New York City
Municipal Drug Strategy Council:
2018 Report and Recommendations

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Executive Summary

The New York City Municipal Drug Strategy Council (MDSC) is pleased to present this report, which includes our recommendations to enhance the City's drug strategy. Formed in March 2017 and chaired by the New York City Department of Health and Mental Hygiene, the MDSC is a body of government and community experts in substance use care and treatment with the singular and shared goal to review and enhance the City's drug strategy.

The City has taken a series of groundbreaking steps in recent years to address substance use harms and improve the health of all New Yorkers. Overdose deaths are preventable, and the City remain steadfast in its commitment to keep all New Yorkers safe. The MDSC is committed to a systems-level approach to overdose prevention, consistent with the City's comprehensive responses to substance use and mental health across the health, justice, and social service systems, as well as within communities.

Beginning in 2014, the Mayor's Task Force on Behavioral Health and the Criminal Justice System developed targeted solutions to reimagine the criminal justice system's role in behavioral health care. In 2015, ThriveNYC introduced a broad and deep portfolio of initiatives to reimagine the mental and behavioral health systems and change the culture around mental health and substance use. Finally, in 2017, the City made an unprecedented investment to disrupt the opioid epidemic through HealingNYC. This multifaceted response to opioid overdose aims to reduce overdose deaths by 35 percent over five years. New York City can achieve this goal, and the Municipal Drug Strategy Council is one means of coordinating and consolidating the City's collective efforts.

New York City remains committed to an evidence-based and science-driven drug agenda, and data forms the bedrock of the City's strategy. This report presents an in-depth review of key indicators used to inform drug strategy thus far. Overdose mortality, substance use morbidity, and drug use prevalence in concert qualitative research describe a holistic portrait of substance use in New York City. Given the extent of the current burden of opioid overdose on New York City, the data presented here largely focus on opioids. The harms associated with alcohol and other drugs, however, should not be overlooked, and this report presents some key mortality, morbidity, and prevalence indicators to offer an overview of the burden of alcohol on the health of New Yorkers.

In addition to the data described above, this report summarizes the City's investments in substance use, mental health, and public safety: programs, pilots, and policy achievements to serve New Yorkers with substance use disorders and complex behavioral and mental health needs. This report describes the City's work across the health, justice, and social service spectra. These programs and initiatives span education, child welfare and youth services, population health and clinical care, and criminal justice and corrections.

This report then presents an overview of the City's ongoing efforts to collaborate with community partners and across government to streamline and integrate collective work to

reduce substance-related harms. This report describes the City's pilot programs, a range of innovative health and safety initiatives that seek to fill gaps in the existing program landscape. Finally, an overview of recent legislative and administrative policies at the City, State, and Federal levels that aim to increase the health of New Yorkers is presented.

This thorough overview of programs, collaborations, pilots, and policies culminates in the identification of gaps in this landscape and the recommendations offered to fill those gaps. The strategy and recommendations we present draw on the work of multiple government agencies and community organizations from an array of disciplines. Our recommendations work toward four key outcomes: (1) act early: education for youth, families, communities, and providers to prevent problem substance use before it starts; (2) close gaps: service integration and collaboration to meet the many needs of people who use drugs; (3) partner with communities: equity and inclusion, directly addressing the legacy of structural racism and harm in the health care and justice systems; and (4) change the culture: imagining justice beyond punishment for people who use drugs.

We believe these outcomes are attainable for New York City. In spite of the wide-ranging investments put forward by the City to date, there is more work to be done, as deaths related to opioids remain at epidemic levels. We intend for our work to build on the City's growing portfolio of innovative responses to substance use and leverage existing structures, programs, and coalitions to maximize our impact and reduce drug-related harm. The current overdose epidemic continues to demand an urgent response, and improved coordination between and within disciplines offers a starting point for our own and the City's future efforts as we chart a course together. We look forward to the continued work of the Municipal Drug Strategy Council and are heartened by the robust and far-reaching strategy that has been built already.

New York City Municipal Drug Strategy Council

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Formation and Charge of the New York City Municipal Drug Strategy Council

In response to continued increases in drug overdose deaths and associated substance use harms, the New York City Council passed Local Law 748-B in March 2017 (see Appendix A). This legislation charged the Mayor to create a body composed of government and community stakeholders in order to develop a coordinated, citywide approach to drugs. This body, the Municipal Drug Strategy Council (MDSC), is required by law to develop a strategy which details short- and long-term plans to address overdose and other problems associated with illicit and non-medical substance use, including considerations of the continued effects of past drug policy in New York City. The MDSC is required to meet four times per year and prepare a biennial progress report on the determined strategy.

Chaired by the New York City Department of Health and Mental Hygiene (DOHMH), the MDSC is comprised of representatives from a range of City agencies and community stakeholders whose work touches on substance use. Community membership includes representatives from the following backgrounds and disciplines: harm reduction; substance use treatment; health care; education and primary prevention; drug policy reform; community-based criminal justice; individuals directly affected by substance use; and people with histories of incarceration for drug-related offenses. City officials represent the agencies that most often come into contact with people who use drugs, including representation from criminal justice, public and behavioral health, education, and social services.

This inaugural report offers a broad overview of the City's current drug-related programs, policies, and services. This overview includes a summary of existing programs and initiatives that directly serve people who use drugs and/or work toward the prevention of future drug harms, including existing pilot programs. The overview also includes a review of past legislation and administrative actions that have promoted the health and wellness of people who use drugs and their broader communities, as well as a review of the City's efforts to collaborate with existing substance use, medical, and mental health services. Finally, gaps in the current landscape were identified with recommendations offered to improve the City's strategy.

The recommendations presented in this report largely build on one of the City's most significant drug initiatives to date, HealingNYC. This multifaceted response to the current opioid crisis aims to reduce opioid overdose deaths by 35 percent by 2022 through four strategies that also echo several key principals of the City's overarching behavioral health strategy, ThriveNYC: (1) target overdose prevention to reach individuals at high risk; (2) educate health care providers and community members to prevent problem use before it starts; (3) expand access to effective treatment; and (4) deploy new methods to reduce the supply of illicit and prescription drugs.

These recommendations seek to build upon the opportunities provided by both HealingNYC and ThriveNYC and extend the City's reach across sectors and systems to meet

substance use challenges. Given the collaborative nature of HealingNYC, ThriveNYC, and the Municipal Drug Strategy Council, the recommendations presented here rely upon effective collaboration between government and communities, public health and law enforcement entities, and mental health and substance use treatment.

The Epidemiology of Substance Use in New York City

The collection and analysis of a range of drug use indicators forms the bedrock of the City's evidence-based drug strategy. Drug use data are derived from health, social service, and criminal justice sources. Capitalizing on DOHMH's expertise in epidemiology and public health surveillance, the City uses a robust array of drug use indicators to track substance use mortality, morbidity, prevalence, and criminal justice outcomes. These data guide the extensive portfolio of evidence-based programs, policies, and pilots presented in the following sections of the report.

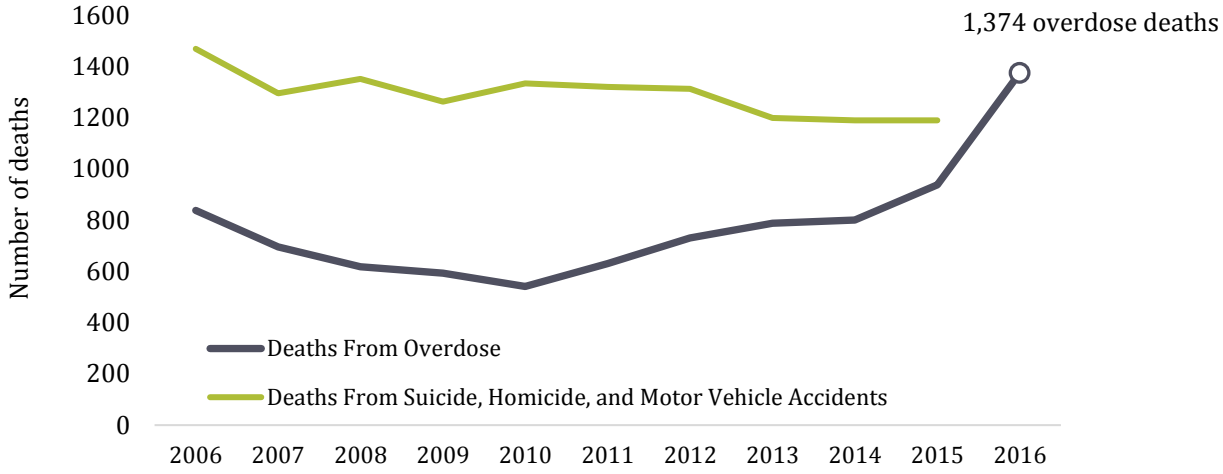
A description of the range of indicators used to develop our holistic understanding of substance use and associated harms in New York City can be found in Appendix B.

Trends in unintentional overdose death in New York City

The United States continues to endure the ongoing overdose epidemic. The national rate of overdose death increased by 137 percent from 2000 to 2014.[1] In 2016, 64,070 Americans died from drug overdose.[2] Opioids—a drug class including prescription painkillers, heroin, and fentanyl—remain the primary driver of the epidemic, with 66 percent (42,249) of overdose deaths in 2016 attributed to opioids.[2]

The foremost challenge currently facing New York City is the rapid rise of overdose deaths, and overdose trends that largely mirror national statistics. The rate of overdose death in New York City increased by 143 percent between 2000 and 2016 (8.2 and 19.9 per 100,000, respectively).[3] New York City experienced 1,374 overdose deaths in 2016, which exceeded the number of deaths from suicide, homicide, and car crash combined.[3,4] In human terms, someone dies from an overdose in New York City every seven hours.[3] In New York City, an even greater number of overdose deaths involve an opioid than nationally: 82 percent of all overdose deaths in 2016 involved at least one opioid, as compared with 66 percent nationally.[3,5]

Figure 1: Number of deaths from unintentional drug poisoning (overdose) compared to intentional self-harm (suicide), assault (homicide), and motor vehicle accidents in New York City, 2006 – 2016

