



HealingNYC:

Preventing Overdoses,
Saving Lives



The City of New York
Office of the Mayor



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Letter from Mayor Bill de Blasio



The first obligation of government is to protect the health and safety of our people. This is a central goal of our administration and we never stop working at it. Today, New York City is facing an opioid drug crisis driven by a toxic mixture of cheap heroin and a powerful synthetic opioid, fentanyl. These drugs and others like them are devastating lives in every kind of family in every borough.

Our administration has already taken groundbreaking steps to tackle the opioid crisis. This report explains the problem we face, what we have already done about it and how we are going to confront it moving forward.

HealingNYC is a new, comprehensive and multifaceted response to opioids. We will use every tool, take every measure and try every innovation to protect lives and prevent more lives from falling under the sway of these drugs. Among other measures, we will flood the streets with anti-overdose medication, expand effective addiction treatment and improve our capacity to track the drug supply and its consequences.

This won't be easy, but we have a proven track record when it comes to taking on complex public safety issues. Last year was the safest in recorded history when it came to crime, fires and traffic fatalities thanks to our coordinated efforts. I want to thank the First Lady for ThriveNYC, our roadmap to ending the stigma attached to mental health and substance misuse, and connecting New Yorkers to effective treatments.

The opioid plague did not start here. Cities and rural areas across the United States are struggling with it. We want every New Yorker to know we won't let them down when it comes to this national issue. Their cry for help — their cry for this entire city to focus on saving lives — could not be clearer. We will do everything in our power to save lives.

A handwritten signature in black ink, reading "Bill de Blasio".

Mayor Bill de Blasio
City of New York

**Letter from
First Lady
Chirlane
McCray**



There should be no shame in suffering from a disease, and no glory in remaining silent as it ravages mind, body and soul. But when it comes to the disease of addiction, shame and silence are still the norm, and more communities than ever — including our own — are being torn apart by a deadly opioid epidemic.

With *HealingNYC*, New York City is launching a comprehensive, multifaceted effort to prevent opioid overdose deaths. *And these deaths are preventable.* When it comes to treating opioid addiction and overdose, we know what works and we have good tools. Now we must make sure every New Yorker has access to the knowledge and resources they need to save themselves or someone they love.

HealingNYC builds on ThriveNYC, our plan to change the way we think about and treat mental illness, including addiction. More than 40 percent of people with a substance use disorder also have another mental health condition, yet fewer than half receive treatment for either challenge. That's why ThriveNYC takes a two-pronged approach: we are addressing the root causes of addiction while also dramatically expanding access to lifesaving medications like buprenorphine and naloxone.

With *HealingNYC*, New York City is taking this work to the next level. Any family can fall victim to opioid addiction, which means that every family deserves our very best effort. *HealingNYC* is a renewal of our commitment to keep each other safe and whole.

A handwritten signature in black ink that reads "Chirlane McCray". The signature is fluid and cursive.

First Lady Chirlane I. McCray

Introduction

The de Blasio administration is launching a new, comprehensive effort to disrupt a rising epidemic of deaths from opioid drug overdoses. The damage that overdose deaths cause to New Yorkers, their families and their communities requires an aggressive, citywide response. That is what *HealingNYC* aims to do: we will harness every tool, take every measure, and try any promising innovation to disrupt the opioid crisis and save lives.

HealingNYC will focus government efforts on four areas:

1) Preventing opioid overdose deaths; 2) Preventing opioid misuse and addiction; 3) Protecting New Yorkers through effective drug treatment; and 4) Protecting New Yorkers by reducing the supply of dangerous opioids. This crisis is too large for us not to use every resource we have available.

We will invest \$38 million annually at full ramp-up to reduce opioid overdose deaths by 35 percent over the next five years.

Opioids: A Citywide Epidemic

The de Blasio administration's biggest initiatives are focused on how to protect the health and safety of New Yorkers. Our efforts are already working to save lives and to provide New Yorkers with the security they need to live, learn, work and raise their families. ThriveNYC's initiatives focus on addressing the stigma around mental health disorders and giving New Yorkers unparalleled access to care and support. Precision policing and the Neighborhood Policing Plan have reduced crime to record lows,¹ and Vision Zero has resulted in the safest year on our streets in recorded history.²

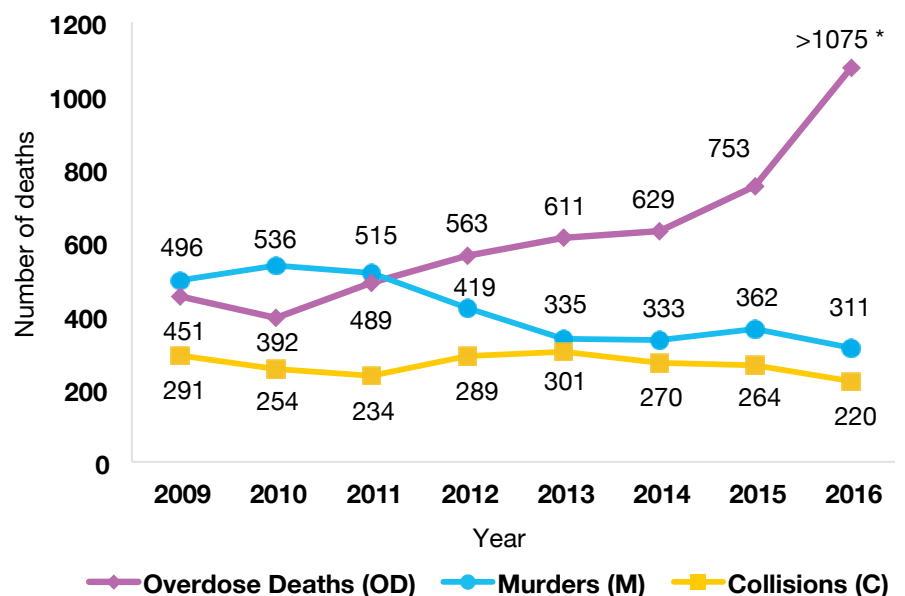
Today, the administration is launching the *HealingNYC* initiative to save lives by preventing opioid overdose deaths in New York City. Like so many communities across the nation – from big cities to small towns – NYC has seen an epidemic of overdose deaths due to a toxic mix of illicit and legally prescribed opioids.

This is a national issue that was exacerbated throughout the 2000s by the overprescribing of prescription drugs, heavily marketed by pharmaceutical companies as non-addictive treatment for chronic pain.³ Over time, as patients, doctors and government came to understand the dangers of these prescription drugs, efforts were made to reduce overprescribing and decrease the too-frequent use of opioids. But by that point, opioid misuse was already widespread and people were increasingly turning to heroin, which was relatively cheaper and easier to obtain.⁴ The rate of overdose deaths involving heroin began to climb in 2011, and has continued to rise.

