opioid epidemic on our communities.

The fiscal and economic impact of the epidemic was massive but it is the human cost that is still difficult to fathom. Thousands of families in Suffolk County have suffered through years of emotional and financial turmoil, their lives turned upside down due to the greed of individuals and companies. While many have made real progress on the long road of recovery, too many families have had to endure the death of their loved ones due to the disease of addiction.

While the opioid settlement funds can do nothing to erase the economic and human devastation wrought by these companies they can help to reduce current suffering and prevent future suffering and deaths. Opioid settlement funds will assist the County in its efforts to address opioid use and its destructive and oftentimes fatal consequences.

The funding expected over the next two decades, through the settlement agreements, will enable Suffolk County to expand and enhance services in areas of opioid prevention, treatment, and recovery.

EXECUTIVE ORDER No. 2 – 2021

Executive Order No. 2 established the Intra-Agency Committee to Develop Priorities Related to Settlement Agreements with Opioid Distributors and Pharmacies. The committee was tasked with examining the current state of the opioid crisis, particularly in the aftermath of the COVID-19 global pandemic and to determine the most effective use of opioid litigation settlement dollars to mitigate the opioid crisis, consistent with the goals and policies of Suffolk County.

SUFFOLK OPIOID SETTLEMENT TASK FORCE MEETINGS

The Committee met eight times, hearing testimony from an array of experts on the opioid epidemic, including; mental health and substance use disorder providers, treatment service providers, prevention and recovery agencies, the court system, the County Department of Health Services, and other county agencies.

The Task Force committee met with the following organizations and agencies:

- Beadingheartsli.org
- Catholic Health Systems
- CN Guidance & Counseling Services
- Coalition for the Homeless
- Community Action for Social Justice (CASJ)
- Council of Thought and Action (COTA)
- Daytop Samaritan Village
- EAC Network
- Family & Children's Association
- Family Service League (FSL)
- Hope for Youth
- Hugs Inc.
- LGBT Network
- Long Island Community Hospital
- Long Island Council on Alcoholism and Drug Dependence (LICADD)
- Nassau-Suffolk Funeral Directors Association
- Northwell Health Systems
- NYS Offices of Addiction Services and Supports (OASAS)
- Outreach
- Partners in Prevention
- Phoenix House
- Quality Consortium
- Riverhead Community Awareness Program, Inc. (CAP)
- SCO Family of Services
- Seafield Center
- Stony Brook University Hospital
- Suffolk County Communities of Solution
- Suffolk County Court System
- Suffolk County Department of Health Services
- Suffolk County Department of Social Services
- Suffolk County Police Department
- Suffolk County Probation Department
- Suffolk County School Superintendents Association
- Suffolk County Sheriff's Office
- Suffolk Independent Living Organization (SILO)
- Thomas' Hope Foundation, Inc.
- Well Life Network

Participating agencies were asked to provide information relating to the services they provide, their experiences relating to opioids, their needs, shortfalls, and opportunities for future operations. The

task force utilized the presenting agencies as a representation of the larger network of opioid related providers.

