



THE OPIOID CRISIS IN NEW YORK STATE: A PRIMER FOR HEALTHCARE TRUSTEES

THE ISSUE

The opioid epidemic: It's insidious and indiscriminate. From urban high-rise to suburbia and farm country, the crisis knows no geographic, demographic, or socio-economic boundaries. It's in communities across the nation and in every corner of New York State. It impacts all races, ethnicities, and nationalities—from teenagers to grandparents.

As trustees, you see the impact of the prescription opioid and heroin epidemic on our hospitals, and the staggering human toll on our communities. Lives are being lost to addiction or overdoses, leaving families devastated. In response to this growing public health crisis, hospitals and health

systems around New York State, along with governments, agencies, elected officials, law enforcement, and community-based organizations, are determined to find solutions, save lives, and prevent people from getting “hooked” in the first place. Communities are coming together to seek answers and take action.

HTNYS' primer for trustees explores some of the causes, highlights federal and state policies and programs, and offers significant data. Our goal is to provide you with foundational information to help you advance the discussion in your boardrooms and support efforts in your communities.



“Hospitals need to be key partners in helping the community address the opioid crisis, well before a loved one or neighbor winds up in the ER with an overdose. In addition to developing responses within its own organization, the hospital, along with local governments and other entities, can help bring community-based organizations together to coordinate resources, focus the effort, and minimize redundancy.”

WILLIAM M. TRUST, JR.

MEMBER, HTNYS BOARD OF GOVERNORS | MEMBER, MONTEFIORE NYACK HOSPITAL BOARD

HOW DID IT GET THIS BAD?

In 2016, more than 64,000 people died of drug overdoses in the U.S.—a number that nearly doubled in a decade.¹ Here in New York State, the number of prescription opioid-related deaths has nearly quadrupled over ten years.²

Many experts agree that the current opioid crisis is rooted in the over-prescribing of opioids that began more than 20 years ago. This was influenced in part by a small study, and aggressive marketing by the pharmaceutical industry, which downplayed the addictive qualities of opioid painkillers like OxyContin and assured doctors they could be safely used for back pain, arthritis, and other chronic pain. Pain organizations supported this approach. Add to that a focus on addressing pain as the “fifth vital sign,” tying

patient satisfaction and pay-for-performance programs to pain metrics, and by some accounts, a busy society impatient with pain and wanting a fast pill to make it better. Other factors that contributed to the current crisis were an increased supply of cheap heroin nationwide and new ways to distribute it. The explosion of the synthetic and highly potent opioid fentanyl is to blame for a frightening number of overdose deaths—more than 20,000 in 2016.³

Research indicates that misuse of prescription painkillers may open the door to heroin use. Data show that 80% of heroin users first misused prescription opioids. However, researchers note that only a small fraction of people actually switch from prescription opioids to heroin.⁴

WHAT ARE OPIOIDS?

Opium is a narcotic derived from various poppies. Morphine, heroin, and prescription painkillers like Vicodin®, Percocet®, and OxyContin® are derived from opium. These drugs, along with synthetic drugs like fentanyl and methadone, are opioids.

THE OPIOID EPIDEMIC BY THE NUMBERS

- The rate of opioid-related ED visits increased 73% in New York State from 2009 to 2014.¹⁰
- 75,110 opioid-related inpatient hospital admissions were reported in New York State in 2014.¹¹
- Healthcare costs from opioid abuse in New York State total an estimated \$1.2 billion per year.¹²

73%

75,110

1.2 billion

WHAT'S BEING DONE?

There are a number of policies, programs, and initiatives at the federal and state level to address the opioid epidemic. Many experts agree that combating the crisis will require a combination of solutions and approaches from many stakeholders, with a focus on prevention, education, treatment, recovery, improved opioid prescribing, and effective pain management alternatives.

FEDERAL

- The U.S. Centers for Disease Control and Prevention (CDC) issued guidelines for prescribing opioids for chronic pain (2016).⁵
 - President Barack Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198) in July 2016. The nation's first major federal addiction legislation in 40 years authorized funding to fight the opioid epidemic through prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.
 - In April 2017, the Trump Administration announced nearly \$500 million in grants to all 50 states over several years through the 21st Century Cures Act. New York State will receive \$25 million in the first year for distribution among 16 high-need counties, and other programs.
- In October 2017, President Donald Trump declared the opioid crisis a national public health emergency.
 - President Trump's Commission on Combating Drug Addiction and the Opioid Crisis issued its final report in November 2017. The report's 56 recommendations for federal response to the crisis include: streamline federal funds for prevention and treatment through state block grants; expand access to medications that treat addiction; remove pain questions from patient satisfaction surveys; establish more drug courts; and create an expansive national media campaign.⁶
 - CMS issued guidelines in November 2017 that allow states greater flexibility to design projects that increase access to treatment for substance use disorders (SUDs), including Medicaid reimbursement for a broader continuum of SUD care.

NEW YORK STATE

- The first-in-the-nation Internet System for Tracking Over-Prescribing (I-STOP) law, enacted in 2013, requires providers in New York State to check the state's prescription monitoring database before prescribing a controlled substance.⁷

(CONTINUED)

THE OPIOID EPIDEMIC BY THE NUMBERS

■ The death rate from synthetic opioids, including fentanyl, increased by about 72% from 2014 to 2015.¹³

■ Opioid prescriptions in New York State are down from more than 11.2 million in 2013 to 10.1 million in 2016.¹⁴

■ Between 40% and 70% of a person's risk for developing a substance use disorder is genetic.