Across the country, the rate of deaths driven by drug overdose has risen. More than 52,404 people died from drug overdose in the U.S. in 2015, an increase of about 15 percent since 2014.⁵ Many cities and states are struggling with this challenge as much or more than New York City. In 2015, the rate of deaths from drug overdose in NYC was 13.6 per 100,000 residents.⁶ By comparison, Massachusetts, Ohio and West Virginia saw overdose rates as high as 25.7, 29.9 and 41.5 per 100,000 residents, respectively.⁷

But no matter how New York City compares to the rest of the country, the death toll of overdoses remains unacceptably high. In 2016, our city lost an estimated 1,300 people – an average of three to four deaths per day – to drug overdose. That’s more than any other year on record. An estimated 80 percent of those overdose deaths – approximately 1,075 – involved an opioid. More New Yorkers died from opioid overdoses last year than from car accidents and homicides combined.⁸

Opioid-Involved Overdose Deaths, Murders and Collision Deaths in NYC (2009-2016)



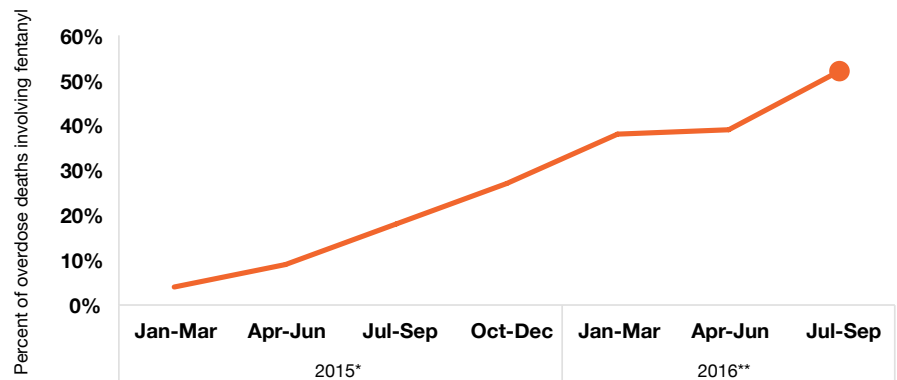
Source: NYC Office of the Chief Medical Examiner and NYC Health Department Data from 2016 are provisional. *Opioid-involved overdose death data are projections based on data received as of February 9, 2017.

Prescription drugs continue to play a role in the opioid epidemic. But since 2011, heroin and subsequently, fentanyl – a powerful synthetic opioid 50 to 100 times stronger than the painkiller morphine – have driven the increase in overdose deaths. Nearly all opioid overdose deaths involve more than one substance. Almost 90 percent of fatal opioid overdoses in 2016 involved heroin or fentanyl. Eighteen percent involved prescription opioid painkillers.⁹

The risks posed to people who misuse substances have increased dramatically due to the recent introduction of fentanyl into the supply of illicit drugs. Drug suppliers have increasingly combined fentanyl with heroin, cocaine and illegally manufactured pills, including prescription painkillers or sedatives such as Xanax.¹⁰ Fentanyl is so powerful that just a small amount added to another drug can result in an overdose death, and people who use drugs are often unaware of its presence. Although fentanyl can be a prescribed medication, the addition of illegally manufactured fentanyl to illicit drugs has contributed to the dramatic spike in overdose deaths.¹¹

Before 2015, fentanyl was involved in fewer than five percent of all overdose deaths in New York City.¹² But more recently, fentanyl has been involved in an increasing number of overdoses, both in New York City and in other jurisdictions. During the second half of 2016, fentanyl was involved in approximately half of NYC overdose deaths.¹³

An Increasing Proportion of NYC Overdose Deaths Involve Fentanyl (2015-2016)



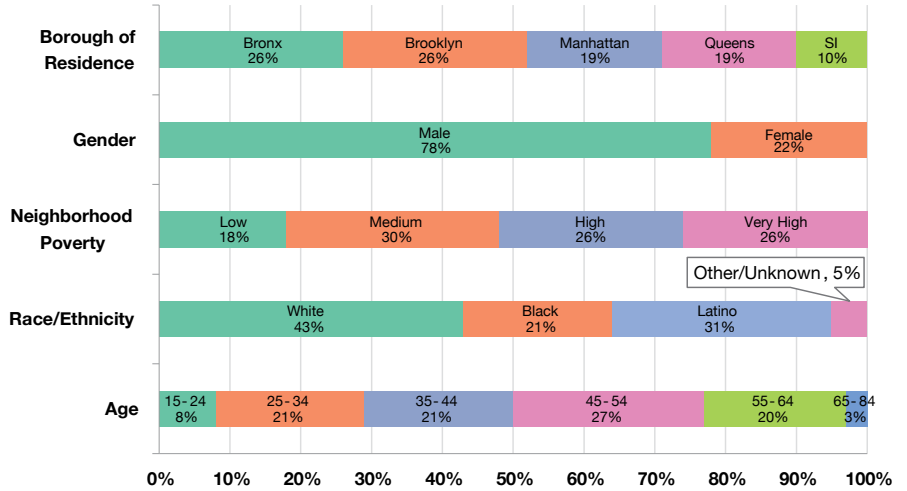
Source: NYC Office of the Chief Medical Examiner and NYC Health Department

*Data from 2015 are provisional. **Data from 2016 are provisional and as of February 9, 2017. Data are estimated to be 95% complete.

Like drug misuse in general, the misuse of opioids cuts across age, race, ethnicity, class and neighborhood. Deaths from opioid overdose are the third leading cause of death before the age of 65, and are the leading cause of unintentional injury-related death in New York City.¹⁴

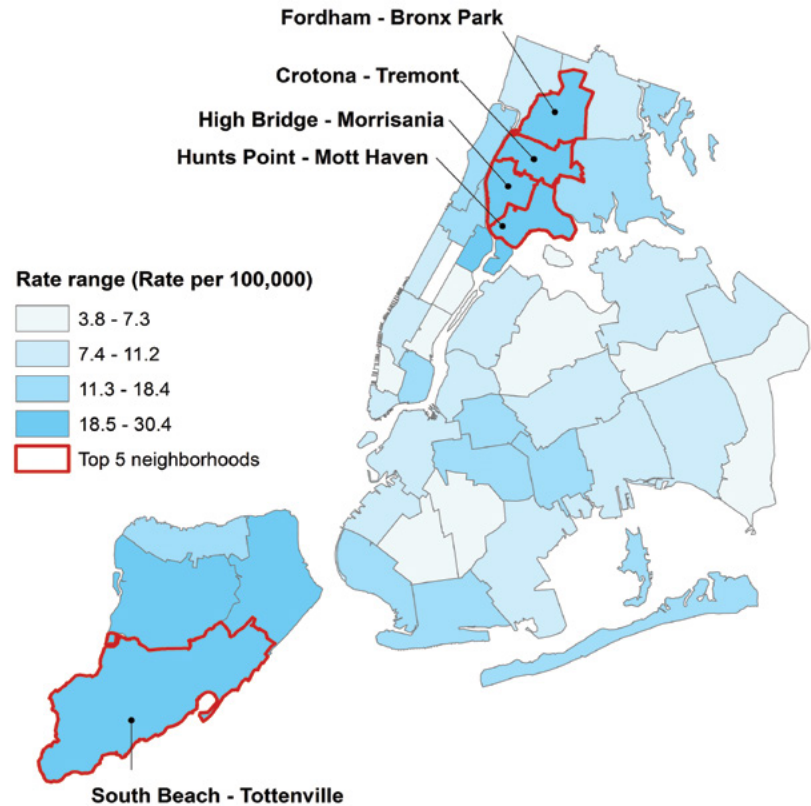
Although opioid overdose deaths have been spread across demographics, four neighborhoods in the Bronx and South Beach-Tottenville in Staten Island had the highest rates of overdose in New York City during 2015 and 2016.¹⁵

