

Nassau County Opioid Crisis



Action Plan Task Force Report

October 3, 2019

Patrick J. Ryder
Commissioner of Police
Co-Chair

Siela Bynoe
Nassau County Legislator
Co-Chair

The Nassau County Opioid Crisis Action Plan Task Force Members

- Patrick Ryder, Nassau County Police Commissioner (co-chair)
- Siela Bynoe, Nassau County Legislator (co-chair)
- James Kennedy, Nassau County Legislator
- Pamela Kelly-Pincus, Director of the Office of Alternative Prosecutions and Resources, Nassau County District Attorney's Office
- Rene Fiechter, Assistant District Attorney and Current Chair of Nassau County District Attorney Singas' Heroin Task Force
- Mary Faldich, Appeals Court Senior Assistant District Attorney, Nassau County District Attorney's Office
- Omayra Perez, Director of Community Services, Nassau County Office of Mental Health, Chemical Dependency, Developmentally Disabled
- Dr. Jennifer Morrison, Superintendent at New Hyde Park-Garden City Park UFSD
- Keith Scott, Director of Education at the Safe Center
- Steve Chassman, Executive Director of Long Island Council on Alcoholism and Drug Dependence
- Jamie Bogenshutz, Executive Director of the YES Community Counseling Center

Mission Statement

To work as a multi-disciplinary team which will create an action plan for the residents of Nassau County that addresses the needs in the education, prevention and treatment of opioid use, while utilizing law enforcement and legislation to effectively reduce illegal opioid distribution and abuse. This roadmap will provide a comprehensive resource guide, which will assist opioid users and their families to find evidence based treatment and recovery services, while reducing the stigma of addiction. As a county we can demonstrate that the road to recovery does not need to be traveled alone.

Table of Contents

Introduction	4
Origins of the Opioid Epidemic	4
Prevention	12
Education.....	18
Enforcement	23
Treatment & Recovery.....	34
Community Coalitions	44
Legislation.....	48
Conclusion	51
References	52
Appendix	55

Introduction

Since 1999, the opioid epidemic has claimed the lives of nearly 400,000 Americans.¹ Each day, approximately 130 Americans lose their lives to an opioid overdose.² The cost of the opioid crisis has not just been lives lost - families, communities, and the nation are grappling with the magnitude of its scope, adverse outcomes, and enduring effects. As the opioid crisis has evolved, strategies to combat its effects must evolve as well. Through a multifaceted and collaborative approach which incorporates data driven decision making, enforcement, and evidence-based prevention and treatment programs, Nassau County can effectively address the opioid epidemic and enhance the road to recovery.

On June 21, 2008, Natalie Ciappa lost her life to a heroin overdose after her parents found her lying unconscious on a couch in the garage of a Seaford home. Natalie, an 18-year-old honors student and cheerleader at Plainedge High School, changed the face of the opioid epidemic in Nassau County and created a spark of awareness that continues today.

Named in honor of Natalie, the initiative known as Operation Natalie was created by the Nassau County Police Department to combat the opioid crisis, reduce crime, and raise awareness about addiction. In 2018, the NCPD identified the communities hardest hit by the opioid epidemic and deployed resources to those locations, focusing on enforcement, education, and creating an open dialogue with residents.

¹ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G., *Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017*. WR Morb Mortal Wkly Rep. ePub: 21 December 2018.

² Centers for Disease Control and Prevention, *Wide-ranging online data for epidemiologic research (WONDER)*. National Center for Health Statistics; 2016. <http://wonder.cdc.gov>.

Natalie Ciappa's Story

A mother and father's tribute to a daughter taken too soon

To those who do not know our daughter Natalie Ciappa, she is just a statistic. A high school cheerleader, honor student, singer. One day she wrote a poem lamenting the use of drugs by a friend. The next, she was the addict. To many she is just the first to bring awareness about heroin's grip on the teens of Long Island, the first to have laws made in her name in an attempt to save lives, but not the first child lost. Who is Natalie? Why was her death such a great tragedy? Why did she make everyone finally take notice? Because she was everyone's child. They looked at her picture and saw the all American teen. What did we, her parents, love about Natalie? We loved her beautiful smile, the silken feel of her hair and the sparkle in her amazing eyes. We loved listening to her sing and giggle and laugh. We loved how she babied her younger brothers and adored her older one, the way she tossed her hair over her shoulder, and the high-pitched squeal she made when excited. How she smelled of vanilla and Hollister. The beauty mark resting just above the corner of her mouth. Her smile. Her sparkle. Her voice.

And we loved the very things that were her downfall. The confidence that made the little girl tell us that we did not have to walk her into nursery school because she could handle it on her own is the same confidence that blocked us when we told her she needed help. The determination we thought would help her attain any goal she set for her future led her to find ways around our rules, ways to do whatever she wanted; get to those parties, those people, those drugs. The intelligence we once joked could put her in the White House helped her use the law and tricks to stop us every time we tried to regain control. Her zest for life, her magical way of living life to the fullest, was the same trait that led her to party to the max, party to addiction. And her talent. We beamed proudly when she stood on stage and took on the persona of the character she played like a chameleon takes on the color of the branch he dozes upon. We beamed and applauded, unaware that her acting would fool us again and again until we doubted her addiction no matter how many clues we uncovered. Natalie cared about others more than anyone we know. We have no doubt she would want her death to help others.

Origins of the Opioid Epidemic

The current opioid crisis, which initially started in the 1990s with overprescribing prescription pain medication and misrepresenting its addictive qualities, has reached new heights of lethality as synthetic opioids have taken center stage. In 2017 alone, more than 47,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl.³ Although the current epidemic is unprecedented in a variety of ways, this is not the first time the nation has faced an opioid crisis. Addiction gripped the United States in the early 1900s as opium and cocaine products were commonly sold, heroin was promoted as a safe and non-addictive alternative to morphine, and the government sought to regulate narcotics for the first time. Although separated by a century, the similarities between the historical and contemporary addiction epidemics in the United States illustrates the lethal consequences of overprescribing pain medication. With more than 1,300 residents losing their lives to the opioid crisis since 2010, Nassau County continues to experience its devastating effects firsthand.

Prescription Opioids

A new-found interest in the state of pain under-treatment prompted a number of publications in the 1980s and 1990s that questioned the way chronic pain was being treated.⁴ Despite misconceptions about and misunderstandings of the complex nature of chronic pain, opioids evolved into the primary means of treating chronic non-cancer pain in the United States. The American Pain Society launched their “pain as the fifth vital sign” campaign in 1995, which focused on proper, standardized evaluation and treatment of pain symptoms.⁵ In 2000, The Joint Commission (TJC) published standards for pain management, emphasizing the need for organizations to conduct quantitative assessments of pain as recommended by the Institute of Medicine.⁶ This was followed by the Federation of State Medical Boards and the Drug Enforcement Agency who also issued statements promising less regulatory scrutiny over opioid prescribers, thereby assuaging physician reluctance to prescribe more liberal amounts of opioid analgesics.⁷ Hospitals now had strict standards for pain management and physicians were mandated to provide adequate pain treatment by the TJC. This resulted in a heavy reliance on opioid medications.

³ CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.

⁴ Mark R. Jones, Omar Viswanath, Jacquelin Peck, Alan D. Kaye, Jatinder S. Gill, Thomas T. Simopoulos Pain Ther., *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*, p. 15

⁵ Mark R. Jones, et al., *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*, p. 15

⁶ Mark R. Jones, et al., *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*, p. 15

⁷ Mark R. Jones, et al., *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*, p.16

Simultaneously, pharmaceutical companies heavily pushed opioids as a humane treatment option, often using paid physician consultants to expound on the safety and benefits of opioids use.⁸ At a time when the under-treatment of pain was considered inhumane and failure to meet TJC benchmarks could result in a loss of federal healthcare funds, the introduction of new drug formulations such as OxyContin® cemented the ascendancy of opioids in the United States.⁹ Although Purdue Pharma and OxyContin® are not solely responsible for the opioid epidemic gripping the nation and our county, they, along with other pharmaceutical companies, played a significant part in the tragedy.

Opioids

Opioids are a class of drugs naturally found in the opium poppy plant and are often used as medicines because they contain chemicals that relax the body and can relieve pain.¹⁰ Opioids can be highly addictive and overdoses can be lethal. According to the National Institute on Drug Abuse

opioids bind to and activate opioid receptors on cells located in many areas of the brain, spinal cord, and other organs in the body, especially those involved in feelings of pain and pleasure. When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body. This release can strongly reinforce the act of taking the drug, making the user want to repeat the experience.¹¹

Opioids can differ in the way they are created - morphine and codeine are naturally derived from the poppy plant while heroin is an illegal drug synthesized from morphine.¹² Hydrocodone and oxycodone are semi-synthetic opioids, manufactured in labs with natural and synthetic ingredients. In 2016, 6.2 billion hydrocodone pills and 5 billion oxycodone pills were distributed nationwide according to IQVIA.¹³ Synthetic opioids, such as fentanyl and tramadol, are also a class of drugs that are designed to provide pain relief, mimicking naturally occurring opioids such as codeine and morphine.¹⁴ They are manufactured by pharmaceutical companies as well as illegally clandestine labs, with high potency being a distinctive characteristic. Fentanyl, a fully synthetic opioid, is 50 times more potent than heroin and 100 times more

⁸ Mark R. Jones, et al., *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*, p.16

⁹ Mark R. Jones, et al., *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*, p.16

¹⁰ National Institute on Drug Abuse, *What are prescription opioids?*. <https://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>

¹¹ National Institute on Drug Abuse, *What are prescription opioids?*. <https://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>

¹² National Institute on Drug Abuse, *What are prescription opioids?*. <https://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>

¹³ CNN. *Opioid Crisis Fast Facts*, <https://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>

¹⁴ Centers for Disease Control and Prevention, *Synthetic Opioid Overdose Data*. <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

potent than morphine.¹⁵ A lethal dose is approximately 1-2 milligrams. Illicitly produced fentanyl has been a driving factor in the number of overdose deaths in recent years.¹⁶ Between 2013 and 2017, fentanyl added more than 67,000 lives to the death toll.¹⁷



Source: Missouri River Drug Task Force

Synthetic Opioids

Synthetic opioids are currently the main driver of drug overdose deaths in the United States.¹⁸ In 2017 alone, more than 47,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl.¹⁹ That same year, CDC data indicates more than 28,000 deaths in the United States involved synthetic opioids, which contributed to more deaths than any other type of opioid.²⁰ The emergent prominence of synthetic opioids illustrates that the opioid epidemic of today is not the same opioid epidemic of the 1990s. Analysis conducted by the CDC found that there are three distinct but interconnected waves that are driving America's opioid overdose epidemic: an increase in deaths from

¹⁵ Centers for Disease Control and Prevention, *Fentanyl*. <https://www.cdc.gov/drugoverdose/opioids/fentanyl.html>

¹⁶ CNN. *Opioid Crisis Fast Facts*. <https://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>

¹⁷ The Washington Post, *What is fentanyl?*. <https://www.washingtonpost.com/graphics/2019/national/fentanyl-questions-and-answers/>

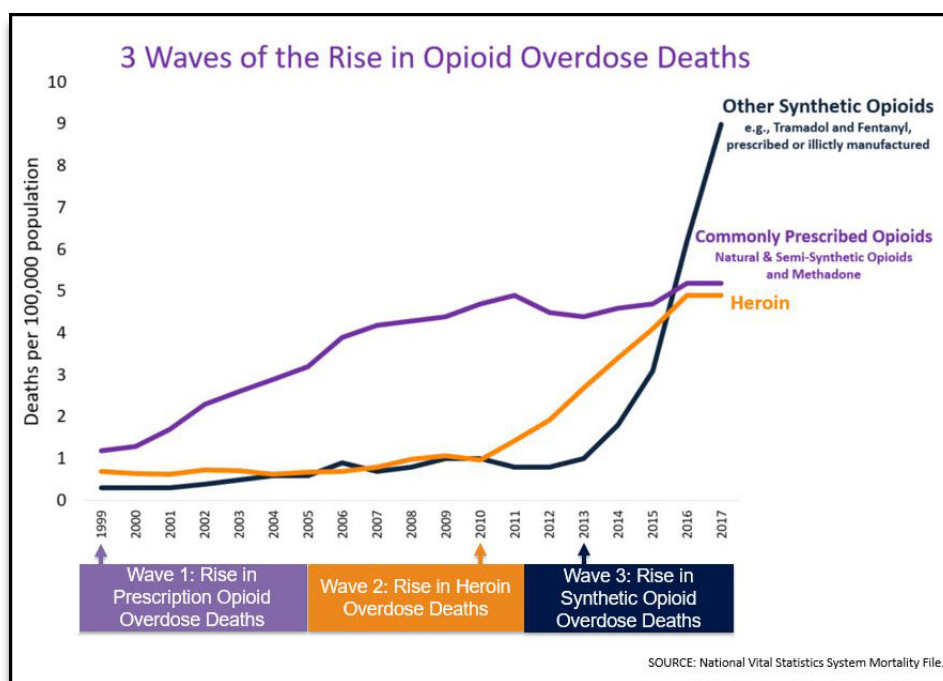
¹⁸ Centers for Disease Control and Prevention, *Drug Overdose Deaths*. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

¹⁹ National Institute on Drug Abuse, *Opioid Overdose Crisis*. ODCDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.

²⁰ Centers for Disease Control and Prevention, *Synthetic Opioid Overdose Data*. <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

prescription opioid overdoses since the 1990s, an increase in heroin deaths starting in 2010, and a more recent surge in deaths from illicitly-manufactured fentanyl (IMF), including fentanyl analogs.^{21, 22}

3 Waves of the Rise in Opioid Overdose Deaths



Source: CDC

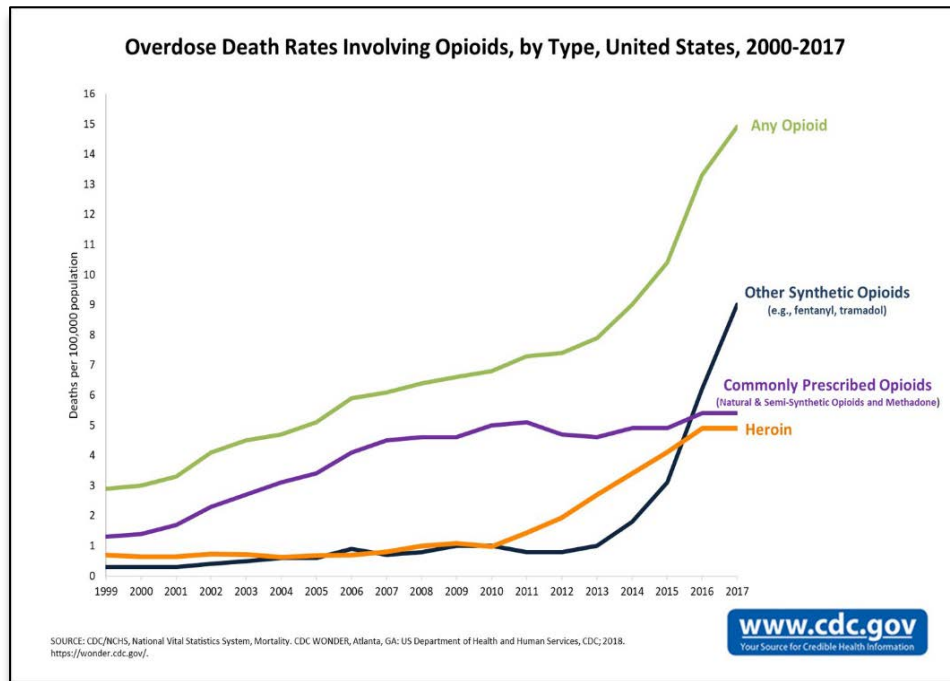
- The first wave began with increased prescribing of opioids in the 1990s, with overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1999.²³
- The second wave began in 2010, with rapid increases in overdose deaths involving heroin.
- The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids – particularly those involving illicitly-manufactured fentanyl (IMF). The IMF market

²¹ Centers for Disease Control and Prevention, *Wide-ranging online data for epidemiologic research (WONDER)*. National Center for Health Statistics; 2016. <http://wonder.cdc.gov>.