LITIGATION SETTLEMENT RECOVERY DOLLARS

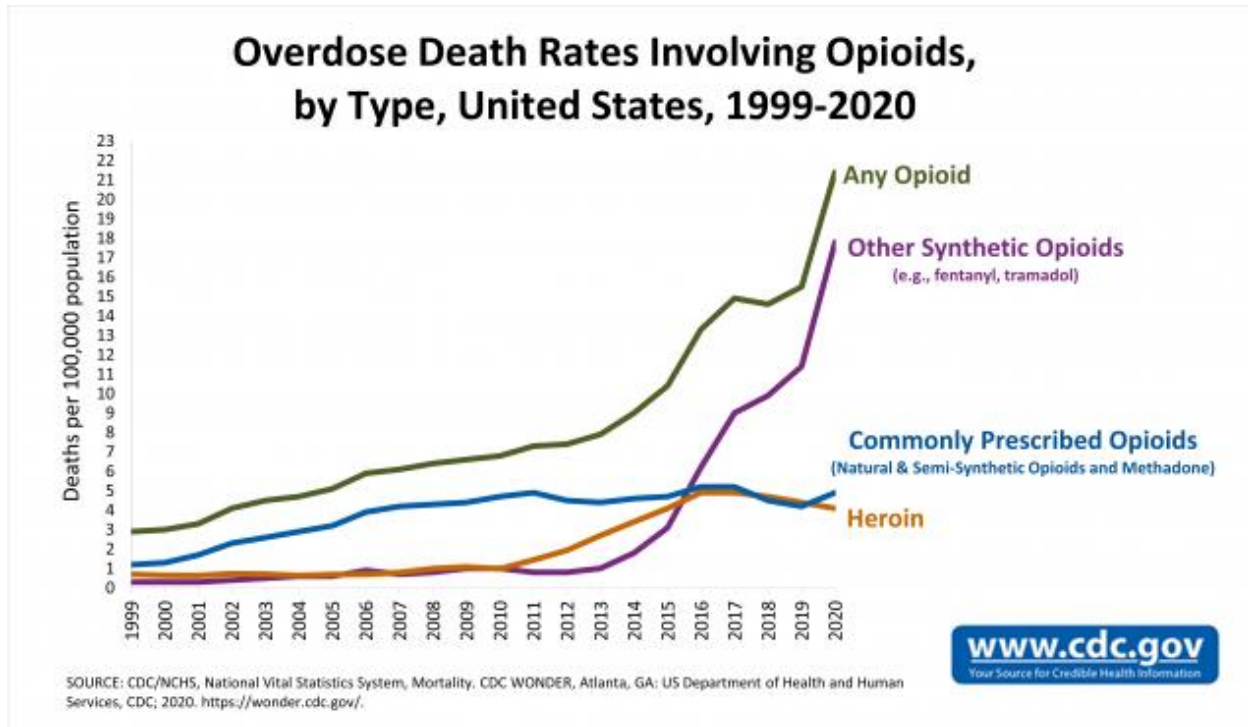
Suffolk County has the potential to receive approximately \$180 million in litigation recovery dollars over the next 18 years. Settlement dollars to Suffolk County are to be awarded pursuant to settlement agreements with:

- Retail pharmacies including Rite Aid, CVS Pharmacy, Inc., Walmart, Inc. and Walgreens Co.
- Pharmaceutical companies such as Johnson & Johnson, Janssen Pharmaceuticals, Inc., and Ortho-McNeil-Janssen Pharmaceuticals, Inc.
- Purdue Pharma L.P., Purdue Pharma Inc., The Purdue Frederick Company, Inc., The PF Laboratories, Inc., Rhodes Pharmaceuticals L.P.
- Beverly Sackler Family Trust, Richard S. Sackler, Stuart Baker, and Theresa Sackler
- Distributors McKesson Corporation, Amerisource Bergen Drug Corporation, Cardinal Health, Inc., PSS World Medical, Inc., Kinray LLC, Bellco Drug Corporation, and American Medical Distributors, Inc.
- Endo Health Solutions, Inc. Endo Pharmaceuticals, Inc. Par Pharmaceutical, Inc. and Par Pharmaceuticals Companies, Inc. The amount received pursuant to the settlement agreements is based on the totality of litigants that agree to the settlements. The total awards to Suffolk County cannot, therefore, be presently determined other than within a very broad range.

Funds are generally restricted pursuant to the settlement agreements to be used to remediate the harm caused by opioids (in a manner that is broadly defined) and/or to pay restitution for county costs associated with past harms. However, pursuant to Suffolk County Resolution 962-2021, adopted by the Legislature on November 16, 2021 and signed into law by County Executive Bellone, settlement funds are precluded from being used to pay off debt service on prior expenditures for opioid related costs to the County.

THE OPIOID CRISIS

According to the Centers for Disease Control and Prevention, from 1999 to 2019 nearly 500,000 individuals died from an overdose involving any opioid, including prescription and illicit opioids. In 2020, 68,000 Americans died as the result of an opioid overdose, 8.5 times the number of opioid involved overdose deaths in 1999. Preliminary data for 2021 indicates over 100,000 opioid related deaths. The graph below summarizes the rise of opioid overdose deaths in the U.S.



Suffolk County has experienced similar trends, with a rising number of opioid related overdose deaths. In Suffolk County, deaths by opioid related overdose increased from 287 in 2019 to 304 in 2020. While deaths are the most devastating result of the opioid crisis, we must also acknowledge the numerous non-fatal overdoses, and their impact on families as well as the impact that the opioid crisis has on our County overall. Systems that have been particularly impacted include: our hospital systems, first responder networks, school systems, criminal justice systems, workforces, and our already overburdened system of behavioral health care.

