

CATTARAUGUS COUNTY HEROIN/OPIOID TASK FORCE

October 20, 2017, 10:00 a.m., Meeting

Good Times of Olean, 800R East State Street, Olean, NY 14760

PRESENT:

Chris Baker, EMS Director	Debra Lacher, Catt. Co. Health Dept., Adm. Sec.
Lori Ballengee, Allegany Co. Public Health Dir.	Rachel Linderman, CARES Comm. Coord.
Steve Beattie, Pastor of Pentecostal Church in Olean	Ron Lott, Lt. of the Drug Task Force
Melanie Churakos, Lt. in the Sheriff's Office	Linore Lounsbury, Ex. Dir. Of Genesis House
Jeff Ciminesi, Prevention Coord STHCS	Carl McGowen, Mgr. of the Genesis House Men's Shelter
John Congdon, Regional EMS Vice President	Mary O'Leary, Dir. of Community Services
Tom Dinki, Reporter for the Olean Times Herald	Mike Prutsman, Executive Dir. of CARES
Jacqueline Shine Dixon, Dir. Of Behavioral Health	Jeff Rowley, Chief of Police City of Olean
Willie Ellis, Oxford House, Comptroller	Bonnie Saunders, NY Connects Administrator
Jene Gardner, CARES Clinical Director	Amanda Slagter, Oxford House Coord.
Heidi Hartley, District Director for Assemblyman Giglio	Dr. Gina Smith, Psychologist at UPC
Barb Hastings, Legislator	Tony Turano, Acting Commissioner of Social Services
Corey Higgins, Special Inv. Catt. Co. Drug Task Force	Howie VanRensaleer, Jr., Catt Co. Coroner
Cindy Irish, Parent	Tom Villa, President of the Oxford House
Edward Jackson, Secretary of the Oxford House	Kevin Watkins, MD, Catt. County Public Health Dir.
Kelly Jordan, Monitoring Technician from Probation Dept.	Ann Zimmerman, MD, UPC
Michael Kalsman, MD, Seneca Nation Health System	

Dr. Watkins asked if there were any questions or corrections pertaining to the minutes from June 9, 2017. Mr. Baker made a motion to approve the minutes of the Heroin/Opioid Task Force meeting held on June 9, 2017, it was seconded by Dr. Kalsman and the motion was unanimously approved.

Dr. Watkins brought up two questions asked by residents of the community:

1.) What is the task force doing about the opioid deaths within our community?

The task force was created because in the past there was a huge cry out from the community that there was not enough resources in the County to deal with individuals who have an opioid addiction. Since the inception of the task force new and existing resources has been provided for the residents of the County (see resource list/website at www.recoveryincattco.org) and the number of deaths due to opioid use has declined considerably.

The mission or goal of the task force is to be a resource for the community – to examine all areas of the opioid crisis including, but not limited to, opioid prescribing practices, access to inpatient, outpatient and community-based medication-assisted treatment programs, police-assisted recovery, distribution of lifesaving medication like Naloxone and to coordinate efforts of the members of the task force.

2.) Who is responsible to get these drugs off the street?

It is the job of the Drug Task Force to remove the drugs from the street and help to reduce the trafficking of the drugs within our community.

Dr. Watkins invited the Drug Task Force to update the Heroin/Opioid Task Force on their progress with past investigations. Detective Corey Higgins, Special Investigator, stated that in 1995 Sheriff Burrell asked him to work on the Southern Tier Regional Drug Task Force, working exclusively undercover for (8) years. Sixteen years ago he was assigned to the Drug Enforcement Administration out of the Buffalo office working federal level drug cases. He stated that he is one guy who has worked with hundreds of police officers for many years.

Every time the Drug Task Force go to a house and knock down a door to make an arrest it impacts more than just that individual. It would break your heart to see the lives that are affected by individuals that make these bad choices, and that takes a toll on law enforcement. Investigator Higgins shared the story of three officers who responded to an unresponsive person that overdosed. The individual had a very weak pulse, they hooked him up to an Automated External Defibrillator (AED), deployed Narcan (3) separate times, and the individual never responded.