²² Gladden RM, Martinez P, Seth, P., *Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid-Involved Overdose Deaths – 27 States, 2013-2014*. MMWR Morb Mortal Wkly Rep. Aug 2016.

²³ Centers for Disease Control and Prevention, *Understanding the Epidemic*. <https://www.cdc.gov/drugoverdose/epidemic/index.html>

continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.^{24, 25}



Source: CDC

The cost of the opioid epidemic has been more than just lives lost. According to the National Institute on Drug Abuse

the misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.²⁶

As the opioid epidemic continues to grip the nation, each state and its municipalities are faced with the significant challenge of creating an effective response to combat addiction and save lives.

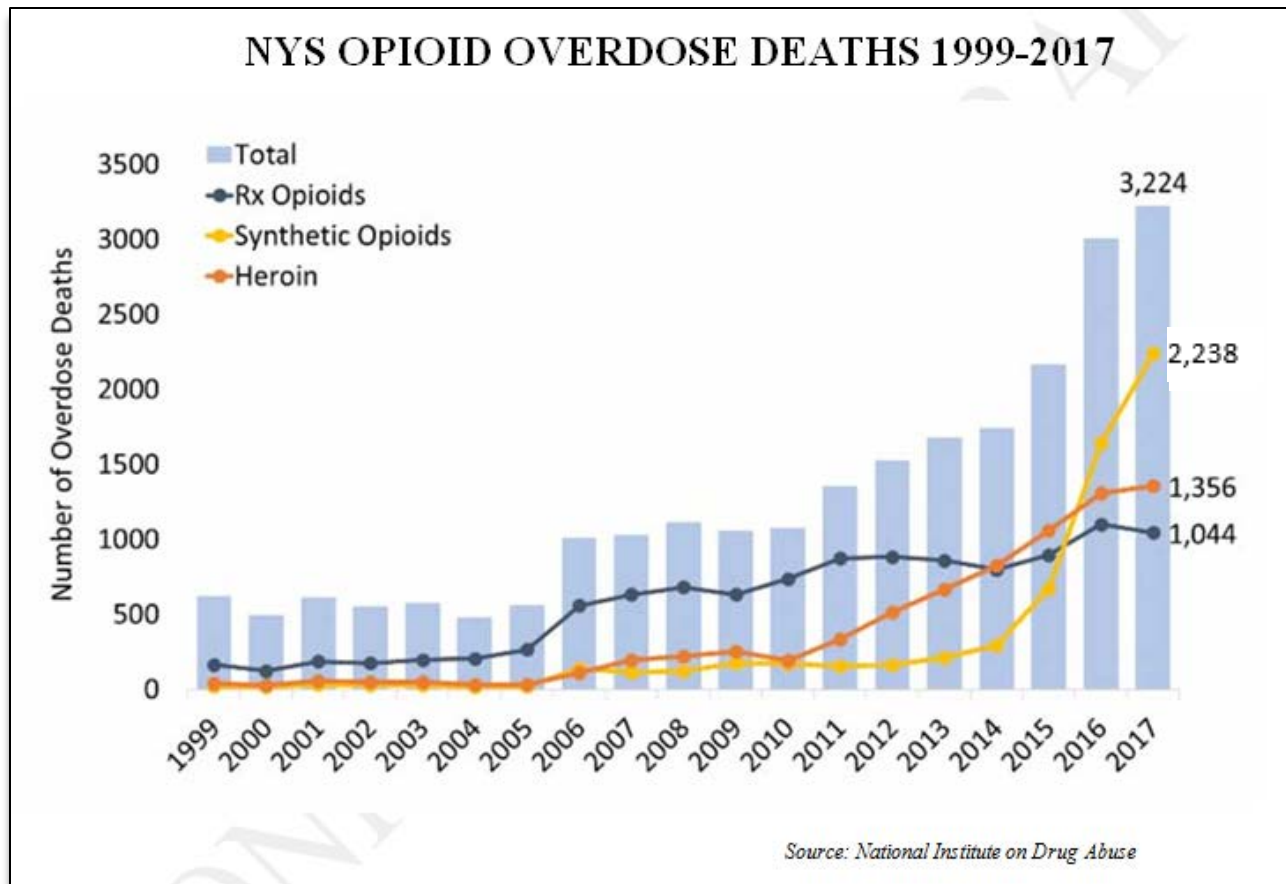
²⁴ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G., *Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017*. WR Morb Mortal Wkly Rep. ePub: 21 December 2018.

²⁵ Rudd RA, Aleshire N, Zibbell JE, Gladden RM., *Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014*. MMWR 2016, 64(50); 1378-82.

²⁶ National Institute on Drug Abuse, *Opioid Overdose Crisis*. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

New York State Opiate Fatalities

In 2017, there were 3,224 overdose deaths involving opioids in New York.²⁷ Opioid overdose deaths in New York averaged 16.2 per every 100,000 people in 2017 and were higher than the average national rate of 14.6 deaths per 100,000 persons.²⁸ The greatest rise occurred among synthetic opioid-involved deaths (predominantly fentanyl) with 2,238 deaths reported in 2017, up from the 210 deaths in 2013.²⁹ Heroin-involved deaths also rose in the same four-year period from 666 deaths to 1,356 deaths.³⁰ Deaths involving prescription opioids have shown a slower increase since 2013 from 859 to 1,044 cases in 2017.³¹



²⁷ National Institute on Drug Abuse, *New York Opioid Summary*. <https://www.drugabuse.gov/opioid-summaries-by-state/new-york-opioid-summary>

²⁸ National Institute on Drug Abuse, *New York Opioid Summary*.

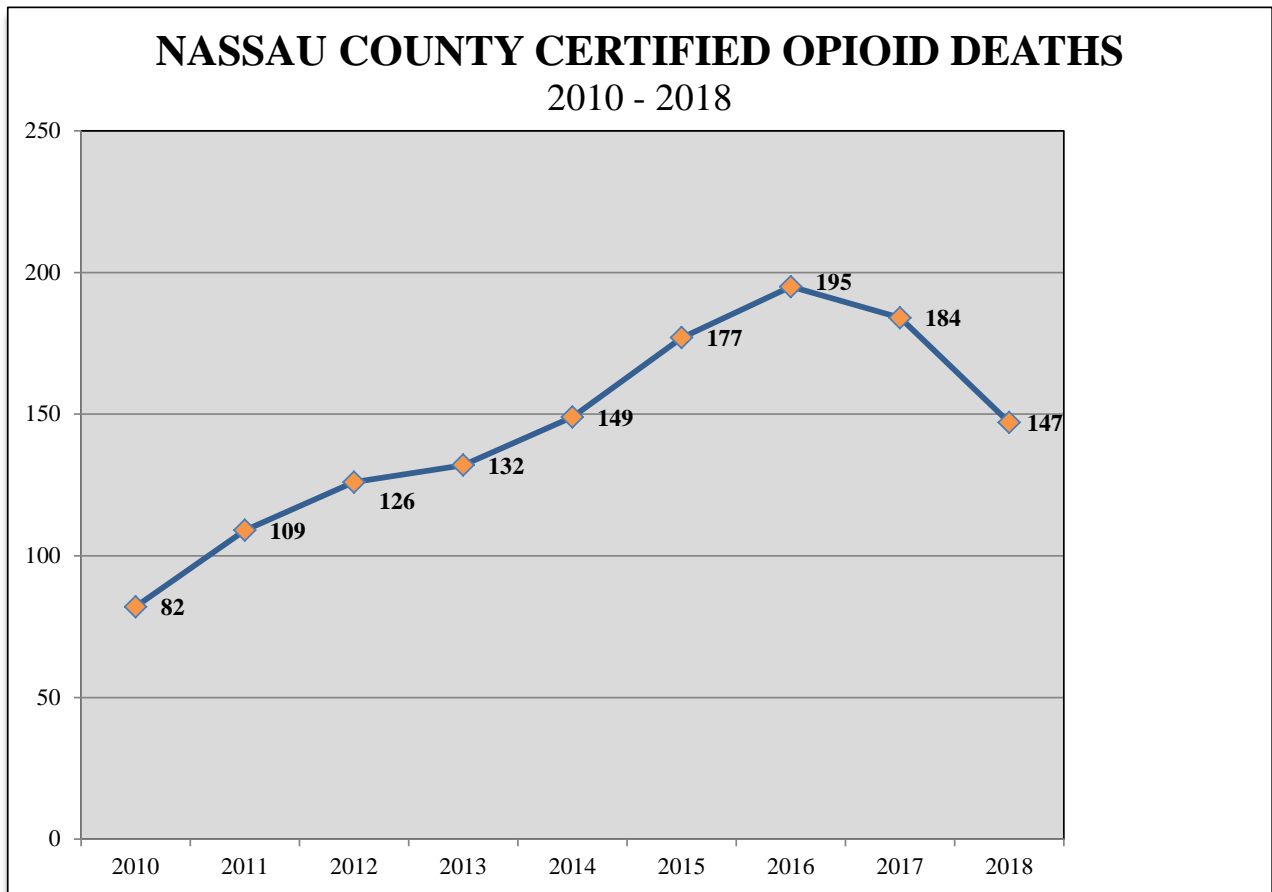
²⁹ National Institute on Drug Abuse, *New York Opioid Summary*.

³⁰ National Institute on Drug Abuse, *New York Opioid Summary*.

³¹ National Institute on Drug Abuse, *New York Opioid Summary*.

Nassau County Opiate Deaths

Statistics from the Medical Examiner's Office indicate Nassau County experienced increasing numbers of opioid-related deaths between 2010 and 2016. Opioid deaths peaked in Nassau County at 195 in 2016, which marked a 10.2% increase from 2015 and a 138.8% increase from 2010. 2016 also marked the ascendancy of synthetic opioids, mainly fentanyl and its analogues, as the primary cause of opiate-related fatalities in Nassau County. 2017 was the first time since 2010 that opioid-related deaths decreased in the county. In 2018, Nassau County witnessed a further decline in opioid fatalities as statistics released by the Medical Examiner's Office indicated there was a 20.1% decrease compared to 2017. Downward trends in opiate-related fatalities sparks hope that efforts involving intensified public outreach, education, awareness, and enforcement are creating positive changes in Nassau County. Despite the inroads made, Nassau County must remain cautious and committed to combating the opioid epidemic as residents continue to lose their lives to addiction and the consequences of the crisis endure.



Source: Nassau County Medical Examiner's Office

Prevention

The goal of prevention services is to develop and provide preemptive systems and resources for our children while they are in their young developmental years. Prevention services in NYS generally fall into two categories: primary prevention and other prevention services. Primary prevention is defined as a collaborative and community focused process to prevent or delay substance use and abuse in individuals, families and communities. Other prevention may be either selective or indicated targeting of individuals under the age of 21, who have begun to exhibit alcohol and substance use, to include prevention counseling and early intervention.³² The Center for Substance Abuse Prevention (CSAP) has recognized that adolescent substance use has roots in childhood and does not solely manifest in adolescence. CSAP has identified four critical predictors from childhood for substance use that could be valuable targets for prevention. The four critical predictors include: parental management and involvement with the child, a child's social competence, self-regulation, and school achievement.³³

Circumstances and events that affect a child during the first several years of life and even before birth, create the foundation for drug use during adolescence or young adulthood.³⁴ Abundant research has shown that events and circumstances early in people's lives influence future decisions, life events, and life circumstances. This is known as the life course trajectory.³⁵ The prevention response seeks to interrupt that trajectory before it can escalate into drug use and abuse.

Effective prevention needs to start as early as possible. In order to get to the root cause of addiction, we need to address the actual problem. That problem is often untreated trauma. There is a direct correlation between experiencing trauma,

TRAUMA

According to the Adverse Childhood Experiences (ACE) Study, the **10 categories of childhood abuse and neglect are:**

- Abuse
 - Emotional
 - Physical
 - Sexual
- Neglect
 - Emotional
 - Physical
- Dysfunction
 - One or both biological parents missing from the household
 - Domestic violence specifically toward the mother
 - Mental illness in the household
 - Substance use in the household
 - Incarcerated members in the household

³² NYS OASAS, 2019

³³ Preventing Youth Substance Abuse: Science Based Programs for Children and Adolescents, 2007

³⁴ National Institute on Drug Abuse, Principles of Substance Abuse Prevention for Early Childhood, Chapter 1, 2019

³⁵ NIH

especially experiencing trauma before the age of 18, and substance abuse. Experts have claimed that one of the biggest contributing factors to substance abuse is the experience of certain traumatic events.³⁶

Starting prevention lessons in high school or even middle school is too late. Systems need to be in place to screen for trauma experienced by children in the home. By successfully intervening when a trauma occurs, there is a much better chance of preventing substance abuse later in life.

The Adverse Childhood Experiences Study (ACE Study) is a research study conducted by the American Health Maintenance Organization Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes.³⁷ Data from this study shows direct correlations between adverse events and substance use and abuse (pictured right). Another ACE study, conducted in 2009, concluded that over 80% of patients seeking treatment for opioid addiction had at least one form of childhood trauma, with almost 2/3 reporting having witnessed violence in childhood.³⁸

According to the ACE Study on the correlation between trauma and substance abuse:

Compared to people with no adverse childhood experiences, those with 4 or more ACEs were:

- 2x more likely to smoke
- 2x more likely to have cancer or heart disease
- 6x more likely to be depressed
- 6x more likely to have sex before age 15
- 7x more likely to be alcoholics
- 10x more likely to inject drugs
- 12x more likely to attempt suicide

Men with 6 or more ACES were:

- 46x more likely to have injected drugs than men with no history of ACEs.

