The **Oneida County Health Coalition (OCHC)** is a broad partnership of community agencies and organizations that play a role in the health status of our community. A primary objective of the OCHC is to meet quarterly to prepare a Quarterly Health Report Card on various community health issues. Participants analyze county data, collect stakeholder feedback on perceptions and underlying causes, identify collaborative opportunities and evidence-based resources to address the issue, and compile the information into a Health Report Card. The topic of this Quarterly Health Report Card is:

**Substance Abuse**

- Best practices
- Perceptions
- Trends
Section 1: The Issue

Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health conditions such as heart disease, cancer, and liver diseases, exacting over $600 billion annually in costs related to lost work productivity, healthcare, and crime. Substance abuse also contributes to a wide range of social, physical, mental, and public health problems, such as teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide. (HealthECNY)

"The U.S. is in the midst of a prescription opioid overdose epidemic" – US Dept. of Health & Human Services

Section 2: Data Summary

Substance Abuse & Youths
Source: Oneida County 2015 TAP Survey

- Percent of all teens to ever use marijuana: 22, 30
- Percent of 11th graders to drink in past 30 days: 33, 48
- Percent of all students to ever drink alcohol: 33, 54
According to the Oneida County 2015 Teen Assessment Project (TAP) Survey, among 7th, 9th and 11th grade students in school (5,700 students), substance abuse trends in general have been positive. Since 1999, there has been a significant decline in the percentage of teens who have tried or who used in the past 30 days alcohol or marijuana. Since 2011, there have been declines in the use of alcohol; however, marijuana use has stayed more or less the same over the four year period from 2011-2015. There have also been declines in the use of most other drugs, such as heroin, inhalants, meth, and other people’s prescriptions. However there has been an increase in the misuse of over the counter, non-prescription medications; the percent of all teens to ever misuse over the counter, non-prescription medications was 12% in 2007 and 20% in 2015.

“The have been declines in use of most drugs among youths, however there is an increase in the misuse of over the counter, non-prescription medications”
The three-colored dial represents the distribution of values from counties in the state ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From the distribution:

- **Green** = the top 50th percentile; **Yellow** = the 25th to 50th percentile; **Red** = the “worst” quartile.

Source: HealtheCNY

**AGE-ADJUSTED HOSPITALIZATION RATE due to SUBSTANCE ABUSE**
Average annual age-adjusted hospitalization rate due to substance abuse per 10,000 population aged 18 years and older (2012-2014).

**PERCENTAGE OF ADULTS WHO BINGE DRINK**
Adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion (2014).

**AGE-ADJUSTED ER RATE due to SUBSTANCE ABUSE**
Average annual age-adjusted emergency room visit rate due to substance abuse per 10,000 population aged 18 years and older (2012-2014).

**EMERGENCY ROOM RATE due to OPIOIDS**
Average annual emergency room visit rate due to a diagnosis of heroin, methadone and/or opioid-related narcotics use, per 100,000 population (2014).

**HOSPITALIZATION RATE due to OPIOIDS**
Average annual hospitalization rate due to a diagnosis of heroin, methadone and/or opioid-related narcotics use, per 100,000 population (2014).

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**UNINTENTIONAL HEROIN-RELATED AND FENTANYL-RELATED DEATHS**
Includes all deaths where heroin or fentanyl caused or contributed to death either solely or in combination with other drugs and/or medications.

Source: Onondaga County Medical Examiner’s Office
**TREATMENT DATA**

2015 Year-to-Date, 2,481 Oneida County residents have been in substance use treatment, including: 267 inpatient, 1,588 outpatient, 102 residential, and 524 crisis: (Source: Center Family Life and Recovery, Inc.):

- 21% between the ages of 16 – 25; 75% between the ages of 26 – 45; and 4% above the age of 56
- 45% have a primary substance use as heroin; 30% have a primary substance use as alcohol

**NARCAN DATA**

(Data to be submitted)
The following represents a summary of feedback received from participants in the June 30th OCHC brainstorming session on substance abuse; participants reviewed quantitative data and discussed issues, trends (i.e., social, economic, and political), challenges and opportunities for improvement:

**Social Challenges:**
- Gateway drugs (e.g., alcohol, cigarettes, marijuana, prescription medications).
- Limited ability to cope with stress; avoiding stress.
- Overprescribing including drugs to cope with anxiety, depression, etc.
- Unresolved trauma and recognizing the connection between trauma and substance abuse (i.e., Adverse Childhood Experiences).
- Poverty.
- Ease of access through technology, such as social media.
- Stigma and negative misperceptions of individuals struggling with addictions and the reasons for such.