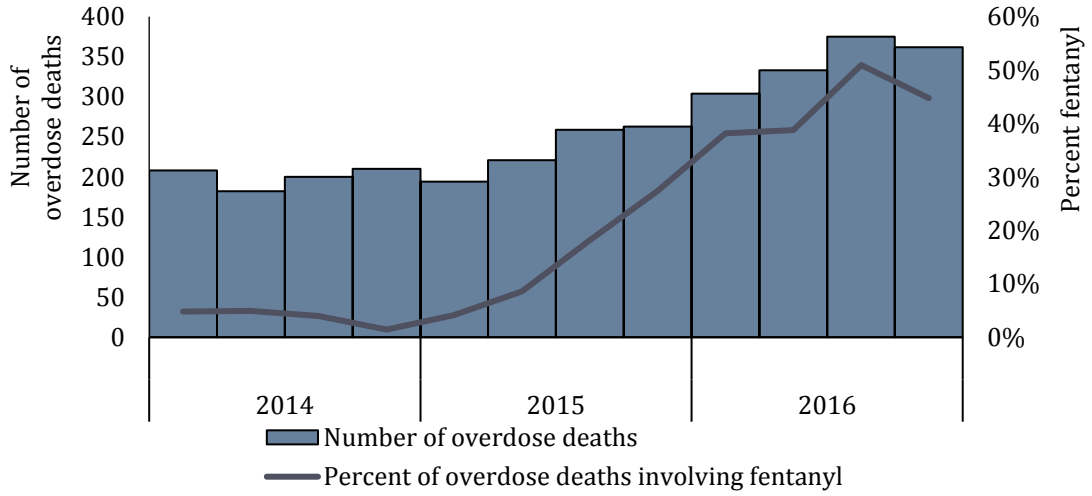


Source: Paone D, Nolan ML, Tuazon E, Blachman-Forshay J. Unintentional Drug Poisoning (Overdose) Deaths in New York City, 2000–2016. New York City Department of Health and Mental Hygiene: Epi Data Brief (89); June 2017.
Li W, Sebek K, Huynh M, et al. Summary of Vital Statistics, 2015. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2017.
Zimmerman R, Li W, Gambatese M, et al. Summary of Vital Statistics, 2012. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2013.

The problem continues to worsen locally, and the number of unintentional drug overdose deaths increased by 47 percent between 2015 and 2016.[3] The introduction of non-pharmaceutical fentanyl—a highly potent synthetic opioid—into the drug supply led to a sharp increase in fatalities between 2015 and 2016.[3,6] Although health care professionals prescribe fentanyl for severe cancer-related pain or palliative care, the non-pharmaceutical fentanyl in the illicit drug supply is produced in illegal laboratories. It is a common adulterant to heroin, and has been identified in cocaine, and counterfeit pills—including opioid analgesics, such as oxycodone, and benzodiazepines, such as Xanax.

Deaths involving fentanyl have increased nearly every quarter since 2015, constituting almost half (44 percent) of all overdose deaths in 2016, up from 4 percent in 2014.[3] Fentanyl has been involved in overdose deaths of residents of every neighborhood and every demographic group citywide, indicating the breadth of its presence in the supply of illicit drugs.[3] The City has responded to the acceleration of fentanyl-involved overdose deaths with a range of novel health and safety initiatives, most recently HealingNYC.

Figure 2: Number of drug overdose deaths and percent of overdose deaths involving fentanyl in New York City, by quarter, 2014-2016

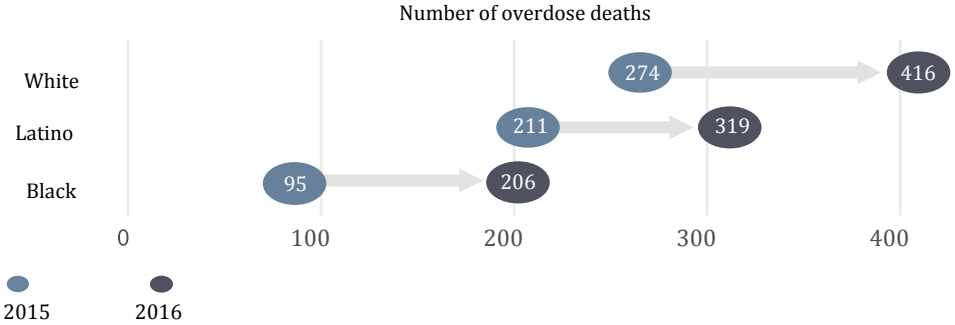


Source: Paone D, Nolan ML, Tuazon E, Blachman-Forshay J. Unintentional Drug Poisoning (Overdose) Deaths in New York City, 2000–2016. New York City Department of Health and Mental Hygiene: Epi Data Brief (89); June 2017.

Although males experience rates of overdose from heroin and/or fentanyl over four times more than females, both male and female New Yorkers experienced substantial fentanyl-driven increases from 2015 to 2016.[3]

More broadly, all racial and ethnic groups experienced substantial increases in both the rate and number of overdose deaths from 2015 to 2016.[3] In 2016, white New Yorkers experienced the highest rate of heroin and/or fentanyl involved overdose death (18.9 per 100,000 residents), followed by Latino/ and black New Yorkers (16.9 and 12.3 per 100,000 residents, respectively).[3]

Figure 3: Increase in number of unintentional drug poisoning (overdose) deaths involving heroin and/or fentanyl, by race/ethnicity, from 2015 to 2016*, New York City

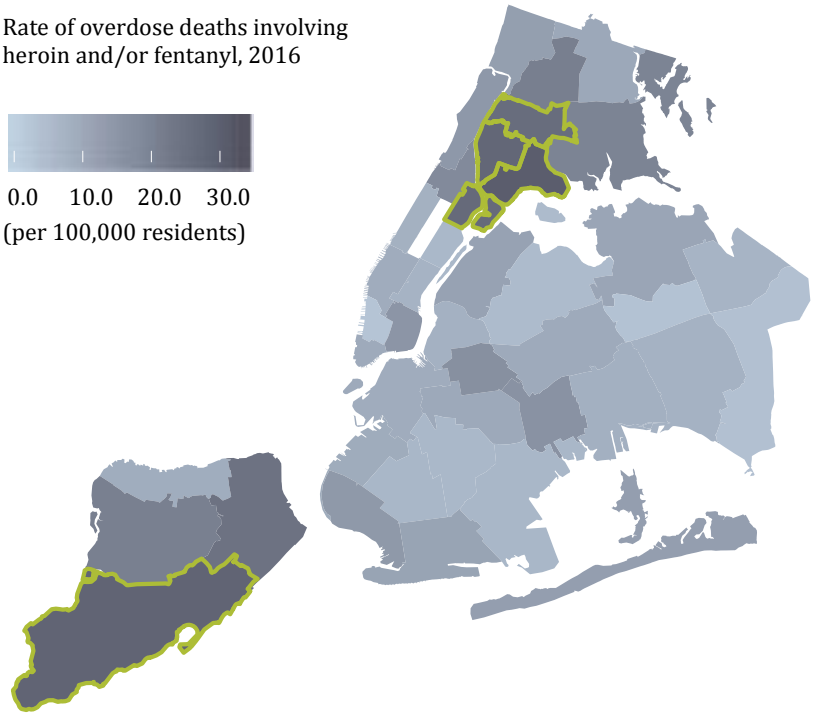


White and Black race categories exclude Latino ethnicity.
Latino includes Hispanic or Latino of any race.
*Data for 2015 and 2016 are provisional and subject to change.

Source: Paone D, Nolan ML, Tuazon E, Blachman-Forshay J. Unintentional Drug Poisoning (Overdose) Deaths in New York City, 2000–2016. New York City Department of Health and Mental Hygiene: Epi Data Brief (89); June 2017

While residents of Staten Island and the Bronx experienced the highest rates of overdose mortality in 2016 (31.8 and 28.1 per 100,000 residents, respectively), more residents of the Bronx and Brooklyn died than in the other boroughs (308 and 297 deaths, respectively).[3] Neighborhoods with high concentrations of poverty disproportionately bear the burden of heroin- and fentanyl-involved overdose death, with the highest rates located in East Harlem and Hunts Point-Mott Haven.[3]

Figure 4: Top five New York City neighborhoods: Rates of unintentional drug poisoning (overdose) death involving heroin and/or fentanyl by neighborhood of residence, 2016



Source: Paone D, Nolan ML, Tuazon E, Blachman-Forshay J. Unintentional Drug Poisoning (Overdose) Deaths in New York City, 2000–2016. New York City Department of Health and Mental Hygiene: Epi Data Brief (89); June 2017.

Residents of the New York City shelter system also experienced a proportionally high rate of overdose death in 2016.[7] Although homeless individuals represent less than 1 percent of the New York City population, they account for over 7 percent of overdose deaths.[7]

The burden of drug use in New York City

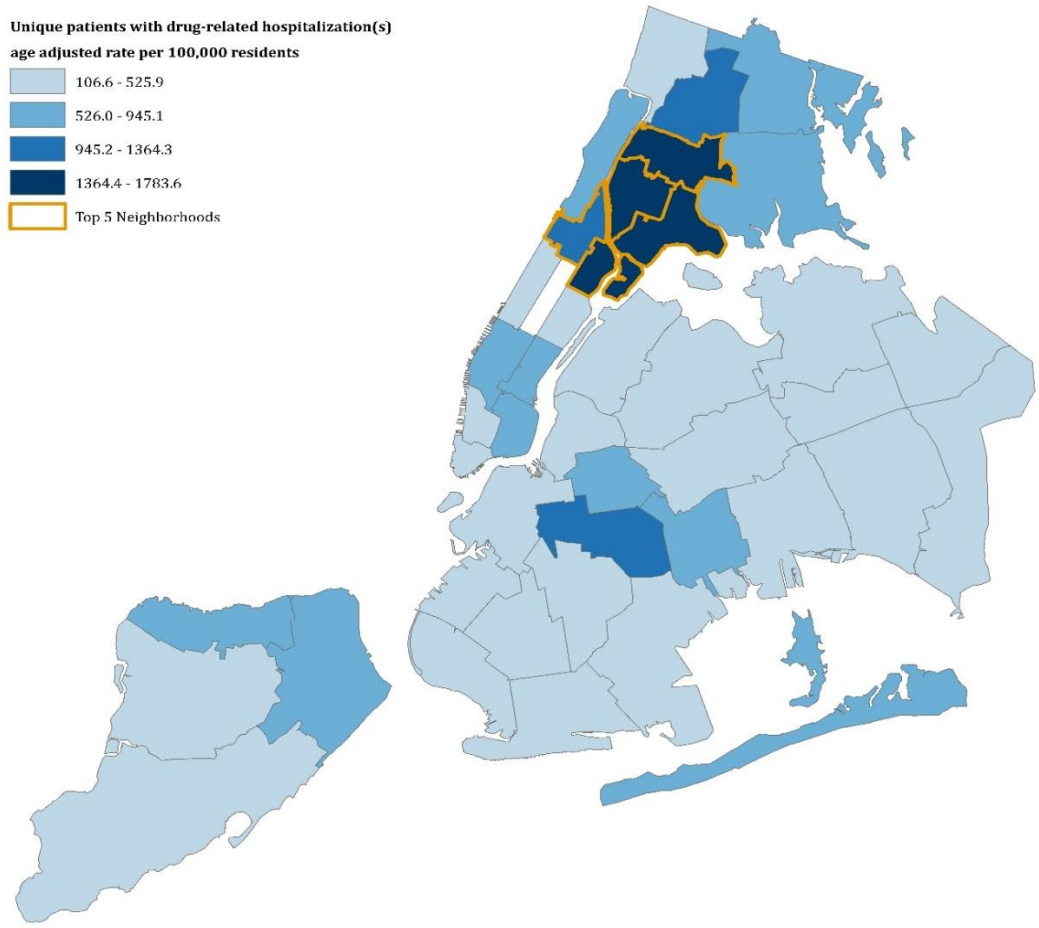
In addition to the aforementioned trends in unintentional overdose deaths, many other indicators reflect the burden of drug use in NYC. These include: drug-related hospitalizations, emergency department visits, and ambulance transports. In 2016, 39,346 New Yorkers experienced a total of 58,286 drug-related hospitalizations, a rate of 809.7 hospitalizations per 100,000 residents.[8] Approximately one-third of all drug-related hospitalizations (21,193) involved opioids in 2016.[8]