Individuals who experienced 5 or more traumatic events were:

- 3x more likely to misuse prescription pain medication
- 5x more likely to engage in injection drug use

SOURCE: Quinn, K., Boone, L., Scheidell, J.D., Mateau-Gelabert, P., Mcgorray, S.Sp., Beharie, N., Cottler, L.B, and Kahn, M.R (2016) *The relationship of childhood trauma and adult prescription pain reliever misuse and injection drug use*. Drug and Alcohol Dependence, 169, 190-198

³⁶ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/>

³⁷ Felitti, V.J. (2003) The origins of addiction: Evidence from the Adverse Childhood Experiences study. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 52, 547 – 559

³⁸ Sansone, R.A., Whitecar, P., and Wiederman, M.W. (2009) The prevalence of childhood trauma among those seeking buprenorphine treatment. *Journal of Addictive Diseases*, 28(1), 64 – 67

Correlation between substance abuse and sexual assault

There is a direct correlation between experiencing sexual assault and substance abuse. Victims of sexual assault are 26 times more likely to have two or more serious drug abuse related problems.³⁹ This type of trauma has a greater impact if it is experienced before the age of sixteen. In a study of one hundred adults with poly-toxic drug use, 70% of females and 50% of males had been sexually abused before the age of sixteen.⁴⁰ Additionally, 75% of women in treatment programs for drug and alcohol abuse report having been sexually abused.⁴¹ In a study of male survivors sexually abused as children, over 80% had a history of substance abuse.⁴²

There is a need for more trauma informed agencies that provide services to victims of sexual assault. The main purpose of these agencies should be to prevent the trauma of sexual assault before it affects another victim which in turn will affect our community.

Costs associated with prevention

The cost effectiveness and benefit-cost of several successful evidence-based approaches produced significant net benefits in preventing adult cases of abuse. An earlier study cited by the NIH study found that for every dollar spent on drug abuse prevention, communities could save between four to five dollars in costs for drug abuse treatment and counseling.⁴³ With effective prevention efforts there would be a reduction in costs associated with hospitalizations, insurance premiums, arrests, incarceration, and the like.

Areas for improvement

One shortfall in prevention is being more proactive than reactive. Prevention, while demonstrated to be far more cost effective is equally time consuming and requires great attention and effort. Often times it is human nature to be reactive rather than proactive and preventing the contributing factors before onset

³⁹ Mental Health Needs of Crime Victims: Epidemiology and Outcomes, 2003

⁴⁰ Trauma, PTSD, and the Course of Severe Mental Illness: An Interactive Model, 2002

⁴¹ Najavits, L.M., Weiss, R.D., and Shaw, S.R. (1997) "The Link Between Substance Abuse and Posttraumatic Stress Disorder in Women: A Research Review." *American Journal on Addictions*, 6:273-283). <https://www.ncbi.nlm.nih.gov/pubmed/9398925>

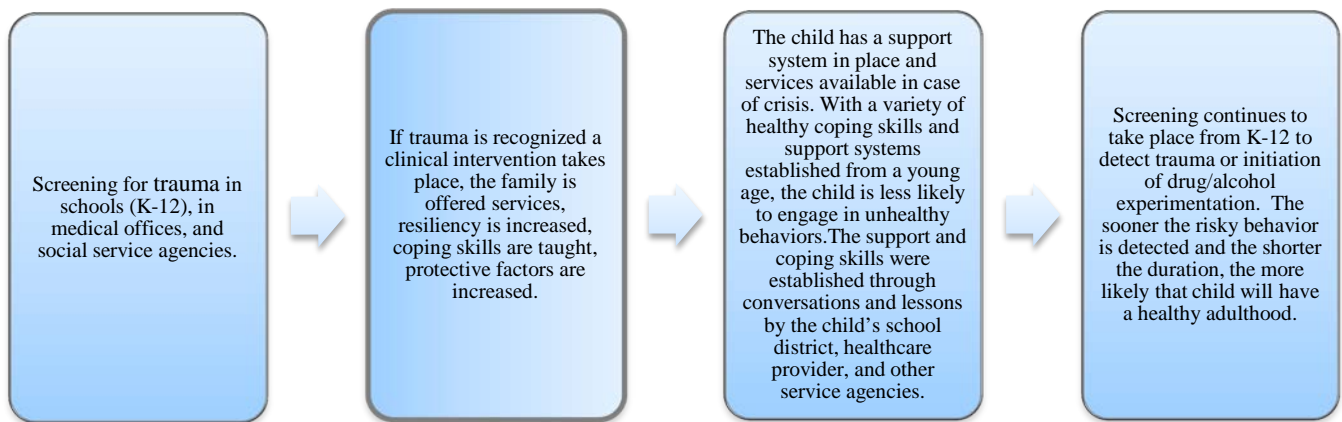
⁴² (Lisak, David, (1994) "The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors." *Journal of Traumatic Stress*, 7(4): 525-548). <https://www.davidlisak.com/wp-content/uploads/pdf/InterviewswithMaleSurvivors.pdf>

⁴³ National Institute on Drug Abuse, 2019

substance use. Prevention science has demonstrated to have positive impact, yet most educators and community members are not familiar or aware of these strategies. Additionally, limited funding opportunities are a constant challenge as resources to implement prevention initiatives are often lacking or insufficient.

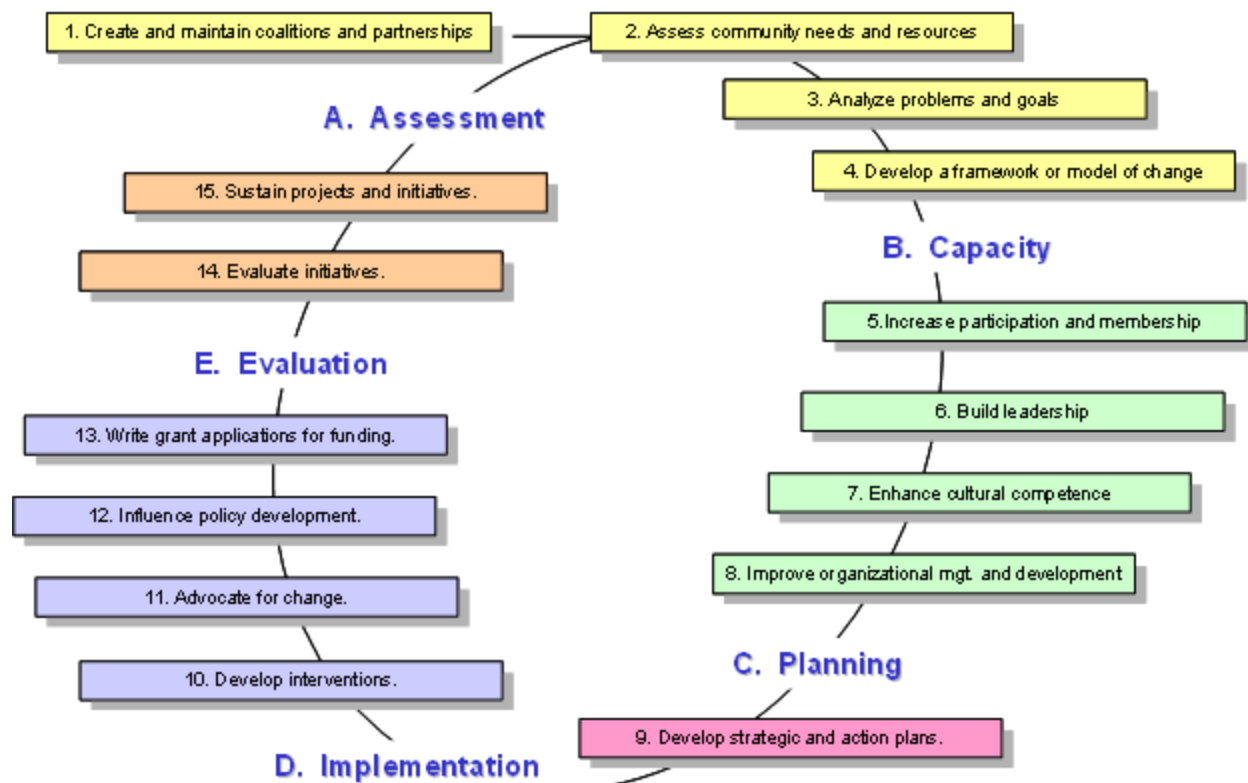
Mitigating risk factors that can alter lives for our children is the primary goal of prevention efforts while promoting protective factors. Protective factors will seek to build on existing strengths of the child and his/her parent and in some instances introduce skills and techniques so that children and others can respond to life's challenges. Contrary to popular belief, the cornerstone of the evidence-based approach to drug prevention does not begin with "Just say no". It begins by teaching our young to understand that they all possess strengths and have the potential to make contributions to their world. Prevention education efforts seek to build on self-worth, and the ability to recognize challenges, identify resources and support during those difficult times. As a child learns to value themselves and become comfortable in their own skin, they also learn that they do not need to resort to substances to anesthetize pain.

Prevention Process Flow Chart



Skills Required to Implement the Strategic Prevention Framework

The relationship between SAMHSA's *Strategic Prevention Framework* and the CTB *core competencies*.



Nassau County District Attorney's Office Prevention Initiatives

The Nassau County District Attorney's Office (NCDA) community-based crime prevention initiatives include the Heroin Prevention Task Force and the Community Partnership and Mentoring Programs. First, in partnership with the Office of the County Executive, the NCDA has been managing the Nassau County Heroin Prevention Task Force since its formation eleven years ago. With over 300 members throughout Long Island, the mission of the Task Force is three-fold: (1) to form partnerships amongst community, social, and government agencies dedicated to reducing the demand for heroin in our community; (2) to educate the community and inform them of the available resources; and (3) to eliminate drug-related crime through education, advocacy, media, law enforcement and legislation. Membership includes every level of

law enforcement, local and state treatment agencies, families of victims, school personnel, and elected officials.⁴⁴

In 2018, District Attorney Madeline Singas announced the launch of the NCDCA Community Partnership Program (CPP). CPP, located at 9 Centre Street in Hempstead, is a community-based resource and referral office that provides social services to the general community and places a particular focus on the re-entry population, at risk youth, and other justice-involved persons. CPP is aimed at promoting the District Attorney's vision of offering support to the re-entry population and justice-involved individuals in order to reduce recidivism and build a safer community. CPP offers gang intervention and prevention groups for parolees, probationers, and youths who are at risk for gang affiliation. CPP staff can also help the community with Medicaid/SNAP applications and housing placement, as well as securing health insurance, and mental health and substance abuse treatment. Job readiness programs are also provided, as is educational and vocational training, a clothing closet, and a food pantry. In addition, CPP, funded partially through asset forfeiture money provided by the NCDCA, in conjunction with Phoenix, monitors clients who have accepted alternative sentencing, and is also part of the Nassau County Re-entry Task Force, which provides services to recently released community members.

End goals of prevention

The end goal is to reduce substance abuse by reducing traumatic events, that if left untreated, could lead to said substance abuse. The fewer traumas an individual experiences, or the sooner a clinical intervention occurs if there is trauma, the greater the likelihood of never abusing or using illicit substances.

It would also be beneficial to educate those in the substance abuse field that are working directly with victims of sexual assault and teach them to screen for these kinds of trauma. This can be accomplished through community education in high schools and college campuses to bring awareness to sexual assault, healthy/unhealthy relationships, affirmative consent and bystander intervention. Additionally, it is just as important for those working in victim service agencies to be educated on the consequences of untreated trauma including substance abuse.

⁴⁴ www.heroinprevention.com.

Recommendations

More prevention systems need to be created to help vulnerable children. The most effective way to reduce substance abuse and high-risk behavior later in life is by providing early clinical interventions. The hope would be that once trauma is recognized an appropriate clinical intervention can be enacted. The child could process the trauma, the caretaker can receive possible services, and the child can develop skills to increase their resiliency and create healthy coping skills. Resilient children are less likely to fall victim to substance abuse or high-risk behavior.

- Provide funding to educate school districts and other human service agencies on the recognition of trauma. Additionally, implement a county-wide trauma informed project to assist with reducing risk factors and increase protective factors for adolescents.
- Provide funding to implement comprehensive prevention efforts utilizing evidence-based approaches.
- Provide funding to open additional trauma informed agencies that help victims.
- Ensuring all service providers working with victims of sexual assault and those struggling with substance abuse see the connection between trauma and addiction by mandating trainings.
- Educate the community and develop prevention messaging through social media.
- Provide resources for academia related to EBP and resources needed to train faculty.

Education

Every child deserves the opportunity to grow up and live healthy, happy productive lives. Every day educators and school staff work in schools to help make this possible. To help students achieve academically, educators teach content, twenty first century skills, and life skills. In addition to traditional content areas, drug prevention lessons are imparted through social-emotional learning, health lessons that address the harmful effects of drugs, anti-bullying lessons, and life lessons. Included in those lessons are concerted efforts to empower children to have self-control, make good choices, and feel connected to their school environment. These connections are even more important for at-risk youth.

It has long been known that the earlier students learn about the dangers of drug misuse, the more likely they are to make better choices when they are adolescents. Additionally, when students feel connected to their classmates and the adults they work with daily, they are more likely to make healthy choices. Therefore, it is imperative that drug prevention programs, coupled with positive behavior interventions, and social-emotional learning are implemented in elementary schools. Typically, substance misuse increases by nine times in middle school and high school, between the ages of 12 and 18.⁴⁵ Rather than waiting for these behaviors to appear and reacting to them, it is best to be proactive.

The role of schools

The time adolescents spend in school and in after-school activities with peers and adults can advance healthy academic, emotional, social, and physical development. High school teens spend, on average, seven and a half hours each weekday, and a little more than one hour each weekend day on educational activities. With that being said, it's imperative for school leaders, teachers and staff to create safe environments and positive culture for students. Part of this positive culture is educating students, along with their families, about the dangers of drug use and how to take preventative measures to combat opioid misuse and addiction⁴⁶.

Providing schools with evidence-based programs and strategies (EBPS) is imperative to give kids the confidence and skills they need to grow into happy, healthy adults. "Too Good for Drugs", which is a comprehensive curriculum about substance use and violence prevention, is taught in schools and designed to mitigate the risk factors associated with risky behavior and build protection within children. By teaching children positive social skills, increased knowledge on addiction, and consequences of substance use, they can improve attitudes towards healthy lifestyles and can decrease normative misperceptions regarding peer substance use. EBPS prevention education also includes parent and family programs to improve parents' understanding of substance abuse and child development to improve positive parenting.⁴⁷

As the opioid crisis continues, it is also important for school personnel to prepare for potential opioid overdoses on school grounds and to formulate an action plan for an incident that that can potentially turn fatal. Schools must also be equipped to support students in recovery, as well as students who have family members who are suffering from addiction.

⁴⁵ National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction>

⁴⁶ U.S. Department of Education, <https://www.ed.gov/opioids>

⁴⁷ Office of Alcoholism and Substance Abuse Services, <https://www.oasas.ny.gov/prevention/evidence/evidence.cfm>

Successful programming teaches students coping skills for managing environmental factors and risk-related behaviors that can be a barrier to academic gains and healthy lifestyles. It is important for schools to show students the dangers of opioid use, and illicit drug use, and how it can affect multiple aspects of their life, and even the lives of others around them. Students should be supported in developing decision-making skills and in developing understanding about ways to resist pressure to experiment with and misuse drugs. With the proper education, students should know when and where to seek help either for their own opioid use disorders or addiction issues or for dealing with issues arising from misuse, addiction and overdose by friends or family members.