Opioid Overdose Deaths Affect New Yorkers of All Demographic Groups and Boroughs (2016*)



Source: NYC Office of the Chief Medical Examiner and NYC Health Department
 *Data from 2016 are provisional and as of February 9, 2017. Data are estimated to be 95% complete. Numbers may not sum to 100% due to rounding. Neighborhood poverty was defined as percent of residents in each ZIP code with incomes below 100% of the federal poverty level (Census 2000), separated into four groups: low (<10%), medium (10% to <20%), high (20% to <30%) and very high (>30%) neighborhood poverty.

Rate of Opioid-Involved Overdose Deaths by Neighborhood of Residence (2015-2016)



Source: NYC Office of the Chief Medical Examiner and NYC Health Department
 Data from 2015 are provisional. Data from 2016 are provisional and as of February 9, 2017. Data are estimated to be 95% complete.

New York City's Historic Leadership

New York City has a long history of leading the nation in responding to substance misuse and overdose and helping people recover. In the 1970s, NYC was the first jurisdiction in the U.S. to open methadone maintenance programs in response to the heroin epidemic.¹⁶ Today, there is no longer a waitlist to connect patients with this effective treatment.

Since the 1990s, New York City has been responding to the HIV/AIDS epidemic by providing harm reduction services to people who inject drugs. Services include syringe exchange programs that provide clean injection equipment and connections to medical care.¹⁷

Providing people who are at risk of overdose with a range of services – including medical and mental health care, counseling, and case management – reduces the risk of overdose and of HIV, hepatitis C and other drug-related illnesses.¹⁸



HealingNYC Builds on a Record of Leadership

Over the past three years, NYC has become a national leader in addressing the opioid epidemic and has taken a variety of innovative steps, including:

- **Distributing naloxone, a lifesaving overdose reversal medication, to people and places most at risk.** NYC was one of the first jurisdictions in the country to widely distribute naloxone, a safe and effective medication that reverses the effects of an opioid overdose.¹⁹ People without formal medical training can learn to recognize overdose symptoms and to administer naloxone while awaiting emergency services.²⁰ Multiple City agencies have already distributed naloxone and provided training to employees, community organizations and individuals who are closest to at-risk communities.
 - Since late 2009, the Department of Health and Mental Hygiene (DOHMH) has dispensed naloxone kits to opioid overdose prevention programs across the city.²¹ In 2016, DOHMH distributed more than 15,000 naloxone kits to targeted programs and communities.
 - In 2013, the NYPD began distributing naloxone to officers in Staten Island and has since expanded its approach, distributing more than 13,000 naloxone kits to officers across the city.²²
 - In 2014, New York City established one of the country's first jail-based naloxone distribution programs at the Rikers Island Visitor Center. Through this program, Correctional Health Services, a division of NYC Health + Hospitals (H + H), distributes naloxone once a week to the families and visitors of inmates who are at high risk of overdose upon release from jail.
 - In 2016, the Department of Homeless Services trained its shelter providers in naloxone administration, with the goal of ensuring 24/7 coverage and reducing overdose, a leading cause of death in the shelter system.²³

In addition to distributing naloxone, the City has taken steps both to increase access to naloxone at local pharmacies, and to increase awareness about the power of naloxone to save lives. In 2015, the NYC Health Commissioner authorized an order to make naloxone available without a prescription in participating pharmacies. Naloxone is currently available without a prescription in 750 pharmacies citywide, including all major chains. In late 2016, the City launched a simple but powerful public awareness campaign, "Save a Life, Carry Naloxone." The campaign targeted those neighborhoods most affected by overdose deaths. Ads were placed in convenience stores, nail salons, hair salons, barbershops and the Staten Island Ferry terminal, as well as on digital and social media platforms.



With these naloxone initiatives, the City has been able to save lives and open paths to recovery. DOHMH has received more than 1,200 reports of overdose reversal using naloxone, and NYPD officers have deployed naloxone in 115 incidents, reversing 111 overdoses.^{24,25} In 2016, naloxone saved lives 94 times within the shelter system.²⁶ Correctional Health Services found that among 226 visitors to Rikers Island who received a naloxone kit and responded to a survey, 50 used the kits to reverse an overdose.²⁷ Each of these reversals provides a new opportunity for people who have overdosed to connect to necessary care and treatment.

Emergency medical technicians (EMTs) and certified first responder (CFR) firefighters, who have been able to administer naloxone since 2014, also play a key role in ensuring that New Yorkers who overdose from opioids receive naloxone. EMTs and CFR firefighters successfully reversed over 180 overdoses per month in the second half of 2016, a significant increase from the average of 75 reversals per month in 2014.²⁸

The City is investing \$850 million over four years through ThriveNYC to help New Yorkers get the services they need for mental health and substance use disorders.²⁹ Research shows that more than 40 percent of people with a substance use disorder also have a mental health condition, yet fewer than half receive treatment for either.³⁰

Launched in 2015, ThriveNYC is providing vital services to New Yorkers who need help right now. At the same time, the City is investing in prevention and wellness, because the best way to treat any disease is to stop it before it starts, and to intervene before it gets more serious. With 54 initiatives supported by nearly a billion dollars over the next four years, ThriveNYC is the most comprehensive mental health and substance misuse plan of any city or state in the nation. Programs like Connections to Care (C2C), the Mental Health Service Corps (MHSC) and the Maternal Depression Collaborative help ensure that New Yorkers can get screened and receive help for issues such as depression and substance misuse from their primary care doctor. ThriveNYC has received widespread national and international recognition, and other cities are already beginning to model efforts after this work.

We have established RxStat, a national model for public health and law enforcement agencies to share timely and actionable information about overdose trends and responses.³¹ The RxStat program, a coordinated effort by local, state and federal public health and law enforcement agencies, has been hailed as a national model by the Office of National Drug Control Policy and by the Bureau of Justice Assistance within the U.S. Department of Justice.