In 2016, males experienced twice the rate of drug-related hospitalizations compared with females (752.7 and 364.3 residents hospitalized per 100,000 residents, respectively).[8]

Consistent with patterns of unintentional overdose death, New Yorkers between the ages of 45 and 54 experienced the highest rate of drug-related hospitalization (838.1 residents hospitalized per 100,000 residents).[8]

Certain boroughs and neighborhoods experience disproportionate burdens of drug-related hospitalization. In 2016, Bronx residents experienced the highest rate of drug-related hospitalization (1,056.2 residents hospitalized per 100,000 residents), nearly twice the rate of drug-related hospitalization among residents of Staten Island and Manhattan (622.0 and 604.3 residents hospitalized per 100,000 residents, respectively).[8] The rate of drug-related hospitalization among residents of the Bronx was over two and three times the rates among residents of Brooklyn and Queens (491.9 and 271.5 residents hospitalized per 100,000 residents, respectively).[8] The neighborhoods with the highest drug-related hospitalization rates in 2016 were: East Harlem, Hunts Point-Mott Haven, Highbridge-Morrisania, Crotona-Tremont, and Central Harlem.[8]

Figure 5: Top five New York City neighborhoods: Rates of drug-related hospitalization by neighborhoods of residence, 2016



Source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2016 (Data Update: July 2017)

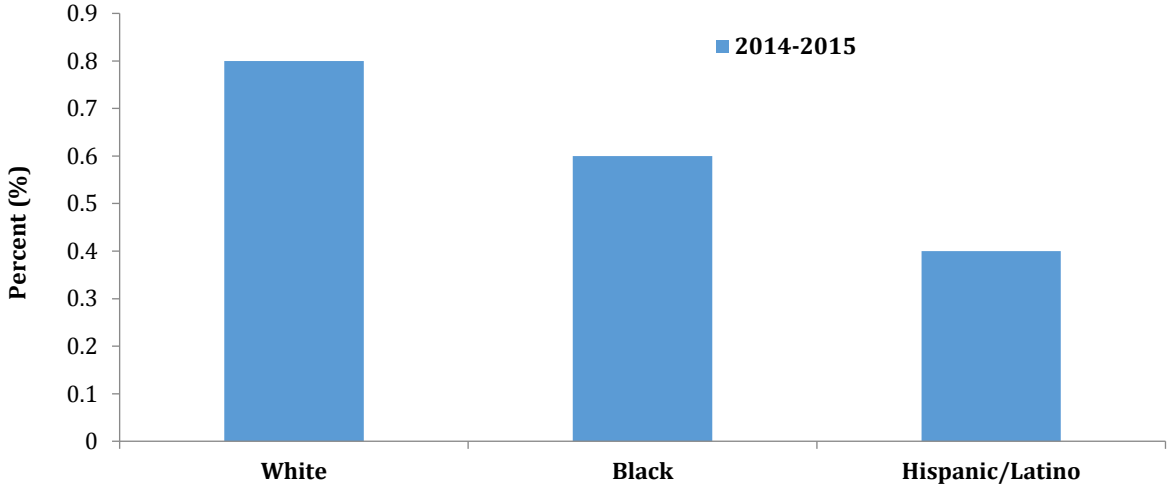
Additionally, residents of very high-poverty* neighborhoods experienced the highest rate of drug-related hospitalization in 2016 (1251.2 residents hospitalized per 100,000 residents), over four times the rate of residents of low-poverty (i.e., wealthier) neighborhoods (290.4 residents hospitalized per 100,000 residents).[8]

Prevalence of substance use and misuse in New York City

DOHMH uses the National Survey on Drug Use and Health (NSDUH) and the New York City Youth Risk Behavior Survey (YRBS) to estimate drug use among both adults and youth. The NSDUH is an annual survey of United States residents aged 12 years old or older. A sub-state analysis is provided to DOHMH, combining two years of NSDUH data. The YRBS is conducted biennially among a sample of students attending New York City public high schools.

In the NSDUH 2014-2015 survey cycles, 0.5 percent of the New York City sample reported using heroin within the past year, and 3.5 percent reported using cocaine during the previous year.[9] Male New Yorkers are more likely to report past-year heroin and past-year cocaine use than female New Yorkers.[9] Likewise, a higher proportion of white New Yorkers report heroin and cocaine use than black and Latino New Yorkers.[9] In 2014-2015, the reported levels of cocaine use among white individuals (6.5 percent) was two times the proportion of black New Yorkers (3.2 percent) and more than five times the proportion of Latino individuals (1.2 percent).[9] These prevalence figures did not differ from the prevalence figures captured during the 2012-2013 survey cycle.

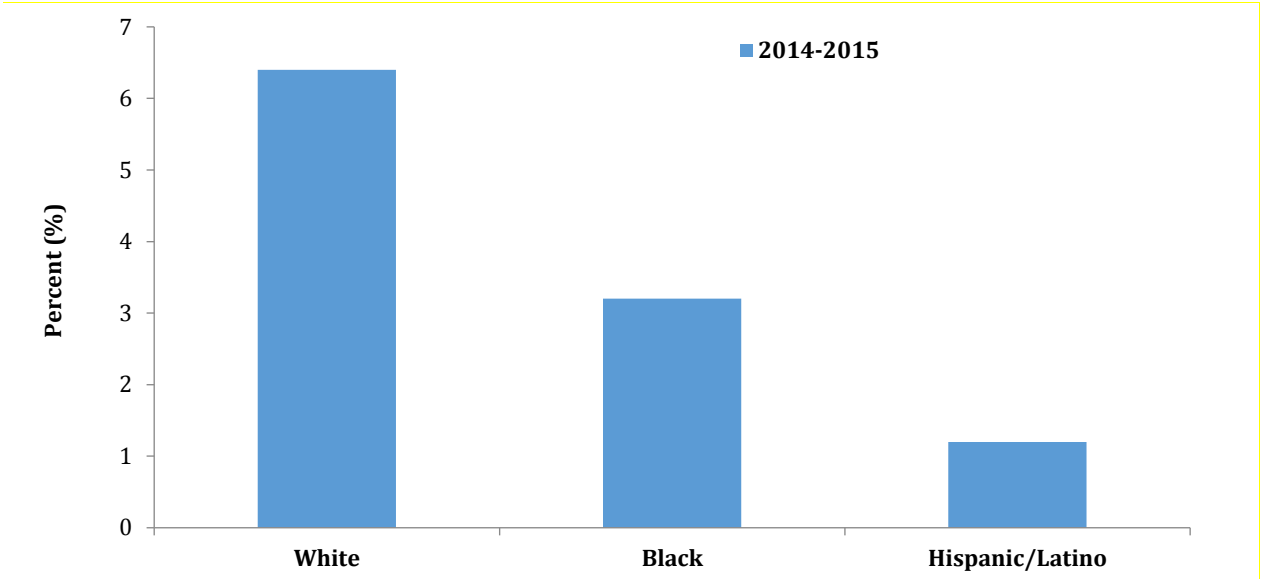
Figure 6: Self-reported past-year heroin use by race/ethnicity, New Yorkers aged 12 and older, New York City, 2014-2015



Note: Past Year Substance Use among persons aged 12 or older
Source: Substance Abuse Mental Health Services Administration, Office of Applied Studies, National Surveys on Drug Use and Health, 2014-2015

* Neighborhood poverty (based on ZIP code) is defined as the percentage of the population living below the Federal Poverty Level (FPL), per the American Community Survey (2011-2015), categorized into four groups: "Low poverty" neighborhoods are those with <10 percent of the population living below FPL; "Medium poverty" neighborhoods have 10-<20 percent of the population below FPL; "High Poverty" neighborhoods have 20-<30 percent of the population living below FPL; "Very high poverty" neighborhoods have ≥30 percent of the population living below FPL.