Parent education

Schools need to not only teach the students but they have to raise awareness, involve, and assist parents in recognizing the prevalence of this issue in their community. We have seen that the majority of both teens and young adults obtain prescription drugs from relatives and friends, sometimes without their knowledge. Despite what many teens think, abusing prescription can be addictive and lethal when misused and is not safer than using illicit drugs. We have learned that prescription pills, combined with alcohol use, can cause respiratory failure and even death. There has also been a correlation seen between prescription pills use to eventual heroin use.⁴⁸ In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first.⁴⁹ Educated and empowered parents, and guardians, are the first line of defense in preventing opioid misuse and illicit drug use by students.

Additional resources and tools used in schools

- The White House Office of National Drug Control Policy produced a school resource guide for teachers, administrators, and staff to help educate and protect students from substance abuse.
- Webinars to learn more about how institutions of higher education are providing support to students recovering from opioid, alcohol, stimulants, and other drug or substance abuse disorders.
- Webinars to learn more about how the opioid crisis is impacting our schools and students, and review strategies that could support students impacted by the crisis.

⁴⁸Combat Heroin, Produced by the New York State Department of Health, <https://combataddiction.ny.gov/sites/g/files/oe901/files/documents/2017/11/1037importantinfoparentsfactsheetfinal20141.pdf>

⁴⁹ National Institute on Drug Abuse, <https://www.drugabuse.gov/sites/default/files/rxreportfinalprint.pdf>

- The Drug Enforcement Agency's Campus Drug Prevention website provides information about drug abuse prevention programs on college campuses and in surrounding communities.
- Operation Prevention educates students about the impacts of opioids and encourages conversations in the home and classroom.
- The program *Drug, Brains, and Behavior* discusses why adolescence is a critical time for preventing drug addiction.
- The U.S. Department of Health and Human Services provides an evidence-based practices resource center.
- The Department of Education partnered with the Federal Drug Enforcement Administration to release a new version of the popular publication, *Growing Up Drug-Free: A Parent's Guide to Prevention*.
- *Get Smart about Drugs* is a DEA resource for parents, educators and caregivers.
- The HHS Office of Adolescent Health's call to action, Adolescent Health: Think, Act, Grow® provides educators and other professionals, parents, and adolescents with resources and ideas to support and improve teen health.

Costs associated with education

The Department of Education has a long history of promoting substance misuse prevention in schools, through programs, products and targeted technical assistance. The Department's Office of Safe and Healthy Students administers grant programs and other technical assistance centers that can help State and local education agencies and schools address opioid misuse prevention, promote school safety and create supportive school climates.

It is recommended that school districts have the appropriate number of personnel to support the social-emotional needs of our students. A fair estimate for the cost of a school counselor, full time, with benefits, is approximately \$100,000. The role of the school counselor is critical in that they are able to provide apply a case by case academic plan for the students. Plans include, goal setting, personalized counseling, referrals to long term support, and collaborated efforts with families, teachers, and communities for the overall student's success.⁵⁰ ASCA (American School Counselor Association) recommends at 250-to-1 student to counselor

⁵⁰ American School Counselor Association, <https://www.schoolcounselor.org/asca/media/asca/Careers-Roles/RoleStatement.pdf>

ratio. Most states are significantly higher than this, more specifically with New York having on average a 390-to-1 ratio.⁵¹

Areas for improvement

It is vital to ensure that schools are equipped to properly screen for trauma and substance abuse. Schools are inundated with mandates from the state, and teachers/ administrators are not provided with the proper resources, or time, to effectively detect or intervene if a student is suffering from substance abuse and trauma. All school district personnel, from custodial staff to the superintendent, should receive training on the recognition of trauma in children, high risk behavior, substance abuse, and the correlation between the two. It is imperative that adequate funding, and personnel, for prevention and education are allocated to schools to set them up with the right tools to succeed.

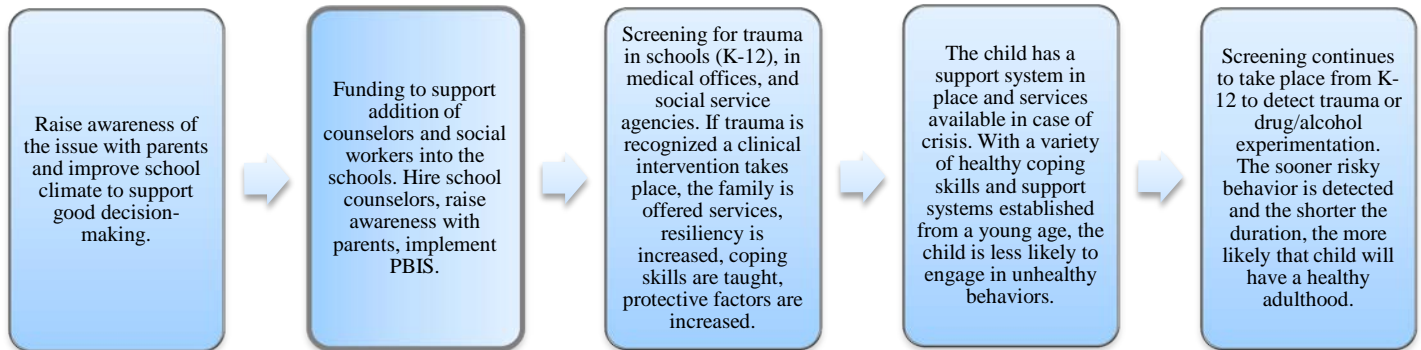
End goals of education

Raising awareness is of the utmost importance to provide prevention to save our children's lives. The goal is to provide proper education amongst school staff in order to adequately recognize and intervene when trauma or high-risk behavior is detected. Students need consistent, and comprehensive education on the dangers and contributing factors of substance abuse.

If this process is achieved, effective clinical interventions can occur in a timely fashion in an effort to reduce the chance of long-term health consequences from untreated trauma. Additionally, if implemented properly, children will increase their protective factors and increase their likelihood to use effective, healthy, coping skills.

⁵¹ American School Counselor Association, <https://www.schoolcounselor.org/press>

Education Flow Chart



Enforcement

Identifying the problem and creating a solution

The Nassau County Police Department's priority is to keep Nassau County communities safe and uphold the law. NCPD does their part in attempting to cut off the source and demand for heroin in this jurisdiction. Drug arrests are affected by patrol, plain clothes and detectives. In depth investigations are conducted by narcotics detectives and multi-agency taskforces spanning several jurisdictions. NCPD squads work together with the Drug Enforcement Agency in conjunction with the iStop legislation to develop cases involving doctors and pharmacists who abuse the privilege of prescribing and dispensing controlled substances perpetuating the cycle of addiction. Nassau County Detectives are also members of a Homeland Security Taskforce located at the JFK Airport Cargo section assisting with inspections in an attempt to cut off the illicit supply of drugs that utilize airways for transport.

NCPD recognizes that arrests alone are not a long-term solution to the opioid epidemic. The Police Department engages the community through Problem Oriented Policing (POP) Officers and the Community Affairs Unit. They visit schools, attend community meetings and other special events. The Nassau County Police Department participated in the following events: National Night Out, Wantagh Little League Strikes Out Drugs, PAL Lacrosse Faces-Off Drugs, PAL Basketball Slam Dunks Drugs, PAL Soccer Kicks Out Drugs, Uniondale Choir Drowns Out Drugs, Westbury Boxing Knocks Out Drugs, Friends of Long Island Wrestling Takes Down Drugs. Lastly, the Nassau County Police Department abides by the Good Samaritan Law. This allows other people in the presence of an individual suffering from an overdose to call the police without any criminal consequences for drug possession.

Throughout 2016 and 2017, the Nassau County Police Department identified an increase in property crime as well as significant overdose statistics. Although property crime can be attributed to a number of factors, it would be remiss to ignore the geographic correlation between property crime and drug addiction. It is evident that jurisdictions high in overdoses also have a high rate of property crime. In further analysis, subsequent to arrest for property crime, the defendant's criminal history and police department record management systems are checked. Often times, the arrestees have prior arrests for drug offenses and drug-related incidents.

The NCPD has traditionally implemented several approaches when addressing property crime throughout the county. One of the most common approaches is to educate and inform the public on different ways they can protect their property. However, with the opioid epidemic reaching its peak in Nassau County in 2016, the NCPD realized a strictly traditional approach to this type of crime would not effectively address its root cause: drug addiction.

The Nassau County Police Department identified the need for a strategy to combat the opioid epidemic and subsequently developed a multi-pronged approach:

- **Awareness:** identifying the communities most profoundly impacted by the opioid crisis and notifying residents about the Department's efforts to combat drug addiction and crime
- **Education:** informing the public about the ways they can protect themselves, how to recognize the signs of drug abuse, and what treatment resources are available
- **Enforcement:** deploying resources to communities experiencing the effects of the opioid crisis and increased property crime

- **Diversion:** coordinating with the District Attorney’s Office to find comprehensive alternative-prosecution options for individuals who are arrested and suffer from substance abuse
- **Treatment:** providing residents with a list of county resources as well as access to treatment and recovery specialists
- **After Care Visits:** following up with individuals who have suffered an overdose and providing them with the opportunity to directly connect with treatment services

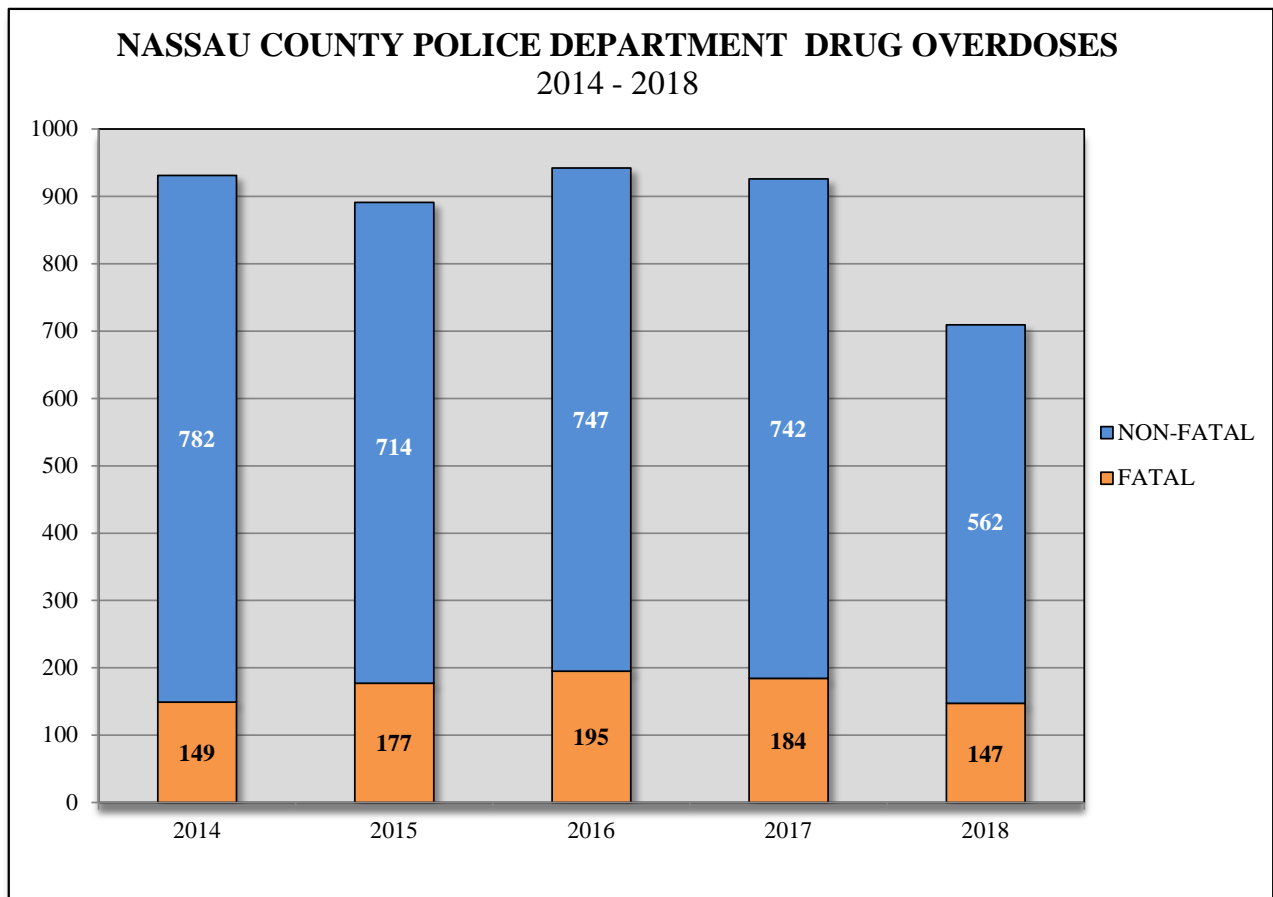
In 2018, the NCPD identified the communities hardest hit by the opioid epidemic and deployed resources to those locations, focusing on enforcement, education, and awareness. The primary goals of the initiative were to create an open dialogue with residents, reduce crime, and address the impact of the opioid crisis was having on their community. Operation Natalie consisted of two waves of engagement:

- The first wave brought community leaders and residents together during a town hall forum where the NCPD Police Commissioner informed the public about overdoses, the ways drug addiction affects crime, and how the public must work together to fight the opioid crisis.
- The second wave consisted of a 60 day follow-up for each community, where crime and overdose statistics were analyzed and enforcement was supplemented. Another town hall was convened and residents once again had the opportunity to engage law enforcement and treatment specialists to voice their concerns and questions about the opioid epidemic in their respective communities.

Through the utilization of mapping technology, analyzing crime statistics and convening town halls, awareness and education became two of the founding principles of Operation Natalie. When identifying communities significantly affected by the opioid crisis, the number of overdoses and larcenies from autos served as the two primary measures of impact. Overdoses were analyzed through ODMap, which provides public safety officials with the ability to comprehensively view overdoses occurring in Nassau County and other jurisdictions through real-time data and mapping. The program links first responders at the scene to a mapping tool which tracks overdoses as they happen and also alerts officials to a potential overdose spike. Through real-time data and strategic analysis, public safety officials are able to swiftly mobilize an effective response to overdose spikes. The ODMap tool helps Nassau County combat the epidemic of addiction in real-time.

