

# **OPIOIDS** IN **ST. LAWRENCE** **COUNTY:**

**CAUSES, EFFECTS & AVENUES  
FOR IMPROVEMENT**



Prepared by the Fort Drum Regional  
Health Planning Organization

Presented in June 2019



**PARTNERS 4 SUBSTANCE  
USE PREVENTION**

# ABOUT THE REPORT

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The **St. Lawrence County Partners 4 Substance Use Prevention** is a group of community members who envision a healthy, safe, and informed neighborhood free of substance use disorders.

We work together on a monthly basis to share information, educate the community at large, improve access to and the availability of addiction treatment, promote health and wellness, and embrace recovery.

Our goals are to – **1.)** End the culture of stigma associated with substance use disorders; **2.)** Connect community partners to resources, events, and each other; **3.)** Collect and manage data essential for decision making and planning; **4.)** Educate health care providers, community partners and residents of St. Lawrence County; **5.)** Link those in need to services and resources; and **6.)** Support recovery efforts.

To achieve these goals, we have partnered with the **Fort Drum Regional Health Planning Organization (FDRHPO)**, a non-profit health planning agency in Watertown, NY, to conduct a thorough investigation of our community and gain insight on opioid use in St. Lawrence County.

Between December 2018 and June 2019, FDRHPO conducted interviews with local “key informants,” held forums and focus groups in community locations, and gathered and analyzed other important data, all of which is presented in detail in this report. FDRHPO also developed an Online Opioid Toolkit and Resource Center (see Appendix Item #13) to serve as a source of population data, community health information and substance-use related support and treatment services in St. Lawrence County.

**The details and methodology for each data-gathering activity is listed at the beginning of its respective section.**

# INTRODUCTION

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**D**rug overdoses are now the leading cause of death for Americans under age 50, surpassing motor vehicle accidents and gun-related incidents. In 2016, upwards of 64,000 people in the United States died by drug overdose — an increase of more than 650% since 1990.<sup>1</sup> While there is not one specific drug causing *all* of these deaths, national data indicates that opioids have caused roughly 60% of fatal drug overdoses in recent years.<sup>2</sup>

Overdose rates are, for the first time, higher in rural areas than they are in non-rural areas. A study by the American Farm Bureau Federation and National Farmers Union tells us that 46% of rural Americans and nearly 75% of rural farmers have been directly affected by opioid abuse.<sup>3</sup>

## **In St. Lawrence County, the geographically largest rural county in New York State, this data hits close to home.**

In 2017, 4% of St. Lawrence County adults (nearly 4,400 people) said they or someone in their household had been affected by problem opioid use or addiction.<sup>4</sup> During this year, our county lost 17 citizens to drug-induced death, following 18 deaths in 2016. The 35 lives lost in these two years alone are more than double that of any year prior to 2007.<sup>5</sup>

Moreover, there were 27 emergency department visits for opioid overdoses in St. Lawrence County in 2017, of which 15 involved opioid pain relievers and 12 involved heroin. In this same year, EMS providers, law enforcement, and other agencies reported 83 naloxone administrations in response to overdoses throughout the county.

**Waiting for a solution to arrive at our doorstep is not an option.** We must do whatever we can to curb the root causes of problem opioid use in our community, to understand and alleviate its far-reaching impact, and to offer accessible, effective help for those who need it.

Honorable work is already being done in St. Lawrence County to address this issue, but more is needed, and collaboration and alignment of services — at all levels — is imperative.

We believe this report will offer an understanding of the unique needs exhibited by our population while informing and lending hope to future efforts in St. Lawrence County.

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<sup>1</sup> Katz, Josh, "You Draw It: Just How Bad is the Drug Overdose Epidemic?" *New York Times*. April 14, 2017 (Updated Oct. 26, 2017). <https://www.nytimes.com/interactive/2017/04/14/upshot/drug-overdose-epidemic-you-draw-it.html>

<sup>2</sup> Rudd RA, Seth P, David F, Scholl L. "Increases in Drug and Opioid-Involved Overdose Deaths - United States, 2010-2015." *MMWR Mortal Weekly*: Rep. 2016;65:1445-1452. DOI: <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>

<sup>3</sup> North Country Health Compass. "2017 Community Health Survey of Adult Residents: Jefferson, Lewis, and St. Lawrence Counties (New York). Prepared by the Fort Drum Regional Health Planning Organization. June 2017.

<sup>4</sup> Thorton, Mace, "Survey Shows Massive Opioid Impact in Farm Country; Farm Groups Call for Dialogue, Action." American Farm Bureau Federation. November 30, 2017. <https://www.fb.org/newsroom/survey-shows-massive-opioid-impact-in-farm-country-farm-groups-call-for-dialogue-action>

<sup>5</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. "Underlying Cause of Death 1999-2017 on CDC WONDER Online Database" Released December 2018. Accessed at <http://wonder.cdc.gov/ucc-icd10.html> on January 7, 2019 at 11:31:03 a.m.



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# Background Data

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To better understand the community responses that follow in this report, this section provides a wealth of data points related to opioid use in St. Lawrence County. Sources include local, state and national sources.

Data points are organized into the following categories:

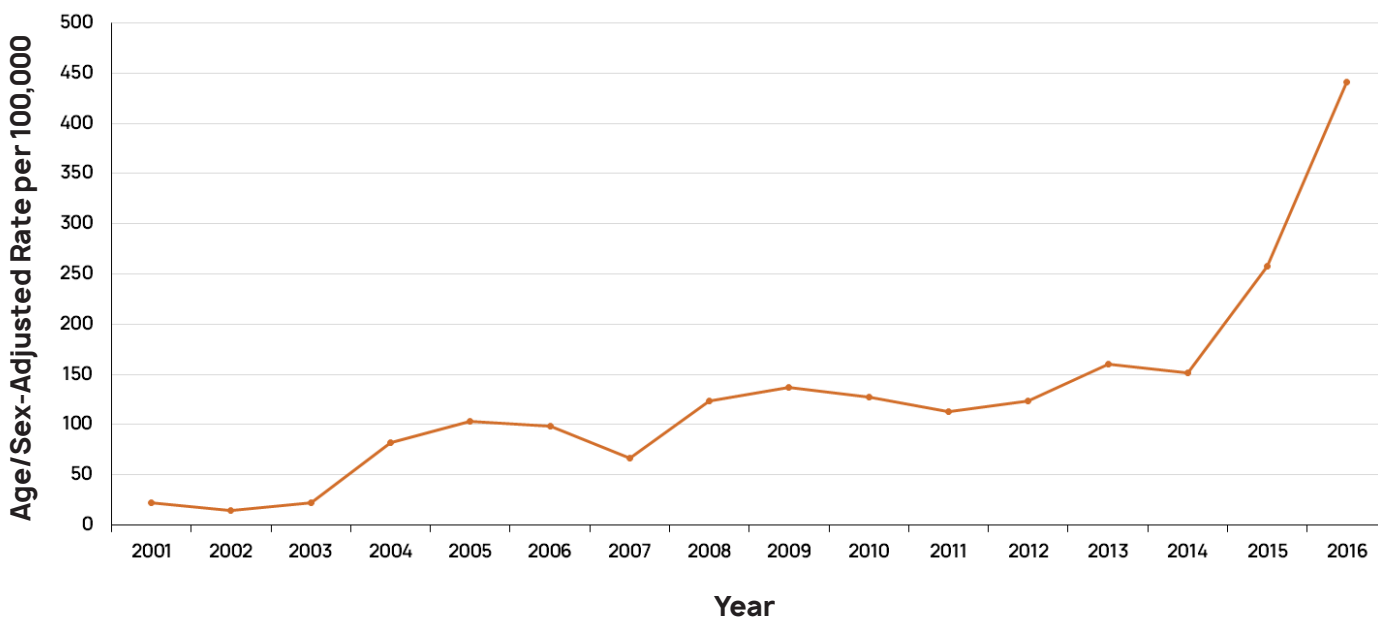
- ▶ **Prevalence and/or Incidence Rate of Opioid Use Disorders (OUD)**
- ▶ **Prevalence and/or Incidence Rate of Opioid Overdoses**
- ▶ **Opioid Data Dashboard on New York State Department of Health (NYSDOH) Website**
- ▶ **Opioid Overdose Mortality Rate**

## Prevalence and/ or Incidence Rate of Opioid Use Disorders

- The county had **598 unique clients admitted to OASAS-certified chemical dependence programs** for any opioid (including heroin) in 2017, according to the New York State Department of Health's County Opioid Quarterly Reports.<sup>a</sup>
- In 2017, **4% of adult residents in St. Lawrence County reported that they or someone in their household had been affected by problem opioid use or addiction**, according to the Jefferson-Lewis-St. Lawrence Community Health Survey of Adult Residents.
- In 2018, 29% of St. Lawrence County adults reported that chronic pain had limited their ability to follow their usual routines within the past year.
- In 2016, St. Lawrence County had **450 hospitalizations with a diagnosis related to opioid use**, amounting to an age- and sex-adjusted rate of 441.6 opioid-related hospitalizations per 100,000 residents, according to SPARCS hospitalization data accessed using the Finger Lakes Health System Agency Application. This was a 73% increase compared to the 2015 rate, which itself was an increase of 75% from 2014.<sup>d</sup>

### Hospitalizations With an Opioid-Related Diagnosis St. Lawrence County, 2001-2016

Source: SPARCS data via Common Ground Application



## Prevalence and/ or Incidence Rate of Opioid Overdoses

- There were **27 emergency department visits for opioid overdoses** in St. Lawrence County in 2017, of which 15 involved opioid pain relievers and 12 involved heroin, according to the New York State Department of Health's County Opioid Quarterly Reports.<sup>a</sup>
- In addition, EMS, law enforcement, and other agencies reported **83 naloxone administrations** in response to overdoses in St. Lawrence County in 2017.

## Opioid Overdose Mortality Rate

- There were **17 drug-induced deaths** in St. Lawrence County in 2017, according to the Centers for Disease Control and Prevention's WONDER Online Database.<sup>b</sup>
- This was the **second highest annual death rate** on record for St. Lawrence, with one fewer death compared to 2016, which had the highest death rate. Both 2016 and 2017 alone had more than twice as many deaths as any year prior to 2007. The death rate increased from less than 5.0 per 100,000 residents in every year prior to 2005 to 15.5 per 100,000 residents in 2017.
- Of these deaths, 9 were determined to have involved opioids, among which 9 involved opioid pain relievers and 0 involved heroin, according to the New York State Department of Health's County Opioid Quarterly Reports.<sup>a</sup>

## Opioid Data Dashboard on New York State Department of Health Website

- In 2016, the St. Lawrence County crude rate for opioid burden (including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths) was found to be 507.1 per 100,000 population. This is a higher rate than both the Tug Hill Seaway region rate of 321.2 per 100,000 population, as well as the NYS excluding NYC rate of 300.3 per 100,000 population.<sup>b,d</sup>

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## Opioid Data Dashboard on New York State Department of Health Website (continued)

- The 2016 crude rate for ED visits (outpatients) and hospital discharges **involving opioid abuse, dependence and unspecified use** was 434.4 per 100,000 population in St. Lawrence County. The regional rate was 251.5 per 100,000 population and the NYS excluding NYC rate was 206.0 per 100,000 population.<sup>d</sup>
- The 2016 age-adjusted rate for all emergency department visits (including outpatients and admitted patients) **involving any opioid overdose** in St. Lawrence County was 63.2 per 100,000 population. Comparative rates are 55.0 per 100,000 population in the Tug Hill Seaway region and, 79.7 per 100,000 population for NYS excluding NYC.<sup>d</sup>
- The 2016 age-adjusted rate for all emergency department visits (including outpatients and admitted patients) **involving heroin overdose** in St. Lawrence County was 31.6 per 100,000 population. Comparative rates are 29.7 per 100,000 population in the Tug Hill Seaway region and, 53.7 per 100,000 population for NYS excluding NYC.<sup>d</sup>
- The 2016 age-adjusted rate for all emergency department visits (including outpatients and admitted patients) **involving opioid overdose excluding heroin** (incl. illicitly produced opioids such as fentanyl) in St. Lawrence County was 31.5 per 100,000 population. Comparative rates are 25.5 per 100,000 population in the Tug Hill Seaway region and, 26.0 per 100,000 population for NYS excluding NYC.<sup>d</sup>
- The 2016 age-adjusted rate for hospital **discharges involving any opioid overdose** in St. Lawrence County was 16.7 per 100,000 population. Comparative rates are 15.0 per 100,000 population in the Tug Hill Seaway region and, 16.6 per 100,000 population for NYS excluding NYC.<sup>d</sup>
- The 2016 crude rate for **newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs** of addiction in St. Lawrence County was 46.6 per 1,000 newborn discharges (any diagnosis). Comparative rates are 22.3 per 1,000 newborn discharges (any diagnosis) in the Tug Hill Seaway region and, 16.0 per 1,000 newborn discharges (any diagnosis) for NYS excluding NYC.<sup>d</sup>

**Table: Drug Deaths in St. Lawrence County by Year**

Year	Deaths	Population	Crude Rate
2007	10	111,586	9.0
2008	Suppressed	111,684	Suppressed
2009	10	112,169	8.9
2010	Suppressed	111,944	Suppressed
2011	Suppressed	111,690	Suppressed
2012	Suppressed	112,232	Suppressed
2013	12	111,963	10.7
2014	13	111,400	11.7
2015	13	111,007	11.7
2016	18	110,038	16.4
2017	17	109,623	15.5

Total: 125 **Note: This total includes suppressed values.**

**Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Jan 7, 2019 11:31:03 AM. **Note:** All rates calculated using a numerator of 20 or less are flagged as unreliable.

<sup>a</sup>The New York State Department of Health states the following regarding their Opioid Quarterly Reports. "Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. These reports do not fully capture the burden of opioid abuse and dependence in New York State. Furthermore, the reports are not considered complete by the NYSDOH and should be used and interpreted with caution, because subsequent reports may contain frequencies for a quarter which differ from the previous report as they reflect additional confirmations and updates."

<sup>b</sup>The following are statements listed as caveats for the CDC WONDER database. As of April 3, 2017, the underlying cause of death has been revised for 125 deaths in 2014. Data are Suppressed when the data meet the criteria for confidentiality constraints. Death rates are flagged as Unreliable when the rate is calculated with a numerator of 20 or less. Note: Rates and population figures for years 2001 - 2009 differ slightly from previously published reports, due to use of the population estimates which were available at the time of release.

<sup>c</sup>Vital Statistics data is limited by the completeness and quality of reporting and coding. Death investigations may take weeks or months to complete and practices regarding reporting may vary or fail to provide complete information. Drug overdose deaths may lack information on the specific drugs involved or may be misclassified due to the nature of the drug.

<sup>d</sup>The recent SPARCS data may be incomplete and should be interpreted with caution. The accuracy of indicators reported by the facilities, is limited by the completeness and quality of reporting and coding by the facilities. The indicators are defined based on the principal diagnosis code or first-listed valid external cause code only. The sensitivity and specificity of these indicators may vary by year, hospital location, and drug type. Changes should be interpreted with caution due to the change in codes used for the definition. The SPARCS data do not include discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties, especially those which border other states.





# Key Informant Interviews

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## Purpose & Methodology:

To learn about the perceptions, opinions, ideas, and beliefs of individuals affected by the opioid crisis, the Fort Drum Regional Health Planning Organization (FDRHPO) completed 12 key informant interviews with a diverse group of stakeholders from St. Lawrence County.

This section of the report presents a summary of findings from these interviews, which took place between March and April 2019. To ensure all answers were based on local experience and knowledge, all informants chosen needed to work or reside in St. Lawrence County.

Interviews were designed to last between 45 minutes and one hour and, for consistency, were conducted with the help of a script and list of questions (see Appendix Item #1).

Key informants included individuals with expertise in or first-hand knowledge of the following: pharmacy, hospital, primary care, community services, probation, prevention, rehabilitation, detoxification, residential services, recovery, peer support, mental health, substance use, and hospice care. Key informants also included persons in recovery and family members of persons in recovery. Informants were made aware that participation was voluntary and that a general summary of responses would be shared with the community. Key informants were identified by the St. Lawrence County Partners 4 Substance Use Prevention in collaboration with FDRHPO.

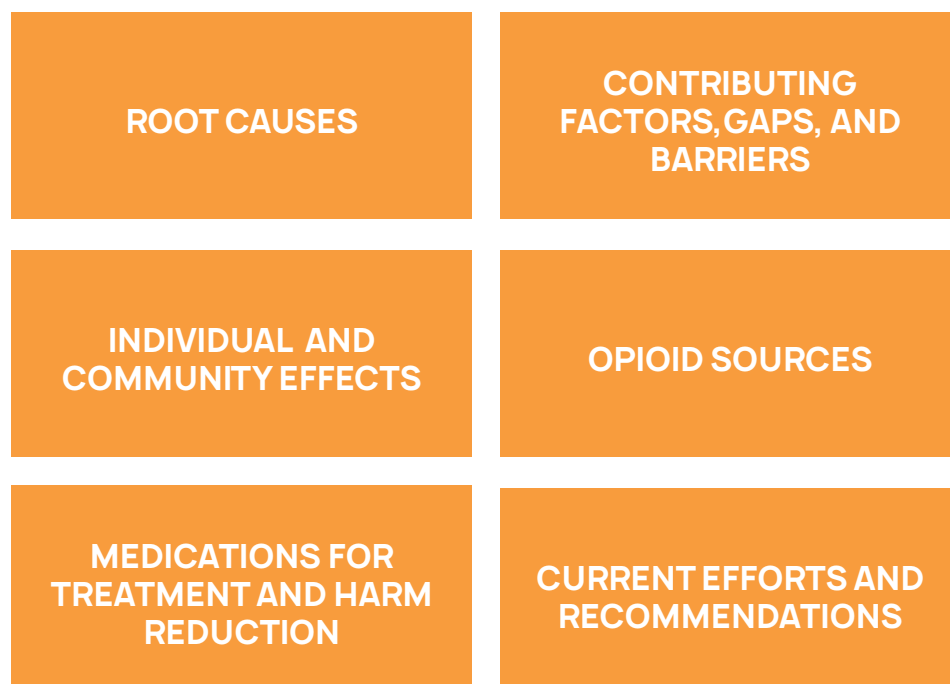
# Emerging Themes

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While several variations were identified, most of the informant responses indicated a general alignment in perception and opinion. Notable key areas of alignment include the following:

1. **Pharmaceutical companies misled the public by aggressively marketing opioids and downplaying the risks of opioid addiction.**
2. **Individuals with an opioid addiction are living in a “vicious cycle of hopelessness.”**
3. **Stigma has a persistent negative impact on the likelihood of recovery. Ending the opioid crisis will require a community-wide solution beginning with efforts to reduce the stigma of addiction and mental health disorders.**
4. **Collaboration of services throughout the entire continuum of care must improve. Services should be made available to patients where they are, and when they need them.**

Key themes were identified and broken down into the following six categories:



## **R**OOT CAUSES

Key informants generally agreed on the root cause of the opioid crisis. In the late 1990s, providers and community members were misled with messages claiming that opioids were effective pain relievers with a low risk of addiction. Most of the blame is directed at pharmaceutical companies, who falsely reassured providers that opioid pain relievers were effective and safe.