Figure 7: Self-reported past-year cocaine use by race/ethnicity, New Yorkers aged 12 and older, New York City, 2014-2015



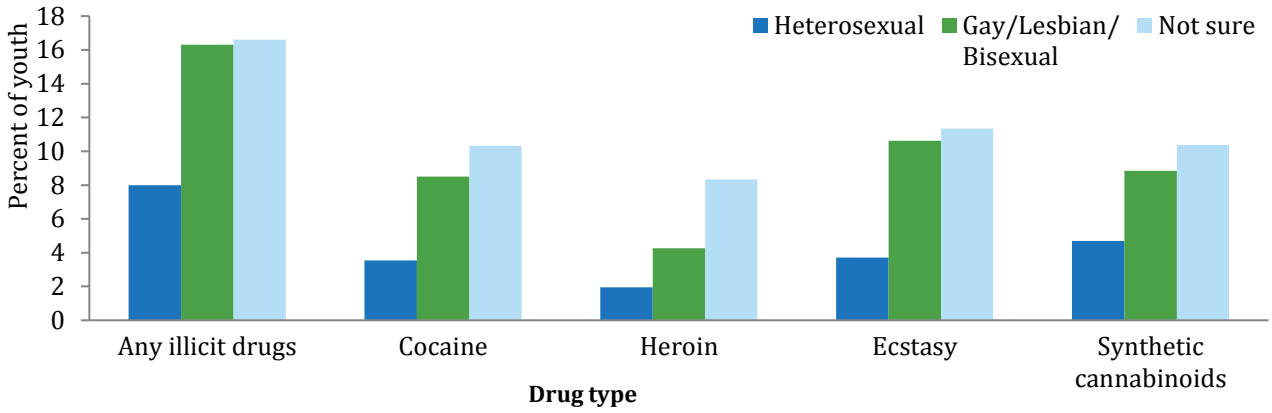
Note: Past Year Substance Use among persons aged 12 or older
Source: Substance Abuse Mental Health Services Administration, Office of Applied Studies, National Surveys on Drug Use and Health, 2014-2015

The prevalence of substance use among New York City youth differs by demographic characteristics. The 2015 New York City Youth Risk Behavior Survey found that 12 percent of Latino and 11 percent of white public high school students reported ever using (also known as "lifetime use") of any illicit drug, compared with only 7 percent of black high school students and 4 percent of Asian students.[10] Male students reported significantly higher levels of both lifetime illicit drug use and past-year non-medical prescription drug use than female students.[10]

The proportion of students in New York City who reported ever using heroin increased over the past decade, from 1.8 percent of students in 2005 to 2.5 percent of students in 2015.[10] Among students who reported ever using heroin in 2015, 6 percent were residents of Staten Island, 3 percent lived in the Bronx, and 2 percent resided each in Brooklyn, Manhattan, or Queens.[10] Despite this modest increase in heroin use from 2005 to 2015, the proportion of students reporting ever using heroin remains relatively low compared with other illicit substances; in 2015, 15.9 percent of students reported the use of cannabis in the month prior to the survey, and 21 percent of students reported the use of alcohol in the month prior to the survey.[10]

Sixteen (16) percent of students who identified as lesbian, gay, or bisexual and 17 percent of students who identified as questioning their sexual orientation reported ever using illicit drugs.[11] This is two times higher than their heterosexual-identified peers (8 percent).[11]

Figure 8: Illicit drug use among youth by sexual orientation and drug type, New York City, 2015



Note: Illicit drug use is lifetime use of cocaine (any form), heroin, ecstasy, or synthetic cannabinoids during lifetime.
Source: NYC Youth Risk Behavior Survey, 2015

Prescription drug use in New York City

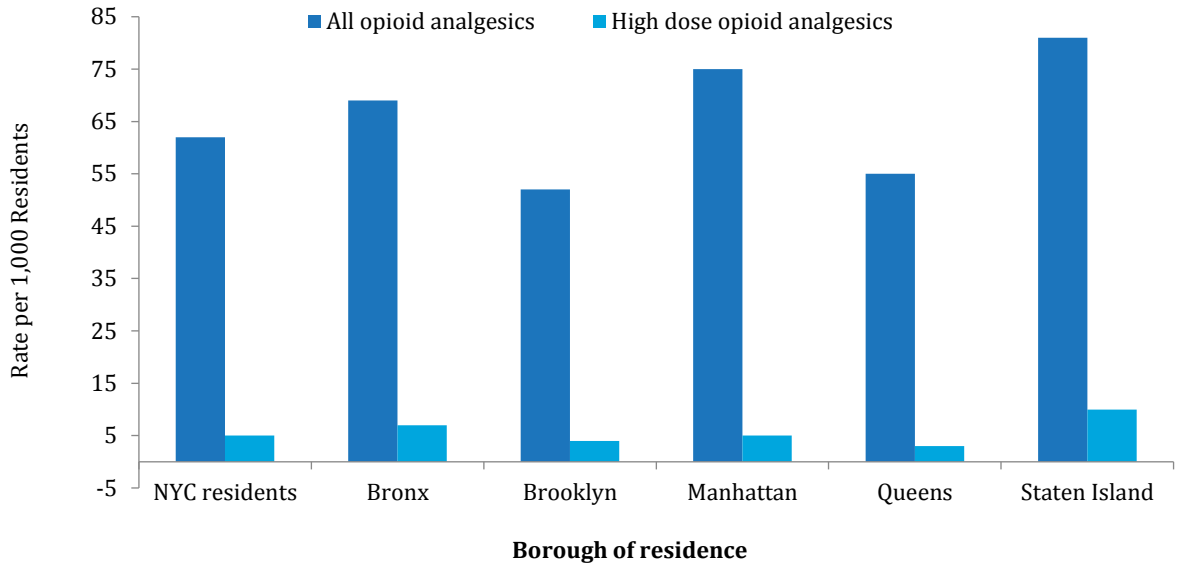
New York State Prescription Drug Monitoring Program (PMP) data allow the City to identify patterns in opioid analgesic prescriptions.† The total number of opioid analgesic prescriptions filled in New York City decreased by 18 percent between 2012 and 2016, from 2.1 to 1.7 million prescriptions.[12] Sixty-four (64) percent of the opioid analgesic prescriptions filled in 2016 were for oxycodone, and 15 percent were for hydrocodone.[12] The number of New York City residents who filled an opioid analgesic prescription declined by 24 percent between 2012 and 2016, from 740,840 to 560,978.[12] Less than 1 percent of residents who filled an opioid analgesic prescription in 2016 (2,203 residents) met the criteria for "doctor shopping,"—i.e., filled prescriptions from four or more prescribers at four or more pharmacies in a single year.[12]

Female New Yorkers filled opioid analgesic prescriptions at higher rates than males (66 vs. 58 per 1,000 females/males, respectively).[12] However, males filled high-dose prescriptions at higher rates than females (44 vs. 32 per 1,000 males/females, respectively).[12] Receiving a high-dose prescription—defined as greater than 100 morphine milligram equivalents per day—greatly increases an individual's risk of overdose.

In 2016, residents of Staten Island filled opioid analgesic prescriptions at higher rates than residents of all other boroughs.[12] In all boroughs, however, the rate of high-dose opioid prescriptions—defined as prescriptions exceeding 100 morphine milligram equivalents per day—decreased from 2012 to 2016.[12]

† DOHMH reports prescription drug monitoring program data for Schedule II opioid analgesic medications as these drugs present a high potential for non-medical use, which can lead to the development of substance use disorder and overdose. Schedule III, IV, and V opioid medications present a low potential for non-medical use, development of substance use disorder, and overdose, and thus are not reported.

Figure 9: Rate of New York City residents filling one or more opioid analgesic prescription, by borough, 2016



Source: NYS Prescription Monitoring Program, 2016

Drug treatment and detoxification utilization in New York City

Drug treatment admission data provide the City with an annual snapshot of non-crisis and crisis admissions, as well as trends over time. Data are provided by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Non-crisis admissions are defined as admissions to outpatient, inpatient, and methadone maintenance programs licensed by OASAS. Crisis admissions refers to admissions to OASAS-licensed detoxification facilities. While detoxification admissions are compiled as part of this dataset, detoxification can increase the risk of overdose for people with opioid use disorder.

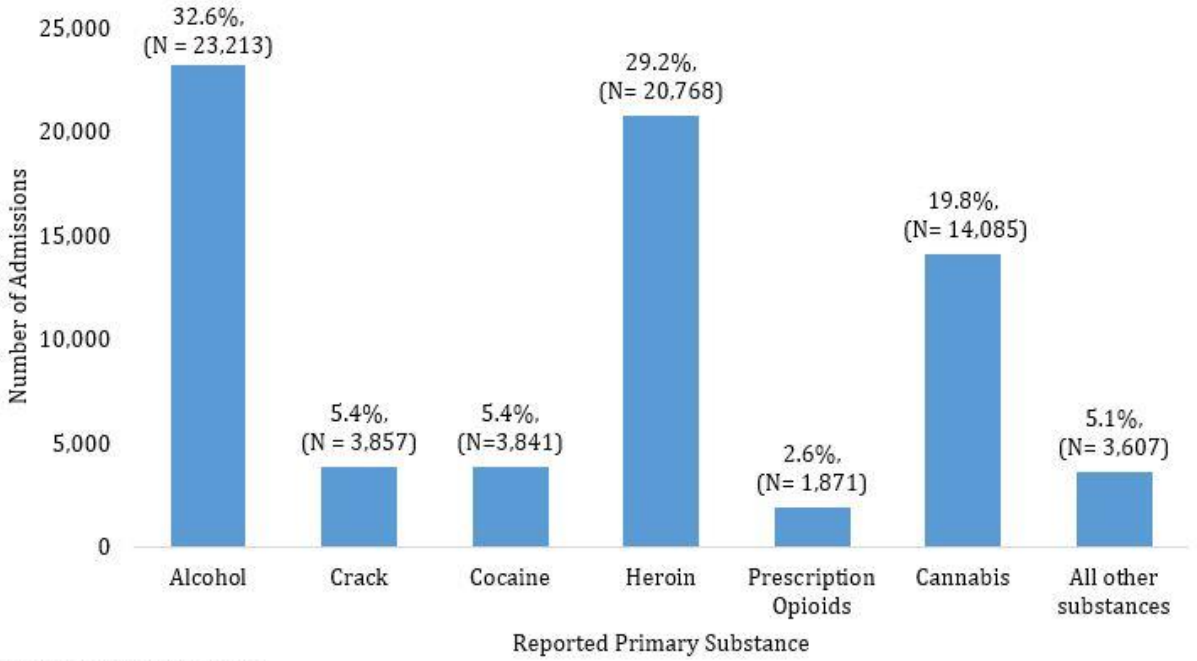
New York City residents experienced a total of 71,242 non-crisis drug treatment admissions in 2016.[13] The proportion of individuals admitted to treatment who cited heroin as their primary drug increased from 2012 to 2016, from 25.1 percent to 29.2 percent.[13] Cocaine was cited as the primary drug in 10.8 percent of admissions in 2016, down from 14.3 percent of admissions in 2012.[13]

A larger proportion of white‡ New Yorkers reported heroin (36.8 percent) or prescription opioids (65.9 percent) as a primary drug at admission than black New Yorkers (23.1 and 10.7 percent, respectively).[13] Black New Yorkers reported powder or crack cocaine (56.9 percent) as a primary drug at admission more frequently than white New Yorkers (17.4 percent).[13] Individuals between the ages of 26 and 45 comprised the majority of individuals reporting heroin (46.2 percent) and prescription opioids (60.6 percent) as