First Lady Chirlane McCray and Surgeon General Vivek Murthy discuss how to reverse the opioid epidemic following a panel on substance misuse at the United States Conference of Mayors meeting in January 2017.



“What’s been helpful are not just the findings, but the process of using the data and the relationships that are built around that, and the credibility that’s been built. There is now the opportunity for mutual respect, and that’s really important when you’re trying to make big changes.”

– Public health researcher and RxStat program participant

It provides a forum for agencies to track and share timely data about opioid misuse and overdoses, including where overdoses are occurring, the substances involved and the demographics of the individuals who overdosed. Like the highly successful CompStat model employed by the NYPD to target crime fighting, RxStat provides agencies with the data they need to effectively focus their resources on the communities most at risk of overdose in NYC.

The sharing of police laboratory data in RxStat confirmed the presence of fentanyl in recent drug seizures. Because of real-time data sharing that showed increasingly high rates of overdose in a few neighborhoods, City agencies were able to provide critical resources to the right communities. For example, based on data about the concentration of overdoses in certain communities in Staten Island and the Bronx, the NYPD launched its naloxone distribution initiative in Staten Island, and representatives from DOHMH and the Mental Health Service Corps targeted distribution of more than 1,000 naloxone kits across the Bronx.



HealingNYC

New York City has already taken innovative and significant steps to address the problem of opioid overdose deaths. But we must do more: New Yorkers are still losing their lives to opioids at record rates, largely because of fentanyl.

The de Blasio administration is announcing a series of new and expanded initiatives designed to address this crisis, save lives and help New Yorkers heal. These initiatives are organized around four main goals and supported by 12 strategies to advance these goals.

Goal 1:

Prevent Opioid Overdose Deaths



“I’ve been able to save the lives of at least seven people with naloxone. Every time I’ve used it to reverse an overdose, I’ve been overwhelmed by how incredibly powerful it is to see someone literally come back to life. I’m grateful that it is available and that I was empowered to use it, and most of all, I’m so happy all of those people stayed alive.”

— Manager of a drop-in center
in Manhattan

Strategy 1: Distribute 100,000 naloxone kits citywide

Reversing overdoses not only saves lives, it enables New Yorkers to get treatment and prevents death in the long term. Since 2014, the City has made a concerted effort to increase the distribution of naloxone. Starting in 2017, we will build significantly on this effort:

- DOHMH will more than quadruple its naloxone distribution, providing 65,500 kits across at least 100 opioid treatment, detoxification and syringe exchange programs, as well as through Connections to Care (C2C), an innovative program that integrates mental health supports into the work of community-based organizations that serve low-income and at-risk populations.
- The NYPD, often the first to arrive at the scene of an overdose, will equip all 23,000 of its patrol officers with naloxone.
- Correctional Health Services will quintuple its existing program to distribute 5,000 naloxone kits at the Rikers Island Visitor Center, a crucial program that has been an efficient point of distribution for getting naloxone into neighborhoods with high overdose rates.
- The Department of Social Services will distribute 6,500 kits in City shelters, and will continue training its shelter providers in naloxone administration.
- The City will increase the number of pharmacies that make naloxone available for sale without a prescription from 750 to 1000.



Goal 2:

**Prevent Opioid
Misuse and
Addiction**

NYC's Investment in Early Childhood Mental Health

We know that what happens in early childhood can have consequences well into adulthood. To reduce the risk of substance misuse, ThriveNYC created educational activities and social supports with a focus on family relationships and early child development. Positive relationships with parents and caregivers from infancy through early childhood lead to healthy socialization and self-regulation, which are major protective factors against drug use and other behavioral concerns.³⁴

Evidence-based parenting programs foster secure relationships between caring adults and youth of all ages. ThriveNYC has committed to setting our youngest New Yorkers on a pathway to success by expanding social-emotional learning to all EarlyLearn NYC and pre-K students.

Social-emotional learning helps children to develop the skills they need in order to build healthy relationships, handle conflict, and make good choices.

The City's first priority is always to protect and to save lives. But turning around the opioid epidemic requires more than just addressing the immediate problem. Given the serious health and social consequences associated with opioid misuse and addiction, the City will invest in activities that prevent problems before they start and will identify people who have already begun to misuse opioids in order to facilitate early interventions.

Strategy 2: Invest in early interventions for youth to prevent opioid misuse and addiction

Although substance misuse may occur at any age, adolescence is a particularly high-risk period. The majority of adults who have been diagnosed with a substance use disorder started use during adolescence.³² Providing evidence-based interventions, including educational activities and social supports, can delay early use and stop the progression from use to addiction.³³ ThriveNYC's School Mental Health Clinics and Consulting programs now cover all Department of Education campuses and educate staff and families on proven awareness and prevention approaches for youth. In 2017, ThriveNYC will create additional mental health clinics in high-need schools that account for a disproportionate share of suspensions and mental health issues. This effort will be modeled after the expansion of mental health services in NYC's Community Schools.

Strategy 3: Educate New Yorkers about effective treatment for opioid misuse and addiction

The City's unprecedented investments in mental health and substance misuse offer new pathways to treatment that can get people into recovery more quickly and effectively. But like naloxone, these treatment options are only useful if New Yorkers know what they do, where to get them, and how to use them. The deep stigma surrounding addiction can prevent many adults from seeking treatment until they experience a crisis, when obtaining treatment can become more difficult.

Over the next three years, the City will run multiple large public awareness campaigns, building on "Save a Life, Carry Naloxone," to make more New Yorkers aware of the risks of opioids and to reduce the stigma associated with seeking effective treatment.





The City will expand on its “Today I Thrive” campaign, which reached four million New Yorkers through tailored messaging about stigma, ways to access treatment and the importance of early intervention. The City will also continue to promote **NYC Well (1-888-NYC-Well)**, a single access point through which New Yorkers can use phone, text or chat services to connect to mental health services and counseling with peers who have experience recovering from addiction.

Strategy 4: Connect up to five of the communities at highest risk with targeted prevention messages and care

Using skilled public health educators, the City will bring essential information and resources about how to prevent consequences from substance misuse to communities in need. Working in up to five key neighborhoods that have experienced large increases in overdose deaths, educators will provide tailored prevention and risk reduction information — from meeting with people on the street to attending neighborhood gatherings and building partnerships with community-based organizations. All of the materials developed and used by this group of educators will be translated into multiple languages and will include culturally appropriate messaging. Additionally, the educators will respond to drug outbreaks by dispensing naloxone and providing training for effective use.

Mental Health Service Corps (MHSC) members will also be trained to distribute naloxone and to counsel clients about overdose risk. MHSC is a ThriveNYC initiative that deploys physicians and clinicians to primary care practices in under-served communities. It will grow to 400 members by 2018 and aims to reach those who might otherwise fall through the cracks.