**Suffolk County: Opioid overdoses and crude rates per 100,000 population
(Preliminary data as of May, 2021 - subject to change)**

		2019 Total		Jan-Mar, 2020		Apr-Jun, 2020		Jul-Sep, 2020		Oct-Dec, 2020		2020 Total	
Indicator	Location	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Deaths¹													
All opioid overdoses	Suffolk	287	19.2	78	5.2	107	7.2	64	4.3	55	3.7	304	20.4
	NYS excl. NYC	1,788	16.0	557	5.0	678	6.0	598	5.3	505	4.5	2,338	20.9
Heroin overdoses	Suffolk	65	4.4	17	1.1	19	1.3	15	1.0	3	0.2	54	3.6
	NYS excl. NYC	541	4.8	139	1.2	160	1.4	125	1.1	95	0.8	519	4.6
Overdoses involving opioid pain relievers (incl. illicitly produced opioids such as fentanyl)	Suffolk	267	17.9	74	5.0	105	7.0	63	4.2	55	3.7	297	19.9
	NYS excl. NYC	1,688	15.1	531	4.7	661	5.9	585	5.2	493	4.4	2,270	20.3
Outpatient emergency department visits													
All opioid overdoses	Suffolk	926	62.0	218	14.6	224	15.0	232	15.5	263	17.6	937	62.8
	NYS excl. NYC	5,534	49.4	1,396	12.5	1,640	14.6	1,541	13.7	1,398	12.5	5,975	53.3
Heroin overdoses	Suffolk	608	40.7	132	8.8	123	8.2	115	7.7	138	9.2	508	34.0
	NYS excl. NYC	3,697	33.0	888	7.9	991	8.8	848	7.6	780	7.0	3,507	31.3
Opioid overdoses excluding heroin (incl. illicitly produced opioids such as fentanyl)	Suffolk	318	21.3	86	5.8	101	6.8	117	7.8	125	8.4	429	28.7
	NYS excl. NYC	1,837	16.4	508	4.5	649	5.8	693	6.2	618	5.5	2,468	22.0
Hospitalizations													
All opioid overdoses	Suffolk	252	16.9	74	5.0	78	5.2	68	4.6	61	4.1	281	18.8
	NYS excl. NYC	1,544	13.8	402	3.6	426	3.8	395	3.5	341	3.0	1,564	14.0
Heroin overdoses	Suffolk	91	6.1	26	1.7	33	2.2	27	1.8	16	1.1	102	6.8
	NYS excl. NYC	570	5.1	140	1.2	162	1.4	144	1.3	108	1.0	554	4.9
Overdoses involving opioid pain relievers (incl. illicitly produced opioids such as fentanyl)	Suffolk	161	10.8	48	3.2	45	3.0	41	2.7	45	3.0	179	12.0
	NYS excl. NYC	974	8.7	262	2.3	264	2.4	251	2.2	233	2.1	1,010	9.0

¹ Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are fewer than 6 discharges.

GENERAL FINDINGS

Presenters spoke of the devastating impact of loss stemming from the high number of opioid related deaths, the challenges in quickly accessing appropriate levels of care, concerns with a shrinking behavioral health care workforce, and limited funding. Despite these challenges, presenters also highlighted new initiatives and ideas on how the county can move forward. Ideas presented included strengthening existing programs and creating new partnerships between the County and community agencies, supporting a sustainable system of change, encouraging innovation while ensuring the system continues to be adaptable, data driven, and responsive to changes in the behavioral health landscape and to community needs, including family support services.

The overwhelming consensus coming out of the task force process was the need to focus these limited opioid dollars in the areas currently with the most significant gaps and, in which there is the greatest potential for a positive change in outcomes, namely prevention and harm reduction, treatment and recovery.

PREVENTION

What is prevention?* Substance use prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders (SUD). In public health, prevention activities are categorized into three levels: primary prevention, secondary prevention, and tertiary prevention. Activities that are attributed with substance use prevention typically fall into the primary and secondary prevention categories. Primary prevention aims to prevent or delay the initiation of substance use by intervening before the behavior occurs. Primary prevention often involves education-based activities (like school-based health curriculum for youth), but can sometimes involve legislation and environmental controls (like banning the sale of cigarettes to those under the age of 18).