‡ Treatment admission data from NYS OASAS records individuals' race and ethnicity in collapsed categories as "white," "black/African American," or "other."

primary drugs, whereas New Yorkers 46 years or older reported the majority of cocaine admissions (55.6 percent).[13]

Figure 10: Reported primary substance for non-crisis treatment admissions, New York City residents, 2016



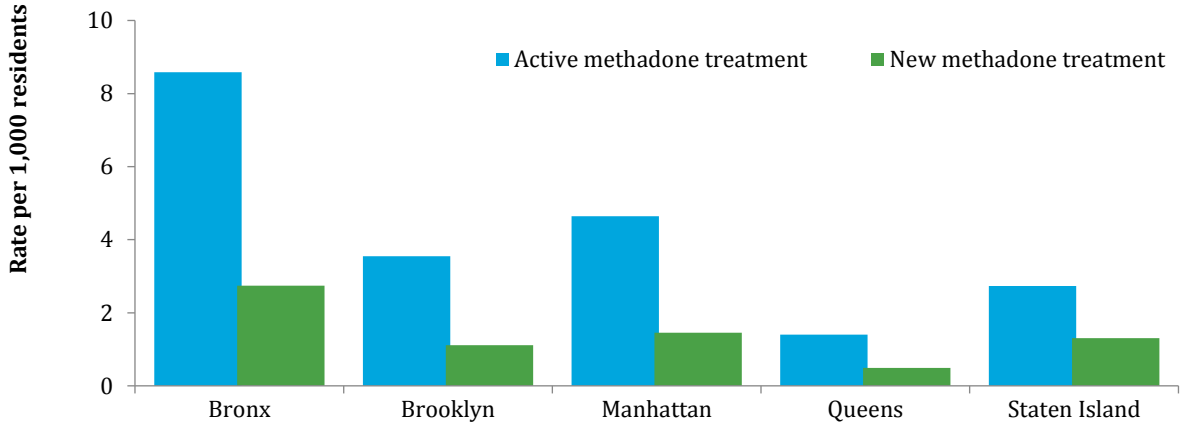
Note: Data as of May 24, 2017
Source: NYS Office of Alcoholism and Substance Abuse Services, 2017

New York City residents had a total of 42,109 detoxification admissions in 2016, 34.3 percent of which were for heroin.[13] The number of heroin-related detoxification admissions increased by 11 percent between 2012 and 2014, from 12,971 to 14,425 admissions.[13] Individuals between the ages of 26 and 45 comprised the majority of both heroin and prescription opioid detoxification admissions (50.5 and 56 percent, respectively). White New Yorkers comprised the majority of detoxification admissions for prescription opioids (59 percent); individuals who reported a race other than white or black reported the majority of heroin-related detoxification admissions (40.3 percent).

DOHMH also tracks the number of New Yorkers who are engaged in methadone or buprenorphine treatment, the most scientifically-proven and effective forms of treatment for opioid use disorder.[14] In 2016, there were approximately 30,000 New York City residents enrolled in methadone treatment, one-third of whom were new to methadone treatment (9,674 patients).[15] Over half (55 percent) of methadone patients in 2016 were over age 45, and over two-thirds (69 percent) were male.[15]

Latino New Yorkers were enrolled in methadone treatment at nearly twice the rate of black New Yorkers (7.3 and 4.1 per 1,000 residents, respectively) and at three times the rate of white New Yorkers (2.5 per 1,000 residents).[15] Residents of the Bronx had the highest rates of both active and new patients enrolled in methadone treatment in 2016 (8.6 and 2.7 per 100,000, respectively).[15]

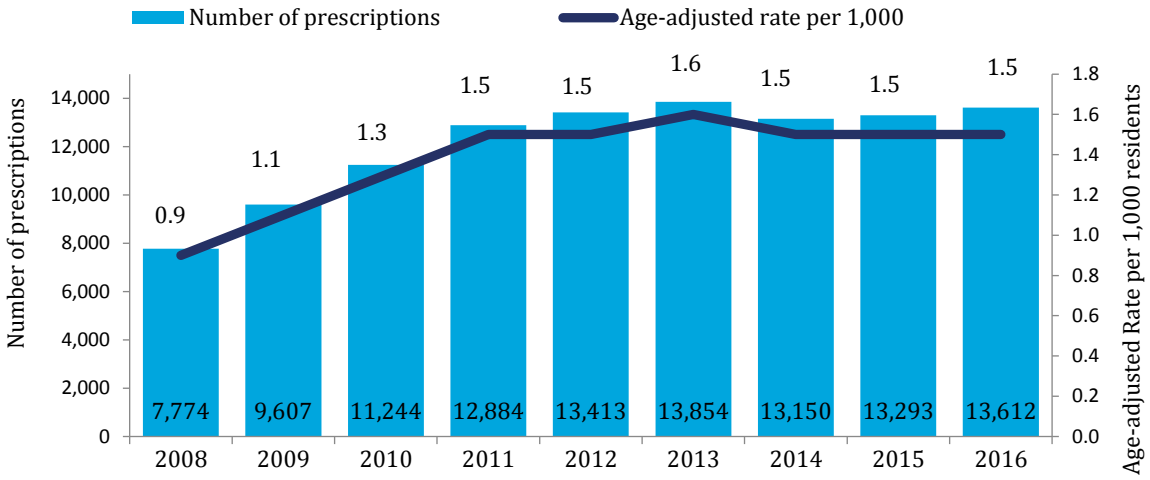
Figure 11: Rate of methadone treatment by borough of residence, New York City, 2016



Source: New York State Office of Alcoholism and Substance Abuse Services, 2016

The number of patients filling prescriptions for buprenorphine increased 75 percent between 2008 and 2016, from 7,774 to 13,612 patients.[15] In 2016, 1,861 prescribers wrote a total of 107,867 buprenorphine prescriptions.[15] In 2016, Staten Island residents filled buprenorphine at a rate three to five times higher than other boroughs.[15]

Figure 12: Buprenorphine prescriptions filled by New York City residents, 2008-2016



Source: New York State Prescription Drug Monitoring Program, 2008-2016

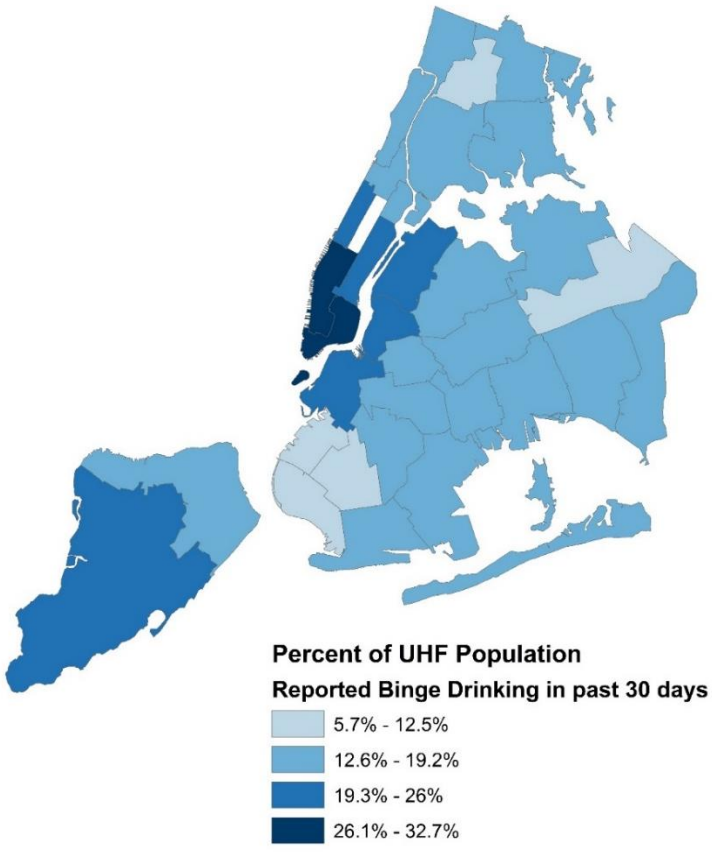
The burden of alcohol use in New York City

Although the opioid epidemic is the leading health burden in New York City today as relates to substance use, alcohol use and its associated harms remain a persistent problem with numerous health and safety consequences. The City has made strides in its response

to alcohol-related harms and has invested substantial resources toward harmful alcohol use prevention, care, and treatment through ThriveNYC.

Alcohol is one of the most widely used substances in New York City. In 2016, more than half (55.9 percent) of New Yorkers ages 18 and over reported consuming alcohol during the prior 30 days.[16] Among New Yorkers who drink, 28.9 percent reported binge drinking[§] at least once in the past month.[16] Among New Yorkers who drink, the largest proportion of binge drinkers in 2016 were those aged 18 to 24, with over one-quarter (26.2 percent) reporting binge drinking; this is compared with 23.8 percent of drinkers age 25 to 44, 11.3 percent of drinkers age 45 to 64, and 3.8 percent of drinkers age 65 and above.[16] In 2016, the proportion of White New Yorkers who reported binge drinking (11.1 percent) was nearly double that of black (6.1 percent) and Latino (6.6 percent) residents.[16]

The top five neighborhoods with the highest reported prevalence of binge drinking among current residents who drink were Union Square-Lower Manhattan (32.7 percent), Chelsea-Greenwich Village (30.8 percent), Greenpoint (25.1 percent), Upper East Side-Gramercy (23.6 percent), and Downtown Brooklyn-Brooklyn Heights-Park Slope (23.1 percent).[16]