**“We were blindsided. Most of us didn’t see this coming.”**

According to informants, this naturally led to an increase of opioid prescriptions and ultimately a rise in the number of addictions. The result was widespread misuse of prescription and nonprescription opioids and increased rates of opioid overdoses and overdose deaths. By the time providers discovered the high risks of using opioids, the crisis was underway.

Informants added that rural areas like St. Lawrence County face additional challenges that increase the likelihood of opioid misuse or prevent recovery for those already addicted.

Social and environmental factors such as poverty, isolation, shortage of jobs, comorbidities, learning disabilities, lack of education, transportation issues, injury rates, chronic pain, and shortages in services, increase the likelihood of opioid misuse and act as barriers to accessing needed services. These factors could potentially contribute to feelings of hopelessness and despair increasing the likelihood of substance use as an escape.

A few informants suggested that our current culture of relativism and instant gratification has created conditions in society that increase the likelihood for addictions to occur.

**“There are more children brought up today with no sense of right and wrong, no basic life skills, and a mentality of entitlement.”**

## C ONTRIBUTING FACTORS, GAPS, AND BARRIERS

*For the purpose of this report, contributing factors are events or circumstances that impede solutions and prolong or exacerbate a problem. They are not necessarily root causes, but gaps, unmet needs, barriers, and challenges that perpetuate a problem generated by root causes.*

### I. Stigma

Of the gaps and barriers discussed, stigma was mentioned in conversation the most. Participant responses indicated a thorough understanding and recognition of consequences that result from the stigma of substance use disorder and mental illness.

**“It’s common for individuals with an opioid use disorder to hide their addiction, opting not to seek treatment for fear of being fired, losing family and friends, or even their freedom.”**

The majority of informants acknowledged that addicted individuals are often accused of causing their own addiction. They are generally perceived as having significant character flaws or a skewed moral compass. They are seen as self-destructive, weak-willed, and ultimately to blame for their illness.

Social isolation, joblessness, and a negative self-image are some of the common consequences of this type of discrimination. As one key informant said, *“It’s common for individuals with an opioid use disorder to hide their addiction opting not to seek treatment for fear of being fired, losing family and friends, or even their freedom.”*

The sources of stigma mentioned by informants were family members, friends, community members, co-workers, providers, and law enforcement. The most pernicious form of stigma, according to a number of informants, is one that is self-imposed. For these reasons, stigma was considered to be a significant barrier to seeking and receiving treatment and support.

A few informants offered a word of caution noting that, by understanding the science of addiction, working to reduce stigma, and addressing the effects of discrimination, one should grow in empathy and awareness, not to justify an individual surrendering to their symptoms or accepting things as they are, but to encourage and embolden an individual to seek help and develop strategies toward healing.

Stigma surrounding mental illness was mentioned as a secondary contributing factor to opioid addiction. Some individuals with mental illness, to avoid discrimination, have chosen to self-medicate attempting to alleviate the symptoms of their mental illness while avoiding potential discrimination.

## II. Lack of Support for Families

Children exposed to an addicted family member experience trauma, which increases the likelihood of addiction. The road to recovery should include support for family members. Informants noted that family support services provide a double benefit to the community by facilitating an individual's road to recovery and preventing family members from developing a future addiction. Informants added that individuals in recovery need a stable home environment to come home to, otherwise reintegration into home-life could be a detriment to recovery.

## III. Harsh and Sudden Reduction of Prescriptions

According to informants, pharmaceutical companies started the crisis. An alarming rise in addictions prompted a response years later by providers. In an effort to fix the problem, providers cut back on prescriptions. Patients who became addicted were no longer able to obtain a prescription from their provider. Many individuals, out of desperation, resorted to the streets to obtain opioids, including heroin.

## IV. Fentanyl

Most informants brought up fentanyl as one of the most dangerous substances on the street today. It has recently become the *"addictive of choice"* among street dealers. Fentanyl-laced cocaine, heroin, and even marijuana are appearing in communities around the county.

## V. Criminalization of Addiction

The criminalization of addiction emerged as an important factor for most informants. Many described individuals with addictions as ill and in need of help, not criminals who should go directly to jail. Most believed the focus should be on treating the illness rather than criminalizing a behavior that is a symptom of the illness. Criminalizing addiction, according to most informants, is ineffective, produces hopelessness and feeds discrimination.

## VI. Treatment Options in Jail

A few informants mentioned the need to increase options for medication assisted treatment (MAT) in jails. They claim that some jails don't offer medications like Suboxone for opioid use disorder. They added that, even though Vivitrol is offered in jail, and is effective in blocking the euphoric effects of opioids, it doesn't suppress cravings like Suboxone. They claim this is the primary reason many inmates hesitate to use Vivitrol.

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**"Addiction is a disease that affects the entire family, so the road to recovery should include support for families."**

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## CONTRIBUTING FACTORS... (CONTINUED)

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Informants who were more favorable to Vivitrol mentioned that jails are often reluctant to include Suboxone as an option for treatment due to its potential for misuse. Even though Suboxone has a lower potential for misuse, a potential still exists. Vivitrol's advantages are that it lasts for weeks, does not have a potential for misuse, and blocks the euphoric effects of opioids. Vivitrol is currently used in the county jail with increased acceptance and success, especially among inmates who opt into using it soon after arrival. A few informants mentioned that plans to add Suboxone are underway.

### VII. Service Gaps

Informants identified a shortage of services and providers as a barrier to prevention, treatment, and recovery. Provider locations are unevenly distributed throughout the state, clustered in larger metropolitan areas leaving gaps throughout the county. The county crisis has exacerbated the shortage problem as the need for treatment has increased.

Informants claim that solving the shortage problem is not as simple as addressing the ratio of providers to patients. Increasing the patient to provider ratio would help, but it won't solve the access problem. St. Lawrence County is the largest rural county in New York State by area with little access to public transportation. Services are spread throughout the county in locations too far to access by foot. This is a problem for individuals and families who don't have access to a vehicle. This leaves a large number of residents without access to the services they need. Transportation issues prevent residents from obtaining necessary medication, receiving support services, and accessing treatment. Public transportation is nearly nonexistent and taxi services are not affordable for many residents. Informants identified insurance companies as part of the problem because insurance doesn't cover transportation in most cases.

Several informants stated that insurance companies also don't cover rehabilitation services for a sufficient number of days. Some insurance companies cover rehabilitation for 28 days, and others even less.

Most informants expressed a need for increased services in Medication Assisted Treatment (MAT) to treat patients with an existing opioid use disorder. Some acknowledged the growing number of local certified MAT providers but suggested that more are needed.

Some noted that existing services are not utilized to their fullest and many residents are either unaware of the services or do not know how to access them. Informants also mentioned a need to improve the coordination of services among providers.

## INDIVIDUAL AND COMMUNITY EFFECTS

### Communitywide Effects

Nearly all informants mentioned increased crime as a result of the rise in opioid addiction. Crimes most frequently mentioned were car theft, and increased neighborhood violence. Several informants feel less safe in their community and in their homes.

**“I don’t feel safe walking to my car after work. I feel like I have to have an escort walk me to my vehicle.”**

A few mentioned that limited job opportunities and a decrease in property values cause residents to feel trapped. Residents with a mortgage struggle to relocate as property values decrease, and property taxes rise. Employers are relocating, leaving residents with little to no options for employment.

The crisis is affecting additional areas of the community as well. School faculty and staff are overburdened as they attempt to address a growing number of students with learning disabilities, mental illness, and unmet basic needs. Law enforcement officials have assumed greater responsibility in crisis intervention, drug prevention, harm reduction, and connections to treatment and support.

### Individual Effects

When asked who has been most affected by the opioid crisis, informants responded alike, claiming children have been hurt the most in number and severity.

A growing number of families in the county live with at least one parent addicted to opioids, which increases the number of children experiencing trauma and its debilitating effects. The result of living with a parent or guardian with a substance use disorder is a greater likelihood of experiencing poverty, neglect, and abuse. The home of a person addicted to opioids is often chaotic and unstable. A few informants described it as *“living in constant survival mode.”* Children are impacted by the actions of their parents and the environment parents create for the family.

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## INDIVIDUAL EFFECTS... (CONTINUED)

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**“This epidemic is ruining families.”**

**“Families are living in constant crisis mode and kids don’t even have basic life skills anymore.”**

**“Even middle-class families have kids in poverty. The money that should be going to basic childrens’ needs goes to drugs.”**

**“So many kids have learning disabilities today.”**

Informants stated that an increased number of children are being taken away from addicted parents to live in foster homes, residential facilities, or with other family members. But, this also creates stress and trauma for children, causing a growing number of them to experience psychological distress, mental disorders, and learning disabilities.

Several informants noted that the likelihood of developing a substance use disorder is greater for those who were exposed to a parent with an addiction at an early age.

Today, a small but growing number of children are skipping gateway drugs like alcohol and marijuana and starting with more dangerous drugs like heroin and other opioids.

Informants mentioned a disproportionate increase in opioid addictions among women. The rate of opioid addictions is currently rising at a faster rate for women than for men. One informant said: *“The age range of women remains fairly consistent, but overall, the number of women is way up.”*

A few indicated that the disproportionate increase for women is a likely contributor to the rise in trauma-affected youth. Women are often the primary caregiver of children. *“If more women are becoming addicted to opioids, then more children will be exposed to an addicted household.”*

Cancer patients and patients receiving end-of-life care are often prescribed opioid medication for long-term pain. Individuals looking to steal opioid medication know this and will often target these patients. One or two of the informants advised patients and their families to be prudent in what information is revealed to the public and posted in social media. Some informants were concerned that the recent crack-down on opioids may have a negative effect on cancer and hospice patients who need the medication and may not be able to obtain it in the future.

## OPIOID SOURCES

A number of informants requested clarification when asked how local residents are obtaining opioids. Responses included:

**“That depends on what you mean by opioids.”**

**“Are you asking about heroin or prescription drugs?”**

**“Are you talking about legal or illegal drugs?”**

**“Well, there are drugs obtained legally, there are illegal drugs, and there are legal drugs obtained illegally.”**

The interviewer clarified the question by defining “obtaining opioids” as the legal or illegal acquisition of any and all drugs classified as opioids: heroin, codeine, methadone, oxycodone, fentanyl, morphine, hydrocodone, buprenorphine, etc. After clarification, most of the informants provided more than one answer. Responses fell into three primary categories: big cities, neighbors/family, and local providers.

**“Dealers from New York City will set up shop here and deal drugs for a period of time. But we’re starting to see home-grown dealers here now too.”**

### I. Big Cities

A plurality of responses, roughly 33%, stated that opioids are brought into the community by dealers from large metropolitan areas like Rochester, Syracuse, and New York City. The type of opioids brought into the county vary, but include heroin, illegal synthetics, and prescription drugs, including buprenorphine. A growing number of drugs are being laced with fentanyl which is extremely potent and dangerous.

### II. Local Dealers

Approximately 20% of the responses indicated that local users are now traveling to metropolitan areas, obtaining opioids, and bringing them back to St. Lawrence County to use and sell. Some

obtain opioids from healthcare providers in big cities, while others obtain them off the streets. Altogether, approximately 53% of the responses indicated that opioids enter the local community from bigger cities either through outside dealers or local users.

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## OPIOID SOURCES (CONTINUED)

### III. Neighbors, Friends, & Family

Twenty-three percent of the responses indicated that opioids are obtained from neighbors, family members, or friends who legally obtain medication from providers for various issues like chronic pain or hospice care. Informants indicated that, while some patients sell or give away their opioid medication, most of the time their medication is stolen. This leaves them without the medication necessary to manage their pain.

An interesting distinction was made by a few informants regarding access to opioids from neighbors, friends and family. Of the informants that mentioned friends and family as a source of opioids, most were referring to situations where an adult obtains opioids from a family member, neighbor, or friend with or without that person's knowledge or consent. However, a few informants made a distinction between this scenario and one where children gain access to opioids through their parents. They referred to this type of acquisition as "generational." It is a subtle but interesting distinction made by 13% of the respondents.

Informants used the term "generational" to describe the cycle-of-use occurring within a household. Children exposed to drugs through addicted parents have easier access to drugs and are more likely to use drugs at an earlier age. There was no indication whether children were taking opioids from their parents without knowledge or parents were supplying children with opioids.

#### Source of Opioids

<b>Opioids Entering from Big Cities</b>	<b>Dealers from big cities entering the county</b>	<b>53%</b>	<b>33%</b>
	<b>Local users now dealing at home</b>		<b>20%</b>
<b>Friends, Family and Neighbors</b>	<b>Residents taking opioids from friends or family</b>	<b>36%</b>	<b>23%</b>
	<b>Children obtaining opioids from parents</b>		<b>13%</b>
<b>Local Providers</b>	<b>Local providers prescribing</b>	<b>10%</b>	<b>7%</b>
	<b>Home health workers stealing</b>		<b>3%</b>

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## IV. Local Providers

Overall, informants agreed that most local providers use caution when prescribing opioids by assessing the benefits and risks, utilizing iSTOP, educating and establishing treatment goals with patients, and following prescription guidelines. However, several informants described instances where over prescribing may be occurring:

- **Some residents continue to obtain opioid prescriptions month after month. Many of them request early fills from the pharmacy and become angry when early fills are refused.**
- **Patients with a known history of opioid addiction have been given opioid prescriptions from the Department of Veterans Affairs (VA).**

Dental surgeons were mentioned in a general sense, although no instances of unnecessary prescribing were mentioned.

Uncertified home health aides were also brought up as a concern. A comment was made that some uncertified home health aides have been known to steal opioids from patients in their home.

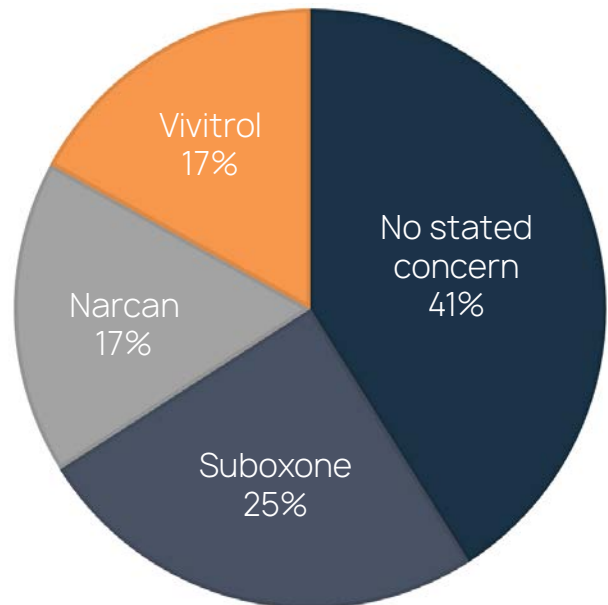


## MEDICATIONS FOR TREATMENT & HARM REDUCTION

Opinions varied on the top three medications mentioned in the interviews: Narcan (naloxone), Suboxone (buprenorphine + naloxone), and Vivitrol (naltrexone).

The variation in opinions occurred primarily between Suboxone and Vivitrol. Several informants expressed concerns about one of the two medications, usually followed with a statement of preference for the other. Most of the informants were favorable toward both medications, and a plurality of informants expressed no serious concerns.

**Medication Concerns**



**“Suboxone treatment has saved many lives. It is the current gold standard in Medication Assisted Treatment.”**

**“Patients go to New York City to get Suboxone and bring it back here to sell.”**

The graph to the right illustrates the percent of informants who noted concerns for one or more of the medications mentioned. Some indicated that Suboxone has a potential for abuse, especially when taken intravenously for non-medical purposes. Others were concerned that Suboxone is becoming “*just another problem drug on the street.*”

A few informants mentioned that some providers, for various reasons, are hesitant to provide medication assisted treatment services in their practices. However, there was a general consensus, even among those with concerns, that Suboxone, when used properly under the care of a provider, and in conjunction with counseling, is effective at curbing the physical cravings associated with addiction. They also agreed that Suboxone has helped many people and it continues to serve a legitimate medical purpose in saving lives. Most indicated a need to increase the number of providers certified to offer services in medication-assisted-treatment (MAT) using Suboxone.

**“Vivitrol does work for taking the ‘high’ away, but not for cravings. We need to be able to reduce cravings too.”**

**“We need more education on Vivitrol. It works. It is becoming more popular, which is good.”**

Some recommended offering the same types of MAT services in local jails in addition to Vivitrol. Vivitrol is currently offered in jail and is effective in blocking the euphoric effects of opioids. Some were concerned, however, that Vivitrol is too expensive and not often covered by insurance.

According to those with a concern about Vivitrol, this potentially creates a serious problem. They mentioned that, while it is effective at blocking the effects of opioids, it does not directly reduce the cravings associated with opioid addiction. Individuals leaving jail receiving a one-month dose of Vivitrol may discover that a subsequent dose of Vivitrol is unobtainable, which leaves them susceptible to using again and possibly overdosing.