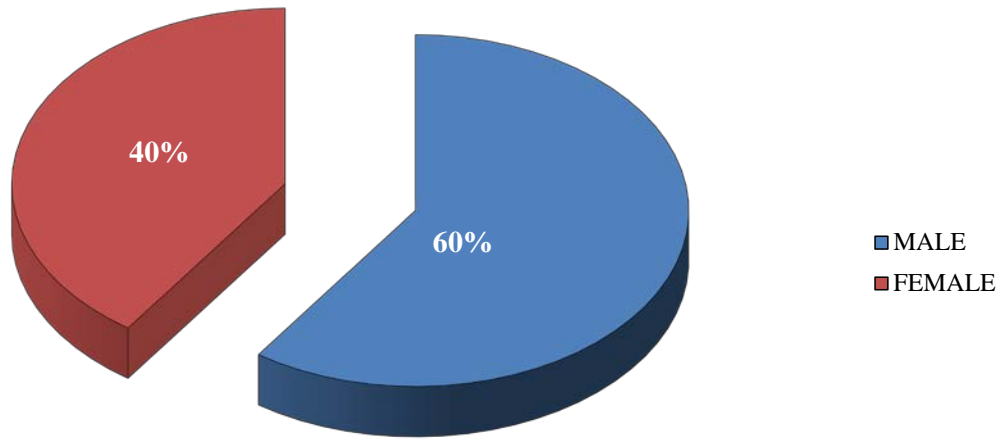
Once analysis of crime statistics and overdose occurrences identified communities requiring enhanced enforcement, crime reduction efforts were conducted and once concluded, town halls were convened. Town halls presented law enforcement officials, legislators, and treatment specialists with the ability to directly connect with the residents of each community impacted by the opioid epidemic. Residents were also familiarized with programs such as “Too Good for Drugs”. Individuals in recovery as well as those involved in the treatment and recovery field were also at community meetings to share their personal experiences and offer assistance. Residents were also provided with informational pamphlets outlining treatment resources and how to recognize signs of drug abuse.

At each town hall the Police Commissioner presented residents with detailed information on what was happening in their community and asked the question: “*who do you think are your drug users?*” Based on information analyzed by the Department, characteristics of an average drug user in Nassau County are: *Caucasian males, 21-30 years of age.*

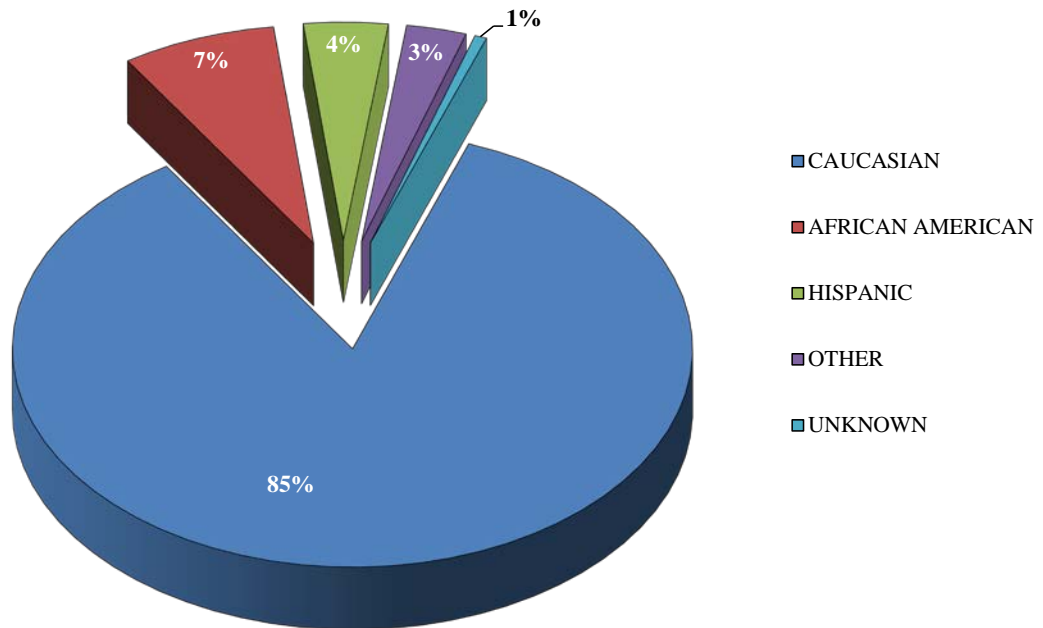


Note: Statistics are unofficial and approximate. Statistics, with the exception of county-wide certified opioid deaths, reflect only those incidents where NCPD responded. Nassau County certified opioid death statistics were provided by the Nassau County Medical Examiner's Office.

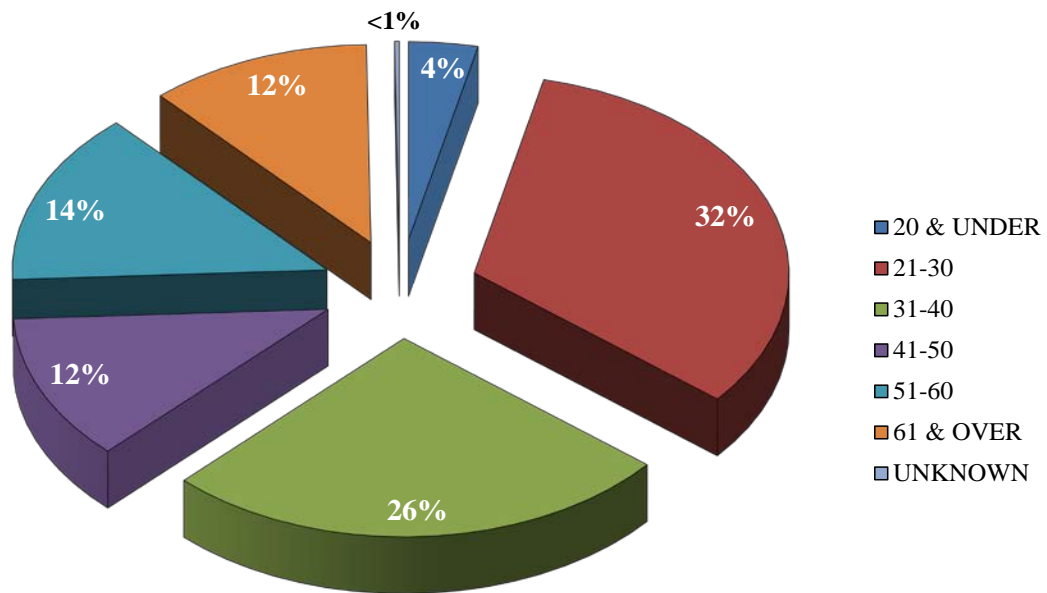
**NASSAU COUNTY POLICE DEPARTMENT
OVERDOSES BY SEX
2014 - 2018**



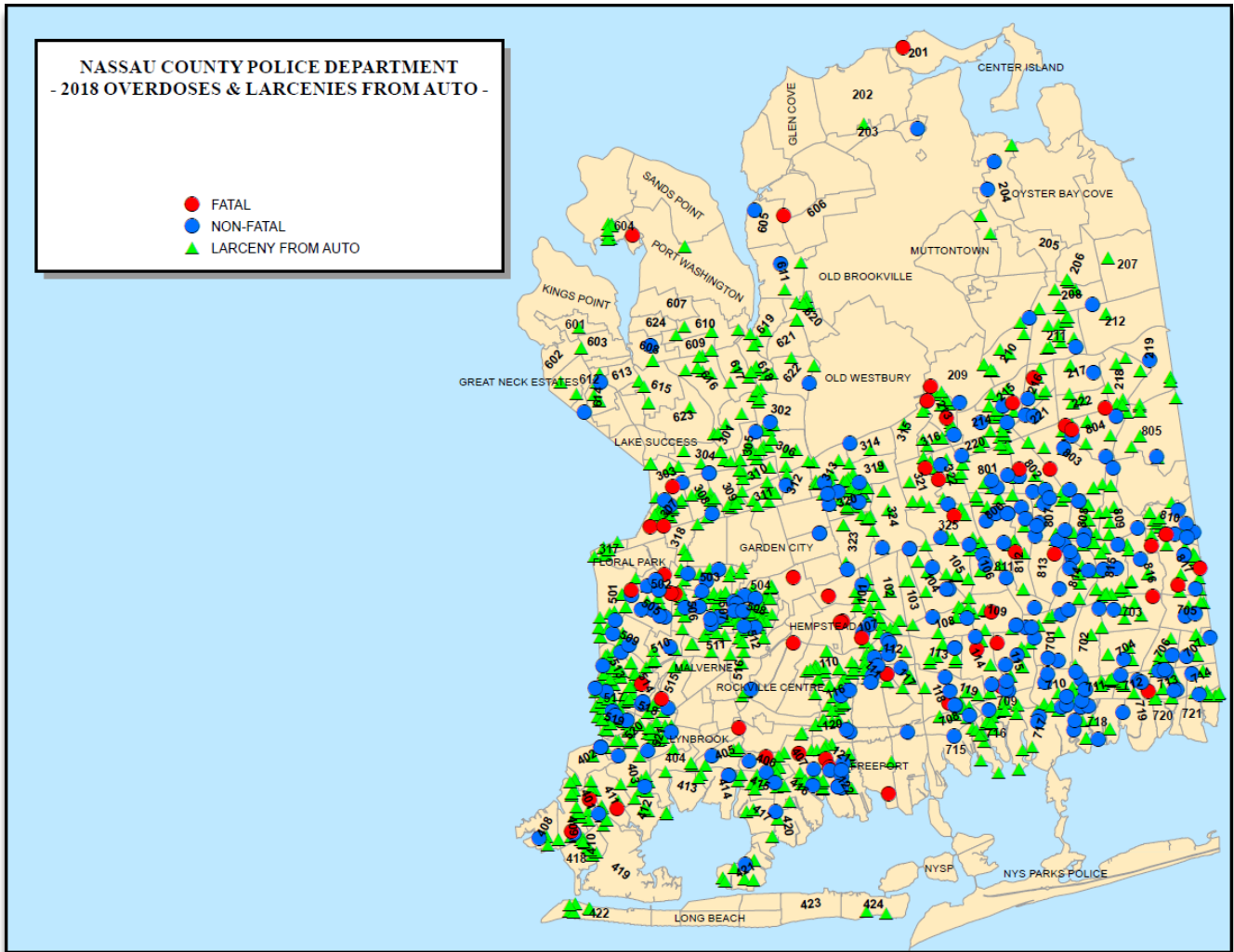
**NASSAU COUNTY POLICE DEPARTMENT
OVERDOSES BY RACE
2014 - 2018**



**NASSAU COUNTY POLICE DEPARTMENT
OVERDOSES BY AGE
2014 - 2018**



Recognizing that property crime is primarily driven by drug addiction, enforcement efforts in communities identified for Operation Natalie focused on drug hotspots and locations where property in vehicles were considered susceptible to larceny. Mapping technology was used to overlay overdoses with larcenies from vehicles in order to identify drug hotspots and communities in need of renewed enforcement efforts. Larcenies from autos, which falls into the category of property crime, has been identified by Nassau law enforcement officials as the offense most commonly committed by individuals suffering from addiction. Once connections between overdoses and larcenies from autos were established within a community, enforcement efforts through Operation Natalie commenced.



2018 NCPD larceny from auto map overlaid with overdoses

Although a primary goal of Operation Natalie was to reduce drug-related crime, addressing the root cause of these offenses through treatment remained at the forefront of the initiative. Nassau County has a number of treatment agencies and programs through the Nassau Alliance for Addiction Services (NAFAS) and the New York State Office of Alcoholism and Substance Abuse Services (OASAS). At the time of arrest or after the occurrence of an overdose, individuals with chemical dependency issues are provided with information about treatment and recovery services. In the case of an overdose, Narcotics Detectives follow up with an individual and provide them with the opportunity to directly connect with treatment services. The primary objective of reconnecting with an individual who has suffered an overdose is to focus on their well-being, answer questions they or family members may have, and to reaffirm the availability of treatment resources. After care visits are completed with the hope that individuals suffering from addiction will seek treatment and future overdoses can be prevented. In instances where individuals suffering from chemical dependency

are arrested, alternative-prosecution options offer a defendant the opportunity to avoid incarceration by successfully completing a court-mandated treatment program.

A strong relationship between Nassau County Police Department and the Nassau County District Attorney's Office is imperative for a successful fight against the opioid epidemic. The judicial and prosecution systems are two major components required to effectively address opioid addiction.

Resources dedicated by the Nassau County District Attorney's Office to combat the pandemic of heroin and opiate abuse include attacking the supply side of narcotics trafficking by aggressively investigating and prosecuting major narcotics operations so that organized drug suppliers are eliminated. Enforcement efforts also include a number of specialized courts and diversion programs that the Nassau County District Attorney orchestrates where the focus is placed on the offender rather than the offense.

In November 2017, District Attorney Madeline Singas created the Office of Alternative Prosecutions and Resources, a.k.a. "Phoenix," which collaborates with a number of specialized courts and diversion programs addressing cases that are well-suited for alternatives to prosecution programs. Phoenix both screens defendants with single or multi-faceted rehabilitative needs and ensures that only the most effective programs are used by NCDAs prosecutors. Alternative to prosecution programs seek to enhance public safety and reduce incarceration costs and recidivism, while offering certain offenders the opportunity to become productive and law-abiding members of our community.

The specialized courts and programs in Nassau County include:

- Veterans Court
- Mental Health Court
- DTAP (Drug Treatment Alternative to Prison)
- Misdemeanor Drug Treatment Court
- Treatment Alternative Plea Part ("TAPP")
- Judicial Diversion
- Opioid Court Pilot Program (Initiated on March 18, 2019, is a specialized court that will offer offenders struggling with opioid addiction who have been charged with a misdemeanor offense a "fast track" option for beginning rehabilitation.)

Individuals arrested during the course of Operation Natalie suffering from addiction were provided with information about available treatment resources and coordination efforts with the District Attorney's Office were made regarding alternative-prosecution options. The Nassau County Police Department and the District Attorney's Office collaborate and share intelligence to assess an individual's eligibility for judicial diversion.

The judicial diversion program, which is one of the alternative-prosecution options under Phoenix, deals with individuals arrested for felony drug offenses. Diversion provides defendants with chemical dependency problems the opportunity to reduce or eliminate certain criminal charges in exchange for participating in treatment and remaining drug and alcohol free. Program eligibility is dependent upon a variety of factors and an intelligence packet is provided to the District Attorney’s Office for every program candidate. Information regarding a defendant’s criminal history, current charges, and interactions with law enforcement are provided to the managing ADA and diversion judge as part of a detailed assessment that ultimately determines eligibility.

If a defendant is deemed eligible for diversion they will enter a plea with the court and be held accountable to the requirements of the program, which includes participating in treatment and maintaining sobriety. Failure to adhere to the requirements of judicial diversion can result in a prolonged program sentence and expulsion can result in incarceration. If a defendant is deemed ineligible for diversion, they are referred back to criminal court or assessed for other programs. Through collaboration and intelligence sharing, the Police Department and District Attorney’s Office strive to ensure individuals suffering from chemical dependency have the ability to apply for alternative-prosecution options.