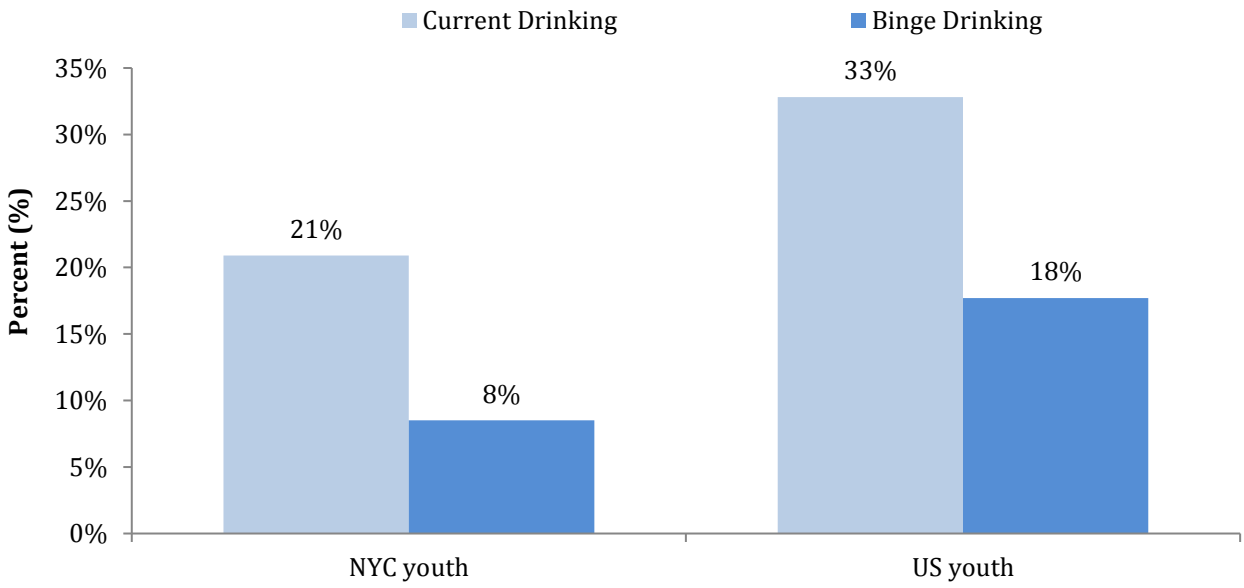
Source: NYC Community Health Survey, 2016

Alcohol is the most commonly used substance among New York City youth; one in five (20.9 percent) New York City public high school students in 2015 reported any alcohol consumption in the past 30 days.[10] However, the proportion of high school students in New York City who reported current drinking[**] has decreased over the past 15 years; in 2001, 41.8 percent reported drinking during the past month.[10] Youth in New York City report lower levels of binge drinking (8 percent in New York City, 18 percent nationwide) and current drinking (21 percent in New York City, 33 percent nationwide) than youth nationwide.[10]

[§] Binge drinking is defined as drinking five or more alcoholic drinks in a row during a single session at least once during the prior 30 days.

[**] Current drinking is defined as drinking at least one drink of alcohol on at least one day during the 30 days before the survey

Figure 14: Drinking and binge drinking by New York City and United States youth

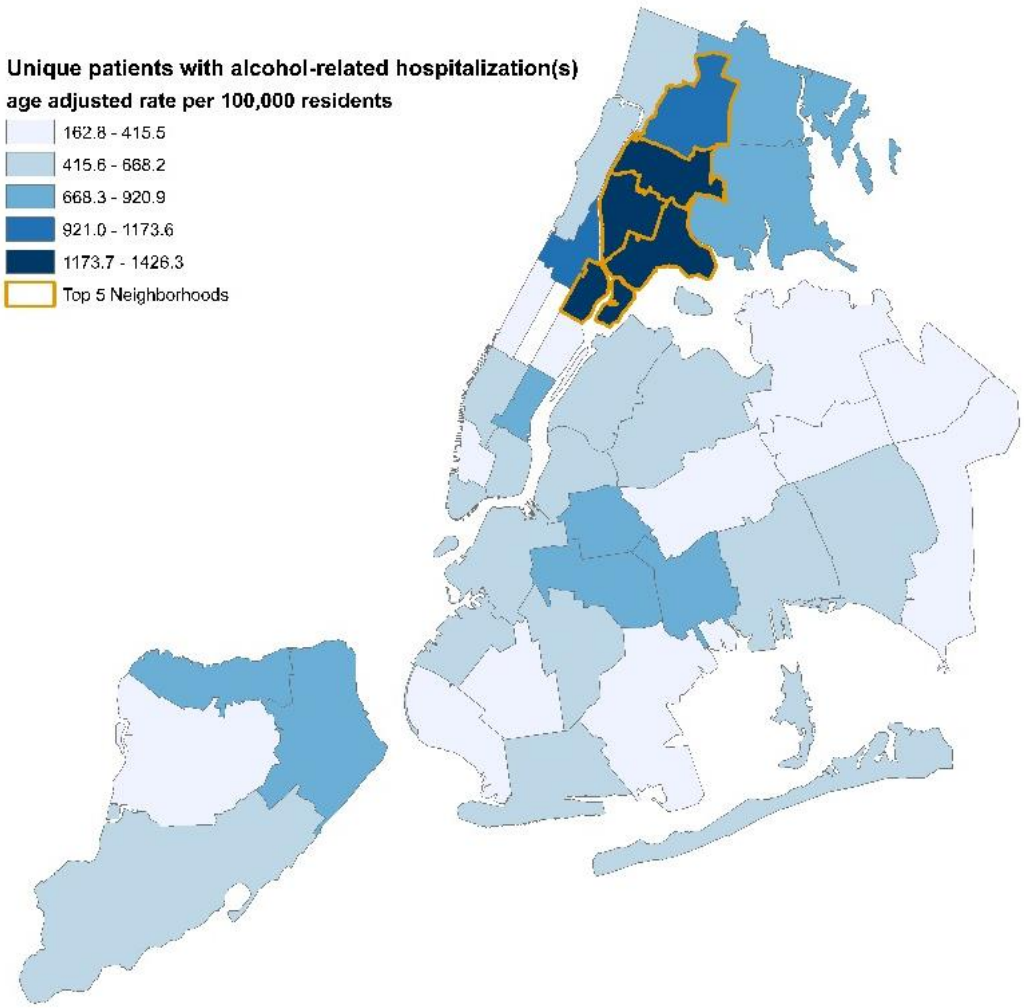


Source: Youth Risk Behavior Survey, 2015

Among youth who reported drinking in 2015, 43.7 percent reported binge drinking at least once during the past month.[10] Drinking among youth does not vary significantly by borough.[10] More public high school students living in Staten Island, the Bronx, and Queens reported binge drinking (54.1 percent, 49.6 percent, and 48.5 percent of current drinkers, respectively) compared with students from Manhattan and Brooklyn (36.6 percent and 35.3 percent of current drinkers, respectively).[10]

In 2016, 43,843 New Yorkers experienced a total of 64,456 alcohol-related hospitalizations, a rate of 602.4 hospitalizations per 100,000 residents.[8] Males experienced over twice the rate of alcohol-related hospitalizations than females in 2016 (890.0 men per 100,000 residents and 353.4 women per 100,000 residents), while New Yorkers between the ages of 55 and 64 experienced the highest rate of alcohol-related hospitalizations (1091.0 residents hospitalized per 100,000 residents).[8]

Bronx residents experienced the highest rate of alcohol-related hospitalizations (902.1 residents hospitalized per 100,000 residents), almost twice the rate of alcohol-related hospitalizations among residents of Manhattan, Staten Island, and Brooklyn (605.7, 596.4 and 556.6 residents hospitalized per 100,000 residents, respectively), and almost two-and-a-half times the rate among Queens residents (423.8 residents hospitalized per 100,000 residents).[8] The neighborhoods with the highest rates of patients with an alcohol-related hospitalization in 2016 were: East Harlem, High Bridge-Morrisania, Crotona-Tremont, Hunts Point-Mott Haven and Fordham-Bronx Park.[8]



In 2015, there were an estimated 1,955 deaths among New Yorkers attributable to excessive alcohol consumption.[4] Chronic conditions, such as cancers, stroke, and liver disease, were the cause of over half of these deaths (55 percent).[4] Acute causes, such as motor-vehicle accident related, poisoning, and fall injuries accounted for the remaining 45 percent.[4]

Qualitative research to enhance substance use epidemiology

[*Sidebar to the data section*]

Qualitative research has successfully been used as a supplement to the drug indicators presented above. DOHMH is unique among municipal health departments nationally in its use of qualitative research methods to enhance public health surveillance. DOHMH has used qualitative methods to investigate a range of drug-related issues, including: patterns of transition from opioid analgesic to heroin use; implementation of the New York State prescription drug monitoring program in primary care settings; circumstances of repeated arrest and frequent utilization of the emergency health care system; the experiences of overdose reversal with naloxone—a medication that reverses the effects of an opioid

overdose—among NYPD officers, people who use drugs, and laypersons; and people who use drugs' adaptations to the introduction of fentanyl in the illicit drug market.

Findings from these studies have helped shape the City's response by inserting the frame of the lived experience of people who use drugs into DOHMH's research-driven intervention design. For example, in response to the uptick in fentanyl-involved overdose deaths in early 2016, DOHMH's qualitative research program investigated the knowledge and perceptions of fentanyl among people who use drugs. Findings from this investigation showed that knowledge of fentanyl's presence in the drug supply was not widespread within networks of people who use drugs and that many individuals were not fully informed about the risks associated with fentanyl or how they could protect themselves. These findings provided the foundation onto which DOHMH has developed a citywide fentanyl awareness campaign, as detailed in the following section. DOHMH's qualitative research program originated through a grant awarded by the Bureau of Justice Assistance and, as of 2017, is part of the City's epidemiologic portfolio.

New York City's Substance Use Programs and Services

This section presents an overview of the City's ongoing substance use programs and services. While many of the initiatives described here were launched recently as part of ThriveNYC or HealingNYC,[††] others have been ongoing prior to these investments. These programs and services represent the work of the following New York City agencies: Administration for Children's Services (ACS), Department of Education (DOE), Department of Health and Mental Hygiene (DOHMH), Department of Homeless Services (DHS), Department of Probation (DOP), Health + Hospitals (H+H) and Correctional Health Services (CHS), Human Resources Administration (HRA), and the Police Department (NYPD).

New York City Administration for Children's Services

Expanded Naloxone Access for Administration for Children's Services Staff and Clients

In collaboration with DOHMH, approximately 500 Child Protective Services workers were trained and certified as overdose first responders and furnished with naloxone kits between 2014 and 2018. The ACS Policy on training staff on "Overdose Awareness and Response" is currently in progress. Additionally, all ACS clients have the opportunity to be trained in overdose prevention and receive a naloxone kit. In January 2018, ACS began expanding access to naloxone training to include all clients who meet with a certified substance use counselor.

Expanded Access to Treatment Support Services

The expanded access to treatment support services program co-locates certified treatment providers in ACS borough offices throughout New York City to provide screening, assessment, and brief intervention for substance use. The program was established in 2008 and has expanded from two co-located pilot sites, one in Brooklyn and the other in the Bronx, to a total of six sites which receive funding from ACS. Treatment is available onsite in select agencies. Screening and assessment services provide direct linkages with substance use treatment providers, medications for addiction treatment, primary health care, case management services, and mental health providers. This collaboration has worked very well for ACS, and over time, the model has been modified to accommodate provider flexibility while ensuring efficiencies.