He summarized that these three officers initiated CPR and worked on this individual for thirteen minutes before the individual finally responded. This individual eventually walked to the gurney to get in the ambulance. Watching the officer's expressions brings a new light to everything, because they (officers) are doing their job above and beyond what they had signed up for.

Eight years ago the drug task force saw the change from cocaine to the distribution of heroin, and the reason that happened is that heroin today has a purity of about 80%. Eighty percent of our drug cases now deal with the opioid related drugs, whether it is heroin, fentanyl, or any of the opioid analogs. The drug task force is now faced with balancing state cases and federal cases as the laws are different. Recent challenges that the drug task force has been confronted with is dealing with the analogs of opioids that are not on the state drug schedule list. When a drug bust is made, and substances are sent to a lab for testing, if the drug report comes back with something other than heroin, fentanyl, or any other drug on the state's drug schedule list, the drug may not be illegal, yet the effect is that these drugs are still killing people, and destroying communities. There isn't one drug dealer who sticks to selling one type of substance, recently the drug task force were investigating a group that was selling heroin which turned out to be albuterol fentanyl which is not illegal, but they also sold crack cocaine, so the case was built on the possession of crack. In doing so, the drug task force arrested (18) individuals, (5) were out of Buffalo who were connected with a violent street gang in the Central Park area of Buffalo, NY. The drug task force mission in a nutshell is to go after the most significant drug trafficking organizations. Sometimes the best thing that can happen to a user is incarceration. To win this war we need to educate parents, and invest more in our children.

Questions & Discussion:

- Mr. VanRensaleer Jr. asked what county coroners could do to work with law enforcement to turn more of the accidental overdoses, if found due to negligence through the sale of the product, into a criminal case of homicide. –Detective Higgins responded this was a great idea #1 putting the fear factor out into the street, making drug dealers accountable for the overdose deaths seen in the community, #2 there are a lot of people buying product (drugs) that they think is heroin and they end up getting a fentanyl mixed or an opioid analog that is 50 times the potency, ending up as a fatality.
- Mrs. Irish stated, as a parent we have to send out the message to not clean up the site before the police arrive just to protect yourself from the stigma that your child overdosed. Hiding the evidence helps to protect the dealers. Detective Higgins affirmed that identifying that there is an issue is a better action than covering it up. Education for parents is vital.
- Detective Higgins stated that dealers have a system when selling their product (drugs). Initially the drug task force started buying heroin in grams, then a “dosage unit” or a “bag” of heroin, which is also called a “bindle”. At the street level, heroin is sold in "bindles," small pieces of aluminum foil or cellophane that contain one-tenth gram or less. A bundle is ten small bags that supposedly equal a gram.