Costs associated with overdoses

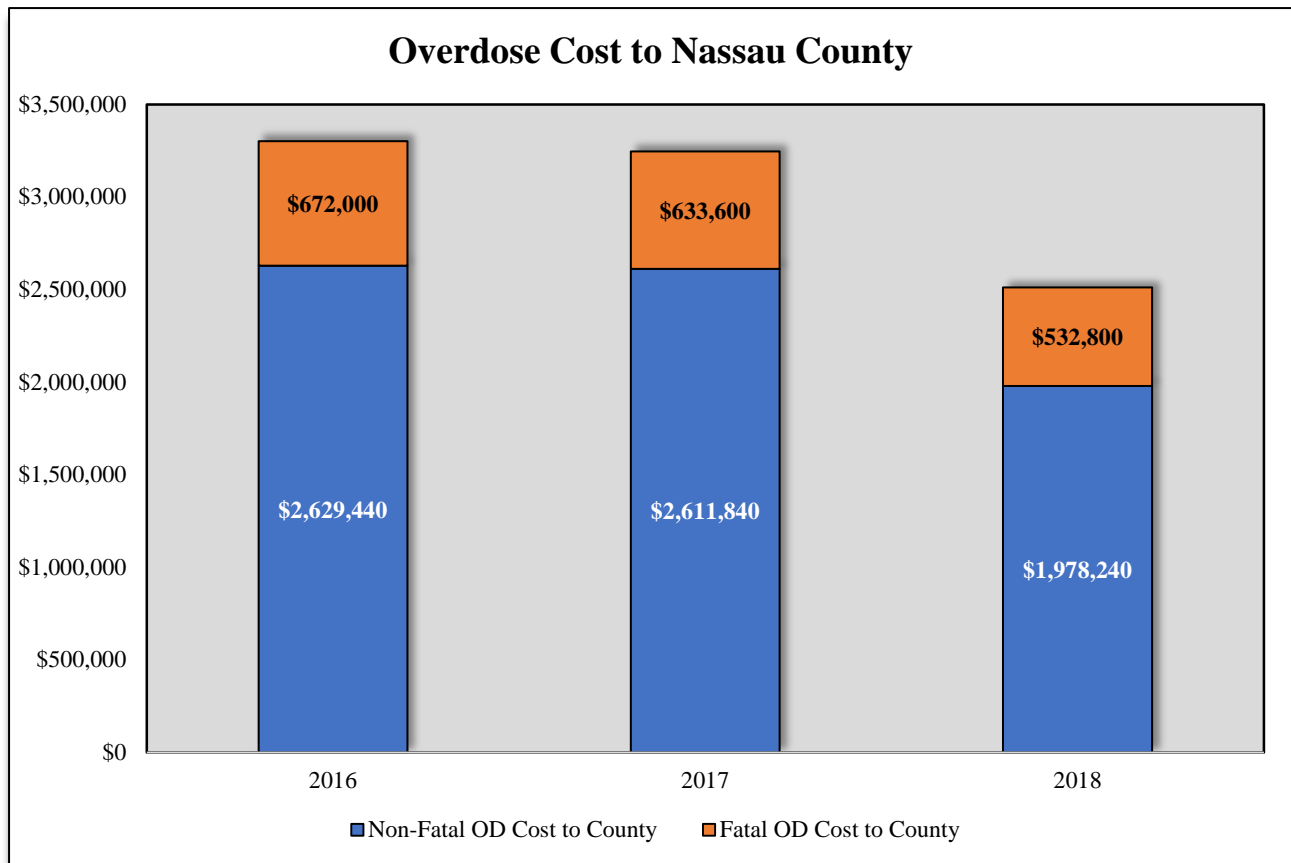
The Nassau County Police Department has recognized some areas for improvement in overdose response strategy. In 2016, Departmental Policies and Procedures were updated mandating the presence of 2 Police Officers, 2 Ambulance Bureau AMTs, 2 Precinct Detectives, 2 Narcotics Detectives and 2 ELS Detectives for all Non-Fatal Overdoses and an additional 2 Homicide Detectives to all Fatal Overdose Calls. Below is a breakdown of the costs incurred.

Non-Fatal Overdose Cost:

	<u>Number</u>	<u>Hours</u>	<u>Total Hours</u>
Police Officer	2	4	8
Ambulance	1	4	4
Detectives	2	4	8
NVS Det.	4	4	16
ELS Det.	2	4	8
Non-Fatal			\$ 3,520.00

Fatal Overdose Cost:

	<u>Number</u>	<u>Hours</u>	<u>Total Hours</u>
Police Officer	2	4	8
Ambulance	1	4	4
Detectives	2	4	8
NVS Det.	4	4	16
ELS Det.	2	4	8
Homicide Det.			
	2	8	16
Fatal OD			\$ 4,800.00



- Nassau County Police Department’s approximate total yearly cost to respond to overdoses:
 - 2016: \$3,301,440
 - 2017: \$3,245,440
 - 2018: \$2,511,040

End goals of enforcement

- Reducing the demand for opioids in our community and ensuring a good quality of life for our residents is the ultimate goal.
- There is a direct correlation between substance use and criminal activity. Therefore, an increase in opioid related arrests has the potential to reduce the number of crimes affecting quality of life. Overview of crimes affected by drugs: larcenies from autos, burglaries, and shoplifting.

Areas for improvement

- The impending bail and discovery laws have a potential negative impact on treatment efforts. Starting in 2020 several major changes to the bail and discovery laws will go into effect, which may significantly impede the District Attorney's ability to intercede early and effectively divert people away from the criminal justice system and into treatment. The time of arrest or the beginning of the pretrial process is a major point of intervention that under the new laws may very well be lost for many of the defendants. To quote Albany County District Attorney David Soares, President of the District Attorneys Association of the State of New York:

“The bill also eliminates cash bail, so that fentanyl and opioid traffickers can be released back on the streets, giving them the chance to flee our state or even country. Likewise, the bill allows the burglar who breaks into our homes to be immediately released back into our neighborhoods.”

The new laws will be a major burden to local government as the state failed to include funds for the necessary pretrial service or staff to manage the expedited systems. Under the new discovery laws there will be a reduction in witness cooperation which will have a serious impact on prosecuting drug cases or creating the incentive needed to divert an addict to treatment.

Recommendations

- **County Jail programming:** Conducting education and prevention programming in Nassau/Suffolk County jails, including juvenile detention centers and adult tiers. These psycho-ed groups include

substance use education, developing healthy coping strategies, relapse prevention techniques and this includes naloxone trainings in the jails with participants receiving kits to be kept with “inmate personals” until date of discharge.

- **Compassion fatigue training for EMT and First Responders**, as the public health crisis has weighed on helping professionals. This training is geared to addressing overdose and the secondary injury it could potentially cause first responders and EMTs.
- **Protocols for victim engagement, transport, and “warm hand off” to pre and post hospitalization for overdose victims**. This impacts law enforcement, as they are traditional first on the scene and therefore first responders. Continued “culture training” for working and engaging active substance users.
- **Residential Crisis Stabilization Facility for youth**: Based on the success of the New Hope project, the District Attorney together with OASAS identified the need for a similar crisis Stabilization Facility for youth 13 to 17 years of age. Currently there is no such facility for youth struggling with chemical abuse to receive medically supervised inpatient withdrawal and stabilization services following discharge for a medically managed withdrawal and stabilization hospital. OASAS created the program, estimated as costing about \$2 million per year, but it has since been suspended.
- **Hope Initiative**: Individuals with substance use disorder can walk into a precinct and ask for help getting treatment – no questions asked. Law enforcement officials will contact a substance abuse program and connect the individual with a treatment specialist who will provide them with assistance and information on resources.

Treatment & Recovery

The National Institute on Drug Abuse defines treatment as being “intended to help addicted individuals stop compulsive drug seeking and use”.⁵² Drug treatment can include behavioral therapy, medications, or a combination of the two. It is important to note that no singular treatment process works for all. The specific type of treatment should be tailored to the client's individual needs. When choosing a treatment regiment, factors to be considered include client age, gender, trauma history and drug of abuse.

An approach that utilizes behavioral therapy and medications are recommended as a best practice as this strategy appears to be more effective than either approach used alone. Behavioral therapies can assist clients

⁵² National Institute on Drug Abuse (2018) Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)

with exploring motivation for treatment, understanding triggers for drug use, developing a relapse prevention plan and improve interpersonal relationships.⁵³ Medications are often used to assist with cravings and maintaining abstinence. Common medications used for the treatment of opioid addiction include Methadone, Suboxone and Vivitrol.

The primary goals of methadone maintenance are to relieve opioid cravings and to block the euphoric effects associated with heroin. The studied impact of methadone maintenance reveals a reduction or elimination in the use of heroin, reduction in overdose rates, criminality associated with heroin use, and improvements in client health and social productivity. Methadone maintenance has been found to be medically safe and non-sedating. It is also indicated for pregnant women addicted to heroin.⁵⁴

Suboxone is a prescription medication that is a combination of buprenorphine and naloxone, often dispensed as a sublingual film and is used to treat adults who are addicted to opioid drugs. Buprenorphine is a partial agonist, it can attach to the same receptors as other opioids and reduce their effects by blocking them from the same receptors. Naloxone blocks receptors that are activated by the opioids.⁵⁵ It is important to note that if a client has opioids in their system, ingesting Suboxone is likely to cause withdrawal signs and symptoms.

Vivitrol is a once a month extended-release injection comprised of naloxone. Vivitrol is categorized as an antagonist as it creates a barrier that blocks opioid molecules from attaching to opioid receptors. Antagonists attach to opioid receptors, but do not cause the release of dopamine. They are non-addictive and do not lead to physical dependence. Vivitrol blocks opioid receptors in the brain for one month at a time, helping patients to prevent relapse to opioid dependence.⁵⁶

Many treatment programs employ both individual and group therapies. Group therapy can provide social reinforcement and help enforce behavioral contingencies that promote abstinence and a non-drug-using lifestyle. Some of the more established behavioral treatments, such as contingency management and cognitive-behavioral therapy, are also being adapted for group settings to improve efficiency and cost-effectiveness. However, particularly in adolescents, there can be a danger of unintended harmful effects of group treatment. Sometimes group members (especially groups of highly delinquent youth) can reinforce

⁵³ National Institute on Drug Abuse (2018) *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition)

⁵⁴ Joseph, H, Stancliff, S & Langrod, J. (2000) Methadone Maintenance Treatment (MMT): A review of Historical and Clinical Issues. *The Mount Siani Journal of Medicine* Vol 67 Nos. 5 & 6.

⁵⁵ Suboxone, www.suboxone.com

⁵⁶ Vivitrol, www.vivitrol.com

drug use and thereby derail the purpose of the therapy. Thus, trained counselors should be aware of and monitor for such effects.⁵⁷

People who are addicted to drugs often suffer from physical health, mental health, occupational, legal, familial, and social problems that should be addressed concurrently. The best programs provide a combination of therapies and other services to meet an individual patient's needs. Psychoactive medications, such as antidepressants, anti-anxiety agents, mood stabilizers, and antipsychotic medications, may be critical for treatment success when patients have co-occurring mental disorders such as depression, anxiety disorders (including post-traumatic stress disorder), bipolar disorder, or schizophrenia. In addition, most people with severe addiction abuse multiple drugs and require treatment for all substances abused.

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is the licensing agency for treatment providers in New York State. They outline treatment regulations and provide a description of levels of care in substance use treatment. Considerations for substance use treatment include evidence-based programs and strategies (EBPS) and provision of trauma-informed care. According to OASAS, EBPS are developed using outcome studies to document their effectiveness in preventing substance abuse, violence, delinquency, risk factors and protective factors that predict these behaviors. Increasing the delivery of EBPS to prevent substance abuse is an OASAS statewide priority.⁵⁸ According to the Child Advocacy Center, trauma-informed care means delivering services in a way that is sensitive to the impact trauma may have on a person.

The Nassau County Office of Mental Health, Chemical Dependency and Developmental Disability Services has the local responsibility for the comprehensively planned care, treatment and rehabilitation of individuals diagnosed with mental illness, substance use, and developmental disabilities. The office is responsible for the development of a coordinated system of care that enables those struggling with mental illness, substance use addiction and/or a developmental disability to maximize their ability to live safely and successfully in the community. The Office is dedicated to ensuring the highest quality of behavioral health services in an environment that recognizes and accommodates the diversity of its constituents linguistic and cultural background. The Office establishes and maintains systems of accountability among contracted community-based service providers and local hospitals to ensure that performance objectives are met, resources are appropriately allocated, services are coordinated, and access is available to all residents.

⁵⁷ National Institute on Drug Abuse (2018) *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition)

⁵⁸ New York State Office of Alcoholism and Substance Abuse Services, OASAS Evidence Based Practices www.oasas.ny.gov

The Nassau County Office of Mental Health, Chemical Dependency and Developmental Disability Services receives approximately a total of \$46,196,626 in state aid funding for mental health treatment, substance use treatment, family/peer support services, and prevention/education services. Of the total state aid funding received, approximately \$25,821,850 is provided by the New York State Office of Alcohol and Substance Abuse Services (NYS-OASAS). This funding is contracted out to community-based organizations within Nassau County who are qualified treatment providers. Nassau County currently holds 25 contracts funded by NYS-OASAS with a total of 33 programs offering substance use treatment services, 27 school-based drug/alcohol prevention programs, and 11 community-based drug/alcohol prevention programs.

The Nassau County Office of Mental Health, Chemical Dependency and Developmental Disability Services has the responsibility and the obligation to conduct program performance reviews of all contracted services with frequent site visits and review of outcome measures to ensure the best quality care and evidence-based practices are being utilized and delivered in Nassau County's system of care.

According to OASAS, the goal of implementing recovery practices and policies is to develop a Recovery Oriented System of Care (ROSC).

Recovery Oriented Systems of Care involves changing from the current approach to recovery which treats addiction as an acute crisis to understanding that recovery is a journey which often requires long-term supports and services. This means a move towards creating a system of care that views addiction as a chronic condition in the same manner that diabetes and other chronic conditions are understood.⁵⁹

Recovery is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a voluntary, self-directed, ongoing process where patients access formal and informal resources to manage their addiction care, rebuild their lives, relationships, and health.⁶⁰ Recovery support services may involve follow-up phone calls, face-to-face meetings, e-mails, connecting patients to peer-to-peer services, 12-step meetings and community groups. Under the ROSC framework, recovery begins with Outpatient Treatment Providers (OTP) assisting patients with continuing care. Continuing care includes a discharge plan, referrals to continuing outpatient care, procedures that address patients' physical and mental health problems following medically supervised withdrawal, plans for reentry to maintenance treatment if relapse occurs, and

⁵⁹ NYS OASAS, Recovery Oriented Systems of Care, www.oasas.ny.gov

⁶⁰ Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

ongoing recovery management. OTPs also are encouraged to offer supportive counseling as a transitional service.

Peer recovery support services is another dimension of ROSC. Peers are those who have had their own recovery and are available to assist others by providing the following⁶¹:

- ***Emotional support***—demonstrations of empathy, caring, and concern during activities such as peer mentoring, recovery coaching, or recovery support group meetings.
- ***Informational support***—health and wellness information; educational assistance; and help acquiring life skills, job training, and citizenship restoration (e.g., voting rights, driver’s license).
- ***Instrumental support***—assistance completing tasks, especially those that are stressful or unpleasant (e.g., filling out applications, obtaining public benefits), or providing supports such as child care and transportation to support group meetings and clothing closets.
- ***Affiliation support***—opportunity to establish positive social connections with others in recovery and learn social and recreational skills in an alcohol- and drug-free environment.