Better Outcomes for Families

The Better Outcomes for Families Program standardized the ACS substance use screening, assessment, and referral protocols, which includes the implementation of an evidence-based screening tool called the UNCOPE. Results of the screening are used in family treatment court proceedings with individually tailored benchmarks to improve compliance and early treatment engagement. The program simultaneously aims to improve the child welfare investigation and family treatment court processes. The program originated as part of the New York State Division of Criminal Justice Services Juvenile Justice and Delinquency

[††] The first wave of HealingNYC was launched in March 2017 and its programs and pilots are included in this report. The City expanded HealingNYC in March 2018 to include a second wave of initiatives. Initiatives from the second wave are described briefly in Appendix C.

Prevention funding program.

Medication Safety Campaign

ACS conducted a medication safety forum in September 2017 to provide the public with information on how to use Child Protective Services and the New York City Poison Control Center as key substance use resources. The forum covered how families can identify high-risk opioid medications and prevent unintentional exposure in the home. This was the first in a series of trainings that will occur across New York City throughout this year. Poster distributions are ongoing. As part of this campaign, ACS will begin to distribute medication lock boxes to families engaged in the ACS community and child welfare programs. The program is operated as part of ACS's ongoing work to prevent drug-related harms among children and youth.

New York City Department of Education

Substance Abuse Prevention and Intervention Services

Since 1972, the Department of Education's Substance Abuse Prevention and Intervention Specialists (SAPIS) program has provided a range of prevention and intervention services to students in grades K through 12. The program includes a staff of 279 SAPIS counselors who provide services in 350 schools across all five boroughs. The goals of the program are manifold: reduce the prevalence of substance use among youth; delay the initiation of substance use behavior; decrease the negative health, social, and educational consequences associated with substance use; and prevent the escalation of substance use behaviors to levels requiring treatment. Services provided by SAPIS counselors include classroom lessons using evidence-based curricula, individual and group counseling, peer leadership programs, positive alternative activities, crisis intervention, conflict resolution, assessments and referrals for mental health and substance use services, school-wide prevention projects, and parent workshops. Since its inception, the SAPIS program has operated as part of the Department of Education's partnership with OASAS.

New York City Department of Health and Mental Hygiene

Naloxone Distribution

Naloxone forms the bedrock of the City's overdose prevention strategy. Reversing overdoses with naloxone does more than save lives at the moment of an overdose, it also allows New Yorkers the opportunity to engage with the care and services they need to regain control of their lives. Since 2014, the City has made every effort to increase the distribution of naloxone through a variety of health care, substance use, social service, and community outlets. As part of the City's investment in HealingNYC, DOHMH will more than quadruple its naloxone distribution, providing over 65,000 overdose prevention kits across at least 100 opioid treatment, detoxification, and syringe exchange programs. In fiscal year 2018 (as of April 18, 2018), DOHMH has distributed 72,436 naloxone kits to registered opioid overdose prevention programs citywide. To maximize naloxone's lifesaving potential, DOHMH's expanded distribution will target at-risk populations in high-need areas.

Pharmacy-Based Naloxone Distribution

In December 2015, the New York City Health Commissioner issued a non-patient specific prescription (called a "standing order") to authorize participating pharmacies to dispense naloxone without a patient-specific prescription. Independent pharmacies can register to dispense naloxone under DOHMH's standing order by completing a one-page authorization form, and naloxone is available at all major chain pharmacies (CVS, Duane Reade, Rite Aid, and Walgreens). Naloxone accessed in pharmacies through standing order requires either insurance coverage or patient ability to pay. Ensuring New Yorkers have access to naloxone through pharmacies is a core component of DOHMH's ongoing overdose prevention work; in April 2018, DOHMH conducted face-to-face visits at over 700 pharmacies enrolled in the standing order program to offer additional education about the medication and dispensation program for pharmacists and pharmacy employees.

Syringe Exchange Programs

DOHMH contracts with 14 syringe exchange programs (SEPs) to provide a variety of services to people who use drugs or have a history of drug use. Service provision includes, but is not limited to: individual health and harm reduction education, group outreach, health care coordination, hepatitis care coordination, infectious disease testing, naloxone dispensation and overdose prevention training, and syringe exchange services. In addition, DOHMH contracts with two technical assistance providers to build SEP capacity, cultivate a coalition to support health policies that benefit people who use drugs and expand harm reduction practice in communities. Through HealingNYC, SEPs will grow their outreach capacities to reach new populations at risk of overdose and expand onsite access to medications for addiction treatment at seven sites.

OASAS-Licensed Substance Use Treatment Programs

DOHMH manages more than $60 million in contracts with substance use treatment providers licensed by OASAS. These contracts represent approximately one-third of all treatment and prevention programs in New York City. As the funding agency, DOHMH maintains programmatic and fiscal oversight of 110 contracted programs to ensure adherence to evidence-based models of patient-centered and trauma-informed care grounded in harm reduction. Ensuring that effective substance use disorder treatment is available for all New Yorkers who need it is a key piece of DOHMH's substance use services portfolio.

Health Care Provider Training in Buprenorphine Prescribing

Despite the strong evidence supporting buprenorphine as a leading treatment for opioid use disorder, the availability of buprenorphine remains low in New York City. To expand the use of this medication, DOHMH aims to train over 1,000 physicians, nurse practitioners, and physician assistants across New York City to prescribe buprenorphine. Over 600 clinicians have been trained as of January 1, 2018. Training consists of federally mandated education; physicians are required to complete eight hours of training, whereas nurse practitioners and physician assistants are required to complete 24 hours of training. After completing the requisite training, clinicians receive authorization from the Drug Enforcement Administration to treat patients with buprenorphine. While these training

requirements can be barriers to treatment provision, the expanded provider training capacity is part of the City's investment in HealingNYC to offer education to providers to ensure that all New Yorkers who want treatment for opioid use disorder have access to buprenorphine.

Nurse Care Manager Buprenorphine Treatment

Buprenorphine offers flexible and personalized care in traditional medical settings. To expand access to buprenorphine in primary care safety net settings and minimize barriers to this effective treatment, DOHMH has implemented an innovative nurse care manager model of buprenorphine treatment in seven Federally Qualified Health Centers as part of HealingNYC. This initiative increases treatment capacity in funded sites and promotes high quality, evidence-based care for patients with opioid use disorder, targeting uninsured or publicly insured patients. In this model, a dedicated nurse care manager works with buprenorphine prescribers to deliver team-based treatment for patients with opioid use disorder. Together, the team screens and assesses patients, performs medication management and motivational counseling, and refers for more intensive treatment as necessary. The nurse care manager provides critical support to both prescribers and patients through a number of key clinical functions: patient engagement, management, and retention; facilitation of prior authorization and other insurance issues; warm handoffs to and from referral sources; and clinical logistics that can be burdensome for patients and prescribers.

Public Health Detailing

Public health "detailing" consists of brief one-to-one educational visits with health care providers during which trained representatives provide key clinical messages, resources, and tools. The goal is to educate clinicians on prescribing opioids less often, for shorter durations, and at lower doses. In addition, the campaign will advise doctors not to prescribe opioids in conjunction with benzodiazepines (such as Xanax, Klonopin, or Valium), as the combination leads to an increased risk of overdose. Public health detailing has shown to be an effective approach to changing health care provider behavior and is an integral component of DOHMH's efforts to reduce opioid overdose mortality. Between 2013 and 2017, DOHMH conducted three detailing campaigns to promote judicious opioid prescribing in Staten Island (2013), the Bronx (2015), and Brooklyn (2017). Each campaign reached over 1,000 providers, and campaign planning for 2018 is in progress. Through the City's investment in HealingNYC, DOHMH will continue and expand its detailing program capacity in targeted areas.

Rapid Assessment and Response

Emerging drug issues and the risks associated often require a more nimble response than conventional scientific research methods allow. DOHMH's rapid assessment and response (RAR) system is an innovative initiative that utilizes both quantitative and qualitative methods to quickly gather data in response to a pressing question or crisis. The RAR system responds both to unusual increases in mortality or morbidity detected through routine public health surveillance as well as anecdotal reports or concerns from communities regarding emerging issues. The multi-method system allows for data to be collected quickly with focus squarely on the identification and implementation of an

appropriate response. Notably, an investigation conducted by the RAR team in 2016 first identified the lack of knowledge about fentanyl among people who use drugs in New York City and informed the targeted fentanyl awareness and overdose prevention messaging. As part of HealingNYC, The RAR initiative will connect up to five communities with high rates of opioid overdose with targeted overdose prevention and response education and resources.

Public Education Campaigns

In 2016 and 2017, DOHMH launched a series of public education campaigns to raise awareness of opioid overdose, educate New Yorkers about naloxone and overdose prevention, and promote access to medications for addiction treatment. Campaigns featured New Yorkers who shared their personal stories about the opioid crisis. In the "Overdose is Preventable" campaign, two New Yorkers shared their experiences of losing a loved one to opioid overdose or saving a life with naloxone. The "Save a Life: Carry Naloxone" campaign aimed to raise awareness about the overdose reversal medication naloxone and encourage New Yorkers to obtain the medication—available without a prescription—in case of emergencies. In the "I Saved a Life" campaign, six New Yorkers described their experiences successfully reversing an opioid overdose with naloxone; the campaign generated nearly four million social media impressions between May and June 2017. Finally, in the "Living Proof" campaign, four New Yorkers shared their successes with medications for addiction treatment. An evaluation of the "Save a Life: Carry Naloxone" campaign found that more than three-quarters (78 percent) of survey respondents who saw the advertisement reported taking an action as a result of the message, including talking with their family or friends. This survey found that action taken was highest among respondents between the ages of 18 and 24, 90 percent of whom reported taking an action. Campaign planning for 2018 is in progress. DOHMH's expanded public education capacity is part of the City's investments in HealingNYC and ThriveNYC.

Enhanced Fentanyl Public Awareness

To increase public awareness about the risks associated with fentanyl and provide safety tips to reduce overdose risk, DOHMH conducted a pilot flyering campaign. In May 2017, DOHMH partnered with the NYC Medical Reserve Corps—a group of trained health professionals across a variety of disciplines who support emergency community health initiatives—to conduct a mass distribution campaign targeting members of the general public, during which approximately 20,000 flyers were distributed at 42 locations in 15 neighborhoods across all five boroughs. Flyers additionally were distributed to all harm reduction program providers and Department of Homeless Services-run shelters citywide, to the Human Resources Administration for distribution to clients, and to a majority of drug treatment programs. The flyer is routinely distributed as part of DOHMH's opioid overdose prevention trainings, community events and naloxone dispensing drives, and through Rapid and Assessment and Response field investigations. The flyer is presented in Appendix C. These efforts to enhance the public's awareness of fentanyl are conducted as part of DOHMH's routine public education work.

