

## Salvage: How Cayuga County Reduced Overdoses, Defying National Trend

*Monika Salvage, special to The Citizen*



In the field of substance use, you don't often get to be the bearer of good news. That's why I am especially pleased to share that since the height of the COVID-19 pandemic, overdoses and fatalities have decreased in Cayuga County, and for the first time, reached pre-pandemic levels in 2023. Annual overdoses are well below 200 and overdose fatalities are in the single digits again. This is mainly due to agencies and the county working better together, distributing life-saving tools to residents so they can render first aid during an overdose emergency, making treatment and recovery services more accessible for people, and collecting and sharing local data and information.

### Is this happening everywhere?

The short answer is no. News reports and official alerts from surrounding counties show that overdose deaths continue to increase in many communities. New York state's overdose death rates remain alarmingly high, which recently prompted 50 New York State lawmakers to urge Gov. Hochul to declare a state disaster emergency. Preliminary national data estimates 110,000 overdose deaths in the U.S. in 2023 compared to 71,000 in 2019. Cayuga County's 65% reduction in overdose fatalities since 2020 clearly defies the national trend.

### What was our approach?

In late 2019, under the leadership of the [former director of community services](#) who, among other things, oversees the county's substance use services, a county-wide steering committee was formed to address the opioid epidemic. This initiative brought to the table representatives from many sectors where people with substance use disorder might touch the system — including education, law enforcement, mental health, courts, treatment and recovery services, first responders, and individuals with lived substance use experience. The county's participation in the national HEALing Communities Study provided monetary and technical assistance to make sure the collaborative effort was sufficiently staffed on the local level. I had the privilege of coordinating this countywide effort, collecting and disseminating relevant local data, and supporting agencies as new interventions were planned and piloted. This public and private collaboration, for the first time, led to the development of an action plan and response strategies that we thought would help our community. While the HEALing Community Study and its funding ended in 2023, I was able to secure other grant funds that ensured that agencies could continue and expand effective programs, and new services were put in place to fill identified gaps. I firmly believe that this sustained focus on opioids during the pandemic was a gamechanger for our county in addressing overdoses and keeping people alive.

## **How did we save lives?**

We knew that in order to help people, we had to keep them alive to be able to engage and connect them to services. Our mantra was: “Every life is worth saving. The only thing you can’t recover from is death.” The best tool that can help prevent an overdose from becoming fatal is the nasal spray Narcan. It’s easy to learn how to use it, quick to administer even by laypeople, and very effective when used shortly after an overdose. As a registered overdose prevention program, we get Narcan from the state for free. Having seen overdose fatalities [increase](#) after the pandemic shutdown, I directed the expansion of the county’s Narcan distribution. Our strategy was to get Narcan out to as many people as possible, train them how to use it, get them comfortable with rendering first aid, and keep talking and writing about substance use disorder to soften public opinion about people who use drugs. Our outreach coordinator conducted in-person trainings in neighborhoods and towns throughout the pandemic, partnered with businesses, organizations, municipalities and schools to get their staff trained, and tabled at community events. These face-to-face opportunities accomplished so much more than just giving out a lifesaving tool. Each and every one of them was an opportunity to talk about personal experiences, bust myths and reduce negative beliefs. Knowing that we can’t be everywhere, we developed a mail service option for people to get Narcan sent to their homes, placed wall-mounted boxes filled with Narcan in public places, and installed a kiosk at our mental health clinic for easy access, no questions asked. We have brought 6,700 Narcan kits to every corner of our county and people are using them. We know that laypeople who have witnessed an overdose have helped save 141 lives since we started this program in 2020 (in addition to the 115 lives saved by first responders).

## **Are we meeting people where they are?**

We realized that it is not enough to have services available and wait for people to seek them out. There are many barriers for people with substance use disorder that make it hard to ask for help, get into treatment and maintain their recovery. Chief among them is the negative perception of people who struggle with addiction. Over time, we expanded our efforts to meet people where they are and engage them in different settings. Substance use providers made strides in speeding up their treatment access so people can start treatment (including medications) when they are ready and they no longer have to wait days or weeks. Typically, individuals who battle addiction also struggle in other aspects of their lives. Addressing their substance use is not enough if the rest of their lives is in shambles. Peer recovery advocates engage individuals when they touch “the system.” They meet them when they are arraigned, see the judge in court, are at risk of losing their child(ren), are released from jail or end up in the hospital, or after they have overdosed. Peers have been where they are now, are their advocates, give them options and hope, and guide them through the bureaucratic hurdles to get their lives back. I secured additional grant funding for the county that was used to expand these services by resourcing the agencies that provide them.

## **How do we know what’s working?**

There is power in the knowledge of where we’ve been, where we want to be, and how we plan to get there. This is what collecting and sharing local data has done for us. While we started with mere anecdotes four years ago, the county’s investment in developing and maintaining a system that tracks local overdoses and lets us drill down into all sorts of details provides us now with four years of trends. Our partners who enter and provide their individual agency numbers benefit from the centralized system that compiles all the data and allows us to run reports on countywide data. The big picture is shared publicly on our overdose data dashboard at [cayugacounty.us/1634/overdose-data-dashboard](https://cayugacounty.us/1634/overdose-data-dashboard), and more detailed reports are discussed with partners to evaluate if current interventions are effective and determine if future strategies need to be adjusted.

For instance, local data showed that people are more likely to die from an overdose if it happens outside of Auburn. As a consequence, our strategy was to increase our outreach to rural areas. We achieved that through the Narcan mail service, which greatly benefited rural residents. We tripled our Narcan trainings and box placements in the northern and southern parts of the county. As a result, Narcan usage by laypeople has doubled in rural areas and fatality rates in rural parts of the county have been cut in half.

As I am being asked to talk about our work on the state and national levels and attend conferences to learn more about best practices, I am being reminded that it is not typical to work in a community where partners come together and address substance use challenges head-on. This is not easy work, it changes constantly, and there are many setbacks and funding challenges. As long as we focus on people and how we can make the system work for them, I am hopeful that Cayuga County can be a recovery-ready community.

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