Even though they had concerns about the medication, they did agree that Vivitrol was effective and serves a necessary function in the fight to end the opioid crisis.

Most of the informants were favorable towards the availability and use of Narcan and recommended additional Narcan trainings for community members. One notable concern among a few informants was Narcan’s potential to be used as a *“safety net for those looking to get high.”*

The general sentiment among informants was a favorability toward all three medications with an

acknowledgement of their pros and cons. Most agreed that none of them are a *“miracle cure”* for harm-reduction or treatment for addiction, nor should they be promoted as such.

Overall, the medications discussed were described as effective for their intended purposes and should be made available to individuals under the right circumstances and conditions.

**The table on the following page lists pros and cons of each medication as stated by key informants.**

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**“We need more Narcan training here in the community. Everyone should be trained on Narcan.”**

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## PROS & CONS: MEDICATION ASSISTED TREATMENT

The following table lists pros and cons of the top three forms of Medication Assisted Treatment (MAT) for opioids, as mentioned in the key informant interviews.

	<b>naloxone (Narcan)</b>	<b>buprenorphine + naloxone (Suboxone)</b>	<b>naltrexone (Vivitrol)</b>
<b>Pros</b>	<ul style="list-style-type: none"> <li>• Effective for harm-reduction and reversing an overdose</li> <li>• Safe and non-addictive</li> <li>• Relatively easy to obtain</li> <li>• Narcan training is periodically available to the public</li> </ul>	<ul style="list-style-type: none"> <li>• Safe and effective when taken as prescribed</li> <li>• It suppresses opioid cravings</li> <li>• It has helped many individuals restart their lives</li> <li>• Can be prescribed in certain primary care offices</li> <li>• Lower risk of misuse and diversion ("Ceiling Effect")</li> <li>• Usually accompanied with counseling/therapy (as is the case in St. Lawrence County)</li> <li>• It is currently the "gold standard" in treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Effective in blocking euphoric effects of opioids</li> <li>• Can be prescribed by primary care office</li> <li>• Doesn't need to be taken daily (once per month)</li> <li>• Usually accompanied by counseling/therapy</li> </ul>
<b>Cons</b>	<ul style="list-style-type: none"> <li>• Some justify continual use of opioids with the thought that Narcan will save them if they overdose</li> <li>• Some may refuse treatment knowing that Narcan is readily available</li> <li>• There is a stigma associated with Narcan</li> </ul>	<ul style="list-style-type: none"> <li>• Suboxone is prescribed in abundance in bigger cities, brought to rural areas (like St. Lawrence County) and sold on the streets</li> <li>• Suboxone on the streets could potentially be laced with fentanyl</li> <li>• Some claim that stopping Suboxone is just as difficult as other opioids</li> <li>• Prescription pain killers are not as effective when using Suboxone</li> </ul>	<ul style="list-style-type: none"> <li>• Requires extensive detox period of one week or more</li> <li>• More difficult for patients to start, compared to buprenorphine</li> <li>• Many patients don't like it</li> <li>• For some, it wears off before the month is over</li> <li>• May not be available after leaving jail, increasing the potential of relapse or overdose</li> </ul>

## CURRENT EFFORTS AND RECOMMENDATIONS

Informants described available services, resources, and efforts. They also provided suggestions, and recommendations to help the community address unmet needs and barriers to treatment and recovery. The following includes some of their responses:

**“We have to help people in jail by encouraging them to seriously seek help. They need step-down services. They also need to be held accountable along the way. We can’t arrest our way out of this problem, but clients still need to be held accountable.”**

### Current Efforts That Work

*“In St. Lawrence County, clients in drug court on probation have to sign a contract that states they have to acquire Suboxone from a St. Lawrence County provider. This is to ensure prescription medications are obtained locally, not from big cities where there is a greater likelihood of abuse and diversion.”*

*“In the county, buprenorphine is used with therapy and accountability measures. This method works and is helping many people. But, there are places in bigger cities that provide drugs without therapy, counseling and accountability measures.”*

*“Some organizations are collaborating with clients through a mobile app designed to keep them in contact with support staff. It has promising potential but it’s only as good as the person who uses it.”*

### Efforts That Need Improvement

*“Step down services should be consistent from one service to another. We are getting better at this. This is partially occurring but needs to improve. We often don’t have enough time and resources. Plus, there are a lot of regulation & policy barriers in our way.”*

*“We should notify people better about the services available. We are much better than we were years ago, but integration and collaboration has a long way to go. Integrating with St. Joe’s was a great move and a good start.”*

*“People need to know what support services are available and how to access them. Put notifications all over the place.”*

Continued on page 28



## CURRENT EFFORTS... (CONTINUED)

*"People need access to long term support, and decent job opportunities upon release from jail. They need healthy home environments that are supportive and more places for camaraderie like the Serenity House. They need to be given hope."*

*"We have to help the people in jail by encouraging them to seriously seek help. They need step-down services. They also need to be held accountable along the way. We can't arrest our way out of this problem, but clients still need to be accountable."*

*"Get Medicaid to help with transportation a little better than they do."*

*"Patients with addictions seeking help have too many requirements that they have to fulfill, and they become overwhelmed. They need understanding and support during this tough time."*

### New Ideas and Suggestions

*"Would it be possible to implement a program that offers foster care for people in recovery?"*

*"It would be beneficial if MAT providers were able to join a network of peers. They could share ideas and talk about problems and support one another. OASAS used to have a similar program in Saranac Lake through St. Joe's. We need more of those programs. A regular network partnership to discuss with doctors."*

*"Malone has a crisis center that St. Lawrence County should look at."*

### Treatment and Recovery Gap Recommendations

*"Increase telemedicine services in remote areas to get people help quicker."*

**"Patients with addictions seeking help have too many requirements that they have to fulfill, and they become overwhelmed. They need our understanding and support during this time."**

**"It would be beneficial if MAT providers were able to join a network of peers. They could share ideas and talk about problems and support one another."**

*"Intensive outpatient treatment is needed but it's probably too expensive. A partial inpatient facility might be possible. It would need to have intensive treatment and therapy for 6-8 hours per day. This only works well when the home environment is supportive."*

*"Weeks between services is dangerous. We need to find a way to utilize case managers more often and more consistently. Recovery coaches are available and should be leveraged whenever possible. They will help get patients to keep going to the next level of support."*

*"Outpatient primary care should be integrated into mental health and addiction services. Integration is key to addressing co-morbidities that are in abundance in this county. Supportive case management and family support should be part of this."*

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**"Families are in constant survival mode. Kids' needs are not being met. Schools are now having to take over as parents."**

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## Education and Prevention

*"Education needs to be consistent, ongoing, and comprehensive. Prevention education for the youth is necessary. OASAS needs to increase funding for prevention in schools."*

*"Start educating children on basic life skills in schools, like mindfulness, showing compassion, how to handle problems, how to advocate for yourself."*

*"Get to kids early: in the community, in schools, and at the doctors. too. And, stop the trauma from abuse, neglect, bullying and bad influence."*

**"They change their minds quickly. When they finally ask for help we need to get them to treatment as soon as possible. Treatment needs to be close to the people and immediately available."**

# Conclusion

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The key informant interviews provided unique insight into the current landscape and root causes of the opioid problem.

Additionally, they helped identify barriers to prevention, treatment, and support, as well as gaps in services and resources. Findings indicated a clear root cause and a series of contributing factors that continue to exacerbate the crisis. Findings also showed general consistency in the identification of gaps in resources and recommendations for improvement.

As with all interviews, findings were limited to the perspectives and opinions provided. It is likely that all community perspectives were not identified in this report. Some questions were designed to elicit personal experiences while others were tailored to professional perspectives.

Despite limitations inherent in all key informant interviews, this analysis provides an in-depth insight into the perspectives and experiences of those affected by the opioid crisis in St. Lawrence County, NY.

It should serve to inform future improvement efforts across the county, including those in hospitals, clinics, treatment centers, community-based organizations, peer support, law enforcement, public health, community services, schools, and the community at large.





# Community Opioid Forums

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## Purpose & Methodology:

To learn about the perceptions, opinions, ideas, and beliefs of individuals affected by the opioid crisis, the Fort Drum Regional Health Planning Organization (FDRHPO) conducted three community forums in St. Lawrence County in May 2019.

To account for the large geographic size of the county, events were held at the following locations:

- ▶ **Massena Community Center in Massena, NY from 3:30 to 5:30 p.m. on May 7**
- ▶ **St. Lawrence-Lewis BOCES in Canton, NY from 3:30 to 5:30 p.m. on May 16**
- ▶ **United Helpers Care Mosaic Complex in Ogdensburg, NY from 6:00 to 8:00 p.m. on May 30**

Each forum consisted of a brief, interactive “Data Walk” to gauge participants’ initial perceptions of the local opioid crisis and to get the group thinking about the topic at hand. This exercise was followed by focus group discussions among randomized subsets of attendees, which was the primary activity of each forum. Afterwards, the forums were concluded with a brief discussion among the entire recongregated group.

## PURPOSE & METHODOLOGY (CONTINUED)

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A total of 57 participants attended the three community forums – 22 in Massena, 20 in Canton, and 15 in Ogdensburg. To keep focus groups at optimal size, two were held in both Massena and Ogdensburg, and three took place in Canton, for a total of seven focus groups.

Participants were required to be at least 18 years old and live and/or work in St. Lawrence County. Apart from these requirements, participants represented a variety of stakeholder types. The most common backgrounds for participants were community-based and community member, followed by medical, affected family member, and recovery community. A chart on the following page identifies all background types represented.

Focus group discussions, led by trained moderators, followed a moderator's guide (see Appendix Item #9) consisting of 23 questions. These questions focused on participants' views on defining opioid use and misuse, causes of opioid use and misuse, the impact of opioid use and misuse, and addressing opioid use in the community. FDRHPO designed the moderator's guide with input from the Partners 4 Substance Use Prevention. The guide was revised after the first forum, held in Massena. No questions were added or removed, but were slightly rearranged to improve conversation flow.

Participants were directed to share their responses in a free-flowing, open discussion format. In addition to the moderator, a notetaker was present for each session and discussion was digitally recorded for the purpose of report writing. What was said, not who said it, was documented to preserve anonymity for participants. Each discussion was designed to be conducted with between five and 12 participants and to last approximately one hour and 15 minutes.

Focus groups were held in community buildings for broad accessibility, as well as being neutral locations for convening. Prior to the event, participants were encouraged to register using an online link (see Appendix Item #5); however, registration was not required to attend. Registrants were asked to attend only one of the three forums, though there was one participant who attended both the Massena and Ogdensburg events. To minimize scheduling conflicts for those interested, events were scheduled on weekday evenings. Food and refreshments were provided to participants. At the conclusion of the forums, all participants received drug disposal kits and lock boxes, an opioid fact sheet (see Appendix #12) for educational purposes, and a flyer with more information about the Partners 4 Substance Use Prevention (see Appendix #11).

## PURPOSE AND METHODOLOGY (CONTINUED)

FDRHPO promoted these events through various outreach efforts. An event invitation (see Appendix Item #6) was sent out via email to a group of stakeholders, and a flyer (see Appendix Item #2) was shared with this same group to be posted throughout the county. FDRHPO issued a press release (see Appendix Item #3), which was picked up by several local media sources (see Appendix Item #4). The events were also promoted on the FDRHPO website, social media, etc. Flyers were also distributed by task force members at their workplaces and throughout the community.

### Focus Group Participant Backgrounds

Stakeholder Type	Count	Percentage
Community-based	24	51%
Community member	17	36%
Medical	10	21%
Affected family member	9	19%
Recovery community	9	19%
Educators/academia	8	17%
Governmental	7	15%
Area Industry/Business	3	6%
Law enforcement	2	4%
Faith-based	1	2%
Pharmacies	0	0%
Other	7	15%

Note: percentages are out of the 47 who answered this question. Counts and percentages in this section exceed the total number of participants because some participants indicated that they belonged to more than one stakeholder type.

Work/Reside in County	Count	Percentage
Reside only	3	7%
Work only	5	12%
Both reside and work	32	74%
Neither	3	7%

Note: percentages are out of the 43 who answered this question.

On Task Force?	Count	Percentage
Yes	17	49%
No	18	51%

Note: percentages are out of the 35 who answered this question.

# Part I: “Data Walk” Aggregation & Analysis

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At each of the three forums, participants were encouraged to begin the event by participating in a “Data Walk” activity.

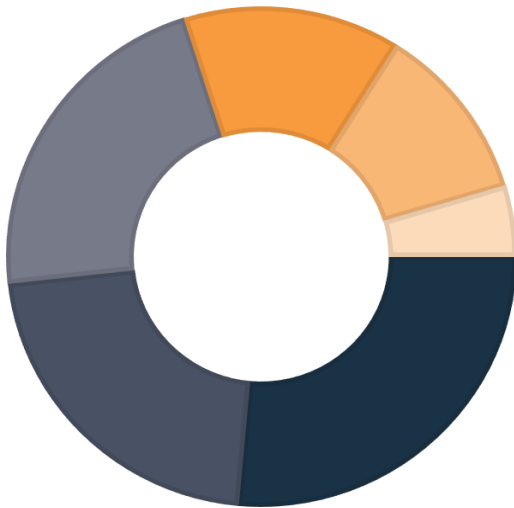
Six questions related to opioid use and misuse were posted around the room. Each participant was given a pen and six notecards, then asked to walk around the room and answer the questions in no particular order. Each question was designed to be answered briefly, using as few as one or two words, resulting in the activity lasting no longer than 15 minutes.

The anonymous nature of this activity helped to ensure honest responses as well as provide an opportunity for those who may not feel comfortable talking among the group to share their views. In addition to this, the Data Walk afforded the ability to gauge the initial perceptions of the participants regarding the topic at hand while stimulating thought in preparation for the group discussion that would occur later in the event.

The responses were accumulated into one file and organized based on forum location (see Appendix Item #8). Answers speaking to similar ideas were aggregated to better quantify the perceptions and attitudes most common among the groups. The following summaries provide insight on commonalities within all three forums and across the entire compilation of responses.

## Q1: What do you believe is your primary role in addressing opioid use in your community?

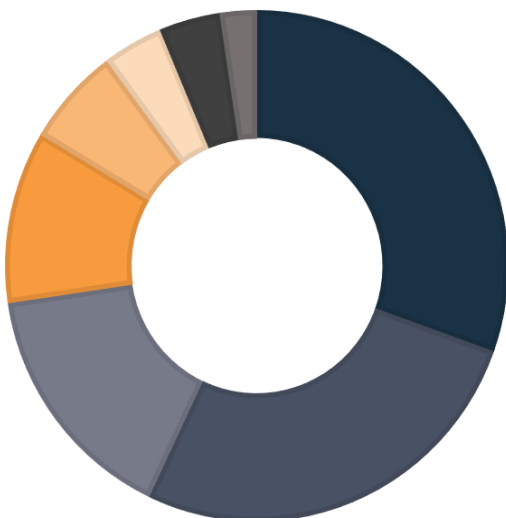
Across the three forums, participants reported their primary roles in addressing opioid use as being educators, advocates, and resource coordinators and/or service providers. These roles include keeping informed, spreading awareness, bringing people together, and fighting stigma. These were the top three roles at both the Massena and Canton forums. For the Ogdensburg forum, the top three were educators, advocates, and supporters.



- Educator/education – 26%
- Advocacy and awareness – 22%
- Research coordinator and/or service provider – 22%
- Community support – 14%
- Prevention, treatment, recovery – 11%
- Other – 5%

## Q2: How are people in your community obtaining opioids?

The highest reported source for obtaining opioids was prescriptions from healthcare providers including doctors, first responders, emergency room staff, dentists, and pharmacies. Not only was this the overall most common response when combining the answers of all three forums, but also the highest response within each forum. Obtaining opioids from drug dealers or buying on the street was the second most commonly reported source, and family and friends was third. This was again, both overall and at each forum individually.



- Prescriptions, doctors, medical staff – 30%
- Dealing/buying on street – 27%
- Family and friends – 16%
- Stealing, trading, sharing – 11%
- Source within community – 6%
- Medicine cabinets – 4%
- Source outside community – 4%
- Other – 2%

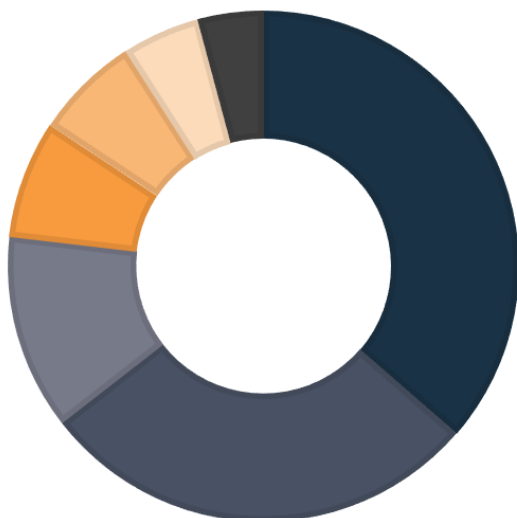
### Q3: What are some of the root causes of opioid misuse?



- Prescriptions/over-prescribing – 20%
- Mental health factors – 16%
- Pain and trauma – 16%
- Psychological factors/predisposed – 15%
- Drug abuse/addiction – 9%
- Economy/poverty – 9%
- Lack of education – 7%
- Other – 7%

There was a multitude of categories represented by the responses to this question. The most common answer for all three forums, both overall and individually, was prescriptions/overprescribing by doctors. The next most common causes were mental health factors and pain/trauma. Mental health factors included topics such as depression, anxiety, and addictive personalities. These categories were generally the top responses at each of the three forums as well.