Secondary prevention activities engage individuals who are already using substances, aiming to mitigate harms associated with the activity (like distributing NARCAN to individuals using opioids). “Harm Reduction” is a secondary prevention principle that can be used to reduce negative health consequences for people using drugs. Harm reduction strategies recognize that a person who uses drugs may not be at the stage of readiness to make the behavior change of entering treatment. Individuals using drugs, may be engaging in risky behaviors that could worsen their health, or make it harder to accept treatment in the future. Harm reduction interventions for substance use focus on those risky behaviors, and aims to lessen deleterious effects. For example, a common risky behavior for people using syringes to inject drugs is sharing these syringes with others who are also injecting drugs. This behavior can increase the likelihood of contracting HIV, hepatitis C, or other blood borne pathogens, or cause bacterial infections which often require hospitalization. To target this risky behavior, a harm reduction strategy would be to provide sterile syringes to people who use intravenous drugs, so that they would have an adequate short term supply of syringes, and would not need to share with others. Other impactful harm reduction strategies for people who use drugs include training and distribution of naloxone (NARCAN®), training and distribution of fentanyl test strips, and encouraging individuals to avoid mixing drugs, and to not use drugs alone (if an overdose occurs, there is someone there to call for emergency medical services or use NARCAN®). The indicator of success for harm reduction strategies is not if an individual chooses to enter treatment; they are meant to keep people alive, and reduce the opportunities for further harm. However, frequent and personal outreach done by agencies trained in harm reduction principles encourages contemplation of behavior change, and are equipped to refer people to treatment once they are ready.

Prevention Funding Priorities

- Expand the reach of evidence based curriculum for various age groups, including our youth, adults, and senior populations.
- Encourage implementation of environmental change strategies that educate communities on the disease of addiction, helping to reduce associated stigma.
- Train health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

*Sources include, but not limited to: NYS OASAS, NIH HEALing Communities Study, CDC, SAMHSA, NYS DOH

Harm Reduction Funding Priorities

- Establish comprehensive real-time data tracking and analysis related to opioid overdoses, including but not limited to fatal and non-fatal opioid overdoses, and first responder administration of naloxone.
- Increase county wide access to naloxone kits and education on opioid overdose prevention including information about the Good Samaritan Law.
- Increase harm reduction efforts through mobile programs that are responsive to real time data tracking and analysis.

TREATMENT

What is treatment?* Treatment of substance use disorders can be provided in different settings and may involve a team of providers such as counselors, psychiatrists, psychologists, nurses and physicians and peer support professionals. The Office of Addiction Services and Supports (OASAS) is the New York State agency that certifies and monitors the network of prevention, treatment, and recovery providers for compliance with New York State regulations. The treatment providers they certify and monitor include those providing: inpatient rehabilitation, outpatient treatment, Opioid Treatment Programs (OTP), and residential services.

Inpatient Rehabilitation - Inpatient programs provide a safe and supportive setting for the evaluation, treatment, and rehabilitation of people with substance use disorders. These facilities offer 24-hour, 7-day a-week care that is supervised at all times by a medical professional. Inpatient services include intensive management of symptoms related to addiction and monitoring of physical and mental conditions resulting from substance use.

Outpatient Treatment - Outpatient facilities provide clinical services for people with an addiction to substances, and their families who have been impacted by their addiction. Outpatient services may be delivered at different levels of intensity according to the needs of the person. These services include: counseling, education, and connections to community services.

Opioid Treatment Program - Opioid Treatment Programs (OTPs) are OASAS and federally certified sites where medications to treat opioid use disorder are administered. In addition to medications, these programs also offer numerous services and support. These can include counseling, educational services, medical screening and care, mental health care, and referrals to social services. In most cases, people receiving services at an OTP are provided with long-term treatment, similar to management of chronic physical conditions. Pregnant women and people who use intravenous drugs are given priority admission to OASAS-certified treatment programs including OTPs. An OTP is the only place where someone can get methadone to treat opioid use disorder. Other medications (buprenorphine and long-acting naltrexone injection) can be prescribed at other addiction treatment programs including clinics, as well as in other settings such as primary care and mental health clinics.

* Sources include, but not limited to: NYS OASAS, NIH HEALing Communities Study, CDC, SAMHSA, NYS DOH

Residential Services - Residential services are designed for people who are in need of support in their recovery, and may not be able to participate in treatment without a 24-hour residential setting.

Residential services are designed to develop or maintain recovery through a structured, substance-free setting, and can include: group support, skills development related to independent living, and other services designed to promote recovery.

Certain aspects of substance use treatment can also occur in non-OASAS certified locations. This includes the provision of medications for opioids disorder (MOUD), also called medication assisted treatment (MAT) in qualified hospitals, medical practices, and federally qualified health centers.