- Dr. Watkins stated that the number of deaths seen from health department statistics secondary to heroin or opioid overdoses has started to decrease. He asked Detective Higgins to expound upon the latest big bust for heroin/opioid possession or distribution within Cattaraugus County. Detective Higgins stated as far as the death toll going down, it is because first responders are saving people with Narcan deployment. The most recent bust was about a month ago that took over two years to investigate, the case was moved to the federal level. Every person charged federally is subject to a 20 year mandatory sentencing. Of the 18 individuals arrested only 5 were charged with the federal crime, everyone else faced state charges.
- Mr. Villa asked what is done with the confidential informants that are addicted to the substance that go out and do controlled buys in order to reduce their own charges. What treatment is offered for them? Also, what is done with confidential informants who use this system to fly under the radar and are still addicts and are continuing to hurt other people as they continue to do this? Detective Higgins stated that the drug task force job is sometimes only as successful as their informants. We depend on informants to provide us information and occasionally, they will do controlled purchases under our direction. They must sign up and follow an agreement that they will not do anything outside of the drug task force's direction, but they lie, and there are times when we arrest our own informants. We have offered informants treatment and we have hooked them up with the Police Assisted Addiction and Recovery Initiative (PAARI) program. Once they have gone through that program we no longer put them out on the street.
- Mr. Turano asked if there is anything that the heroin/opioid task force can do to help with legislation or policy changes that would advocate specifically for what Mr. VanRensaleer Jr. had referenced. Detective Higgins responded that one of the biggest things that can promote change is in the statutes pertaining to opium analogs. When you have a substance that creates the same risk, has the same addictive properties, and yet we can't put it on the schedule to make an arrest, that's shameful. If your selling that product as an illegal substance then there should be a law that we can enforce that would help create change locally.
- Dr. Kalsman asked about the trends of prescription drugs on the street. Detective Higgins replied that there has been a lot of changes in medicines. Law enforcement use to deal a lot with OxyContin (oxycodone hydrochloride extended release) because it could be crushed, now that the makeup of that has been changed, it makes it virtually impossible to achieve that same result. There is still abuses of other pills such as Lortabs (hydrocodone + acetaminophen) but because of some of the controls and restrictions that have been put on physicians for writing these prescriptions, we see less pills. Availability of heroin and fentanyl have made this not an issue anymore. People who use to abuse pills are now just buying a bindle. It is very lucrative business, one bindle of heroin is about \$20.00. Most hardcore addicts will use one to two bundles (there are 10 bindles in a bundle) daily. Opiates impacts everyone, teachers, nurses and the average Joe are making buys on the streets.
- Ms. Jordan questioned whether anyone representing the judicial system in Cattaraugus County has attended a Cattaraugus County Heroin/Opioid Task Force meeting. She stated that people aren't getting necessary treatment as they aren't staying in jail long enough. Many individuals arrested on drug possession, drug sales, or even other crimes that indicate addiction such as larceny are given low bail or released under supervision without the condition of treatment. Detective Higgins replied that we should use all the resources available to save that life. A summit with all your local magistrates might be helpful.
- Detective Higgins asked Dr. Watkins if the opioid data collected on death certificates also included suicides. Dr. Watkins stated that in 2017 there were (8) suicides in Cattaraugus County but toxicology reports are not usually ordered by the Coroners/Medical Examiners for suicide cases, therefore there is no way to determine if a suicide is associated with drug use. Mr. VanRensaleer Jr. stated that County Attorney Firkel has asked that the coroners start doing toxicology's on all suicides. Ninety five percent of people who take their own lives usually leave a note and in the past coroners would stop at that.

Committee Reports:

- a.) Data Surveillance/Committee/Naloxone Access Funding-Mr. Ciminesi reviewed the Naloxone (Narcan) data form that was handed out to those in attendance. There have been (13) administrations of Narcan since our last meeting in June, which is (39) year to date. Compared to 2016 for this same time period when there were (51) administrations. In terms of training there were (14) held since the last task force meeting with (203) people. There are two upcoming trainings scheduled one at the Cattaraugus County Youth Summit and another with Seneca Strong. Overall, the Southern Tier Overdose Prevention Program (STOPP) has trained (1,159) people in Cattaraugus County and distributed (1,102) kits.

The naloxone co-payment assistance program is a new program that attempts to increase accessibility of Naloxone without a prescription. Anyone can go to a participating pharmacy that has a standing order and ask for Naloxone (Narcan) and receive a kit with no co-payment.

Mr. Ciminesi reported that he went to the local Rite Aid who had the standing order but the pharmacist informed him that they would need to order the product and it would take a couple of days as it was not sitting on their shelves. The STOPP program is also a source for Narcan kits. The intranasal device is changing from three separate pieces to a one piece Narcan nasal spray with no assembly required, simpler administration with no change in safety or effectiveness. Lt. Churakos stated that they are thrilled to start using the one piece unit.

- b.) Parent Support Committee-Mrs. Irish reported that her daughter is back in rehab for the fourth time. She added that after going into her daughter's room and finding an Evergreen backpack with 100 needles, a sharps disposal kit, and a card that says you are a part of the needle exchange program (which is basically a get out of jail free card if you are pulled over by law enforcement) she was very concerned especially about the agency distributing needles in their care packs. Other concerns include State health insurance will only cover (14) days of recovery, and Medicaid will only approve (1) day which is not enough to treat the patient. Another problem Mrs. Irish has encountered while employed by the State is, if a parent claims time off for respite, this is considered a mental health issue. Once a mental health status has been given State employees are required to be off work for (20) days. Dr. Watkins stated that although its concerning to parents that needles are given out by Evergreen, to those who are intravenous drug users, it helps to reduce transmission of blood borne diseases such as Hepatitis B or Hepatitis C if needles are shared among users.