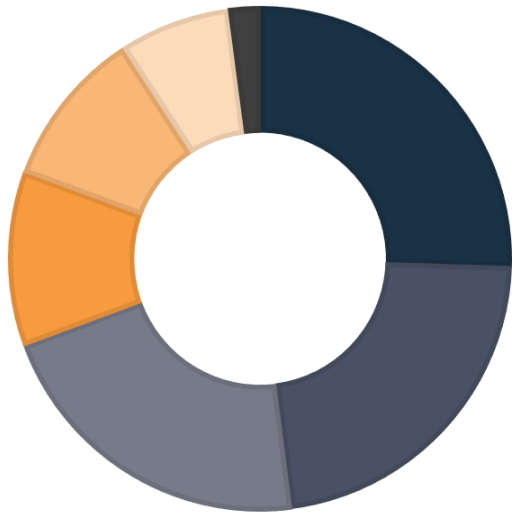
### Q4: When you hear “opioid” what comes to mind?



- Legal substances/prescriptions – 36%
- Illegal substances – 28%
- Addiction/drug use – 12%
- Sadness/suffering/pain – 7%
- Other – 7%
- Health – 5%
- Economy/poverty – 4%

For all three forums, the physical substances or drug types were what was associated with the word “opioid.” As a whole, the legal pain medications prescribed by doctors including oxycodone, morphine, and Vicodin were most commonly the first to come to mind. This was followed closely by the illicit substances including heroin, narcotics, and other street drugs. These were the two categories with the highest response rates within each forum. The only difference being that in the results for the Massena forum, more people responded with illicit substances than legal ones.

## Q5: Who has been most affected by opioid use in your community?

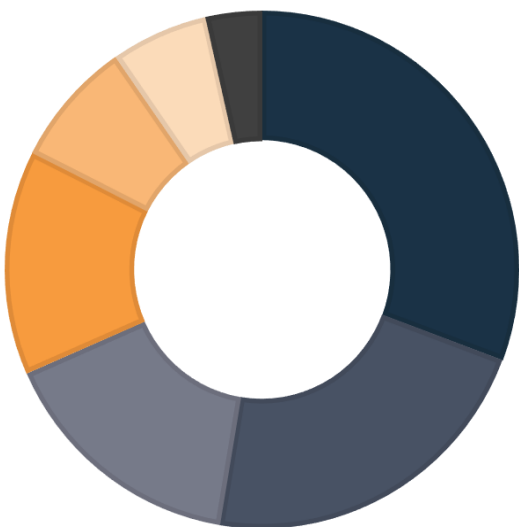


- Children/youth – 26%
- Families – 22%
- Community/everyone – 21%
- Those with an addiction – 11%
- Institutions/systems – 10%
- Young adults – 7%
- Other – 2%

There was more variation in responses when it came to who has been most affected by opioid use.

The overall top three categories for the compiled responses were children/youth, families, and everyone/entire communities. These were the top three groups within each forum, but the order of response rate varied.

## Q6: What impact has opioid use had on your neighborhood?



- Increased crime/decreased safety – 31%
- Negative impact on economy/housing/poverty – 22%
- Other – 16%
- Broken families/negative impact on children – 14%
- Negative impact on mental health/stigma/perceptions – 8%
- Negative health outcomes – 6%
- Increased addiction – 4%

This question elicited the broadest variation in responses. The majority revolved around the theme of crime and safety both within each forum and across all three as a whole. There is a perception that there is increased crime and decreased safety within neighborhoods. This ranges from installing additional security measures at home and needing to lock doors and cars, to increased crime, violence, and substance use busts. The second highest reported impact was the negative effect opioid use and misuse has had on the economy including housing and poverty. This was consistent across all three forums.

# Part II: Focus Group Analysis

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At each of the three forum locations, Data Walk activities were followed by focus group sessions. Participants were split into smaller groups at random to foster in-depth discussion. Three focus groups took place in Canton, and two were held in both Massena and Ogdensburg, for a total of seven focus groups.

Focus groups were led by trained moderators from FDRHPO and were structured around a moderator's guide consisting of 23 questions. Discussions lasted roughly one hour and 15 minutes, and participants were directed to share their responses in a free-flowing, open discussion format.

The following pages in this section outline in detail the insights gleaned from these seven focus groups. Where possible, verbatim responses have been included to provide evidence for the perceptions, opinions, beliefs, and attitudes of respondents regarding these four areas:

- 1. Defining opioids, use, and misuse**
- 2. Causes of opioid use and misuse**
- 3. Impacts of opioid use and misuse**
- 4. Addressing opioid use in the community**

# Emerging Themes

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While the seven focus group discussions covered numerous topics, some common themes did emerge. Notable key areas of alignment include the following:

- **Education:** Respondents felt that there was a general lack of education and awareness about the consequences of opioid misuse, irresponsible prescribing practices, the biology of addiction, and mental health illnesses.
- **Stigma:** Many participants expressed that labeling, judgement, and feelings of shame are major deterrents to seeking help, reintegrating to community life, and recovering successfully. Negative stigma is also associated with Medication Assisted Treatment (MAT) and mental illness.
- **Pain:** It was common for respondents to mention different kinds of pain, including physical, mental and emotional pain, as the root causes of opioid misuse.
- **Children:** Respondents felt that children are the most affected by neglect, trauma, and early predisposition to substance use disorder as a result of opioid misuse at home or in the community.
- **Treatment Access and Continuity of Care:** Participants frequently mentioned that strict regulatory criteria for access to treatment is a barrier and individualized treatment is necessary to meet people where they are. Continuity and full spectrum of care is a necessity throughout the treatment and recovery process to provide support every step of the way.

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## DEFINING OPIOIDS, USE, AND MISUSE

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When asked about what comes to mind when hearing “*opioids*,” most participants said “*pills*” or “*pain killers*,” and many perceptions included “*big pharma*,” “*prescriptions*” and “*addiction*.” Interestingly, participants in both the Massena and Ogdensburg groups also used words such as “*deadly*,” “*devastating*” and “*destruction*” when describing opioids. This could signify that these two locations have seen a greater effect of the opioid crisis.

**“I think it is through prescription but then sharing, selling, buying.”**  
(Ogdensburg)

Participants noted that substances being obtained in their communities include heroin, oxycodone, hydrocodone, fentanyl and Percocet – several respondents also grouped methamphetamine into this category.

Many participants believed that opioids in St. Lawrence County are first obtained by prescription, then shared among friends and family or sold and bought “*on the street*” – usually in cheaper forms, like heroin. Stealing was mentioned as a common way to obtain opioids as well. Most commonly, family and older adults were brought up as the likely source of stolen prescriptions, because they may have easy to access medicine cabinets. There were also several expressed beliefs

that older adults are unaware of this problem, although a few others commented that “*many elders are as addicted*.”

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**“Kids steal from grandparents.”** (Massena)

**“Grandparents don’t throw anything away.”**

(Ogdensburg)

**“[Obtain opioids through] prescriptions from physicians and from family stealing.”** (Canton)

## 2

## CAUSES OF OPIOID USE AND MISUSE

### Root Causes

When asked about the root causes of opioid misuse in St. Lawrence County, a key theme that emerged was "pain." This included not only physical pain (which may be the main source of opioid prescriptions) but also mental, social, emotional and economic pain in the community.

**"[It] works to alleviate emotional pain and builds from there." (Canton)**

**"Because of depression...they are self-medicating themselves so they are not feeling anything." (Canton)**

**"Social, emotional, physical, economic needs are not being met, and it is causing us pain..." (Canton)**

**"Mental health and addiction go hand in hand...can't treat one without treating the other...there is a lack of mental health services in the area." (Ogdensburg)**

The "lack of opportunities" in the community was mentioned in several groups as a reason that people turn to opioids for relief. In addition, other root causes commonly noted were the lack of education and awareness about consequences of misuse, irresponsible prescribing practices, and lack of understanding about the biology of addiction, and mental health.

**"Everybody wants instant relief...doctors aren't weaning [patients] off of opioids properly" (Massena)**

**"Lack of education, a lot of people just aren't aware." (Massena)**

**"It is a combination of biological, psychological, environmental factors – can't predict who may or may not become addicted." (Massena)**

**"My family didn't understand addiction; my community didn't understand addiction." (Ogdensburg)**

**"Addiction doesn't discriminate." (Ogdensburg)**

**"There is no face to addiction" (Massena)**

## Warning Signs of Misuse

Perceptions of the warning signs of people who are misusing opioids included change in behavior, social withdrawal/isolation including *"mood swings,"* *"personality changes,"* feeling *"lost and not involved,"* and taking medication to *"feel normal."*

Other perceptions of warning signs for a developing opioid use disorder included having parents or family with mental health and/or substance use disorders, and observing certain behaviors in children such as stealing — *"if they have money that can't be explained"* — or sudden change in social status (such as sudden popularity among peers).

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**"Whenever there's an individual change, we should be paying attention to that."**

**(Ogdensburg)**

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## Barriers to Seeking Help

When asked what may prevent someone with an opioid use disorder from seeking help, participants unanimously agreed that there is either a lack of treatment options, or lack of access to treatment (long wait times that can last up to a couple of months). In addition, many expressed opinions that the options available are not effective (treatment time is too short) and there is a general lack of information in the community about resources that are available.

**"Needed to be 48 hours sober before getting a bed...trying to withdraw on their own without a guaranteed bed...how do you know there will be help?" (Massena)**

**"No access to treatment...have to wait 6-8 weeks" (Massena)**

**"There are so many acronyms and programs, I didn't know which programs did what" (Massena)**

**"People lose faith...recovery didn't work once, or the hospital said the addiction wasn't bad enough" (Massena)**

**"Not enough treatment and effective treatment" (Canton)**

**"Treatment is not long enough" (Canton)**

**"People are getting sent out the door and still in withdrawal" (Canton)**

Continued on page 44



## CAUSES OF OPIOID... (CONTINUED)

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Most participants, including those that were in recovery themselves, expressed that support is needed immediately upon request for help and throughout the entire treatment and recovery process.

**“There is lack of access to care when somebody is ready to go into recovery and can’t get in, and gives up.” (Ogdensburg)**

**“Those who want recovery call a detox and wait three weeks...they can be dead in three weeks...it’s a harsh reality but we’ve lost a lot of people” (Ogdensburg)**

In addition, stigma (such as labeling, judgement, feelings of shame) was brought up as a major deterrent from seeking help. Therefore, it was suggested that education about stigma is needed to raise awareness of the impact it can have on individuals seeking help. Furthermore, denial of addiction and fear of getting in trouble with the law, or fear of failure, were two other barriers to seeking treatment that were noted by participants.

When asked about where to refer someone to seek help and what information or resources are needed, there seemed to be knowledge of existing resources, but many participants had suggestions that resources, and community knowledge of resources, need to be expanded. A common theme was ensuring that there are opportunities in the community for those reintegrating after recovery, and the importance of continued support throughout the recovery process.

**“A lot of times it’s a learning process, where you have to reach your bottom and try again and again and get support.” (Ogdensburg)**

An interesting example of support for those in recovery was comparing this to regular appointments with a chiropractor for adjustments.

**“Look at addiction and care like a chiropractor...somebody with a bad back needs adjustments regularly and will hurt [their] back again; they’re trying and we need to give them support.” (Ogdensburg)**

## Outreach

To outreach and connect with opioid users and their families, participants again brought up that it was important to provide early and consistent education about addiction and stigma (including continuing to address mental health stigma).

In addition, suggestions also included teaching life skills to youth and to those in recovery who may be reintegrating, as well as providing education about opioid misuse to a multitude of audiences (including families, children, and prescribers).

Resources for immediate treatment for opioid use disorders and mental health resources are considered strongly needed in St. Lawrence County.

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**“Help people  
learn life skills  
and get jobs.”**

**(Massena)**

**“In mental  
health, every  
agency is a six-  
month wait.”**

**(Ogdensburg)**

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# 3

## IMPACT OF OPIOID USE AND MISUSE

When asked what impact opioids have on neighborhoods in St. Lawrence County, many attitudes included a theme of divisiveness — there are “good” and “bad” parts of their neighborhoods, with “bad” parts being areas where there is drug use. Safety in neighborhoods is also threatened by crime related to opioid misuse, such as robbery and breaking into cars. Furthermore, participants expressed perceptions that drug use has become the norm; needles are visible around neighborhoods and people use in the open. As a result, participants felt that everyone in their community is impacted.

**“Almost everyone knows somebody [affected].” (Canton)**

**“Safety is an issue now... constantly calling police about sharps in the parking lot. Last week two people were parked and somebody was in their car shooting up right outside the door.” (Ogdensburg)**

**“Kids see these people using or talking about drugs and it’s easier for them to think it’s okay to use as well.” (Massena)**

Among all groups, children were thought to be one of the most affected populations due to neglect, abuse, and trauma that they face as a result of opioid misuse in their environment. In turn, families are also affected because they often take the responsibility of caring for these children (grandparents were a common example). Family and friends of those affected also struggle to cope. Foster care (among other services such as law enforcement and healthcare) is believed to be overly burdened with these cases. A unique perspective also included the impact opioid misuse has had on the policies, procedures and protocols of the real estate business.

**“See a lot of teens and high school students who have parents who use and don’t want to live around it, so they are homeless or live with grandparents.” (Massena)**

**“They grow up with some form of mental illness due to the effect of what happened in their childhood.” (Canton)**

**“My brother’s addiction affected me...how do I help him? There was no one for me to talk to. What do you do?” (Canton)**

**“[Children] are neglected and abused...living with addiction and it’s what they’re learning.” (Ogdensburg)**

# 4

## ADDRESSING OPIOID USE IN THE COMMUNITY

When asked what the community can do better to prevent, treat, and help those in recovery, these were the common responses:

### I. Prevention

- Community opportunities needed for jobs, recreation, entertainment, connectivity, etc.
- Economic stimulus
- Consistent, ongoing and comprehensive education about:
  - Responsible prescribing practices for providers and other prescribers (including dentists)
  - What addiction is and the stigma associated with it
  - Mental health and trauma, social and emotional health resources in schools
- Parents need to watch for warning signs in youth
- Everyone needs to talk about it, share stories, support/ create sense of belonging (reduce stigma)

### II. Treatment

- Harm reduction
- Individualized treatment plans needed (current treatment criteria and regulations aren't working)
- All services under one roof
- Support groups and safe housing
- Peer-based services
- Community outreach for referrals and education about other resources available

### III. Recovery

- Housing
- Employment
- Outreach about other supportive services during recovery
- Understanding and empathy
- Support for reintegration to community life

## ADDRESSING OPIOID USE... (CONTINUED)

### I. Prevention

Key themes for prevention include the need for overall community improvement and an increase in the opportunities that are available to community members to avoid a sense of hopelessness, which may either lead to opioid misuse or limit those who are in recovery from finding opportunities to reintegrate back into community life. Examples of this include a need for job opportunities (for all community members and for those who may have a criminal record due to opioid misuse), recreation, entertainment, and a sense of connectivity to persuade people to want to stay. Ultimately, it seems the hope is that as a result, this will contribute to the economic stimulus of the community.

**“There’s nothing for them to do here.” (Ogdensburg)**

**“This is a vulnerable population...this area is like Detroit...all industries left and the population is hurting emotionally.” (Canton)**

**“They need to be able to see that, ‘if I put work into this, I will have an opportunity ahead of me to grab hold of’.” (Canton)**

**“The key piece is support.” (Ogdensburg)**

**“This region is a discouraging place.” (Canton)**

Another key theme for prevention was to *“talk about it”* in order to find solutions and reduce the stigma and shame associated with the topic. Similarly, respondents noted that the different stigmas associated with substance use disorders need to be widely addressed and challenged. Linked to this is a need for education about what addiction is, and also challenging stigmas associated with mental health. In addition, parents were thought to play a big role in watching for warning signs in youth to increase preventive measures in this population.

**“Educate families and the community that addiction is a disease, no shame to it.” (Massena)**

**“Be a parent...hold them accountable...question them.” (Ogdensburg)**

**“People don’t understand addiction.” (Massena)**

**“How do we destigmatize substance use disorder when we still stigmatize mental health?” (Ogdensburg)**

**“Stigma is everywhere and within us...relapsing due to stigma because (those with a substance use disorder) believe that they should feel shame.” (Massena)**

**“Nobody wants to admit that somebody in their family has a problem.” (Massena)**

Lastly, and one of the most prominent themes for prevention, was education and awareness for a variety of audiences, including prescribers, the community at large, and youth. It was expressed that there is still a need for education about responsible prescribing practices among primary care providers and dentists. In addition, children in school (across all ages) need support and education around trauma, mental health, and skills for social and emotional well-being. Some participants also referred to this as “*self love*.”

**“Trauma is what is changing these kids.” (Canton)**

**“Address mental health issues better than we have been, deal with effects of trauma on this generation.” (Canton)**

**“Students cannot emotionally cope...turn to drugs [to] help them escape from their family situation.” (Massena)**

## II. Treatment

Key themes for what the community can do better to treat opioid use include a need for harm reduction services and individualized treatment plans. A few respondents expressed attitudes that harm reduction services let people know that “we value their life even though they do use.” Several participants believe that lives can be saved through harm reduction measures such as safe injection sites and needle exchange.

Continued on page 50 

## ADDRESSING OPIOID USE... (CONTINUED)

**“Criteria should be that, if they ask for help, they need it right then and there.”**

(Massena)

**“Meet them where they are.”**

(Ogdensburg)

**“It’s a crucial point when that’s the only time they ask for help, and you don’t give them the help they are asking for... they overdose and become a statistic.”**

(Ogdensburg)

Most respondents shared that current treatment practices are not working, and that state criteria and regulations are barriers to treatment.

Treatment needs to be individualized, and received immediately when asked for since it takes a lot of courage to seek treatment and, if denied, that individual will likely not return. Other things that the community could do better to treat opioid use included offering more support groups, safe housing, and peer-based services as these were seen as very effective.

In addition, respondents shared an expressed need for more community outreach to receive referrals to some of these services (i.e. peer based services) and educate about the resources that are available, since there seems to be a gap in knowledge about these in the community.

One respondent from Ogdensburg said: *“I go into the community and tell community agencies I have peer support...there’s still a gap.”* Another, in Canton, expressed that *“there are more services than people are aware of.”*

### III. Recovery

Many themes for recovery were similar or connected to what was expressed as a need for treatment. For example, having secure housing and employment opportunities were seen as critical to both treatment and recovery.