Efficacy of drug treatment

According to NIDA, the long-acting medications methadone and buprenorphine are “a critical component of opioid addiction treatment” because “scientific research has established that medication-assisted treatment of opioid addiction increases patient retention and decreases drug use, infectious disease transmission, and criminal activity.”⁶²

Recovery Coaching is a peer-based recovery service that is non-clinical and designed to engage others beyond recovery initiation through stabilization and into recovery maintenance. Similar peer interventions in clinical settings have been shown to improve engagement and retention of people seeking services. It is also known that long-term treatment outcomes are improved by assertive linkages to community-based recovery supports such as Recovery Coaching.

⁶¹ NYS OASAS, Recovery Oriented Systems of Care, www.oasas.ny.gov

⁶² National Institute on Drug Abuse (NIDA) *Methadone and buprenorphine reduce risk of death after opioid overdose*, www.drugabuse.gov

Costs associated with treatment and recovery

Substance abuse costs the Nation over \$600 billion annually and treatment can help reduce these costs. Drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the average cost for 1 full year of methadone maintenance treatment is approximately \$4,700 per patient, whereas 1 full year of imprisonment costs approximately \$24,000 per person.⁶³

End goals of treatment and recovery

- The preservation, strengthening and growth of the service delivery network within Nassau County is the ultimate goal of all efforts. Services and providers should be culturally competent and provided/trained with state guidelines and below recommendations in mind.
- Systems need to be in place that seek to integrate prevention, treatment and recovery. This can be accomplished through enhanced partnerships with all county and community stakeholders. The strengthening of coalitions throughout communities, continued open discussion, and strategic planning efforts are critical to the success of these efforts. Funding of these efforts is likewise essential to this process.

Areas for improvement

- **Workforce recruitment and retention:** NCOMHCDDD & OASAS: Nassau County has a growing shortage of mental health professionals, especially child psychiatrists. Nassau County providers are plagued by an inability to hire and maintain a workforce in response to the growing shortage of professionals. Attrition and lack of a well-trained experienced workforce within treatment presents an on-going challenge for providers in the work place. Entry level positions are not well funded and incentives to maintain employees are lacking.

⁶³ National Institute on Drug Abuse (2018) *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition)

- **Need for medical professionals/psychiatrists** with an expertise in addiction medicine. This is due to the low insurance reimbursement rates and the arduous process of submitting claims for services rendered, leading to many psychiatrists not accepting medical insurance. Many Nassau providers have expressed challenges in finding qualified health professionals and obtaining the necessary funding to pay competent salaries.

- **Insufficient funding** for programming infrastructure, staffing and the like.

- **Need for Certified Recovery Peer Advocates:** The New York State Office of Alcohol and Substance Use Services (NYS-OASAS) has new regulations that are to go in effect January 2020 requiring that treatment providers include Certified Recovery Peer Advocates (CRPA). A peer uses their knowledge acquired through lived experience related to substance use, to support the recovery goals of individuals who use drugs and/or alcohol.

- **Insufficient Buprenorphine Prescribers:** Treatment providers are reporting that it is difficult to find prescribers willing to treat opioid addiction. In order for a physician to prescribe buprenorphine, they must first apply for a physician waiver which includes the completion of an eight-hour course either online or in-person. The Medication Assisted Treatment (MAT) Workgroup identified the following barriers as to why physicians are resistant to prescribing Buprenorphine:
 - Physicians do not believe that agonist treatment of value in the treatment of addiction.
 - Not enough time to see additional patients.
 - Low reimbursement rate.
 - Medical/Legal concern – DEA on the government level are looking at prescribers who prescribe this type of medication.
 - Lack of knowledge on treatment of addiction and fear associated with the medications.

Recommendations

Although substance use services in Nassau County have improved over the past year due to many initiatives, there is still room for improvement. Below is a list of specific recommendations for continued progress:

- Continue to strengthen and expand the Community Services Advisory Board Mental Health and Substance Use Subcommittees that will assess and make recommendations for how to address the shortage of psychiatrists such as implementation of telepsychiatry and recruitment efforts.
 - Utilize the newly developed Medication Assisted Treatment Committee to identify barriers and develop community collaborations and coordination. This will assist Community Based Organizations in the implementation of MAT services, ensuring availability and accessibility of MAT services to Nassau County residents.
 - The Medication Assisted Treatment Committee will develop at 4 subcommittees such as Linkage/Resource, Regulations Review, Learning Collaborative and the Peer Subcommittee to create strategies for expanding the availability of MAT services in Nassau County. This will include training opportunities to educate prescribers on the use of Buprenorphine and address concerns raised regarding the use of this medication.
 - Explore and secure ongoing funding opportunities for hiring and embedding Certified Recovery Peer Advocates into outpatient treatment centers and in the courts.
 - Provide incentives for medical students, residents, and practitioners to enter addiction medicine. Coordinate with local medical schools to develop a specific track for these candidates or rotation within the provider network.
 - Increase funding for workforce to address attrition and retention.
 - Continue to encourage and fund strategic partnerships between school, providers, police, probation, hospitals and the like.
 - Explore funding opportunities to increase availability of Peer Support advocates in Nassau County and MAT Services.
 - Exploring funding opportunities for adolescent treatment and recovery programs
 - Increasing programs for specialty populations (i.e.: LGBTQ, parolees, family members)

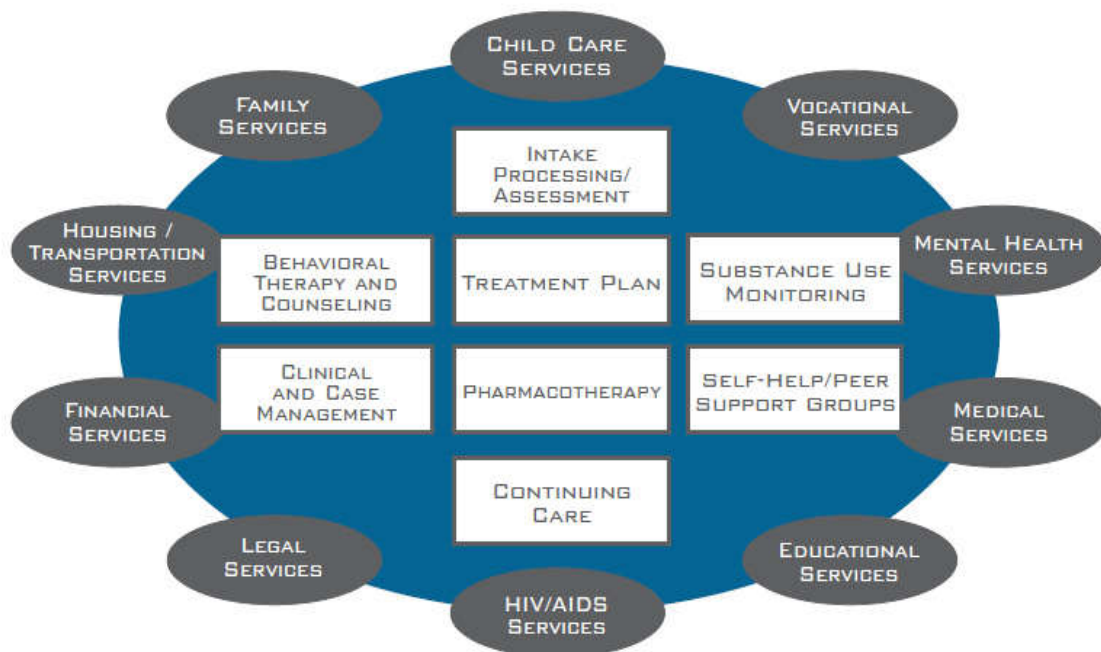
Additionally, the National Institute on Drug Abuse (NIDA) has outlined 13 considerations for substance use treatment.⁶⁴ Their recommendations are as follows:

- Addiction is a complex but treatable disease that affects brain function and behavior.

⁶⁴ National Institute on Drug Abuse (2018) *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition)

- No single treatment is appropriate for everyone.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
- Remaining in treatment for an adequate period of time is critical.
- Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Many drug-addicted individuals also have other mental disorders.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- Treatment does not need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Janet's Story

Janet grew up on the south shore of Nassau County. She lived in a home that was filled with turmoil. She was one of five children who were raised by her mother and alcoholic father. Janet and two of her sisters were molested by her father who ultimately killed himself by carbon monoxide poisoning in the home at the age of 34.

Janet's efforts to free herself from her home spoke to her inner strength. She became an honor student and sought to go to college. Yet, over time however, the emotional pain became unbearable. At seventeen she moved out of the house and married an addict.

It was only a matter of time before she began to use drugs to help numb the pain of her life. At 21, she had her first child but was determined to free herself from a life filled with drugs. She was divorced by the age of 23 and her ex-husband went to prison. She and her son were alone, but safe and Janet began to invest her time and energy into her family's printing business.

By 29, she had remarried and had four more children. Her husband gambled away her life savings and her home. She was unable to feed her children. At 41, she was forced to file bankruptcy and was devastated.

She sought help from her local community-based treatment center. While in treatment, her husband became violent and beat her in front of her children. He had convinced her that her children would be better off without her. Following in her father's footsteps she, decided to end her life. Janet attempted suicide by the same means as her father, and was overtaken by the carbon monoxide fumes. Following her attempt, Janet was hospitalized and heavily medicated. She ultimately returned to treatment and decided that life was worth living.

Through her treatment, she was able to recognize the small steps, but steps nonetheless. She learned to trust herself and the world. She began to learn that being a victim did not define who she was, that depression could be situational and that her use of substances was a way to self-medicate all the pain. Recovery can be quite painful, but not impossible". She was able to learn what healthy relationships look like and remarried in 2015.

Janet often compares her life to that of a circus act where the performer is skillfully spinning plates overhead. "Therapy has helped me to develop the skills I need to keep the plates spinning. Without it, I fear that my plates and me might end up in a helpless heap on the floor. I may not have lived to mother and to love my children and my family." She further added, "When I cross the threshold into the safe confines of my therapy every week at 4 pm, it seems as though I am transformed and I am able to exhale and release. We talk, we laugh, and we cry...a lot. We teach, we learn, and after all these years, we still discover and uncover. Divorce and addiction leave children fractured...my children have all received the incalculable benefits of therapy... My children are on my solid ground....my oldest son completed college and is teaching history...he is married with a child of his own. My daughter is finishing her master's degree in criminal justice. And while we are still a work in progress, we would not be where we are today without treatment! This organization has left an indelible mark on us all."

"Unhealthy behavior is the mark of the wounded" Janet cites her grandmother who had told her that only in death there is no hope. My treatment has given me the gift of hope. And while there are so many other families like mine with their own journeys, and their own paths to walk, there are agencies in all our communities that ensure that we do not walk alone....no one should have to walk alone.

Community Coalitions

Butterfoss and Kegler define community coalitions as an organization that brings people together to expand available resources, and focus on a problem of community concern to better achieve results than any single group or agency could have achieved alone.⁶⁵ They are comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community members who work together at the local level to make their communities safer, healthier and drug-free. Coalitions promote coordination and collaboration and makes efficient use of limited community resources.⁶⁶

Community coalitions are not prevention programs or traditional human service organizations that provide direct services; rather they are directed by residents and community sector representatives who have a genuine voice in determining the best strategies to address local problems. With proper interventions, resiliency would increase therefore reducing the likelihood of high-risk behaviors and substance abuse.

	Coalitions	Programs
Scale	Coalitions measure success by examining community level indicators. This applies to all coalition outcomes (short- and long- term).	Programs measure change in individuals who have been directly affected by the intervention(s).
Address Multiple Causes	Coalitions seek to ensure that all causes of identified problems are addressed	Programs are more focused on single strategies, e.g., parenting classes or peer mentoring.
Roles	Coalition activities are diffused and taken by all members with staff playing a coordinating or supporting role.	Program staff lead the process and are responsible for implementing interventions.

67

⁶⁵ Butterfoss, F & Kegler, M (2002). Toward a Comprehensive Understanding of Community Coalitions. *Emerging Theories in Health Promotion Practice and Research*. pp157-193

⁶⁶Community Anti-Drug Coalitions of America, <http://www.cadca.org/webform/start-new-coalition>

⁶⁷ Community Anti-Drug Coalitions of America, <https://cadca.org>

The community coalition model is essential to prevention and reduction of the misuse of opioids and other drugs in Nassau County. In Nassau County, there are currently 16 community coalitions and school-based task forces (a comprehensive listing can be found in the Appendix at the end of this report); many receive or have received federal and state funding to address youth and young adult substance misuse prevention in their communities. Federal and state funded coalitions work under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The SPF is a prevention planning process that promotes data-driven decision making that focuses on population-level, rather than individual-level change. To prevent a problem from happening, coalitions identify the local community factors that increase the risk of that problem (risk factors) and find ways to reduce the risks (protective factors).⁶⁸

Scientific studies indicate that the community coalition approach is an effective strategy for addressing substance use and related problems. Coalitions connect multiple sectors of the community including businesses, parents, media, law enforcement, schools, faith organizations, health providers, social service agencies and government. Coalitions collaborate and develop plans, policies and strategies to achieve reductions in the rates of consumption at the community level. Community coalitions are a proven comprehensive public health approach to reduce drug use, alcohol abuse and related problems through a structured planning process that promotes civic engagement and the building of social capital.⁶⁹

Costs associated with community coalitions

The strength of community coalitions lies in their ability to recruit and engage community stakeholders. Coalitions are voluntary in nature; therefore there are minimal costs for startup and general maintenance. However, the potential for impact may vary based upon resources and in-kind support. Most stakeholders are able and willing to bring resources to the table, including expertise in areas such as technology, social media and messaging, community resources, and the like.

Nassau County has a wide range of coalitions as referenced previously and all vary in terms of their goals and deliverables. Several community coalitions have been able to demonstrate community need and have secured Drug Free Community grants through the federal government. This funding provides coalitions with

⁶⁸ Hawkins, J.D. & Catalano, R.F. (1992). *Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention*. Psychology Bulletin. July; 112(1) 64-105.

⁶⁹ Community Anti-Drug Coalitions of America, <https://cadca.gov>

up to \$125,000 annually for five years. NYS OASAS has also made funding available through their Partnership for Success Community initiatives, which also originates from the federal level but is administered through New York State. The Long Island Prevention Resource Center has been funded through New York State to encourage and provide resources/support to existing coalitions.

On-going funding for coalitions is needed to ensure that those communities who are able to demonstrate need and the capacity to implement a strategic and well-defined environmental strategy will have great potential to reduce opioid use and misuse. Further maintaining funding to coalitions provides for the opportunity to integrate proven strategies, and educate community members on many levels.

Finally, coalitions need to have sufficient funding or access to community partnerships to develop comprehensive social marketing and awareness campaigns. The coordination, sustenance, and growth of a coalition may also be limited if funding cannot support the presence of an ongoing coordinator, director or grant writers. Identifying and directing funding and financial resources to our county to address this epidemic remains a significant unmet need and cost consideration.