Mrs. Ballengee, Public Health Director, Allegany County, stated that Allegany County is in the process of contracting with Evergreen to have them come on site. Their presence will be combined with the Health Department doing Hepatitis C and HIV testing, Court Appointed Special Advocates (CASA) and other providers to help with substance addiction, and mental health.

- c.) PAARI-No one present to share report.
- d.) Provider Education Committee-Dr. Kalsman provided minutes from the committee's meeting held on 8/28/17. The issues discussed were #1- A State mandate that medical providers with a DEA to prescribe controlled substances, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction. The course work or training must be completed by July 1, 2017, and once every three years thereafter, pursuant to Public Health Law (PHL) §3309-a(3). The general consensus was that the training was not that beneficial, it only met basic requirements.
- #2 - A handout, Opioid analgesic prescription rate per 1,000 population revealed the rate of opioid prescriptions written by medical providers in every NYS county. When looking at the age adjusted rate, this data unfortunately placed Cattaraugus County as the third highest County in the State, and number one in the Western region, as having the largest number of opioid prescriptions written by medical providers in 2016.

It was the committee's collective impression that those prescription habits have probably changed significantly. Dr. Watkins added that they were going to try to work with the State to see if the information could be broken down further to distinguish if the providers are dentists, surgeons, ER providers, or primary care providers. This information collected, if provided to us, would let us know where to focus the education. Dr. Watkins will be sending out a general letter to all providers to make them aware of other options that are available for patients besides opioids when writing for a pain analgesic.

-Universal Primary Care (UPC) has taken a drastic approach to changing their controlled substance prescription approach. Dr. Zimmerman stated that their facility recognized this as a problem about two years ago, when they noticed many patients transferring into their practice were on long term opiates for chronic pain and their physician had left the area. It escalated to where patients were becoming violent and one even physically assaulted one of the practitioners. UPC took a good look at the data and decided opioids do not have any good long term use value.

UPC offered these patients the opportunity to wean off the use of opioids, or refer them to someone out of town who would continue their treatment on opioids. Many of the patients opted to be weaned off the opiates and are now thankful as they feel much better.

-Dr. Kalsman said at his practice, Seneca Nation Health System, they have opted to follow the CDC guidelines for the management of chronic pain as they have a number of high risk patients who are still on chronic opioid use therapy. All of Seneca Nation Health System providers have agreed to become certified in buprenorphine (suboxone) therapy and will switch their high risk patients over to suboxone with the goal to taper them off. Some of the patients that are cared for, have been on opioids for over twenty years so they are physically dependent on them and it will take a great deal of time, but we will try to hold them accountable by requiring that they bring their pills, and patches in at every visit and get drug tested.

e.) Office of Alcoholism & Substance Abuse Services (OASAS) Committee- Mr. Prutsman reported that the OASAS committee met and they discussed the programs CARES currently has and the breaking ground of the new facility in Westons Mills which will take place by November 1st with completion set for six months. In addition CARES is also working on Medication Assisted Treatment (MAT) expansion which is not an OASAS funded program. Expansion of the MAT program (vivitrol and suboxone programs coupled with counseling) will occur at satellite offices in Cattaraugus County and Allegany County. CARES has (463) admitted clients as outpatients, 27% or (125) are diagnosed as having an opiate dependency. That translates into (125) lives that have been saved.

-Dr. Watkins asked if the new redesigned facility in Weston Mills will present the same problem with insurance that Mrs. Irish had spoken about earlier. Mr. Prutsman said initially the cost is funneled through Department of Social Services (DSS), but long term stay will probably then be billed to insurance.

-How long are the waiting lists for both inpatient and outpatient services? Jene Gardner replied that outpatient services are provided with an appointment within 24 hours, currently there is a wait list of (5) for the residential program but that can change daily. If the person is from Cattaraugus County they will be bumped to the head of the wait list due to residency preference.

Dr. Watkins stated that Dr. Reed Haag, internal medicine physician, from Wellsville, is getting ready to open up an opiate treatment center practice in the town of Carrollton, at the Municipal Complex on Main Street. He will be prescribing suboxone therapy for the community. He asked Mr. Prutsman if there are any other providers or facilities writing prescriptions for suboxone and vivitrol besides CARES and Dr. Haag? The reply was not that they are aware of.