A key term also voiced multiple times and in a variety of contexts was *“support”* and the need for supportive services throughout the entire recovery process. This includes family

and community support, empathy, and understanding for reintegration into community life.

When asked who from the community needs to be involved in addressing opioid use, participants expressed that the target population (those at risk,

those seeking treatment, in treatment, or in recovery) need to be involved.

**“Individuals in recovery or who are currently using [are missing from the table].” (Canton)**

Interestingly, groups in Canton mentioned barriers with state agencies and policies, and that representatives from these organizations need to be more involved in understanding barriers with implementation.

In general, respondents thought that everybody needs to be at the table to address this issue. This includes community members, schools, public health departments, and workforce development officials (especially for treatment services).

When discussing the availability of Narcan (naloxone) and how it impacts opioid use, there were two main themes of mixed responses in all groups. **It is important to note that this question was not asked in all groups due to time constraints.**

A common theme among a portion of the respondents was that the benefit of Narcan is its ability to save lives. On the flip side, another common theme among the other portion of the respondents was that Narcan supports continued use of opioids since it is an overdose prevention measure.

**“How high can I get? They know they will be saved.” (Massena)**

**“Knowledge that they can be saved keeps them continuing use.” (Canton)**

**“I think Narcan is a beautiful thing, used in the right situation.” (Ogdensburg)**

Most people were knowledgeable about where to obtain Narcan and brought up examples such as trainings offered through work, availability at the public health departments and other community-based organizations, or hospitals.

# Conclusion

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The community opioid forums – including Data Walks and focus group discussions – provided a clearer picture about causes, effects, and efforts to curb opioid use in St. Lawrence County, **as they are seen by members of the public.**

When asked a closing question about what stood out most to the participants during the forums, several participants noted that it was good to hear that people around the table, even those from different backgrounds, had similar concerns and thoughts.

**“There are people at the table who want to do something about this.” (Ogdensburg)**

**“It is heartening to hear we are all on the same page.” (Canton)**

Discussions and varying views about the positives and negatives of Medication Assisted Treatment (MAT), primarily the use of Suboxone, stood out to participants of these groups.

In addition, participants also noted as memorable the discussions around stigma and the lack of education/knowledge in the healthcare community (including lack of training for staff) and in the general community regarding what resources are available.

Overall, participants highlighted their beliefs that this problem touches everyone, there is a ripple effect on families, and everyone in the community has a role to play. Stigma needs to be talked about and addressed, and more prevention and other resources are needed for youth who may face this problem, or its after-effect, in their homes or communities.



# Final Recommendations

The following is a summary of recommendations based on local data and information obtained from participating stakeholders. Notable factors considered in forming recommendations include the feasibility of implementation and anticipated impact of interventions. Recommendations generally apply to healthcare professionals, comprising primarily of prescribers and pharmaceutical stakeholders, as well as the community at large.

Target populations designated as most vulnerable by participants are children, women, and families as a whole. Unique populations to take into consideration, suggested by individual participants, include: dentists, pregnant and nursing mothers, individuals in the criminal justice system, and the real estate community.

## Recommendations

## Resources

### I. Reduce Stigma

- Provide community education on stigma and the science of addiction
- Educate healthcare professionals on culturally competent approaches free from discrimination

The Substance Abuse and Mental Health Services Administration (SAMHSA) has an online Evidence-based Practices Resource Center for communities, providers, and educators to access evidence-based interventions. SAMHSA's Rural Opioid Technical Assistance program has information on training and technical assistance in this area.

The Healthcare Association of NYS (HANYNS) provides information on how to reduce stigma through education.

### II. Increase Community Awareness

- Raise community awareness of the risks associated with opioid use
- Raise awareness of service types available in the county and how to access them
- Promote the importance of proper storage and disposal of medications
  - Promote drug take-back locations in the community
  - Promote the use of drug disposal kits and medication lock boxes

The National Institute on Drug Abuse (NIDA), an institute within the National Institute of Health (NIH), offers evidence-based practices in prevention, screenings, and treatment (including treatment during pregnancy).

Department of Health and Human Services offers a series of prevention programs and tools including programs promoting the safe disposal of medications, and tips for storing medications.

# Final Recommendations (continued)

## Recommendations

## Resources

### III. Prevention & Harm Reduction

- Provide education on recognizing and addressing child traumatic stress
- Provide outreach and education to opioid dependent women who are pregnant, nursing, or caring for an infant with neonatal abstinence syndrome (NAS).
- Provide community education on overdoses, harm-reduction, and Narcan

The National Institute on Drug Abuse (NIDA), an institute within the National Institute of Health (NIH), provides information on NAS.

In response to increased OUD, the NYSDOH's New York State Perinatal Quality Collaborative (NYSPQC) has joined various entities, including HANYS to work with NYS birthing hospitals through a quality improvement learning collaborative, the NYS OUD in Pregnancy & NAS Project.

The National Child Traumatic Stress Network (NCSTN) provides information designed to help recognize and address the effects of trauma. This network was initiated by SAMHSA.

### IV Leverage & Enhance Services

- Ensure prescribing and dispensing policies are understood and followed
- Encourage appropriate use of opioid alternatives for pain management
- Increase the number of MAT providers in the county
  - Promote and facilitate buprenorphine waiver training
  - Form/join an existing learning collaborative for MAT providers
  - Consider adding MAT in jail to address withdrawal symptoms
- Continue offering Vivitrol in jail early, upon arrival
- Improve the care continuum
  - Implement immediate peer support for individuals waiting for detox services
  - Enhance support for families of individuals in recovery
  - Enhance care management services and peer support for individuals in recovery or reintegrating into the community

The Iroquois Health Association is leading a pilot project called The Opioid Alternative Project. Samaritan Medical Center is participating in this project and would be a valuable resource.

Department of Health and Human Services offers a series of prevention programs and alternative options for pain management.

The University at Buffalo's Research Institute on Addictions (RIA) and the New York State Office of Alcoholism and Substance Abuse Services (OASAS) partnered to increase the number of providers prescribing buprenorphine. The project also aims to develop a network to assist prescribers, offering mentoring and support. Christopher Barrick, Ph.D. is the Senior Research Scientist at U of B and a good resource to start with.

SAMHSA's Bring Recovery Supports to Scale Technical Assistance Center (BRSS TACS) provides recovery supports and services for people with mental or substance use disorders and their families.

OASAS offers a Peer Integration and Stages of Change Toolkit, which highlights how peers can best emphasize recovery principles and values, improve the organizational culture, and increase the likelihood of recovery.





# Appendices

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The following documents were used in preparing this report and have been included for further reading:

- 1. Key Informant Interview Script and Questions**
- 2. Community Opioid Forums Flyer**
- 3. Community Opioid Forums Press Release**
- 4. Media Coverage of Community Opioid Forums**
- 5. Community Opioid Forums Registration Form**
- 6. Community Opioid Forums Email Invitation**
- 7. Community Opioid Forums 'Thank You' Email**
- 8. Data Walk Expanded Responses**
- 9. Focus Group Moderator's Guide**
- 10. Community Opioid Forums Agendas**
- 11. Forum Handout: Task Force Flyer**
- 12. Forum Handout: Opioid Fact Sheet**
- 13. Online Toolkit Overview**

## KEY INFORMANT INTERVIEW SCRIPT

2019

St. Lawrence County Opioid Task Force

### INTRODUCTION AND THANK YOU

Thank you for meeting with me on this important issue. Do you have any questions before we start?

### PURPOSE OF THE INTERVIEW

The Fort Drum Regional Health Planning Organization (FDRHPO) is the coordinating entity for the St. Lawrence County Public Health Department Opioid Assessment Initiative. FDRHPO was asked to conduct a county level opioid assessment to determine use, trends, and opportunities to improve access to care, education, and support. Part of our responsibilities include conducting Key Informant Interviews with people who are informed and well-connected in the county. The purpose of these interviews is to collect information from a diverse range of people (community leaders, professionals, or residents) who have first-hand knowledge about the community. The hope is that they can provide insight into the nature of the problem and help find a solution.

### ENTITIES INVOLVED

St. Lawrence County Public Health Department received a grant from NYDOH to conduct a county level opioid assessment for St. Lawrence County. Dana Olzenak from St. Law PH is leading these efforts. FDRHPO will conduct several assessment activities and report the progress and results to the St. Lawrence County Opioid Task Force that was formed by St. Lawrence County Public Health as a result of this grant work. The Task Force consists of a diverse group of leaders and community members in St. Lawrence County (police departments, hospitals, detox centers, rehab centers, residential centers, coalitions, community-based organizations, providers, EMS, prevention centers, educators, community services, public health, and concerned citizens).

### THE INTERVIEW PROCESS

We are asking all participants the same 11 questions and potentially 1 or 2 additional questions specific to the individual's expertise or role in the county. **Do you mind if I record or take notes of our interview to ensure that no important insights are missed?** If recorded, the recording will not have your name on it and your specific answers will not be shared in public.

## KEY INFORMANT INTERVIEW QUESTIONS

### Root Causes and Contributing Factors

1. What are some of the root causes of increased opioid use and addiction in your community?
2. When did you first notice a problem with increased opioid use and addiction in your community? How has it changed within the past 10-15 years?
3. What factors contribute to continued opioid use and addiction in your community?

### Effects of the Opioid Crisis

4. How has opioid addiction affected you or someone you know, personally?
5. How has increased opioid use and addiction impacted the community?
6. Who (what demographic) has been most affected by opioid use, and in what ways?
7. Can you describe general perceptions and attitudes regarding addiction in your community and how perceptions opioid addiction affect the likelihood of an individual receiving proper treatment and recovery support?

### Source of Opioids

8. How are individuals obtaining opioids in the county?

### Gaps, Challenges, and Solutions

9. What are some unmet needs or gaps in prevention, intervention, treatment & recovery?
10. What is your opinion on some of the medications used in harm-reduction and treatment?
11. What suggestions or recommendations do you have to help solve the problem? In other words, what do you or the county need to address this issue?

## SPECIFIC, OPTIONAL QUESTIONS

### *PROVIDER QUESTIONS (PRIMARY)*

1. Are providers avoiding opioids as a first-line treatment for pain management?
2. Are providers receptive to MAT training and providing MAT services to patients?
3. Are patients screened for SUD at primary care visits? If so, when and how often? What method of screening?

### *PHARMACY QUESTIONS*

1. How have your dispensing practices or policies changed as a result of increase opioid use and addiction in the county?
2. In light of the recent increase in opioid use and addiction, in what ways are prescribers, pharmacists, and payers collaborating, informing and educating one another?

### *LAW ENFORCEMENT AND/OR JUDICIAL SYSTEM*

1. How have you changed in your perception, opinions and handling of individuals involved with opioids?
2. How are providers, law enforcement and courts working together to working together to address the recent increase in opioid use and addiction? Is it working?

## CLOSING

Do you have any additional information or comments regarding the issue?

Do you have any suggestions or recommendations on how to best address the problem?

## SUMMARY

*[Summarize the answers given and then ask if your summary covers the major points.]*

Do you have any final comments or questions for me?

Thank you for doing this.



# We want to hear from you!



## Upcoming Community Opioid Forums

Community members are invited to participate in an open discussion to gather input on barriers and gaps in the community for opioid treatment access, recovery, and prevention in St. Lawrence County.

**New Session!**

**May 7, 2019**  
**3:30 - 5:30 p.m.**

**Massena  
Community Center**

**61 Beach Street,  
Massena, NY 13662**

**May 16, 2019**  
**3:30 - 5:30 p.m.**

**St. Lawrence  
County BOCES**

**40 W. Main Street,  
Canton, NY 13617**

**May 30, 2019**  
**6:00 - 8:00 p.m.**

**United Helpers Care  
Mosaic Complex**

**100 Ford Street,  
Ogdensburg, NY 13669**

Please choose **one** of the above sessions. Participants must be at least 18 years old and live or work in St. Lawrence County. Registration is required.

**Register at [fdrhpo.org/forums](http://fdrhpo.org/forums)**

Scan this QR code on your phone →





FOR IMMEDIATE RELEASE: March 20, 2019

CONTACT: Eli Anderson  
315-755-2020, ext. 51  
eanderson@fdrhpo.org

## FDRHPO TO HOST 'COMMUNITY OPIOID FORUMS' IN ST. LAWRENCE COUNTY

*Fort Drum Regional Health Planning Organization (FDRHPO) is seeking community members for open discussions about opioid treatment, recovery, and prevention in St. Lawrence County*

WATERTOWN – The Fort Drum Regional Health Planning Organization (FDRHPO), in collaboration with the St. Lawrence County Public Health Department, will be hosting two community opioid forums in St. Lawrence County this May.

Community members are invited to participate in the open discussions, which will help both hosting agencies gather input on local barriers to opioid treatment, recovery, and prevention resources in St. Lawrence County. Forum details are as follows:

**Tuesday, May 7<sup>th</sup>, 2019**  
**3:30 to 5:30 p.m.**  
Massena Community Center  
61 Beach Street, Massena

**Thursday, May 16<sup>th</sup>, 2019**  
**3:30 to 5:30 p.m.**  
St. Lawrence County BOCES  
40 W. Main Street, Canton

“Our process at FDRHPO is always to analyze our community first, so we fully understand local needs before forming a plan and working toward solutions,” said Pat A. Fontana Jr., FDRHPO’s Rural Health Program Manager. “These forums are a great opportunity for those who work or reside in St. Lawrence County to tell us what is needed in their communities, and we hope to fill both sessions so we can hear as many thoughts as possible.”

“Thousands of St. Lawrence County’s households are affected by opioid abuse and addiction,” said Dana Olzenak McGuire, Public Health Director. “As a county, we want to ensure we are doing everything we can to help these individuals and families, which is why we have partnered with FDRHPO to gather input directly from them. This kind of community input is invaluable and will help us direct available resources where they are most needed.”

Each community forum has capacity for 50 participants. All participants must be at least 18 years old **and** live or work in St. Lawrence County. **RSVPs are required** and can be completed by visiting [www.fdrhpo.org/forums](http://www.fdrhpo.org/forums).

###

### About the Fort Drum Regional Health Planning Organization

FDRHPO works to strengthen the *system for health* for the integrated Fort Drum and civilian community through analysis, identification of needs and leveraging of resources to fill gaps through innovation and collaboration. For more about FDRHPO, visit [www.fdrhpo.org](http://www.fdrhpo.org).

### About the St. Lawrence County Health Department

The St. Lawrence County Public Health Department has been serving the residents of St. Lawrence County, New York, since 1936. It offers a wide variety of health services and programs to county residents, geared toward improving the health and wellbeing of individuals and the community as a whole. For more about the St. Lawrence County Public Health Department, visit [www.stlawco.org/Departments/PublicHealth/](http://www.stlawco.org/Departments/PublicHealth/).

## FDRHPO To Host 'Community Opioid Forums' in St. Lawrence County

 [informmny.com/life-health/health/fdrhpo-to-host-community-opioid-forums-in-st-lawrence-county](https://www.informmny.com/life-health/health/fdrhpo-to-host-community-opioid-forums-in-st-lawrence-county)

March 20,  
2019

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###

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## Three community opioid forums scheduled for Massena, Canton, Ogdensburg in May

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 [mymalonetelegram.com/news05/three-community-opioid-forums-scheduled-for-massena-canton-ogdensburg-in-may-20190504](https://mymalonetelegram.com/news05/three-community-opioid-forums-scheduled-for-massena-canton-ogdensburg-in-may-20190504)

By [BOB BECKSTEAD](#)

[BBECKSTEAD@OGD.COM](mailto:BBECKSTEAD@OGD.COM)

PUBLISHED: SATURDAY, MAY 4, 2019 AT 5:15 AM

MASSENA — The Fort Drum Regional Health Planning Organization on behalf of the St. Lawrence County Public Health Department has scheduled three community opioid forums in St. Lawrence County, starting Tuesday in Massena, and followed by sessions later in the month in Canton and Ogdensburg.

Tuesday's session runs from 3:30 to 5:30 p.m. at the Massena Community Center, 61 Beach St. The Canton forum will be held from 3:30 to 5:30 p.m. May 16 at the St. Lawrence-Lewis Board of Cooperative Education Services, 40 W. Main St. The Ogdensburg session is scheduled for 6 to 8 p.m. May 30 at United Helpers Care, 100 Ford St.

Registration is required for all sessions by visiting [fdrhpo.org/forums](http://fdrhpo.org/forums). The maximum number of participants for each session is 50.

Pat Fontana, rural health network manager for the Fort Drum Regional Health Planning Organization, said the forums are open to any St. Lawrence County resident who is 18 or older — anyone from community members and law enforcement officials, to individuals in recovery or affected families.

"We do ask, if they go to one, to save space for others," he said.

The discussions will provide input on barriers and gaps in the community for opioid treatment access, recovery and prevention in St. Lawrence County. The end goal is to improve county-wide efforts in prevention, treatment and recovery.


"It's more of a deep dive into what the problems are. We can get data. Data is quantitative information that gives us a start," Mr. Fontana said.

To start the forum, participants will be asked to answer several questions. Following that, participants will break into small groups for roundtable discussions about the opioid epidemic.

"It's information from people in the know. It's information from people that have experienced it," he said.

All of the data that's collected from the forums will be summarized. From there, the St. Lawrence County Public Health Department will be able to focus on what topics have the greatest impact on the community and should be addressed to try and resolve.

## St. Lawrence County Opioid Task Force meets Friday, plans two forums in May

 [northcountrynow.com/news/st-lawrence-county-opioid-task-force-meets-friday-plans-two-forums-may-0256402](https://northcountrynow.com/news/st-lawrence-county-opioid-task-force-meets-friday-plans-two-forums-may-0256402)

CANTON – St. Lawrence County's Opioid Task Force is keeping busy with the next meeting scheduled for April 12 and two community forums planned in May.

The meeting will be April 12, at 10:30 a.m. at the Best Western University Inn in Canton.