Medications for Opioid Use Disorder (MOUD) saves lives by curbing cravings and minimizing discomfort that comes from withdrawal. It also protects people from overdosing and reduces the chances of medical complications from opioid use, like infectious diseases. When used in combination with psychological and behavioral therapy and supports, MOUD decreases the likelihood of recurring use, increases engagement in treatment, and paves the way for recovery. Medications for opioid use disorder include buprenorphine, methadone, and naltrexone.

Treatment Funding Priorities

- Expand access to Medication Assisted Treatment (MAT) in various settings including mobile programs, integrated programs and standalone programs.
- Increase access to substance use treatment and behavioral health services in underserved areas, including the East End.
- Increase access to telehealth service supports.
- Encourage non-traditional treatment and support for individuals and their families through community based organizations.
- Support efforts to sustain a healthy workforce through ongoing education/training efforts such as compassion fatigue programs.
- Expand access to a range of comprehensive treatment options including crisis stabilization services, detoxification services, inpatient rehabilitation, residential services, and outpatient programs.
- Increase access to treatment services for at risk and underserved populations such as youth, pregnant women, LGBTQIA+, people of color, and criminal justice involved individuals.
- Support enhanced linkages to substance use treatment and recovery services.

RECOVERY

What is recovery?* After a person completes treatment for a substance use disorder, they may need more support to help maintain the progress they have made. These other supports are called recovery services. Recovery is a process of change. Through this process, people can improve their health and wellness, live self-directed lives, and strive to reach their full potential. These services can help individuals and families maintain and strengthen their recovery journey. Recovery services are different than substance use disorder treatment services. Recovery services are non-clinical, which means that they do not provide any type of medical treatment or testing. Recovery services normally take place after a person finishes a treatment program.

There are four main features that support a life in recovery:

- Health: Making behavior choices that support a healthy body and mind.
- Home: Having a stable and safe place to live.
- Purpose: Taking part in meaningful daily activities with the independence and resources to take part in society.
- Community: Having relationships and social networks that provide support, friendship, love, and hope.

Recovery Funding Priorities

- Create a network that supports recovery housing by developing comprehensive County protocols and criteria for the management of said housing with input from all stakeholders.
- Increase access to transportation to recovery resources, including but not limited to outpatient services, counseling, and support groups.
- Expand vocational training and other job-readiness programs to connect those in recovery with employment opportunities.

Integrated Care

There is a growing consensus that one of the most effective means to make a significant impact on the opioid crisis is to accelerate the integration of mental health and substance use disorder treatment.

Suffolk County currently has one diagnostic and stabilization hub to service clients experiencing a behavioral health crisis. This center in Hauppauge, known as DASH, is a 24/7 voluntary program for individuals in a crisis situation who are feeling overwhelmed due to substance use, mental illness and/or other life stressors. The program features a mobile response team of licensed professional experts who come to your community and conduct an assessment, develop a safety plan, and if necessary, recommend outpatient services or a higher level of care. DASH also features a crisis hotline that provides telephone triage, clinical assessments and therapeutic support.

* Sources include, but not limited to: NYS OASAS, NIH HEALing Communities Study, CDC, SAMHSA, NYS DOH

RECOMMENDATIONS

- Develop a Countywide integrated database for opioid related information. Utilize the data collected to create an easy to understand, public facing dashboard to disseminate information broadly.
- Focus opioid settlement dollars to enhance programs and services in the areas of prevention and harm reduction, treatment and recovery. These areas identified by numerous experts and officials who appeared before the task force as lacking sufficient funding to meet the current need. Allocating funding primarily in these areas will produce the most significant return on investment for these limited dollars, with respect to making progress in addressing the opioid crisis.
- Create an application process for not-for-profit organizations and other public and private agencies to submit proposals to address the opioid crisis through the expansion of existing programs, the establishment of new programs, as well as proposals that encourage innovation.
- Establish a committee to review and select proposals with guidance and technical support from the substance use disorder experts in the County Department of Health Services. Award funding based on an applicant's ability to describe their goals and implementation plan, report data as required, and provide a plan for the sustainability of the program or service.
- Develop a comprehensive data tracking and analysis mechanism that measures quantifiable outcome indicators for efforts involving prevention and harm reduction, treatment, and recovery services.
- Seek out programs or initiatives that will address areas in Suffolk County where opioid related services are insufficient to meet the demand particularly on the east end as well as in certain communities of color.
- Use opioid funds to help accelerate the integration of mental health and substance use disorder treatment.