County Reports:

- A.) Health Department-Dr. Watkins reported that year to date there has been (10) deaths in the county secondary to heroin and opioid use.
This number has decreased from last report due to a pending toxicology investigations that came in changing one of the speculated opiate death cases. Coroner Howie VanRenensaleer, Jr. interjected that he received one additional verification last night bringing our total back to (11).
- B.) DSS- Tony Turano stated that the opioid problem is touching every part of their operations with 70-75% of the petitions they file having some kind of drug overtone or issue. In 2014 the department saw a spike in the number of children that were placed in foster care from (32) to (74). Those numbers are now decreasing due to staff engaging family members in the care of the children; more grandparents, aunts and uncles are raising the children instead of foster care. Perhaps a better outcome for the children but still shows the impact on the family unit. There has been a large spike in congregate care (temporary assistance barrier to employment due to drug or alcohol issues) (5) in 2014, (9) in 2015, (19) in 2016, and (34) as of October 1st of this year.
- C.) Probation-Kelly Jordan no report provided.
- D.) Sheriff Department-Melanie Churakos no report provided
- E.) Community Services-Mary O'Leary stated that within the Clinic there are a total of (37) individuals who have a co-occurrence opioid disorder, which is a dramatic increase from our last meeting when it was (15). There are (9) people identified with adult care coordination program which is collaboration between physical and emotional health that have an opioid diagnosis. Personalized Recovery Oriented Services (PROS) program there are (17) individuals out of (85) who have an opioid substance abuse disorder. There are several on suboxone, vivitrol, and (1) on methadone. We were awarded monies for an Assertive Community Treatment (ACT) Team, which is a team that goes into the community to try and provide services to those who will not come into a traditional site for treatment. It will serve those with substance abuse, criminal justice, and mental health needs. This team will be made up of doctors, nurses, peers, and family providers. We hope to have this program available by January 1st, and will update the task force as information becomes available. Each year community Services complete a local services plan which describes the needs within our community, programs like the ACT team, and Eagles nest (respite house) became a reality through this service plan.

District Director of New York State Assembly:

- A.) Heidi Hartley shared an announcement that came from the Governor's office on Wednesday, a handout was provided to all those in attendance. OASAS was just awarded 19 million dollars from the Federal government for opioid treatment in the State. There are three separate grants, the second grant 5.7 million dollars may impact our area in Randolph, UPMC Chautauqua, and WCA in Jamestown to expand their medicated treatment assistance.

Seneca Nation of Indians (SNI) Report: No report at this time.

Community Resources:

A new updated resource list was handed out to those in attendance. New additions included the pharmacies that have now started to distribute Narcan at no cost (no co-pay) to the customers. This list is also on the Task Force website located at <http://www.recoveryincattco.org/>. If there is something that needs added to the website please contact Donna Kahm's office. Anything to be added to the resource list, contact Debbie Lacher.

Dr. Watkins wrapped up stating this will be the last meeting for this year, but we look forward to meeting in 2018.

Mrs. Irish reported that the Narcan trainings being provided by STOPP have been great and she has noticed that many grandparents are now taking part in the Narcan trainings that are being held.

Ms. Amanda Slagter stated that she had brought handouts regarding the new Oxford Houses, and applications for anyone who would be interested in this information.

Mrs. Ballangee invited everyone to attend the Allegany County Opioid Substance Committee on October 26th from 1:00PM - 4:30PM. Dr. Gale R. Burstein, Commissioner of Erie County Health Department, and Mark Poloncarz, Erie County Executive will be the guest speakers. They will be talking about the initiatives in Erie County. This meeting will be held at the Legislative Chambers in Belmont in Allegany County. That same night from 6:00 PM-8:30 PM, they will be showing the movie "The Hungry Heart", at the David A. Howe Library in Wellsville, NY followed by a panel discussion.

Mr. Congdon, thanked the Sheriff's department for their help in an overdose situation last night where Narcan was administered.

A motion to adjourn was made by Dr. Zimmerman, seconded by Mr. Baker, and unanimously approved.