72%

10.1 million

40-70%

(WHAT'S BEING DONE? CONTINUED)

- Governor Andrew Cuomo's [Task Force on Heroin and Opioids](#) issued a wide range of recommendations in June 2016, which [led to laws that](#) increased access to treatment, expanded community prevention strategies, and limited over-prescription of opioids.⁸
- In April 2017, Governor Cuomo signed comprehensive legislation investing more than \$200 million to support treatment and recovery programs, residential services, 24/7 urgent access centers, community coalitions, family support navigators, and overdose-reversing naloxone kits and training.
- New York State provides more than \$70 million annually to local prevention providers in every county through the New York State Office of Alcoholism and Substance Abuse Services (OASAS).
- At least two counties have declared a public health crisis or emergency to focus attention on the issue: Erie County and Broome County.
- OASAS provides a [treatment availability dashboard](#) on its website.⁹
- New York State is among eight states awarded federal funding in 2017 for a Certified Community Behavioral Health Clinic (CCBHC) demonstration grant, which includes outpatient substance use services. Strong Memorial Hospital is the only hospital among 13 designated CCBHCs in New York State.
- Seventy-three percent of hospitals in the state are focusing attention on the priority area, "Promote Mental Health and Prevent Substance Abuse" under the New York State *Prevention Agenda*, the state's blueprint for improving the health of all New Yorkers.



"As trustees, the opioid crisis has hit many of us professionally or personally—through family, friends, or community ties. We're talking about it in the boardroom and we're paying more attention to it as a board. It's critical that we have these conversations in our boardrooms, classrooms, and living rooms to erase the stigma, share information, and find the answers together."

SHARON L. HANSON

MEMBER, HTNYS BOARD OF GOVERNORS | CHAIRPERSON OF THE BOARD, ERIE COUNTY MEDICAL CENTER

THE OPIOID EPIDEMIC BY THE NUMBERS

- More than 40% of people with a substance use disorder also have a mental health problem.¹⁵
- Despite an annual decline in opioid prescription in the U.S. since its peak in 2010, prescribing remains high (*CDC Vital Signs, July 2017*).
- The amount of opioids prescribed per person in the U.S. was three times higher in 2015 than in 1990 (*CDC Vital Signs, July 2017*).

40% 2010 peak 3X higher

HTNYS RECOMMENDS THE FOLLOWING STEPS FOR BOARDS

- Discuss the opioid crisis as a board.
- Invite your hospital's community partners (i.e., local health department, law enforcement, schools, treatment centers, churches, etc.) to a board meeting to showcase their collaborative efforts with your organization on opioids.
- Support your hospital's organizational and community strategy:
 - Leverage your board colleagues' community and/or professional connections to inform and enhance your organization's strategy and/or to identify and connect with potential community partners.
 - Share your unique perspectives as board members given your diverse professional or community-related roles.
 - Ensure that your hospital is participating in your county's or region's opioid crisis task force.
 - Ensure that a board member is involved in community discussions.
- Track reductions in unnecessary opioid use as a performance measure.
- Show interest in the work of a lead physician or staff who champions the issue for your organization. Invite this person to present to the board.
- Ask your chief executive officer whether and how your hospital is focusing on preventing substance abuse as a priority area under the New York State *Prevention Agenda*. Pay special attention to this priority when your board annually reviews the hospital's Community Health Needs Assessment and/or Community Service Plan.

CALL TO ACTION: WHAT CAN TRUSTEES DO?

Hospitals and health systems are uniquely positioned to address this crisis. Trustees can support and advance these efforts in their governance capacity and as leaders in their communities.

THE OPIOID EPIDEMIC BY THE NUMBERS

■ The majority of people (87.2%) who take prescription pain relievers do not misuse them.¹⁶

■ The New York State Department of Health trained more than 100,000 people to administer naloxone to reverse overdoses—including community responders, law enforcement, and EMS (October 2014-September 2016).

■ Reports received by the New York State Department of Health show that naloxone was administered to more than 17,000 people state-wide in 2016.

87.2% 100,000 17,000

WHAT ARE HTNYS AND HANYS DOING ABOUT THE OPIOID CRISIS?

HTNYS and HANYS are committed to working with our members on opioid addiction prevention efforts. HANYS has established a state-wide collaborative to develop and implement a multifaceted clinical action plan to support healthcare providers and systems across the continuum of care. Among the tools is a [website](#) of resources to help HANYS' member hospitals prevent opioid addiction and overdoses among their patients and in their communities. In addition, HTNYS elevated the issue by bringing national and state experts to our 37th Annual Trustee Conference in September 2017 to educate trustees on the opioid epidemic. HTNYS will continue to keep you abreast of this issue and build on this primer through the future sharing of information and best practices. For more information about HANYS' Opioid Addiction Prevention and Management Collaborative, visit www.hanys.org/opioids.

CONCLUSION

The opioid epidemic continues its alarming increase despite the efforts of government, healthcare organizations, schools, churches, and community-based organizations. As leaders of your hospitals and your communities, trustees can have an impact. Trustees can drive the discussion in boardrooms, take part in community conversations, and connect hospitals to prospective partners in the community.

If you have any questions about this document or want to share your comments, please contact:

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RESOURCES

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