Strategy 5: Educate clinicians to reduce overprescribing

By educating physicians, nurse practitioners, physician assistants, and other health care professionals about the risks of prescription opioid painkillers and best practices for judicious prescribing — including guidelines that encourage doctors to avoid opioid painkillers except when necessary, and to use the lowest possible dose for the shortest amount of time — we can prevent future opioid overdose deaths.

The City has already been doing this effectively in the Bronx and Staten Island, and will continue to reach 1,500 unique providers annually — a combination of both public providers and those in private practice — in targeted neighborhoods to educate them about prescribing practices and how to prevent overdose death and addiction.³⁵ In addition, NYC H + H, which helped to develop NYC’s judicious prescribing guidelines in 2011, will develop clinical guidance and electronic health record alerts in order to promote safer prescribing practices across the City’s public hospital system.

Promoting Recovery Through Peer Support

Peer Support is an evidence-based model that relies on trained workers with lived experience of mental health or substance use challenges. Peer Support workers use their life experiences to engage, support and coach people with substance use or mental health issues whose needs might not have been fully recognized or served by the traditional health care workforce. Peer Support facilitates recovery and can reduce health care costs.³⁶

Strategy 6: Expand crisis intervention services for nonfatal overdose

From 2017 to 2019, the City will expand its Nonfatal Overdose Response System (NORS) to a total of 10 high-risk neighborhoods, up from three. The NORS model deploys qualified peer navigators to emergency departments to educate patients on overdose risk, provide naloxone kits and connect people who have overdosed with services they are ready to use, including harm reduction or drug treatment. This allows hospitals to move beyond the crisis moment of overdose and change the path of patients' lives.



BOOM!Health's Assistant Vice President Samantha Paz speaks with First Lady Chirlane McCray about the importance of harm reduction programming.

Goal 3:

**Connect New
Yorkers to Effective
Treatment**

Medication-Assisted Treatment: What Is It?

Methadone has been used for decades to treat heroin and other opioid use disorders. NYC's large network of methadone maintenance treatment programs, now called opioid treatment programs, has capacity for additional patients. Though often stigmatized, methadone is a highly studied type of medication-assisted treatment with proven positive outcomes.³⁸ About 30,000 New Yorkers are currently being treated in this network and benefit from medication management, counseling and other co-located medical and mental health services.

Buprenorphine treatment can be provided in primary care, addiction treatment and harm reduction settings, increasing its availability and access to patients who want to receive care where they are already receiving other services. The 2016 federal Comprehensive Addiction and Recovery Act (CARA) newly enables qualifying nurse practitioners and physician assistants to prescribe buprenorphine, meaning even more New Yorkers will have access to treatment.³⁹

NYC will use every available resource to make effective drug treatment accessible to as many people as possible through our public hospital system, our correctional health system and our broad network of providers.

Strategy 7: Increase access to medication-assisted treatment for addiction for 20,000 additional New Yorkers by 2022

The most effective treatment for opioid use disorders includes the use of medication, also known as medication-assisted treatment (MAT). Methadone and buprenorphine are the most highly studied types of MAT, and they have the most proven positive outcomes. Methadone and buprenorphine block the effects of and reduce opioid cravings. **When prescribed properly, these medications have few or no side effects; enable patients to engage in recovery, including employment, school and other activities; and build relationships with friends, family, and in their communities.** Similar to treatment of other chronic illnesses, such as diabetes and asthma, addiction treatment that includes ongoing medication use — often in conjunction with behavioral interventions, social support services and clinical monitoring — results in the best patient outcomes.³⁷

38,000 New Yorkers currently receive buprenorphine or methadone. To increase this number to 58,000 by 2022, the City will:

- Establish buprenorphine induction, the first phase of maintenance treatment, in at least 10 New York City emergency departments, including multiple sites across the NYC H+H system.
- Establish addiction treatment and care management with buprenorphine prescribing at all NYC H+H primary care clinics in 2017.
- Establish buprenorphine maintenance treatment at up to seven syringe exchange programs in 2017.
- Train an additional 1,500 health care practitioners, including 350 from across the NYC H+H system, to prescribe buprenorphine, including qualifying nurse practitioners and physician assistants who are newly eligible to prescribe buprenorphine under federal law.
- Expand the innovative Buprenorphine Nurse Care Manager Model, which allows New Yorkers to receive MAT at their regular doctor's office while receiving case management services from nurses, thus increasing the odds that they will adhere to their treatment plan. The City will double the number of funded sites to 14 in 2017.



“When my oldest child was very young, I was caught in a hellish cycle of opiate dependence, which sadly rendered me incapable of devoting the time and attention to him that every child deserves. I have since engaged in treatment with a methadone maintenance treatment program and it feels so liberating to not have to wake up every day in the pains of withdrawal. I am now much more engaged in my oldest son’s life, as well as the lives of my two infant children – and I know that I wouldn’t be able to do these things had I not begun methadone maintenance. It has brought much-needed stability and peace to my life.”

– Musician, artist and stay-at-home dad in Brooklyn



“I was afraid I would never find a way to be able to stop using drugs. I have relapsed many times. I knew about buprenorphine, but procrastinated trying to find a doctor who could prescribe it. Once I did start taking buprenorphine, my cravings, urges and obsession with heroin just stopped. Usually people say it’s hard to get through that first 90 days without using drugs, but it wasn’t for me. I feel like buprenorphine saved my life.”

– 25-year-old Staten Island resident

Strategy 8: Make NYC Health + Hospitals a system of excellence, delivering increased and effective opioid services

The City will leverage its public hospital system to treat more New Yorkers in need. Each year, NYC H+H diagnoses more than 50,000 patients with a substance use disorder. NYC H+H handles more than 60 percent of all opioid-related emergency room (ER) visits in the city, amounting to more than 30,000 opioid-related ER visits a year. Yet today NYC H+H can treat fewer than 4,000 patients per year in addiction specialty care.⁴⁰ To respond to this pressing need, NYC H+H will transform its substance use care models to become a system of excellence in addressing harmful opioid use through the following strategies:

- Educate health care professionals in primary care and emergency departments on prescribing smaller doses of opioids and benzodiazepines for shorter lengths of time.
- Develop metrics and tracking prescribing patterns regarding dosage and supply through a system-wide NYC H+H opioid use and treatment dashboard, in order to ensure accountability and oversight and to avoid harmful consequences.
- Increase from 100 to 450 the number of prescribers in ambulatory care and emergency departments who are certified to treat patients in buprenorphine induction and maintenance.
- Launch Addiction Medicine Consult Teams (AMCTs) at four NYC H+H facilities across multiple boroughs to connect patients to substance misuse treatment and ongoing care, with capacity to use telemedicine to expand the AMCTs’ reach to additional NYC H+H facilities.
- Register all hospitals and Federally Qualified Health Centers (community-based organizations that provide comprehensive primary and preventive care regardless of ability to pay) to establish routine naloxone prescribing and dispensing processes based on best practices.
- Standardize response to nonfatal overdose in emergency departments though naloxone dispensing and offering buprenorphine induction and linkage to care, including risk reduction counseling and follow up.