The task force was initiated in December 2018 to address the rapid and alarming increase of drug overdoses. In St. Lawrence County, the “opioid burden,” which includes opioid overdose deaths, non-fatal outpatient emergency treatment, and hospital discharges involving opioid overdose, dependence and abuse, is 171 percent greater than the opioid burden of New York State.

The meetings bring together a variety of individuals including treatment and recovery specialists, educators, health care practitioners, law enforcement, first responders, pharmacists, concerned citizens, and public health officials. Meetings are held the second Friday morning of each month and are open to the public.

This meeting will feature information on poverty in the county and how it relates to the opioid crisis.

In May the meeting will feature a discussion on the stigma associated with opioid addiction. St. Lawrence County Health Director Dana Olzenak-McGuire says tackling that issue is important in the fight to help those in need.

In May the task force will also hold community forums in Canton May 7 at 3:30 p.m. and in Massena May 16 at 3:30 p.m. Those meetings will be led by the Fort Drum Regional Health Planning Organization. The forums are aimed at getting the perspective of St. Lawrence County residents on the opioid crisis. It will offer a chance for people to share how they have been affected and help determine where investment is needed.

While heroin and opioid abuse have become a major health concern across the nation and state, St. Lawrence County is among the harder-hit places.

A report from the state department of health shows St. Lawrence County hit a record high number of inpatient opioid-related stays in 2013 when hospitals reported 962 inpatient stays for opioid-related incidents. That equates to nearly 860 people per hundred thousand, nearly double the 2010 rate of 457.

Although opioid-related inpatient hospital admissions declined to 828, or 734 per hundred thousand people, in 2014, the inpatient treatment still rose 62 percent over the four-year period.

St. Lawrence County's four-year average was surpassed in New York only by Oswego, Lewis, Orleans and Tompkins County, all of which have significantly lower inpatient admissions overall.


In 2014, the only county with a higher rate of opioid related inpatient hospital stays was Bronx County, which had 859 per hundred thousand. And while the rate there was higher than in St. Lawrence County, hospitals in Bronx County actually saw a 4.2 percent decrease in the four-year average. In a county with a population estimated around 112,000, that's pushing one percent of the total population in St. Lawrence County and is well above one percent of the adult population, meaning at least one inpatient stay occurs for every 100 adults in the county.

Earlier this year, the county filed a lawsuit against pharmaceutical companies and physicians over alleged aggressive and fraudulent marketing of prescription opioid painkillers.

Anyone interested in learning more about the task force may contact Dana McGuire at 315-229-3401 or [domcguire@stlawco.org](mailto:domcguire@stlawco.org).

# What's Going On: Art and music in Harrisville, Job fair in O'burg, Little River open house in Canton, opioid forum in Ogdensburg

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 [northcountrynow.com/featured\\_events/whats-going-job-fair-oburg-little-river-open-house-canton-opioid-forum-ogdensburg](https://northcountrynow.com/featured_events/whats-going-job-fair-oburg-little-river-open-house-canton-opioid-forum-ogdensburg)

LOCAL EVENTS ON THURSDAY

## **Art reception, concert**

HARRISVILLE: Art show reception and concert at Harrisville Central School; reception, highlighting works from Pre-K to 12th grade students, will be held from 4-7 p.m. in the high school gym, refreshments, music and voting for the "People's Choice" categories, silent auction featuring art work donated by students and local artists, art show will be on display until May 31 from 8 a.m.-3 p.m.; May concert for 7th-12th graders begins at 7 p.m. in the high school auditorium.

## **Family Book Club**

OGDENSBURG: Family Book Club, 5 p.m., Ogdensburg Public Library, 312 Washington St.; featuring "Matilda" by Roald Dahl.

## **Little River open house**

CANTON: Little River Community School open house, 6:30 p.m., child-care and refreshments will be provided; informal discussion about the program and the philosophy of the school and time for questions and answers; located five miles south of Canton on the Canton-Russell Road, 1227 County Route 25; [www.littleriverschool.org](http://www.littleriverschool.org) for more information.

## **Opioid forum**

OGDENSBURG: St. Lawrence County's Opioid Task Force hosting 2-hour community forum to get perspectives from all county residents on the opioid crisis, in Ogdensburg; led by the Fort Drum Regional Health Planning Organization, offer a chance for people to share how they have been affected and help determine where investment is needed; register for the forums, visit [www.fdrhpo.org/forums](http://www.fdrhpo.org/forums); 315-386-2325 or [domcguire@stlawco.org](mailto:domcguire@stlawco.org).

## **Family Book Club**

Ogdensburg: Library book for May's book club: "Matilda" by Roald Dahl.; make magnets; 5:00 p.m. Ogdensburg Public Library; 312 Washington St. For more info: 315-393-4325 or visit [ogdensburgpubliclibrary.org](http://ogdensburgpubliclibrary.org).

## **Job fair**

OGDENSBURG: Job fair, 9 a.m.-noon, Northwest Tech, 1000 Park St.; hosted by Ogdensburg Literacy Zone and Northwest Career and Technical Education Center; 30 plus employers on hand from medical facilities, labor unions, retail stores to meet with job seekers; open to all community members in surrounding areas; 315-379-7963 ext 10412 or 1-888-360-7693.

## **Build kits**

MASSENA: Build kits; free; 3:30-4:30 p.m.; Nicandri Nature Center, 19 Robinson Bay Rd, Massena. For more info: 315-705-5022.

St. Lawrence County Opioid Assessment - Community Forum Registration

Registration Introduction

Thank you for your interest in the St. Lawrence County Opioid Assessment Community Forums!

**Event Information:**

On behalf of the St. Lawrence County Public Health Department, the Fort Drum Regional Health Planning Organization (FDRHPO) will soon be conducting three community forums in St. Lawrence County to better understand the perceptions, opinions, and attitudes that local adults have about opioid use with the end goal of improving county-wide efforts in prevention, treatment, and recovery.

**Who should attend?**

**Adults (18 years or older) who live or work in St. Lawrence County,**including: community members, law enforcement officers, health care professionals, government officials, faith- and community-based organizations, school personnel, individuals in recovery, affected families, and others.

**Forum Details:**

Individuals are encouraged to attend 1 of 3 sessions. Maximum of 50 participants per forum.

- **Massena:**
  - **Date:** Tuesday, May 7th, 2019
  - **Time:** 3:30 - 5:30 p.m.
  - **Location:** Massena Community Center (61 Beach St. Massena, NY 13662)
  
- **Canton:**
  - **Date:** Thursday, May 16th, 2019
  - **Time:** 3:30 - 5:30 p.m.
  - **Location:** St. Lawrence County BOCES (40 W. Main St. Canton, NY 13617)
  
- **Ogdensburg:**
  - **Date:** Thursday, May 30th, 2019
  - **Time:** 6:00 - 8:00 p.m.
  - **Location:** United Helpers Care, Inc d.b.a. Mosaic (100 Ford Street, Ogdensburg, NY 13669)

**Next Steps:**

- Please email [pfontana@fdrhpo.org](mailto:pfontana@fdrhpo.org) with any questions.
- You will receive an email confirmation with event details after the registration deadline.

St. Lawrence County Opioid Assessment - Community Forum Registration

Age Verification

\* 1. Please verify that you are at least 18 years of age.

- I am at least 18 years old.
- I am under 18 years old.

St. Lawrence County Opioid Assessment - Community Forum Registration

Forum Location

\* 2. Which forum location would you like to register for? (Choose one)

- Ogdensburg (May 30th)

St. Lawrence County Opioid Assessment - Community Forum Registration

Registrant Information

3. Name

4. Phone Number

5. Email

APPENDIX ITEM #5: COMMUNITY OPIOID FORUMS REGISTRATION FORM

6. What is your stakeholder type? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Law Enforcement        | <input type="checkbox"/> Area Industry/Business |
| <input type="checkbox"/> Medical                | <input type="checkbox"/> Affected Family Member |
| <input type="checkbox"/> Governmental           | <input type="checkbox"/> Recovery Community     |
| <input type="checkbox"/> Community-Based        | <input type="checkbox"/> Educators/Academia     |
| <input type="checkbox"/> Faith-Based            | <input type="checkbox"/> Community Member       |
| <input type="checkbox"/> Pharmacies             |   |
| <input type="checkbox"/> Other (please specify) |   |

7. Do you reside and/or work in St. Lawrence County?

- I reside and work in St. Lawrence County.
- I only reside in St. Lawrence County.
- I only work in St. Lawrence County.
- I do not reside nor work in St. Lawrence County.

8. Please enter the zip code of your home address.

9. Please enter the zip code of your place of employment.

St. Lawrence County Opioid Assessment - Community Forum Registration

Additional Information

10. Have you heard of the St. Lawrence County Opioid Task Force?

- Yes.
- No, but I would like more information.
- No, and I do not want more information.

St. Lawrence County Opioid Assessment - Community Forum Registration

11. Do you currently participate on the St. Lawrence County Opioid Task Force?

- Yes
- No, but I would be interested in joining.
- No, and I do not want to join.

## St. Lawrence County Opioid Assessment - Community Forum Registration

### Stay Involved

12. Would you like to stay informed about future initiatives related to opioid intervention? If so, how? (check all that apply)

- Email
- Social Media
- Website
- Other (please specify)
- Participate in the Task Force
- I am not interested in staying informed.

## APPENDIX ITEM #6: COMMUNITY OPIOID FORUMS EMAIL INVITATION

[View this email in your browser](#)



### Tell us your thoughts...

Community members are invited to participate in an open discussion facilitated by [Fort Drum Regional Health Planning Organization](#) to gather input on barriers and gaps in the community for opioid treatment access, recovery, and prevention in rural St. Lawrence County. The information will be used to develop strategies to improve services in our community.

#### Who should attend?

Adults (18 years or older) who live or work in St. Lawrence County, including: community members, law enforcement officers, health care professionals, government officials, faith- and community-based organizations, school personnel, individuals in recovery, affected families, and others.

Individuals are encouraged to attend 1 of 2 sessions and **registration is required.**

**May 7th, 2019**

3:30 - 5:30 p.m.

Massena Community Center  
61 Beach Street  
Massena, NY 13662

**May 16th, 2019**

3:30 - 5:30 p.m.

St. Lawrence County BOCES  
40 W. Main Street  
Canton, NY 13617

**Add event to calendar**



**Add event to calendar**



More details at [fdrhpo.org/forums](http://fdrhpo.org/forums). Questions? Contact [pfontana@fdrhpo.org](mailto:pfontana@fdrhpo.org).

[Click to Register](#)



# Thank you!

**Hello,**

On behalf of the St. Lawrence County Public Health Department and the St. Lawrence County Partners 4 Substance Use Prevention Task Force, we would like to thank you for participating in the Community Opioid Forum on Tuesday, May 7th at the Massena Community Center. Your perceptions, opinions, beliefs and attitudes will help the Task Force improve the quality of life for St. Lawrence County residents. **Please know that your time and engagement is valued.**

A summary of discussions from all three community forums will be compiled into a single report, shared with the Partners 4 Substance Use Prevention, and posted on the [North Country Health Compass website](#) within the next few months. Stay tuned!

In the meantime, please know that an invitation to participate in the Task Force remains open. More details can be found by [clicking here](#). Finally, please invite and encourage individuals to sign up for one of the two [upcoming forums](#) (May 16th in Canton and May 30th in Ogdensburg). Should you have any additional thoughts or questions, please contact me at [pfontana@fdrhpo.org](mailto:pfontana@fdrhpo.org).

Again, we sincerely appreciate your time and insight. We look forward to collaborating more to improve the system for health for North Country residents.

Sincerely,



Pat Fontana, Lead Forum Facilitator

*on behalf of the St. Lawrence County Partners 4 Substance Use Prevention*



**Data Walk Question #1: What do you believe is your primary role in addressing opioid use in your community?**

<i>Massena Forum</i>	
Resource Coordinator &/or Service Provider	13
Educator/Education	7
Spreading community awareness/Bringing people together/ Stigma fighting	7
Recovery community supporter	3
Harm reduction	2
Volunteer	1
Protection	1
Intervention	1
County-level	1
Peer	1
<i>Canton Forum</i>	
Education/ Keeping informed	9
Advocacy/Bringing awareness/ stigma fighting	7
Resource Coordinator &/or Service Provider	5
Harm Reduction	2
Gaining a better understanding of where to send people for help when needed	2
Recovery community supporter	2
Treatment of patients in prehospital setting	1
Town Supervisor	1
<i>Ogdensburg Forum</i>	
Education	5
Advocacy/Awareness	5
Counseling, Support & Referrals	3
Recovery/Prevention	2
Recovering Addict	1
Offering treatment	1
Resource Coordinator	1
Concerned citizen	1
Police	1
Professional & Personal	1

**Data Walk Question #2: How are people in your community obtaining opioids?**

<i>Massena Forum</i>	
Prescriptions from Doctors/Pharmacies	13
Drug dealers/Dealing & Buying on the street	13
Family members	5
Friends	4
Stealing	4
Medicine cabinets	3
St. Lawrence County	2
Trading	1
People in community	1
Other communities	1
Not Sure	1
Onondaga County	1
Other addicts	1
<i>Canton Forum</i>	
Prescriptions from Doctors/Health Care Providers/Medical establishments	14
Dealers/Buying on the street/black market	13
Stealing	6
Family	5
Friends	3
Diversion	1
Internet	1
Medicine cabinets	1
First responders/ER staff	1
I don't know	1
<i>Ogdensburg Forum</i>	
Prescriptions from Doctors/Medical Providers (Dentists)/Pharmacies	11
Purchasing illegally from dealers off street/black market	8
Family	2
Addicts	1
Manufacturers	1
Sharing	1
Medicine cabinet	1
Friends	1
High school	1
Diversion	1
Transported from other communities	1
Produced in the community	1
Prisons	1
?	1

**Data Walk Question #3: What are some of the root causes of opioid misuse?**

<i>Massena Forum</i>	
Prescriptions/overprescribing	8
Mental health environment & issues; Psyche/emotional problems/social anxiety	7
Pain/Trauma	5
Unemployment	4
Generational/family have addictions	3
Lack of purpose/boredom	3
Poverty	3
Physical injury	3
Lack of education & understanding of how addictive it is	3
Peer pressure (all ages)	2
Genetics	2
Experimenting as a kid	1
Drinking to pot to opioid use	1
Lack of mental health services	1
Big Pharma incentives	1
To stop being sick	1
Family issues	1
Mixing substances	1
Avoidance	1
Fear of trying to achieve	1
<i>Canton Forum</i>	
Over-prescribing/prescriptions	8
Pain relief (physical, emotional, spiritual trauma)/coping mechanism	8
Mental disorders/mental health issues (i.e., loss of hope/depression/self-loathing/addictive personalities/anxiety)	7
Unemployment/economics	2
Peer pressure	1
Big Pharma	1
Community access	1
Addiction	1
Avoid withdrawal	1
Individual needs not being met	1
Lack of education	1
Boredom	1
<i>Ogdensburg Forum</i>	
Over-prescribing/prescriptions by doctors	6
Lack of education	3
Mental health problems/depression	3

APPENDIX ITEM #8: DATA WALK EXPANDED RESPONSES

Addiction/Drug Abuse/Looking to get high intentionally	3
Predisposition/psychosocial	2
Trauma/Pain	2
Lack of positive supports	1
Poverty	1
Poor medication management/disposal	1
Environment	1
False information	1
Monitoring prolonged use	1

**Data Walk Question #4: When you hear opioid, what comes to mind?**

<i>Massena Forum</i>	
Stepping stone to heroin/cocaine/street drugs/fentanyl/carsentynyl	14
Pain medications/prescriptions (oxy, morphine, Vicodin, Percocet)	10
Devastation/sadness/suffering/pain	4
Highly addictive/addiction	4
Loss of life	3
We can do more	1
Opportunity to get high	1
Means of commerce	1
Dedication	1
Poverty	1
<i>Canton Forum</i>	
Legal: Pain killers/medication (morphine, oxy)/any meds that alter reality/Pain relief/Treatment	16
Illegal: Heroin/Fentanyl/Carfentanyl/Meth	11
Addiction/drug addicts	5
People in pain/suffering	2
Pharmacology/Big Pharma	2
Doctors over-prescribing	2
Law enforcement	1
Narcan	1
CPR	1
Stigma	1
Readily available	1
Overdose	1
Poverty	1
Job loss	1
Public health concern	1
Personal story of loved one's use	1
<i>Ogdensburg Forum</i>	
Pain medications/painkillers/prescriptions/analgesics/benzos/tranquilizers	13
Illicit drugs/Narcotics/Heroin/Fentanyl	9
Addictive/addiction	3
Destruction/Sadness	3
Stigma	1
Death	1
Prescription diversion	1
Poor	1
Police	1

**Data Walk Question #5: Who has been most affected by opioid use in your community?**

<i>Massena Forum</i>	
Children of addicts/youth	11
Families/Families of addicts	7
Everyone/entire communities	6
Foster care system	3
Teens/Young people ages 15-30	3
Friends	2
Economy	1
Mothers & fathers of children w/ addiction	1
People ages 25-35	1
Good citizens who make a bad choice	1
Young males ages 18-29 w/ medical history of injuries	1
<i>Canton Forum</i>	
Families	10
Everyone	6
Youth/Children	5
Teenagers/young adults	1
Person struggling w/ addiction	1
Friends	1
Law enforcement	1
Health care system	1
Taxpayers	1
Local/County/State Governments	1
Death	1
Crime	1
Approximately ages 17-60?	1
Surgery patients	1
Those in chronic pain	1
Those without hope	1
I don't know	1
<i>Ogdensburg Forum</i>	
Children/ Youth	9
Everyone	5
Families	5
Person with addiction	2
Lower-class individuals/Poor	2
Law enforcement	1
Single moms	1
Personal story of OD death	1

### Data Walk Question #6: What impact has opioid use had on your neighborhood?

<i>Massena Forum</i>	
Increased crime & violence/have to lock doors and cars & install security lights/cameras/carry pepper spray/unsafe streets	13
Fear of being alone/going out at night/apprehension/hostility	4
Broken homes/families	4
Increase in homelessness	3
Decline in pride for neighborhoods/cleanliness/poor housing conditions	3
Children taking care of themselves/negative impact on children	3
Increase in deaths	2
Increase in addiction	1
Lack of trust in others	1
Bad/negative impact	1
See more ODs happen down the street	1
Decrease in property values	1
Affects everyone	1
Division	1
Increase in health care costs	1
Risks to EMTs/Police	1
Exposure to trauma	1
Misconceptions of who a user is	1
Most addicts are trapped & can't escape habit	1
Shut it down	1
Needles in streets	1
Devastation (Onondaga County)	1
Impacts businesses	1
Denial	1
More kids in foster care	1
Increase in poverty	1
Increase in traffic	1
Verbal abuse	1
Increase in noise	1
<i>Canton Forum</i>	
Increased crime rates/horrific negative effect on safety & security	6
Increased unintended death rates	4
Breakdown of families	4
Increased foster care placement	3
Increased poverty	2

APPENDIX ITEM #8: DATA WALK EXPANDED RESPONSES

Meth has had a much larger impact	2
Not aware of issues	2
Loss of jobs/increased unemployment	2
Loss of relationships	1
Increased strain on first responders	1
Decreased value of communities	1
Increase in health care costs	1
Increased strain on health care systems	1
Increased strain on schools/colleges	1
Taxes	1
Increased strain on community supports	1
Domestic issues	1
Threat to economy	1
Increased mental illness	1
Impacted friends and family of the addicted	1
Increased need for security	1
Needles found	1
<i>Ogdensburg Forum</i>	
Increase in addicts	2
Increase in crime/violence	2
Personal stories of drug busts happening in participants' neighborhoods	2
Homes deteriorating/decrease in property values	2
Division	1
We accept the problem instead of fixing it	1
Families torn apart	1
Needles in the area	1
Death	1
Increase in implications	1
Increased need for law enforcement	1
Increased stigma	1
Increased substance use busts	1
Increased abandoned or repossessed homes	1
Not noticing in my community, but know it's happening in the county	1
None	1
?	1

**Data Walk Questions:**

1. How are people in your community obtaining opioids?
2. What are some of the root causes of opioid misuse?
3. What impact has opioid use had on your neighborhood?
4. Who has been most affected by opioid use in your community?
5. When you hear the word opioids, what comes to mind?
6. What do you believe is your primary role in addressing opioid use in your community?

