

2017 IMPACT REPORT

CITIZENS' RESPONSE TO THE OPIOID EPIDEMIC

In January 2017, after months of research, LI-CAN decided to focus our efforts this year on doing everything in our power to help end the opioid epidemic that has taken so many lives in our communities. We knew from the many stories we'd gathered in 2016 that opportunities were being routinely missed – by our own institutions and many others – to intervene positively in the lives of people who were addicted to opioids or on a dangerous path in that direction. We resolved to develop a multi-faceted strategy to *stop missing these opportunities* – to take advantage of every avenue and every moment available to help **prevent addiction**, to **reduce the harm** of addiction, to encourage effective addiction **treatment**, and to support long-term **recovery**.

We launched this effort publicly at our **April 26 assembly** of nearly 1,300 citizens at St. Anthony's High School in South Huntington. Students, educational leaders, religious leaders, law enforcement leaders and others made specific public commitments of action. Fulfilling and following up on these pledges in each sector has guided our work for the remainder of 2017. Here are highlights:



CONGREGATIONS: In late 2016, LI-CAN leaders heard -- and shared widely -- the story of a young woman in recovery from a near-fatal heroin addiction who told us that her church had been “the last place I would have gone” for help. “They would have judged me,” she told us. That story, and others like it, demonstrated how much work our own congregations must do in order to become part of the solution to this epidemic rather than reinforcing the powerful social stigma that prevents open discussion of addiction and other mental health challenges and causes affected families to suffer in silence. The good news, as 2017 draws to a close, is that through LI-CAN’s work **dozens of congregations across Long Island have taken actions to invite and seek out open discussion** of these topics. More than thirty have participated in LI-CAN “**listening campaigns**” to learn from the stories and experiences of those affected by opioids or other addictions. In many congregations, conversations have been launched through **sermons, personal testimony, or other presentations during worship services**. Several congregations have developed **new ministries, support groups** or other strategies to provide practical, ongoing help to strengthen families and help them deal with substance use or mental health difficulties. In addition to these changes in institutional culture, several congregations have organized one-time events to achieve specific impacts. These have included **opioid take-back events** in partnership with the DEA, **educational workshops on substance use** aimed at young people and their parents, and **training on overdose prevention and the use of Narcan**. The cumulative impact of these efforts is that many of our congregations are becoming committed and competent at responding to the substance-use problems so many Long Island families are experiencing.

SCHOOLS AND YOUTH: Schools, too, have often helped bury the opioid crisis rather than confronting it. Or they have responded superficially -- bringing in occasional anti-drug speakers or adopting off-the-shelf drug education curricula. That is beginning to change. LI-CAN had in-depth discussions with dozens of educators in 2017 -- superintendents, teachers and others -- and found many who are determined to think and act more deeply to address not only the opioid epidemic but also what some see as a general decline in student mental health contributing to the epidemic. Here is the work LI-CAN carried out in 2017 in partnership with these allies: 1) In November, we organized a first-of-its-kind **Educators' Conference on**



Substance Use in the Age of Opioids. Hosted by Plainview-Old Bethpage Superintendent Lorna Lewis, and co-sponsored by the county superintendents' associations, the conference brought together more than 500 public-school educators from 42 districts to share effective practices in preventing and responding to substance use and mental health problems among students in all grades. 2) With feedback from key superintendents, we drafted a set of **specific commitments that each district superintendent should make** in order to effectively address the opioid epidemic; 12 superintendents have signed on to date.

Expanding the effort to get districts across Long Island to make and keep these public commitments will be a top priority in 2018. 3) We met with more than 200 youth and students through congregations and school districts in 2017, and surveyed them about the reality of substance use among their peers and what they see as the most effective responses. Many of these students -- like the founders of the **MyHigh social media campaign** (which was launched at LI-CAN's April assembly) -- are eager to do their part to help end the epidemic. LI-CAN is working with student leaders to help them organize an Island-wide **Student Congress on Substance Use** next spring.

HOSPITALS AND DOCTORS: Hospital emergency rooms are another place where opportunities are routinely missed. One mother shared a story with us of losing her son to a fatal heroin overdose after six previous non-fatal overdoses brought him to the Nassau University Medical Center emergency room. Studies suggest this trajectory is not unusual. Opioid users who are brought to the ER -- at NUMC and elsewhere -- are typically stabilized and released within a few hours, and given paper referrals to rehab facilities. "We find those papers later in the parking lot," one ER doctor told us. LI-CAN's medical advisor, addiction psychiatrist Dr. Leslie Marino, developed a **proposed new protocol to encourage opioid users who visit the emergency room to immediately begin treatment with buprenorphine**, an effective medication for treating opioid addiction, and to connect these users to outpatient buprenorphine treatment. (The proposal is based on a promising clinical trial conducted at Yale Medical Center.) LI-CAN **presented this proposal in meetings with top leaders of Long Island's three largest hospital chains** -- NUMC, Northwell, and the Catholic Health System of Long Island. While all three expressed interest, **CHSLI took action, and has begun laying the groundwork for a pilot effort to implement this new ER protocol in early 2018.** In addition to changes needed in the ER, there are many additional actions hospitals and doctors must take in order to do their part in ending this epidemic, including eliminating excessive opioid prescribing, adopting opioid-free pain management therapies, and creating an adequate addiction treatment infrastructure that includes medication-assisted treatment. **In partnership with the Cold Spring Harbor Lab, LI-CAN will organize a conference for doctors and medical leaders in March of 2018 to highlight best practices in these areas.**