NYC's Mayoral Task Force on Behavioral Health and the Criminal Justice System

In 2014, the Task Force developed interventions specific to different points in the criminal justice process — before arrest, through court processing, in jail, upon reentry, and in the community.⁴³

Significant strategies focused on substance misuse included:

- Reducing the use of incarceration for people with substance use disorders who pose a low risk to public safety, including reducing reliance on money bail, expanding pre-trial supervised release, and implementing early screening for behavioral health problems to target diversion.
- Ensuring that those in need of care are linked to an extensive network of services, including Medicaid, which can help to pay for mental health and substance misuse services.
- Increasing investments in supportive housing and supporting employment after reentry.

These initiatives aim to prevent harm, protect people who needlessly cycle through the criminal justice system, and provide services to people in jail who, upon release, are at a heightened risk of overdose and recidivism.

Strategy 9: Target treatment and expand resources to people in the criminal justice system

Through the Mayor's Task Force on Behavioral Health and the Criminal Justice System, the administration has sought to address the reality that, all too often, people end up in the criminal justice system due to untreated mental health and substance misuse issues. Nationally, an estimated 24 to 36 percent of all heroin users pass through the criminal justice system in a given year.⁴¹ In NYC, out of 400 people admitted to jail more than 18 times between 2009 and 2014, 67 percent had a mental health need and 99.4 percent reported a substance use disorder.⁴² It is crucial that the City build on these efforts because so many people who are entangled in the criminal justice system struggle with opioid misuse and are at heightened risk of overdose.

The problem of opioid misuse and overdose is particularly acute in our jails. Overdose is the number one cause of death upon release from jail.⁴⁴ Approximately 17 percent of the 55,000 people admitted to jail annually are found to be in acute opioid withdrawal, and approximately 1,700 people in the NYC jail system are known to have opioid misuse issues on an average day.⁴⁵ Because studies show that medication and treatment in jails is one of the most effective ways to prevent overdoses, the City is making unprecedented investments in these interventions,⁴⁶ including:

- Doubling the number of people who are treated with methadone on Rikers Island each day to 600 through the Key Extended Entry Program (KEEP),⁴⁷ the nation's oldest and largest treatment program in jails. Thanks to KEEP, approximately 2,500 patients re-enter the community annually with methadone maintenance and connection to a methadone program.
- Tripling the number of patients in jail who have access to buprenorphine per day, to 150. NYC has the only program in the nation that allows inmates to start treatment with buprenorphine in jail, discharges them with a four-day supply of medication, and connects them directly to treatment upon release.⁴⁸
- Increasing the number of patients leaving jail with an individualized treatment plan, which may include a wide variety of options, from peer counseling to intensive outpatient drug treatment.

The City is also committed to launching and studying new programs aimed at improving public safety and public health by effectively diverting people from the criminal justice system who can be better served by substance misuse treatment or services. As part of this effort, the City will evaluate a promising new pre-arraignment diversion program that just launched in Staten Island. Heroin Overdose Prevention & Education (HOPE) gives people with little to no criminal record who are arrested for misdemeanor drug possession a chance to receive services as an alternative to prosecution. HOPE is the result of a multi-agency partnership of the Staten Island District Attorney, the NYPD, the Mayor's Office of Criminal Justice, DOHMH, the Legal Aid Society, the Staten Island Performing Provider System, and service providers in Staten Island. The goal of the HOPE evaluation is to assess whether the program's protocols are serving the objectives of HOPE, to measure the health and criminal justice outcomes of participants, and to assess the opportunity to expand the program to other boroughs.



NYC Health Department public health education materials about effective treatment for opioid use disorder with buprenorphine (bupe) and opioid reversal using the medication naloxone.

Goal 4:

**Reduce the Supply
of Dangerous
Opioids**

NYC's Efforts to Target the Supply of Dangerous Opioids

The NYPD has expanded proactive enforcement strategies to reduce the availability of opioids that are killing New Yorkers. Between 2011 and 2015, there was a 57 percent increase in heroin sale arrests, and the NYPD's efforts have resulted in a 32 percent increase in heroin seizures from 2014 to 2015.⁵⁰

Recent notable cases include:

- In March 2016, the NYPD narcotics unit seized over 30 pounds of heroin in addition to other drugs and weapons after a 20-month investigation.
- In January 2017, police seized 400 glassines of heroin after tracing the supply to Staten Island as part of Operation Blue Angel.
- In February 2017, as part of Operation Open Market, the NYPD seized more than 103 pounds of illicit drugs on its way to the Bronx. The drugs included a combination of heroin and fentanyl worth over \$22 million.

In addition to implementing strategies that seek to prevent opioid misuse, expand treatment to people who misuse, and reverse overdoses whenever they occur, NYC will expand on proven strategies that reduce the availability of illegal opioids, particularly those involving fentanyl. In order to reduce the supply of opioids that are killing New Yorkers, the NYPD will expand its efforts to identify and arrest dealers, intercept illegal opioids before they enter the city and disrupt the networks that supply these drugs. The NYPD will leverage new and expanded sources of information about the presence, prevalence and type of opioids in the city in order to target enforcement efforts.

The NYPD will save lives not only through enforcement but also by equipping every patrol officer with naloxone, by encouraging New Yorkers to call for help if they experience or witness an overdose, and by continuing to collaborate with other City agencies. In addition to equipping its patrol officers with naloxone, the NYPD will train them on when and how to deploy it in order to reverse overdoses. The NYPD will also launch a campaign to raise public awareness about New York State's 911 Good Samaritan Law, which grants people who call for help during an overdose and are in possession of small amounts of drugs or drug paraphernalia, or are in possession of alcohol while underage, immunity from prosecution.⁴⁹ Finally, the NYPD will continue its participation in the RxStat Operations group, a regular meeting of over 25 public health and public safety agencies to share information about opioid overdose and develop better strategies for reducing overdose deaths.

Strategy 10: Use data to target outreach and take action

In 2017, the administration will make new investments to increase the kinds of testing and information sharing that the City needs to effectively reduce the supply of dangerous opioids. These investments will increase laboratory, technology and personnel capacity at the Office of the Chief Medical Examiner (OCME) and capacity at the NYPD narcotics laboratory. With these new investments, the OCME will continue to test all individuals who have died from overdoses and rapidly share data with law enforcement partners. In addition, the NYPD lab will test all drugs found at the scene of both overdose deaths and nonfatal overdoses.

As a result of increased testing and timely sharing of information about the drugs causing overdose, including information about new types of dangerous synthetic drugs and clusters of deaths involving fentanyl, both the NYPD and public health agencies will gain a better understanding of the city's drug environment.