"There is a need for better coordination among providers to promote wrap around services"

**Provider Challenges:**
- From providers standpoint addiction is not easy to treat and is an ongoing protracted problem.
- Treatment process is difficult and clientele is high-risk for no show with long history of missed treatments.
- Providers’ lack of understanding of concepts of harm reduction
- System need is more punitive; need to help individuals to become more successful and productive.

**Resource Issues:**
- A need for improved coordination among existing providers to ensure wrap-around and continuity of services.
- Lack of primary care providers.
- Lack of mental health services for children.
LEGISLATIVE & REGULATORY ISSUES:
- New legislation regarding 7-day prescription for pain medication; will need to assess if there’s a spike in heroin use.
- Pharmacists and practitioners are mandated to electronically prescribe both controlled and non-controlled substances, but this is at the early stages of implementation.

VULNERABLE POPULATIONS:
- Youth - 2015 TAP Survey showed a decline in use of marijuana, alcohol and other drugs, however there was an increase in the misuse of over the counter, non-prescription medications.
- Older adults – often extremely compliant with doctor and need advocacy support and education on prescription drug use.

“This is not just a problem among youths; older adults also experience addictions including abuse of prescribed medications”

OPPORTUNITIES FOR IMPROVEMENT
Below is a summary of the areas for improvement extracted from the discussion above:

- Improved provider understanding and implementation of harm reduction strategies.
- Helping individuals with addictions to build positive skills needed to be successful.
- Promoting the practice of trauma-informed care.
- Improved coordination among providers (i.e., wrap-around services).
- Wrap around services need to engage and/or support other key stakeholders:
  - Outreach to support and/or provide training to law enforcement (e.g., Oneida County Law Enforcement Coalition, law enforcement crisis intervention teams).
  - Involvement of faith community as a support and engaging them in substance abuse coalitions (e.g., Interfaith Coalition of Greater Utica).
- Provide advocacy support and education on prescription drug use for older adults.
Below is a listing of multi-agency *partnerships or collaborative groups* that are addressing substance abuse and related issues. It is **not** a listing of the host of individual agencies and provider resources in the community that provide substance abuse services; it does, rather, identify some local coalitions or groups for which individual agencies and providers may want to collaborate with or support:

- **Oneida County Opiate Task Force** (facilitated by Oneida County Mental Health): A group of substance abuse providers, substance abuse and mental health professionals, education professionals, legislators, individuals in recovery, and community representatives meet, assess needs and gaps, and seek solutions to heroin/opiate addiction.

- **Alcohol and Other Drugs Subcommittee** (facilitated by Oneida County Mental Health): Substance abuse treatment providers, NYS OASAS staff, NYS OASAS Residence Directors, NYS and Local Law Enforcement, and MHD staff participate in reviewing ongoing and current issues affecting services of substance abusers and seeking opportunities to achieve better outcomes. New treatments and products, and results of continuing treatments, are presented to the subcommittee in educational and discussion formats.

- **9.41 Committee for Mental Health** (facilitated by Oneida County Mental Health): Substance abuse providers, law enforcement, emergency department staff, first responders, MCAT, MHD staff, and others, meet to review and promote better practices for responding to 9.41 situations (Mental Health Law permitting officers to take into custody a person who appears to be mentally ill).

- **Oneida County Youth Services Council** (facilitated by United Way of the Valley and Greater Utica Area and Utica Safe Schools Healthy Students): A variety of community providers that convene to discuss issues facing youth and families, trends, concerns, resources, facilitate effective interagency communication and coordination of services, respond to professional development needs and advocate for needs.

- **Utica-Oneida County Anti-Poverty Task Force** (facilitated by United Way of the Valley and Greater Utica): This group is charged with evaluating, accessing and providing community involvement and solutions to the issue of persistent poverty in the community.

- **Oneida County Health Coalition** (facilitated by Oneida County Health Department): Public health partners meet quarterly to analyze county data on multiple health topics, provide feedback on perceptions and underlying causes, identify collaborative opportunities and evidence-based resources to address the issue, and compile the information into a Health Report Card.
SECTION 5: EVIDENCE-BASED RESOURCES

- Coalition for Evidence-Based Policy
- The Community Guide – Preventing Excessive Alcohol Consumption
- County Health Rankings: What Works for Health
- HealtheCNY Promising Practices
- NYSDOH Prevention Agenda: Promoting Mental Health and Preventing Substance Abuse
  
  Action Plan - Recommended Evidence-Based Programs, Policies and Practices

- Promising Programs Network – Substance Use and Dependence
- SAMHSA National Registry of Evidence-based Programs and Practices