**Moderator's Guide:**

**Small Group Discussions**

**TOPIC:** St. Lawrence County Community Forum – Opioids

**INTRO:** Hello, my name is \_\_\_\_\_ and I am the moderator for today's 75-minute group discussion.

I work for the Fort Drum Regional Health Planning Organization in Watertown, NY, a non-profit organization that was subcontracted by St. Lawrence County Public Health to conduct today's forum.

FDRHPO: analyze system, identify gaps, leverage resources

**ACKNOWLEDGEMENT:** I want to thank you for coming in today and for fitting this session into your schedule.

**PURPOSE:** I will be asking a series of questions to facilitate discussion and to help gather input on barriers and gaps in your community for opioid prevention, treatment access, and recovery in rural St. Lawrence County. The information will be used to develop strategies to improve services in the county.

We'd like to better understand your perceptions, opinions, beliefs and attitudes regarding this topic.

**DISCLOSURES/PERMISSIONS:**

- FACILITY SETTING:
  - Recording: today's session will be recorded for note taking purposes only. What was said, not who said it will be reported.
  - Notetakers: there will be a notetaker (s). Similar to the recording, they will capture what was said, not who said it.

These notes will simply be used to assist us with report writing.

- RESTROOMS & FOOD/BEVERAGES
  - At any time, please feel free to excuse yourself to use the restroom or to get more food or beverages; but we ask that there **only be one person be up and out at a time** to ensure the conversation continues without interruption.

**GUIDELINES:**

To make this an effective research session, here are some guidelines:

- Please **talk one at a time**.
- Talk in a voice as **loud** as mine.
- **Avoid side conversations** with your neighbors.
- Allow for **different points of view**. There are no wrong answers.
- The people around this table come from a variety of backgrounds. This topic can be very personal, **please be respectful** of each person's view points and experiences.
- Not everyone has to answer every question, but if I notice that you haven't had a chance to speak, I may invite you into the conversation.
- I might have to interrupt conversation to ensure we get through all the questions.
- I may look at the paper occasionally throughout our discussion to ensure I don't miss anything.

**SELF INTROS:**

**I'd now like to move into introductions.** Please introduce yourself to the group and tell us: **(ON EASLE – WITH TITLE)**

1. Your first name
2. What stakeholder type you represent (i.e. healthcare professional, school personnel, law enforcement, community member at large, etc.)
3. One thing you do to be healthy
4. One reason you came to this event

**CLOSE THE CIRCLE WITH FACILITATOR INTRO****TRANSITION:**

Before we enter into discussion, we'd like to note that you may notice some of the questions are similar to those in the data walk. By carrying them over to this discussion, we hope it allows for expanded group dialogue.

**ISSUE A: Defining Opioids, Use and Misuse**

1. When you hear the word opioids, what comes to mind?
2. How are people in your community obtaining opioids?

**PROBE:** What type of drug is being obtained?

**ISSUE B: Causes of Opioid Use and Misuse**

1. What are some of the root causes of opioid misuse?

**TRANSITION:**

Now that we've discussed some of the root causes of opioid misuse, let's some ideas related to early intervention.

2. What are the warning signs of opioid misuse?
3. What may prevent someone with an opioid use disorder from seeking help?
4. Where in your community might you refer someone to seek help?
5. How do we outreach and connect with opioid users and their families to provide support?

6. What information, education or resources could help individuals who use or misuse opioids?

**TRANSITION:**

I'd like to now like to talk about the impact of opioid use and misuse.

**ISSUE C: Impact of Opioid Use and Misuse**

1. What impact has opioid use had on your neighborhood?
2. Who has been most affected by opioid use in your community?
  - PROBE:** How have they been affected?
  - PROBE:** How have you or anyone else in your household been personally affected by opioid use within the past year?
  - PROBE:** How are children affected by opioid use or misuse where they live, learn and play? (only ask if children were not previously mentioned in the question above)

**Issue D: Addressing Opioid Use in the Community**

1. What can the community do better to prevent opioid use?
2. What can the community do better to treat opioid use?
3. What can the community do better to help those recovering from opioid use?  
  
**notes:** Treatment (detox + rehabilitation), Recovery=Reintegration [maintenance]
4. Who from the community is missing from the table and needs to be involved in addressing opioid use?
  - PROBE:** What do you believe is your primary role in addressing opioid use in your community?

5. How does the availability of Narcan/naloxone impact opioid use? (i.e. does it encourage continued usage)
  
6. Where can you obtain Narcan/naloxone (the drug that immediately reverses an opioid overdose) in your community?

<b>CLOSURE:</b>
-----------------

Last Questions:

1. What was the one thing that stood out to you most during the discussion?
  
2. Is there anything you wish to mention that we haven't discussed?

As our small group discussion draws to a close:

- I want to thank you for your discussion and for coming.
- I learned some new things and have a lot of information for my report.
- We'll now gather with everyone in the main room for closing remarks and next steps to continue involvement and stay informed

## Canton and Massena Agenda



### St. Lawrence County Opioid Task Force Community Forum

#### Purpose:

Conduct community forums geographically dispersed in the county to assess unmet need and barriers to care. Better understand perceptions, opinions, beliefs and attitudes of adults in St. Lawrence County as it relates to opioid use.

#### Agenda:

I.	Welcome & Introduction	3:30 – 3:45 p.m.
II.	Data Walk	3:45 – 4:00 p.m.
III.	Facilitated Round Table Discussions	4:00 – 5:15 p.m.
IV.	Concluding Thoughts & Next Steps	5:15 – 5:30 p.m.

## Ogdensburg Agenda



### St. Lawrence County Opioid Task Force Community Forum

#### Purpose:

Conduct community forums geographically dispersed in the county to assess unmet need and barriers to care. Better understand perceptions, opinions, beliefs and attitudes of adults in St. Lawrence County as it relates to opioid use.

#### Agenda:

- |      |                                     |                  |
|------|-------------------------------------|------------------|
| I.   | Registration Sign-in & Data Walk    | 5:45 – 6:15 p.m. |
| II.  | Welcome & Introduction              | 6:15 – 6:30 p.m. |
| III. | Facilitated Round Table Discussions | 6:30 – 7:45 p.m. |
| IV.  | Concluding Thoughts & Next Steps    | 7:45 – 8:00 p.m. |

**Please join us!**



**Partners 4 Substance  
Use Prevention**

**Purpose:**

To share information, educate the community at large, improve access and availability of addiction treatment, and embrace recovery.

**Mission Statement:**

To prevent and reduce the substance abuse epidemic and eliminate all barriers to treatment and recovery by promoting health, well-being, and assistance through community collaboration and resources.

**Vision:**

We are dedicated to working toward a healthy, safe, and informed community free of drug addiction, misuse, and resulting problems.

**Goals:**

Transform the culture related to stigma associated with addiction.  
Connect community partners to resources, events, and each other.  
Collect and facilitate the management of data essential for decision making and planning.  
Educate health care providers, community partners, and residents of St. Lawrence County.  
Link those in need to services and resources.  
Support recovery efforts.

**For information contact:**

Dana McGuire  
315-229-3401 or [domeguire@stlawco.org](mailto:domeguire@stlawco.org)

**Meetings: 2nd Friday of Each Month**

10a–12p  
Best Western Canton, NY

## **Please join us!**

### **Purpose:**

To share information, educate the community at large, improve access and availability of addiction treatment, and embrace recovery.

### **Mission Statement:**

To prevent and reduce the substance abuse epidemic and eliminate all barriers to treatment and recovery by promoting health, well-being, and assistance through community collaboration and resources.

### **Vision:**

We are dedicated to working toward a healthy, safe, and informed community free of drug addiction, misuse, and resulting problems.

### **Goals:**

Transform the culture related to stigma associated with addiction.

Connect community partners to resources, events, and each other.

Collect and facilitate the management of data essential for decision making and planning.

Educate health care providers, community partners, and residents of St. Lawrence County.

Link those in need to services and resources.

Support recovery efforts.

### **For information contact:**

Dana McGuire

315-229-3401 [domeguire@stlawco.org](mailto:domeguire@stlawco.org)



**July 2017: Opioid Overdose Prevention**

**PROBLEM:** Drug overdoses are a growing cause of death, both across the United States and here in the North Country. Nationally, more than 52,000 people died of a drug overdose in 2015 — a sharp increase from about 10-15,000 deaths a year in the 1990s. Some studies predict the drug overdose death toll will rise above 65,000 Americans this year.<sup>1</sup>

Drug overdoses are now the leading external cause of death in our country. In fact, around 15,000 more people die each year from drug overdoses than in motor vehicle accidents or gun-related incidents.

Drug overdoses affect all members of our society, regardless of race, gender, ethnicity, economic status, religion or other demographic differences. However, overdose deaths do seem to be more common among people between the ages of 15 and 44. In the worst-affected areas of the United States — many of which are located in the Northeast — an estimated 30 to 50 percent of people between 15 and 44 years old die from drug overdoses.

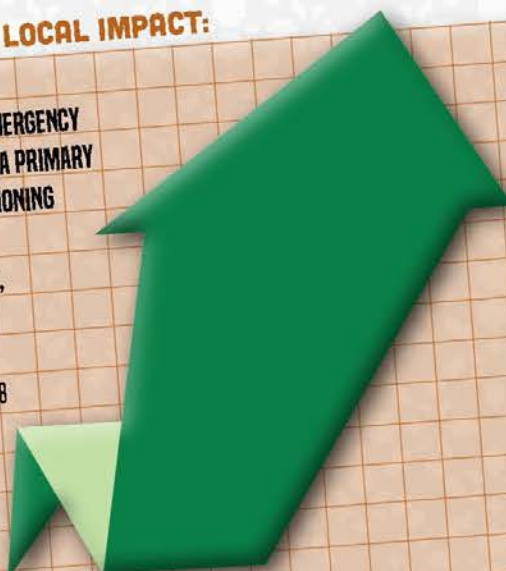
While there is not one specific drug that is causing all of these overdoses, national data indicates that **opioids** have caused roughly 60% of drug overdoses in recent years.<sup>3</sup>

**Opioids**, or opiates, are drugs that are commonly used to relieve pain. However, if they are misused they can cause loss of consciousness and slowed breathing, often leading to death. Common opioids include: heroin, fentanyl, oxycodone, morphine, and others.

**LOCAL IMPACT:**

**IN THE NORTH COUNTRY, EMERGENCY DEPARTMENT VISITS WITH A PRIMARY DIAGNOSIS OF OPIATE POISONING MORE THAN DOUBLED BETWEEN 2010 AND 2014, FROM 197 TO 518.<sup>4</sup>**

ST. LAWRENCE COUNTY: 109 TO 218  
 JEFFERSON COUNTY: 73 TO 268  
 LEWIS COUNTY: 15 TO 32



**CONTINUED ON BACK...**

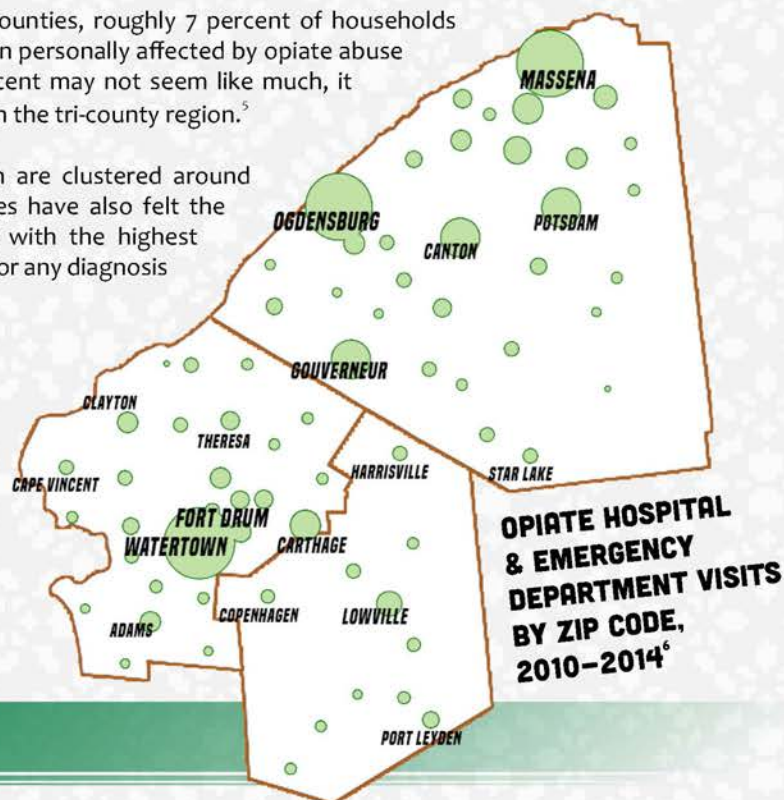
## REGIONAL HEALTH IN FOCUS

July 2017: Opioid Overdose Prevention

Across Jefferson, Lewis and St. Lawrence counties, roughly 7 percent of households report that someone in their home has been personally affected by opiate abuse or addiction within the past year. While 7 percent may not seem like much, it equates to about **7,000 affected households** in the tri-county region.<sup>5</sup>

The most affected communities of our region are clustered around urban areas, but some rural towns and villages have also felt the impact of the opioid epidemic. Communities with the highest number of emergency room and hospital visits for any diagnosis of opiate poisoning are as follows:

1. Watertown — 1,032
2. Massena — 814
3. Ogdensburg — 796
4. Potsdam — 288
5. Canton — 281
6. Gouverneur — 249
7. Norfolk — 155
8. Carthage — 138
9. Norwood — 117
10. Lowville — 102



## WHAT CAN I DO?

There's no doubt that our community's struggle with opioid abuse is an intimidating and frustrating problem to try and solve. However, there are a few steps that **you** can take as a community member to prevent future overdose deaths:

### EXPLORE ALTERNATIVE PAIN MANAGEMENT OPTIONS



It is important to recognize that opioid medications are not the only method for dealing with pain. There are alternative, non-narcotic options available in our region. If you are prescribed medicine for pain, talk to your doctor about symptoms and other options for pain management.

### STORE MEDICATIONS SECURELY



Making sure that all of your medications, particularly opioids, are stored properly and securely can prevent them from falling into the wrong hands. **Need to get rid of old medications?** Don't just throw them away. Take them to one of the safe medication drop-off locations listed [here](#).



### GET NARCAN TRAINING

Narcan, or naloxone, is a drug that can reverse the effects of an overdose and save a life. Since it does not have any negative side effects, it can be administered by anyone during an emergency. Training is now available at all [Kinney Drugs pharmacies](#) and at other agencies across the region. To find out more, [click here](#).

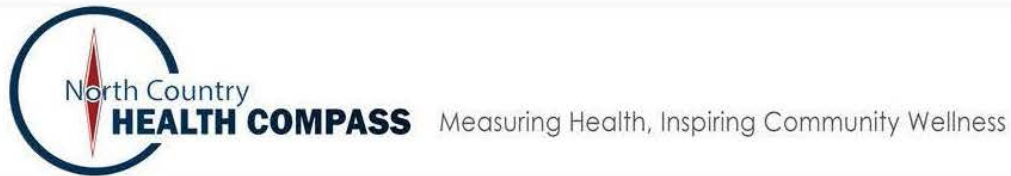
Made with support from:



Department of Health

#### Sources:

1. Katz, Josh. "You Draw It: Just How Bad Is the Drug Overdose Epidemic?" *New York Times*. April 14, 2017. <https://www.nytimes.com/interactive/2017/04/14/upshot/drug-overdose-epidemic-you-draw-it.html>
2. Ibid.
3. Rudd RA, Seth P., David F., Scholl L. "Increases in Drug and Opioid-Involved Overdose Deaths - United States, 2010-2015." *MMWR Mortal Weekly*: Rep. 2016;65:1445-1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm6505a1>
4. SPARCS Outpatient Files, 2010-2014.
5. Tug Hill Seaway Community Health Assessment Survey, 2017.
6. SPARCS Outpatient Files, 2010-2014.