Areas for improvement

While research continues to suggest that the development of coalitions is critical in our response to this epidemic, there are still those who are resistant to engaging in their essential work. Positive change will occur when all community stakeholders work collaboratively, share their resources openly and collectively. Coalition partnerships can increase communication between schools, community-based treatment and prevention providers, businesses, civic and fraternal organizations, hospitals, and the like can spark positive change.

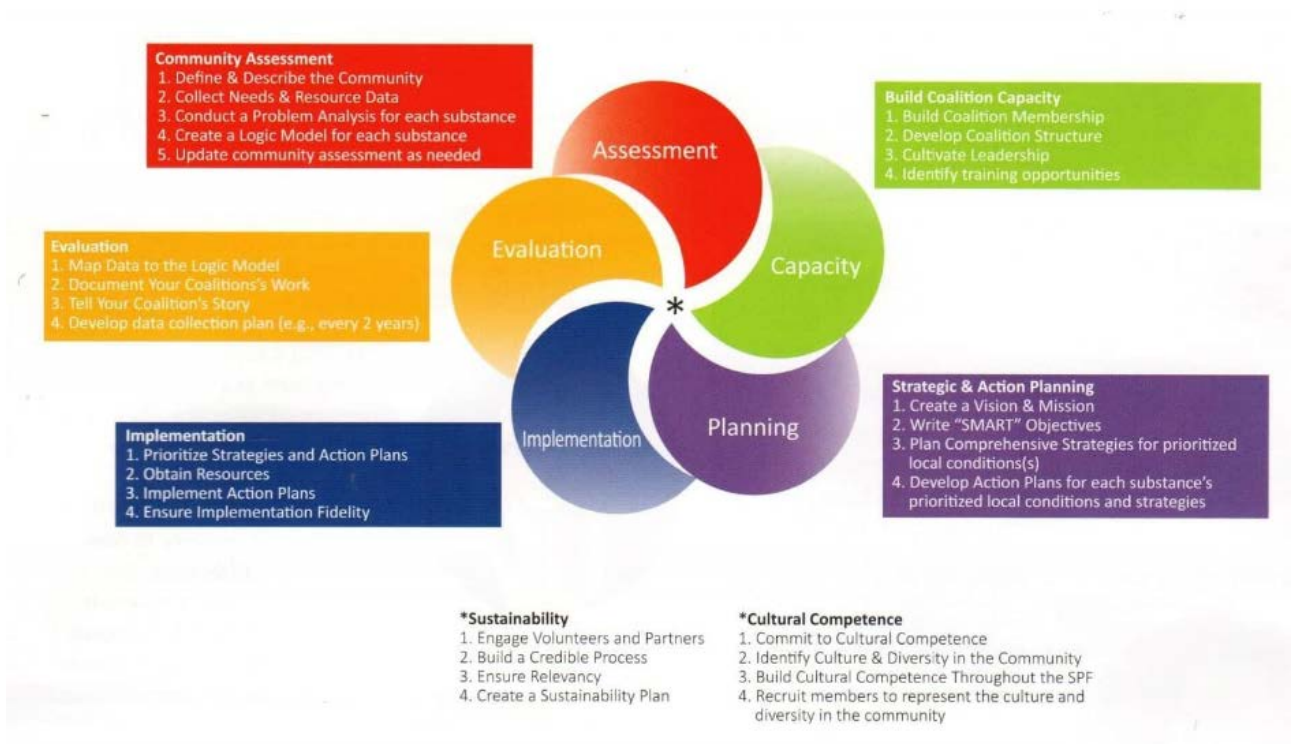
End goals of community coalitions

The goal of community coalitions is to create and maintain safe, healthy and drug free communities. Further, coalitions have the ability to reduce substance use and abuse through collaborations, provide education and awareness on opiate addiction, and provide linkages to community resources.

Recommendations

- Increase education and prevention measures within the community
- Encourage talking about addiction and reduce stigma
- Continue to fund coalition work and collaboration which link all community stakeholders and mobilize them under a common goal
- Develop and promote a comprehensive social marketing campaign
- Increase prescriber education

Flow Chart of the Community Coalition Process



Source: Community Anti-Drug Coalitions of America, www.cadca.org

Legislation

Mental Health First Aid Legislation

On December 17, 2018, the Mental Health First Aid law, introduced by Legislator Siela Bynoe as a legislative measure in response to the ongoing mental health crisis and related substance abuse crisis, was unanimously adopted by the Nassau County Legislature. The general purpose of the law is to enable Nassau County employees to deal with acute mental health issues they may encounter in their interactions with individuals in the community. The Nassau County Mental Health First Aid law applies to full-time and part-time County employees, who provide services directly to the public, including specifically designated corrections personnel, social services and human services staff, emergency medical technicians, and emergency management personnel. It requires all such employees to receive an eight-hour course of mental health first aid training.

Mental Health First Aid is recognized as a comprehensive evidence-based training program designed to teach participants to identify, understand and respond to signs of mental illness. Specific Mental Health First Aid curriculum content was developed in response to the opioid crisis. Since its creation, the program has been adopted in 21 other states providing training to police officers, first responders, corrections officers, social workers and human services professionals nationwide.

To further advance the impact of mental health first aid training within Nassau County, Legislator Bynoe has proposed an amendment to the County's Mental Health First Aid law to expand its reach to school district personnel and the populations they serve. The draft amendment to the County's Mental Health First Aid law contemplates the establishment of a County sponsored program for personnel of each school district and other community leaders to receive training to qualify as certified mental health first aid instructors. Such training shall be comprised of in-depth instruction on the implementation and management of a mental health first aid training program. Upon completion of mental health first aid instructor training, participants shall be granted certification as mental health first aid instructors in adult or youth-oriented curricula allowing for the dissemination of mental health first aid instruction to students, parents and community members throughout Nassau County. This program will permit school districts to create self-sustaining mental health first aid training programs they can carry on independently into the future.

Under the current law, training requirements differ depending upon the needs of the populations being served (i.e., adult-oriented training), the operational roll of the County personnel to be trained (i.e., public safety-

oriented training), or both (i.e., youth-oriented training for adults who regularly interact with youth). Accordingly, based on the category of job duties assigned to County employees covered by the law, employees shall be required to undergo one of the following types of mental health first aid training:

Adult Oriented Training– educating individuals eighteen years and older in effective approaches to assisting adults experiencing a mental health related crisis or problem, such as anxiety, depression, psychosis, and addiction;

- Public Safety Oriented Training– helping public safety professionals better understand mental illness and addictions and providing them with effective response options to de-escalate incidents without compromising safety; and
- Youth Oriented Training– educating adults who regularly interact with youth to effectively assist young people who may experience a mental health related crisis or problem.

To ensure that all covered employees currently in service receive the requisite mental health first aid training in a manageable fashion, the law establishes a “phase-in” mechanism whereby one third of all covered employees will be trained each year from 2019 to 2021, with training to be completed on or before the close of calendar year 2021. (The training schedule may be subject to adjustment, depending upon the timing of the law’s enactment.) For new hires, any covered County employee hired after the passage of the law is required to receive eight hours of mental health first aid training within six months from the commencement date of employment. Furthermore, all full-time and part-time covered employees who receive mental health first aid training shall be required to take the online re-certification course no later than sixty days after the expiration of the previous three-year certification. Employees who have already received a training certificate of completion for training that meets or exceeds the mental health first aid standards for certification as determined by the County are deemed to satisfy the training requirement set forth in the law.

72-Hour Mandatory Hold

In the spirit of the Mental Hygiene Law, Legislator Kennedy is proposing a 72 hour hold for the health and well-being of any person who is administered Narcan and revived following an overdose. A 72-hour hold would allow for observation and medical treatment while under detox and potential induction on Suboxone to assist with cravings and relapse.

Reasoning behind the hold includes the risk of the duration of opioids exceeding that of Narcan resulting in a return of respiratory or central nervous system depression, withdrawal symptoms and subsequent relapse or overdose.

As the proposed legislation is not within the scope of what Legislator Kennedy can propose he is spearheading a call to action within the community. He is encouraging the general public to lobby their state representatives about this public health crisis and request the implementation of a 72-hour hold.

Below is a script of what can be called into the office of your representative or sent via letter/email:

To Whom it May Concern,

As a resident of Nassau County, I am extremely concerned with the opioid epidemic and its effect on my community. I understand that there is a proposal to hospitalize overdose victims for 72 hours following the administration of Narcan in an effort to monitor withdrawal and assist with treatment options. I would like to voice my support for this proposal and urge you to stand with Legislator Kennedy in seeing this 72-hour hold written into law.

Sincerely,

If you are uncertain of your representative, please visit <https://www.govtrack.us/congress/members/NY>

Conclusion

Roadmap to Recovery

Through initiatives founded on the ideals of collaboration, consistency, and community engagement, Nassau County continues to combat the opioid epidemic one day at a time. In blending enforcement with compassion, Operation Natalie was a success in reducing overdoses as well as drug-related crimes in Nassau County. Operation Natalie yielded the following results: overall NCPD non-fatal overdoses decreased 24% and larcenies from autos in Nassau County decreased 13%. Additionally, statistics released by the Nassau County Medical Examiner's Office revealed there was a 20.1% drop in opioid-related deaths in Nassau in 2018. Nassau County continues to make strides in effectively combating the opioid epidemic and saving lives.

Recognizing that the opioid epidemic is a complex and enduring problem, Nassau County is focused on raising awareness, enhancing education and creating an open dialogue with residents about ways we can fight addiction. As the opioid epidemic continues to evolve, strategies that effectively address its consequences must incorporate stakeholders from law enforcement, legislation, education, prevention, community coalitions, treatment and recovery. By adopting a strategy that is founded on data driven decision making, enforcement, evidence-based prevention and treatment programs, Nassau County is effectively addressing the opioid epidemic as a county and enhancing the road to recovery.

As Benjamin Franklin said, "An ounce of prevention is worth a pound of cure." To eradicate this epidemic, and protect our most vulnerable, we must focus on prevention. Addiction is not only treatable but preventable. After all, one cannot become addicted if opioids are never used in the first place.

Effective prevention starts in the home, in our schools, and in our community. A singular approach will not work to end the opioid epidemic. Addiction is not the problem of the individual; addiction is the problem of the community.

We must continue to foster relationships among families, communities, schools, law enforcement, and properly treat underlying causes to present the required united front to end this once and for all. We all must lend a hand in contributing to the betterment of our community. To eradicate this epidemic, it starts with you...

References

1. American School Counselor Association, <https://www.schoolcounselor.org/press>
2. American School Counselor Association, <https://www.schoolcounselor.org/asca/media/asca/Careers-Roles/RoleStatement.pdf>
3. Butterfoss, F & Kegler, M (2002). Toward a Comprehensive Understanding of Community Coalitions. *Emerging Theories in Health Promotion Practice and Research*. pp157-193
4. Center for Disease Control, <https://www.cdc.gov/drugoverdose/data/fentanyl.html>
5. Center for Disease Control, <https://www.cdc.gov/drugoverdose/data/fentanyl.html>
6. Center for Disease Control, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
7. Center for Disease Control, 3 Waves Opioid Deaths - Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017. *WR Morb Mortal Wkly Rep*. ePub: 21 December 2018.
8. Center for Disease Control, 3 Waves Opioid Deaths - Kolodny et al. 2015. The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. *Annual Review of Public Health*, 36, 559-74.
9. Center for Disease Control, 3 Waves Opioid Deaths - Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. *MMWR* 2016, 64(50); 1378-82.
10. Center for Disease Control, National Center for Health Statistics; *Wide-ranging online data for epidemiologic research* (WONDER). Atlanta, GA: 2017. Available at <http://wonder.cdc.gov>.
11. CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.
12. Center for Disease Control, Understanding the Epidemic <https://www.cdc.gov/drugoverdose/epidemic/index.html>
13. Community Anti-Drug Coalitions of America, <https://cadca.org>
14. Gladden RM, Martinez P, Seth, P. *Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid-Involved Overdose Deaths – 27 States, 2013-2014*. *MMWR Morb Mortal Wkly Rep*. Aug 2016; 65(33):837–843.

15. Hawkins, J.D. & Catalano, R.F. (1992). *Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention*. Psychology Bulletin. July; 112(1) 64-105.
16. Jones, M.R, Viswanath, R. Peck, J. Kaya Gill, J.S. Simopoulos, T.T. *A Brief History of the Opioid Epidemic and Strategies for Pain Medicine*. 2018 Jun; 7(1): 13–21. Published online 2018 Apr 24.
17. Joseph, H, Stancliff, S & Langrod, J. (2000) *Methadone Maintenance Treatment (MMT): A review of Historical and Clinical Issues*. The Mount Siani Journal of Medicine Vol 67 Nos. 5 & 6
18. National Institute on Drug Abuse –Florence CS, Zhou C, Luo F, Xu L. *The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States*, 2013. Med Care. 2016; 54(10):901-906. doi:10.1097/MLR.0000000000000625.
19. National Institute on Drug Abuse – Opioid Overdose Crisis. ODCDC/NCHS, *National Vital Statistics System, Mortality*. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.
20. National Institute on Drug Abuse – Opioid Overdose Crisis. Center for Behavioral Health Statistics and Quality (CBHSQ). 2017 *National Survey on Drug Use and Health: Detailed Tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2018.
21. National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction>
22. National Institute on Drug Abuse (NIDA) *Methadone and buprenorphine reduce risk of death after opioid overdose*, www.drugabuse.gov
23. National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>
24. National Institute on Drug Abuse, <https://www.drugabuse.gov/opioid-summaries-by-state/new-york-opioid-summary>
25. National Institute on Drug Abuse (2018) *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition)
26. New York State Department of Health, *Combat Heroin* <https://combataddiction.ny.gov/sites/g/files/oe901/files/documents/2017/11/1037importantinfoarentsfactsheetfinal20141.pdf>
27. New York State Office of Alcoholism and Substance Abuse Services, *Evidence Based Practices* www.oasas.ny.gov

28. New York State Office of Alcoholism and Substance Abuse Services, *Recovery Oriented Systems of Care* www.oasas.ny.gov
29. New York State Office of Alcoholism and Substance Abuse Services, <https://www.oasas.ny.gov/prevention/evidence/evidence.cfm>
30. O'Donnell JK, Gladden RM, Seth P. *Trends in Deaths Involving Heroin and Synthetic Opioids Excluding Methadone, and Law Enforcement Drug Product Reports*, by Census Region — United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017; 66:897–903.
31. Peterson AB, Gladden RM, Delcher C, Spies E, Garcia-Williams A, Wang Y, et al. *Increases in fentanyl-related overdose deaths – Florida and Ohio, 2013-2015*. *Morb Mortal Wkly Rep*. 2016; 65(33):844-9.
32. Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. *Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017*. *WR Morb Mortal Wkly Rep*. ePub: 21 December 2018.
33. Suboxone, www.suboxone.com
34. U.S. Department of Education, <https://www.ed.gov/opioids>
35. Vivitrol, www.vivitrol.com
36. Yahoo - <https://www.yahoo.com/finance/news/how-fentanyl-us-crisis-trafficking-150226594.html>
37. Yahoo - <https://www.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>