This will allow the City to take a number of concrete steps. The NYPD will be able to conduct a larger number of thorough death scene investigations and targeted investigations into both individuals and the criminal organizations that traffic in dangerous opioids. In addition, better intelligence will enhance law enforcement and public health authorities' ability to target resources to communities at risk, inform community outreach efforts, and provide relevant information to the public about emerging threats to the lives of New Yorkers.

The Opioid Response Initiative: A Success Story in Staten Island

In July 2016, the NYPD dismantled a heroin operation in Staten Island that was linked to the overdoses of three women – one of which was fatal and two of which were nonfatal. The Fire Department of New York reversed two of the overdoses by administering naloxone.

After investigating all three overdoses, the NYPD traced the source of the heroin to a gang member whom the NYPD determined was selling heroin laced with fentanyl. After conducting an investigation into the dealer's business, the NYPD identified eleven additional people responsible for supplying heroin to the greater Staten Island area. All 12 participants in the heroin operation were arrested and the NYPD seized a large quantity of heroin, cash and several vehicles.

Strategy 11: Expand the NYPD's enforcement against dealers of opioids that cause overdose deaths

In February 2016, in cooperation with the Staten Island District Attorney, the NYPD launched the Overdose Response Initiative, which investigates overdose deaths in order to rapidly identify dealers, dismantle their operations, and provide help to families and friends of overdose victims.⁵¹ As part of this initiative, dedicated Overdose Response Squads thoroughly investigate the scene of each overdose, collecting and preserving vital evidence, including information from victims' friends and family members about the source of the drugs involved in the overdose death. As appropriate, members of the Overdose Response Squads provide the family and friends of the victims with information about how to obtain naloxone and about treatment and support services available in Staten Island. Ultimately, the Overdose Response Squads work to trace the drugs involved in overdose up the supply chain to target dealers and distributors of deadly opioids for prosecution. The NYPD works with local and federal prosecutors to support enhanced prosecution of any identified dealers who are connected to overdose deaths – particularly deaths involving fentanyl.

This strategy has already made a difference. To date, the NYPD has successfully disrupted a number of major drug dealing networks as a result of the Overdose Response Squads. To build on the success of existing efforts in Staten Island, the NYPD will create new Overdose Response Squads that will target dealers in other high-risk neighborhoods in New York City.



Strategy 12: Expand the NYPD's capacity to disrupt the trafficking of opioids into New York City

The NYPD works with local, state and federal partners, including New York City's five District Attorneys' Offices, the Office of the Special Narcotics Prosecutor, the Federal Bureau of Investigations, the Drug Enforcement Administration, the High Intensity Drug Trafficking Area (HIDTA) and the U.S. Attorneys' Offices to conduct targeted interdiction operations across state and national borders. The goal of these partnerships is to keep dangerous opioids from entering New York City in the first place, and to dismantle the networks of traffickers that support the market for illicit drugs. Teams work to identify major drug cartels, gather intelligence and conduct the requisite surveillance to successfully prosecute major drug suppliers.

The City will expand on these efforts by committing additional NYPD detectives to the efforts to disrupt the supply of opioids before they come into the city, including at NYC airports, highways and ports of entry.

Acknowledgments

Several task forces, working groups and committees have worked and continue to work with the City to address substance misuse and reduce deaths caused by opioid overdose.

Task Force on Behavioral Health and the Criminal Justice System

Led by the New York City Mayor’s Office of Criminal Justice

RxStat Member Agencies

Bronx County District Attorney’s Office

Drug Enforcement Administration

Lyndhurst Police Department

Kings County District Attorney’s Office

New Jersey Attorney General’s Office

New Jersey Department of Health

New Jersey State Police

New York City Department of Correction

New York City Department of Health and Mental Hygiene

New York City Department of Homeless Services

New York City Department of Probation

New York City Health + Hospitals - Correctional Health Services

New York City Health + Hospitals – Office of Behavioral Health

New York City Human Resources Administration

New York City Mayor’s Office of Criminal Justice

New York City Office of the Chief Medical Examiner

New York City Office of the Mayor

New York City Poison Control Center

New York City Police Department

New York County District Attorney’s Office

New York/New Jersey High Intensity Drug Trafficking Area

New York State Attorney General’s Office

New York State Department of Corrections and Community Supervision

New York State Department of Health - AIDS Institute

New York State Department of Health - Bureau of Narcotic Enforcement

New York State Governor’s Office

New York State Office of Alcoholism and Substance Abuse Services

New York State Police

Office of the Special Narcotics Prosecutor for the City of New York

Queens County District Attorney’s Office

The Regional Medical Services Council of New York City

Richmond County District Attorney’s Office

Substance Abuse and Mental Health Services Administration

United States Attorney’s Office, Eastern District of New York

United States Attorney’s Office, Southern District of New York

**Mayor's Heroin and Prescription Opioid
Public Awareness Task Force**

Co-chairs: Dr. Mary T. Bassett, Commissioner -
New York City Department of Health and Mental
Hygiene and James Oddo, Staten Island
Borough President

**NYC Mental Health Council
Member Agencies**

Administration for Children's Services

Department for the Aging

Department of Consumer Affairs

Department of Correction

Department of Education

Department of Health and Mental Hygiene

Department of Homeless Services

Department of Parks and Recreation

Department of Probation

Fire Department of New York

Fund for Public Health in New York

NYC Health + Hospitals

Housing Preservation and Development

Human Resources Administration

Mayor's Fund to Advance New York City

Mayor's Office to Combat Domestic Violence

Mayor's Office of Criminal Justice

Mayor's Office of Labor Relations

Mayor's Office of Operations

Mayor's Office of People with Disabilities

Mayor's Office of Veterans Affairs

New York City Housing Authority

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City Resources



The City offers many free or low-cost services for people with substance use disorders:

- If you or someone you know is struggling with addiction, you can always call New York City’s 24/7 mental health crisis and access line at 1-888-NYC-WELL (1-888-692-9355), text “WELL” to 65173, or visit nyc.gov/nycwell
- Find the right drug treatment program, including access to medication-assisted treatment, through the OASAS Provider Directory at oasas.ny.gov/providerDirectory/
 - See the [Buprenorphine Physician Locator and brochure \(PDF\)](#)
- Locate nearby naloxone-dispensing pharmacies and Syringe Exchange Programs through the NYC Health Site Locator tool: <https://a816-healthpsi.nyc.gov/nycsitelocator>