## North Country Health Compass<sup>1</sup>

*Measuring Health, Inspiring Community Wellness*

Online Opioid Toolkit and Resource Center

<http://www.ncnyhealthcompass.org/tiles/index/display?alias=sud>

- Description** Provided by the Partners 4 Substance Use Prevention, the Opioid Toolkit and Resource Center is a web-based source of population data, community health information, and substance-use related support and treatment services in St. Lawrence County.
- Audience**
- Community Members
  - Health Planners
  - Providers
  - Support Services
  - Policy Makers
- Purpose** This toolkit is provided to support prevention, intervention, treatment, and recovery efforts in St. Lawrence County, NY. It contains data and information specific to St. Lawrence County, including opioid data indicators at the county, region and state levels, to help support efforts to address the opioid crisis.
- Capabilities**
- Identify community resources and substance use related services
  - Access reports about the community
  - Access data at several levels: region, county, service area, & zip code
  - Monitor trends and progress toward established goals
  - Compare regional data to state and national benchmarks
  - Create reports using available health indicators
  - Create customized dashboards for various websites
  - Explore promising practices for improving community health
  - Identify funding opportunities

<sup>1</sup> Developed in partnership with Healthy Communities Institute (<http://www.healthycommunitiesinstitute.com/>) and the North Country Health Compass Partners regional population health coalition.



North Country  
**HEALTH COMPASS**

Measuring Health, Inspiring Community Wellness

## Navigating the Online Toolkit

<http://www.ncnyhealthcompass.org/tiles/index/display?alias=sud>

### ONLINE TOOLKIT MAIN PAGE

The main page contains the following:

1. Substance use data indicators in St. Lawrence County. A drop-down menu of indicators are provided along with a dashboard comparing the county to the region, state and nation. A map of the region is also provided as well as a link to details and charts related to each indicator.
2. Links to local, state, and federal resources and services including training and funding opportunities, available treatment providers, and prevention information. Links provided on the main page include:
  - News and Updates of the Partners 4 Substance Use Prevention
  - Directory of Local Substance Use Related Services and Support
  - List of Local Providers Certified to Use Suboxone to Treat Opioid Addiction
  - Crisis Support, Local and National
  - Local, State, and Federal Government Resources
  - Training Opportunities
  - Additional Data Related to Substance Use
  - News and Announcements
  - Funding Opportunities
3. A glossary of healthcare and substance use related terms and acronyms (expand the list by clicking the bar).
4. An opioid Dashboard comparing St. Lawrence County indicators to NYS indicators.
5. Navigation map to view detailed data and information by town, hospital catchment area, and county. You can also filter by zip code, gender, age, etc.



MAIN PAGE: Snapshot 1

Find Data
Create Reports
Explore Promising Practices
Reports & Resources
About Us

## Partners 4 Substance Use Prevention St. Lawrence County Opioid Taskforce

### St. Lawrence County

Substance Use Related Indicators

Frequent Mental Distress

# 12.6%

Compared to:

NY Counties
 U.S. Counties
 NY Value
 US Value
 Prior Value

This indicator shows the percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.

[LEARN MORE](#)

County : St. Lawrence  
Data Source: County Health Rankings  
Map data © OpenStreetMap...

The Partners 4 Substance Use Prevention is a taskforce in St. Lawrence County instituted by St. Lawrence County Public Health and dedicated to working toward a healthy, safe, and informed community free of drug addiction, misuse, and resulting problems.

**Opioid Task Force News and Updates**

In December of 2015, in response to the opioid epidemic, St. Lawrence County Public Health formed an opioid task force called Partners 4 Substance Use Prevention. Click to view task force updates and relevant news regarding local, state, and national efforts to address this epidemic.

**Addiction Services and Support**

Click to view available services and resources in St. Lawrence County, NY that address multiple aspects of substance use disorder, including family support services, youth rehabilitation, referral services, peer support, residential services, housing, rehabilitation, detoxification, care coordination, and prevention.

**Medication Treatment for Opioid Addiction**

Medication Assisted Treatment (MAT) is the use of medication, typically Suboxone, to treat the addiction of opioids like heroin and prescription opiates. Click to view a list of providers in St. Lawrence County who are certified to treat opioid use disorder.

**Crisis Support**

Free, confidential, crisis and information helplines are available 24/7, 365 days a year. REACHOUT is a local resource available to all St. Lawrence County residents. SAMHSA is a national resource for individuals facing mental health or substance use disorders.

**Local, State and Federal Resources**

Resources for individuals and families in St. Lawrence County seeking information and support for substance use disorders, mental illness or developmental disabilities. Resources include St. Lawrence County Community Services, OASAS, and SAMHSA.

**Training**

Find out what trainings are available locally and nationwide. Browse a list of local trainers in Mental Health First Aid, QPR, SBIRT, Narcan, and more.

Substance Use Data
 News
 Funding Opportunities

1

2



MAIN PAGE: Snapshot 2

3

Click to expand the list:

Healthcare Acronyms and Abbreviations

4

**Opioid Indicators: County vs. State**

Opioid related indicators comparing St. Lawrence County and New York State



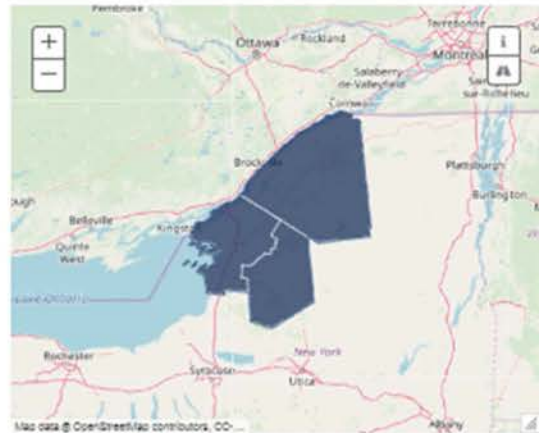
5

**Navigation Map**

Click on the **St. Lawrence County icon** to view substance use related indicators by town, hospital catchment area, county, and more.

Click on the Jefferson or Lewis County icon to view a comparison to St. Lawrence County indicators.

Also, search for indicators by age, gender, ethnicity, zip code, census tract, and more. No fields are required, but we suggest selecting a location or two to start. In the additional search options section, select options to group and order search results. To learn more about how to customize a dashboard, see our [help center](#).



View Data by Topic

  
Health

  
Economy

  
Education

  
Environment

  
Government & Police

  
Public Safety

  
Social Environment

  
Transportation

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ONLINE TOOLKIT EXERCISE

1. According to the **Substance Use Related Indicators**, what is the percentage of adults in the region who are aware of drug disposal locations in their area?
  
2. What three crisis support resources are provided on the online toolkit?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
3. Which government resource is not provided on the online toolkit?
  - a. St Lawrence County Community Services
  - b. Office for People with Developmental Disabilities (OPWDD)
  - c. Office of Alcoholism and Substance Abuse Services (OASAS)
  - d. Substance Abuse and Mental Health Services Administration (SAMHSA)
  
4. What does OTP stand for?
  
5. Name three medications used in an OTP.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
6. What is the age-adjusted ER rate due to substance use in the Canton-Potsdam Hospital catchment area?

**APPENDIX ITEM #14: LIST OF ST. LAWRENCE COUNTY SERVICE LOCATIONS**

Service Locations	Service Address	Phone	Description
Canton-Potsdam Hospital OP	12 Elm St, Potsdam, NY 13676	315-353-2572	Substance use evaluations and treatment, counseling for individual, groups, and family. Continuing Care, Medical Assisted Treatment.
Community Health Center of the North Country, Canton	4 Commerce Ln, Canton NY 13617	315-535-1325	Helps patients connect to counseling, mental health, support group, chemical dependency, rehabilitation, and employment services.
Community Health Center of the North Country, Gouverneur	77 West Barney Street, Gouverneur, NY 13642	315-535-1300	Helps patients connect to counseling, mental health, support group, chemical dependency, rehabilitation, and employment services.
Community Health Center of the North Country, Ogdensburg	102 Ford Street, Ogdensburg, NY 13669	315-535-1325	Helps patients connect to counseling, mental health, support group, chemical dependency, rehabilitation, and employment services.
Gouverneur Hospital and Gouverneur Outpatient Clinic	77 West Barney Street, Gouverneur, NY 13642	315 287-1000	Gouverneur Hospital - medically-managed detoxification services designed to assist with withdrawal from alcohol and other substances. Patients and families receive counseling and education and help with discharge and continued rehabilitation. Outpatient Clinic - Substance use evaluations and treatment, counseling for individual, groups, and family. Continuing Care, Medical Assisted Treatment.
Grace House	East Main St., Canton, NY 13617	315-386-3714	Grace House is a transitional, supportive living environment for women in early recovery from addictive disorders.
Horizons Clubhouse	56-58 Main St., Massena NY	315-705-4203	Operated by Seaway Valley Council for Alcohol and Substance Abuse Prevention, the facility provides a chance for young people ages 12 to 17 in recovery or at risk for addiction to develop social skills that promote long-term health, wellness and a drug-free lifestyle.
Massena Drug Free Coalition	206 Ford St., Ogdensburg NY 13669	315-713-4861	The Massena Drug Free Community Coalition works to address substance misuse in Massena and the surrounding area by assessing the scope of the problem, and identifying risk factors that threaten the individual, the family, and the community.

**APPENDIX ITEM #14: LIST OF ST. LAWRENCE COUNTY SERVICE LOCATIONS**

North Country Freedom Homes	25 Dies St, Canton, NY 13617	315-379-0139	Provides community residential services to recovering individuals to promote and maintain abstinence from alcohol, other mood-altering drugs and substances.
Rose Hill Rehabilitation for Youth	100 County Route 43, Massena, NY 13662	315-764-9700	Safe and secure environment for adolescents who are experiencing problems related to substance use and abuse. Nurturing, therapeutic setting to meet each adolescent's developmental, social, medical, and emotional needs.
Seaway Valley Prevention Council	2981 Ford St., Ogdensburg NY 13669	315-713-4861	Peer Support Services. Recovery Coaches to assist in removing barriers and obstacles to recovery. Family Support Navigators, support groups, referrals. The Valley Recovery Center is available to help connect recovery support services to individuals, families, and the community. They also help to eliminate stigma surrounding addiction.
St Law Addiction Trt Inpatient - Ogdensburg	1 Chimney Point Dr, Ogdensburg, NY 13669	315-393-1180	Inpatient Rehabilitation Program
St. Joe's Addiction Treatment Center - Outpatient Massena	17 Hospital Dr., Massena, NY 13662	315-705-6564	Intensive case management, assessment, individual and group counseling. Addressing Early Recovery Skills, Recovery Issues, Relapse Prevention, Continuing Care and Co-Dependency. Additional offerings include assessment, and individual and group counseling, referrals for services.
St. Joe's Addiction Treatment Center - Inpatient Saranac Lake	159 Glenwood Drive, Saranac Lake, NY 12983	518-891-4135	Inpatient treatment center. A holistic approach to chemical dependency treatment. A comprehensive program focusing on client-centered care that addresses the specific needs of each client.
St. Lawrence Outpatient Chemical Dependency - Canton	80 State Highway 310	315-386-2189	Offers services to individuals and families with alcohol abuse and/or substance abuse problems. Provides outpatient individual, group, and family counseling and referrals for inpatient treatment and other levels of treatment.
St. Lawrence Outpatient Chemical Dependency - Gouverneur	99 West Main St, Gouverneur, NY 13642	315-386-2189	Offers services to individuals and families with alcohol abuse and/or substance abuse problems. Provides outpatient individual, group, and family counseling and referrals for inpatient treatment and other levels of treatment.

**APPENDIX ITEM #14: LIST OF ST. LAWRENCE COUNTY SERVICE LOCATIONS**

St. Lawrence Outpatient Chemical Dependency - Massena	21 Harrowgate Commons, Massena, NY 13662	315-386-2189	Offers services to individuals and families with alcohol abuse and/or substance abuse problems. Provides outpatient individual, group, and family counseling and referrals for inpatient treatment and other levels of treatment.
St. Lawrence Outpatient Chemical Dependency - Ogdensburg	206 Ford St, Ogdensburg, NY 13699	315-386-2189	Offers services to individuals and families with alcohol abuse and/or substance abuse problems. Provides outpatient individual, group, and family counseling and referrals for inpatient treatment and other levels of treatment.
Transitional Living Services	610 Cedar St., Ogdensburg, NY 13699	315-782-1777	Community Housing and Assistance Program
Catholic Charities of Ogdensburg	716 Caroline Street	315-393-2660	Counseling, Foster Grandparent Program, Coordinated Children's Services
Massena Housing Authority	20 Robinson Road, PO Box 518 Massena, NY	800-545-1833	Rental housing units for low-income elderly persons, people with disabilities, and families.
NAMI - St. Lawrence Valley	149 River Road Gouverneur, NY	(315) 287-9180	Self-help and advocacy for individuals suffering from mental illness
North Country Veterans Clinic	1 Hospital Drive, Massena, NY	(315) 769-4253	Primary and mental health care services for eligible Veterans, living in St. Lawrence County and surrounding North Country, that are enrolled with the VA Health Care Upstate New York system.
Ogdensburg Housing Authority	PO Box 933 Ogdensburg, NY	(315) 393-3710	Housing options for people with disabilities and their families
Potsdam Housing Authority	6 Judson Street, Potsdam, NY	(315) 265-3680	Rental housing units for low-income elderly persons, people with disabilities, and families.
REACHOUT of St. Lawrence County	PO Box 551 Potsdam, NY	315-265-2422	Confidential crisis and information hotline
St. Lawrence County Department of Social Services	6 Judson Street, Potsdam, NY	315-379-2111	temporary assistance to eligible individuals and families to help them with their basic needs until they can become self-sufficient.

APPENDIX ITEM #14: LIST OF ST. LAWRENCE COUNTY SERVICE LOCATIONS

<p>St Lawrence Psychiatric Center</p>	<p>1 Chimney Point Drive Ogdensburg, NY</p>	<p>1-800-542-6219</p>	<p>Individual and group counseling, diagnostic evaluation, psychological testing, crisis intervention, psychopharmacology, medical evaluation, vocational assessment, education, skill training, physical therapy, structured learning therapy, occupational therapy, and recreational therapy. Outpatient Clinics, offering diagnostic assessment, individual/group treatment, medication therapy, case management, crisis services.</p>
<p>Claxton Hepburn Medical Center</p>	<p>214 King Street, Ogdensburg, NY 13669</p>	<p>315-393-3600</p>	<p>Inpatient acute-care psychiatric unit. Mental healthcare, we also offer outpatient psychiatric services. Connection to a psychiatrist for routine mental health appointments.</p>

MEDICATION ASSISTED TREATMENT PROVIDERS

	Last	First	Deg.	Address	City	County	Phone
1	Asar	Mariam	MD	50 Leroy Street	Potsdam	Saint Lawrence	315-261-5411
2	Baillargeon	Brandy	NP	221 Hamilton Street	Ogdensburg	Saint Lawrence	315-541-3042
3	Boston	Chidi	NP	1 Chimney Point Drive	Ogdensburg	Saint Lawrence	315-541-2001
4	Burnett	John	MD	173 East Orvis Street	Massena	Saint Lawrence	315-764-0501
5	Chalom	Mark	MD	1231 Congress Street	Ogdensburg	Saint Lawrence	315-393-2295
6	Couperus-Mashevske	Christine	NP	4 Commerce Lane	Canton	Saint Lawrence	315-386-4541
7	Curran	Rita	NP	9 Coventry Drive	Massena	Saint Lawrence	315-705-6666
8	Dempsey	David	NP	899 State Highway 11C	Brasher Falls	Saint Lawrence	315-389-5181
9	Dodge	Christopher	PA	50 Leroy Street	Potsdam	Saint Lawrence	315-261-5954
10	Goldstein	Edward	MD	80 SH 310	Canton	Saint Lawrence	315-386-2167
11	Hance	Amanda	NP	77 West Barney Street	Gouverneur	Saint Lawrence	315-261-5407
12	Hanna	Dean	MD	77 West Barney Street	Gouverneur	Saint Lawrence	315-287-1000
13	Kuang	Lai	MD	49 Lawrence Avenue	Potsdam	Saint Lawrence	315-274-9075
14	Ngalame	Jackline	NP	4 Commerce Lane	Canton	Saint Lawrence	315-386-8191
15	Norris	Deborah	MD	1 Chimney Point Drive	Ogdensburg	Saint Lawrence	315-393-1180
16	Prionas	Matthew	MD	181 Maple St	Massena	Saint Lawrence	315-769-4704
17	Reason	Edward	DO	77 West Barney Street	Gouverneur	Saint Lawrence	315-287-3400
18	Ross	Amanda	NP	49 Lawrence Avenue	Potsdam	Saint Lawrence	906-203-7464
19	Smith	Allison	PA	50 Leroy Street	Potsdam	Saint Lawrence	315-261-5954
20	Sohn-Robinson	Sunhee	PA	80 St. Hwy 310 Suite 1	Canton	Saint Lawrence	315-386-2167
21	Strassburg	Alex	MD	77 West Barney Street	Gouverneur	Saint Lawrence	814-688-4631
22	Strickland	Leslie	MD	80 E. Main Street	Canton	Saint Lawrence	315-265-3300
23	Welborn	John	NP	8 Church Street	Edwards	Saint Lawrence	315-562-1055
24	Weston	Kristin	NP	1 Chimney Point Drive	Ogdensburg	Saint Lawrence	315-393-1180



# Acknowledgements

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In conducting, analyzing, preparing and presenting this data, all members of the Fort Drum Regional Health Planning Organization's Population Health Team played vital roles. From notetaking at focus groups to designing the final pages, this report is the result of a collaborative effort of the following individuals:

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