Endnotes

1. New York Police Department City Wide Crime Statistics: http://www.nyc.gov/html/nypd/html/crime_prevention/crime_statistics.shtml
2. New York City Office of the Mayor. Vision Zero: Mayor de Blasio Announces 2016 Saw Fewest Fatalities Ever on New York City Streets. Jan 11, 2017. <http://www1.nyc.gov/office-of-the-mayor/news/013-17/vision-zero-mayor-de-blasio-2016-saw-fewest-fatalities-ever-new-york-city-streets>
3. Van Zee A, The Promotion and marketing of Oxycontin: Commercial triumph, public health tragedy. *Am J Public Health* 2009; 99(2): 221-227
4. Jones CM, Logan J, Gladden RM, Bohm MK. Vital Signs: Demographic and Substance Use Trends Among Heroin Users – United States, 2002-2013. *Morbidity and Mortality Weekly Report*. Jul 10, 2015; 64(26): 719-725. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm>
5. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm655051e1>
6. NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Hygiene Bureau of Vital Statistics, unpublished provisional data.
7. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm655051e1>
8. NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Bureau of Vital Statistics, unpublished provisional data
9. NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Bureau of Vital Statistics, unpublished provisional data
10. National Institutes of Health, National Institute on Drug Abuse. Fentanyl. June 2016. <https://www.drugabuse.gov/publications/drugfacts/fentanyl>
11. U.S. Department of Justice, Drug Enforcement Agency. 2016 National Drug Threat Assessment Summary. November 2016. <https://www.dea.gov/resource-center/2016%20NDTA%20Summary.pdf>
12. New York City Department of Health and Mental Hygiene. Increase in Drug Overdoses Deaths and Increased Presence of Fentanyl in New York City. Apr 21, 2016. <https://a816-health30ssl.nyc.gov/sites/nychan/Lists/AlertUpdateAdvisory/Documents/Fentanyl-HAN-advisory.pdf>
13. NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Bureau of Vital Statistics, unpublished provisional data.
14. New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics. Summary of Vital Statistics, 2014. March 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2014sum.pdf>
15. NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Bureau of Vital Statistics, unpublished provisional data
16. Joseph H, Stancliff S, Langrod J. Methadone Maintenance Treatment (MMT): A Review of Historical and Clinical Issues. *Mount Sinai Journal of Medicine*. Oct-Nov 2000; 67(5-6): 347-364. <http://www.drugpolicy.org/docUploads/meth347.pdf>
17. The City of New York. ThriveNYC: Mental Health Roadmap. 2016. <https://thrivenyc.cityofnewyork.us>
18. Hawk KF, Vaca FE, D’Onofrio G. Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies. *Yale Journal of Biology and Medicine*. Sep 3, 2015; 88(3): 235-245. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553643>
19. Piper TM, Stancliff S, Rudenstine S, et al. Evaluation of a Naloxone Distribution and Administration Program in New York City. *Substance Use & Misuse*. 2008 ;43(7): 858-870. https://deepblue.lib.umich.edu/bitstream/handle/2027.42/60330/markham%20piper_evaluation%20of%20a%20naloxone%20program_2008.pdf
20. Wheeler E, Jones TS, Gilbert MK, Davidson PJ; Centers for Disease Control and Prevention (CDC). Opioid Overdose Prevention Programs Providing Naloxone to Laypersons – United States, 2014. *Morbidity and Mortality Weekly Report*. Jun 19, 2015; 64(23): 631-635. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>
21. Department of Health and Mental Hygiene, unpublished data
22. New York Police Department, unpublished data.
23. Department of Social Services, unpublished data.
24. Department of Health and Mental Hygiene, unpublished data.
25. New York Police Department, unpublished data.
26. Department of Social Services, unpublished data.
27. NYC Correctional Health Services, unpublished data.
28. Fire Department of New York, unpublished data.
29. The City of New York. ThriveNYC: Mental Health Roadmap. 2016. <https://thrivenyc.cityofnewyork.us>
30. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Results from the 2015 National Survey on Drug Use and Health: Detailed Tables. Sept 8, 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>
31. Heller D, Bradley O’Brien D, Harocopos A, et al. RxStat: Technical Assistance Manual. New York City Department of Health and Mental Hygiene. 2014. <http://www.pdmpassist.org/pdf/RxStat.pdf>
32. Johnston, LD, O’Malley PM, Miech RA, Bachman JG, Schulenberg, JE. Monitoring the Future. National Results on Adolescent Drug Use. 2013 Overview: Key Findings on Adolescent Drug Use. University of Michigan Institute for Social Research. February 2014. <http://monitoringthefuture.org/pubs/monographs/mtf-overview2013.pdf>
33. Griffin KW, Botvin GJ. Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents. *Child & Adolescent Psychiatric Clinics of North America*. Jul 2010; 19(3): 505-526. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744>

34. National Institutes of Health, National Institute on Drug Abuse. Principles Of Substance Abuse Prevention For Early Childhood: A Research-Based Guide. March 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/early_childhood_prevention_march_2016.pdf
35. Kattan JA, Tuazon E, Paone D, et al. Public Health Detailing – A Successful Strategy to Promote Judicious Opioid Analgesic Prescribing. *American Journal of Public Health*. Aug 2016; 106(8): 1430-1438. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4940667>
36. Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment* 2016; 63:1-9
37. American Society of Addiction Medicine. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. June 1, 2015. <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
38. Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. HHS Publication No (SMA) PEP-15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
39. Comprehensive Addiction and Recovery Act (CARA). July 22, 2016. <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>
40. NYC Health + Hospitals, unpublished data.
41. Rich JD, Wakeman SE, Dickman SL. Medicine and the Epidemic of Incarceration in the United States. *New England Journal of Medicine*. Jun 2, 2011; 364(22): 2081-2083. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3154686>
42. City of New York. Mayor’s Task Force on Behavioral Health and the Criminal Justice System: Action Plan. 2014. <https://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/annual-report-complete.pdf>
43. City of New York. Mayor’s Task Force on Behavioral Health and the Criminal Justice System: Action Plan. 2014. <https://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/annual-report-complete.pdf>
44. Alex, Byron, et al. “Death After Jail Release: Matching to Improve Care Delivery.” *Journal of Correctional Health Care* (2017): 1078345816685311.
45. NYC Correctional Health Services, unpublished data.
46. Degenhardt L, Larney S, Kimber J, Gisev N, Farrell M, Dobbins T, Weatherburn DJ, Gibson A, Mattick R, Butler T, Burns L. The impact of opioid substitution therapy on mortality post-release from prison: retrospective data linkage study. *Addiction*. 2014 Aug;109(8):1306-17.
47. Tomasino V, Swanson AJ, Nolan J, Shuman HI. The Key Extended Entry Program (KEEP): A Methadone Treatment Program for Opiate-Dependent Inmates. *Mount Sinai Journal of Medicine*. Jan 2001; 68(1): 14-20. <http://www.wmich.edu/sites/default/files/attachments/u372/2015/KEEP-Methadone.pdf>
48. NYC Correctional Health Services, unpublished data.
49. New York State Department of Health. New York State’s 911 Good Samaritan Law Protects YOU. https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/good_samaritan_law.htm
50. New York Police Department, unpublished data.
51. Office of the District Attorney Richmond County, “Press Release: DA Michael McMahon, BP James Oddo, NYPDA officials and SNP Bridget Brennan Announce Overdose Response Initiative,” February 24, 2016.