NYC Well

NYC Well—the City's 24/7/365 connection to free and confidential mental health and substance use support—received more than 350,000 calls, texts, and chats since its launch in October 2016 and January 2018. Demand for the service prompted DOHMH to expand its capacity in February 2016 to handle an additional 45 percent in volume. As part of this expansion, DOHMH is working to improve NYC Well's substance use training content and resources for counselors to effectively meet more New Yorkers' substance use needs, with a focus on opioid use, overdose prevention, and appropriate referral paths to medications for addiction treatment. NYC Well was announced in 2015 as part of the City's investment in ThriveNYC.

Connections to Care

Connections to Care is one of several initiatives that intends to support, grow, and spread a wide range of opportunities for "task-sharing," an evidence-based strategy that expands the skills of non-professionals at the front lives of mental health and substance use care. These individuals are often trusted and credible to people who otherwise would not seek help or engage in care. The Connections to Care initiative includes training for program counselors to screen for depression and substance use in order to support care providers to have skills that support socio-emotional development, and expand the value of trained peers in multiple settings beyond the health care system. Harm reduction programs have successfully employed task-sharing principles in their work; the City can expand this task-sharing model across multiple sectors to reach a wider net of substance use services and share a growing portfolio of programs through ThriveNYC. As of January 2018, 15 community-based organizations had partnered with 15 mental health providers as part of the Connections to Care initiative.

Mental Health Service Corps

In 2016, DOHMH launched the Mental Health Service Corps, a diverse cohort of nearly 400 physicians and mental health clinicians to provide mental health and substance use services in high-need neighborhoods across New York City. Corps members work in primary care, substance use, and mental health clinics as part of the City's broader task-sharing approach. In particular, the Corps is uniquely positioned to integrate substance use assessment and treatment into primary care settings, which remains an underutilized opportunity and point of patient contact. The Corps was established through the City's investment in ThriveNYC, and is currently in its second year. When the program reaches full operational capacity, DOHMH aims to maintain over 300 clinicians working in behavioral health and primary care settings. Currently, the program hires over 100 new early career behavioral health clinicians every year, with the goal that they serve in the Corps for three years.

School Mental Health Consultants

To ensure every student in New York City has access to quality mental health and substance use services and support, DOHMH launched the School Mental Health Consultant (SMHC) initiative program in 2015. Consultants are credentialed social workers or counselors stationed in New York City public schools to provide an array of services, including: needs assessments to identify resources to improve school mental health and substance use services; support, training, and technical assistance for schools to implement

evidence-based prevention and counseling services; and crisis management and emergency linkage to care to DOE and community resources. The SMHC initiative was launched as part of the City's investment in ThriveNYC, with the goal to serve approximately 900 DOE schools citywide.

Training and Practice Implementation Institute

To ensure that outpatient substance use treatment programs engage in evidence-based behavioral modalities, DOHMH has launched the Training and Practice Implementation Institute (TPII). TPII provides training and technical assistance services to existing substance use providers in evidence-based practices, including motivational interviewing. At the outset, TPII will engage and train three cohorts of up to 45 providers representing approximately 15 programs per cohort per year. TPII provides ongoing support as to clinicians and programs following training completion to help integrate these new modalities into ongoing practice and supervision. TPII was established to improve the effectiveness of established treatment providers to provide strong evidenced-based care to those struggling with substance use and opioid use disorder in particular.

Pre-Arrest Diversion Centers

In partnership with NYPD, DOHMH is funding two pre-arrest diversion centers for individuals subject to violations and low-level substance use charges. Diversion is voluntary and at the discretion of the police officer and the individual, available to officers and individuals in need who qualify 24/7/365. The centers are currently in the location planning stages, with vendors identified in the South Bronx and Upper Manhattan. DOHMH anticipates that both sites will open approximately one year after a designated site has been selected. Representatives from DOHMH are leading the planning and implementation processes to ensure that the centers will have the capacity and resources to provide appropriate substance use crisis stabilization services—including medications for opioid stabilization—and appropriate substance use treatment referrals. Funding for the diversion centers originated as part of the City's Task Force on Behavioral Health and the Criminal Justice System and has continued as part of the City's investment in ThriveNYC.

Supportive Housing

Supportive housing is permanent housing for individuals and families who have experienced periods of prolonged homelessness. For the past 30 years, DOHMH has overseen contracting for supportive housing services across New York City. As of 2017, DOHMH provided contract oversight for approximately 200 programs serving over 8,000 individuals and families. As part of New York 15/15, the City has committed to developing an additional 15,000 supportive housing units over the next 15 years. Funding for over 1,400 units has been awarded to providers to both operate and find supportive housing, and 2,803 units have been financed in the development pipeline. The City has a robust pipeline of clients and nonprofit providers are working hard to build or find available units. This expansion of supportive housing is part of the City's investment in ThriveNYC.

Comprehensive Alcohol and Drug Misuse Prevention Program

Young people who identify as LGBTQ have higher rates of substance use than their heterosexual- and/or cisgender-identified peers. The Comprehensive Drug and Alcohol

Misuse Prevention Program (CAMP) is comprised of two components slated to launch in 2018: the Building Coalitions Initiative and the Literacy Media Campaign. First, the Building Coalitions Initiative will fund seven community coalitions to implement evidence-based interventions to reduce alcohol and substance use among youth at elevated risk of substance use harms. Second, the Media Literacy Project will educate youth about the media's role in influencing decisions to consume alcohol and prescription drugs. Education will be delivered through afterschool programs, on college campuses, and in community-based youth programs. Additionally, a ready-to-use media literacy curriculum will be provided for organizations that serve youth to deliver messages more widely. Both of CAMP's components are funded through the First Lady's New York City Unity Project, the City's first ever multiagency strategy to deliver tailored services to LGBTQ youth.

New York City Department of Homeless Services

Substance Use Disorder and Opioid Overdose Prevention Program

To prevent opioid overdose deaths in shelters and other Department of Homeless Services sites, DHS has trained staff in overdose prevention and response at all shelters, ensuring that all sites have at least one staff member trained as an overdose first responder available at all times. DHS also conducts naloxone-dispensing drives at shelters, during which overdose prevention training and naloxone kits are offered to clients. In the event of a non-fatal overdose in a DHS facility, shelter staff are required to link survivors to substance use disorder treatment, offer opioid overdose prevention training to the survivor and her or his roommate(s), and conduct a naloxone-dispensing drive in the given facility. As a result of expanded naloxone preparedness, shelters have seen increased overdose reporting as well as rapid response, with the number of overdoses reversed after naloxone administration significantly increasing in 2017. In 2017, DHS staff administered naloxone 236 times, with 214 overdoses reversed and lives saved as a result—more than double the number of lives saved the previous year—with ongoing training continuing.

As part of the City's investment in HealingNYC, DHS started its enhanced overdose prevention and naloxone training program. As of December 2017, more than 3,000 kits were distributed as part of the program. After launching its comprehensive training efforts in 2016, the number of DHS staff and clients trained to administer naloxone increased significantly. In 2017 alone, a total of 1,546 staff and 777 clients received naloxone training, and are now equipped to save lives as overdose first-responders. In 2017, DHS also held 291 overdose and naloxone administration training sessions, including 30 train-the-trainer sessions and 261 sessions for dispensers, including staff and clients, and distributed a total of 2,861 naloxone kits. To bolster these training efforts, DHS launched an initiative to identify and train Opioid Overdose Prevention Champions as leaders at each DHS facility, who in turn train staff on-site. DHS trained 117 Opioid Overdose Prevention Champions in 2017. As of December 2017, DHS' overdose prevention work was codified into law.

In addition to these naloxone efforts, DHS has developed a standard overdose prevention procedure and toolkit for the use of staff at DHS facilities. In January 2018, DHS expanded its screening at process at intake to cover client overdose experiences and risk.

Furthermore, in partnership with DOHMH, DHS is training all staff in Mental Health First Aid.

New York City Department of Probation

Naloxone Training and Distribution

To ensure that both individuals at risk of overdose and their loved ones receive the resources they need to prevent overdose, the Department of Probation began to offer naloxone training and distribution through its Community Resource Unit in January 2017. Since the program launched, 512 staff have been trained over the course of 23 trainings citywide. The Staten Island Probation Office (SIPO) began dispensing in November 2017; as of December 31, 2017, 45 individuals had received overdose prevention information through the SIPO. The training and distribution program operates in partnership with a range of community-based organization and DOHMH and has committed to provide naloxone in all boroughs, with the Bronx tentatively planned to offer naloxone in February 2018. Naloxone distribution was implemented within DOP in partnership with DOHMH.

Pre-Sentence Investigation Behavioral Health Screenings

The Department of Probation (DOP) is committed to ensuring that all individuals engaged with DOP receive the behavioral health and substance use care they need. In May 2016, DOP implemented a behavioral health screening protocol for all individuals who receive a promise or sentence of probation. Screenings are for both mental health and substance use and employ validated instruments. The screening program was implemented as part of the Mayor's Task Force on Behavioral Health and the Criminal Justice System. Since the screening program was implemented, approximately 8,400 screens have been administered.

Access to Care

To ensure that all individuals engaged with DOP have access to insurance and health care and substance use treatment, DOP partners with a variety of community-based health insurance providers to facilitate enrollment. Insurance enrollment is available to individuals engaged with DOP and their families. In collaboration with United Health Care, DOP enrolled 950 individuals in 2016 and 1,200 individuals in 2017. Increasing insurance access and enrollment through DOP's behavioral health initiatives was implemented as part of the Mayor's Task Force on Behavioral Health and the Criminal Justice System.

Behavioral Health Training for Probation Officers

To help probation officers understand the various behavioral health needs that the individuals they serve may present with, DOP developed a psychoeducational training series for probation officers. Trainings provided an overview of common mental health and substance use disorder diagnoses and include a discussion of resources and interventions to consider. Trainings focused on cultural competency through the lens of trauma-informed care and service provision. In its first year, over 600 received training. The psychoeducational training program was established as part of the Mayor's Task Force on Behavioral Health and the Criminal Justice System.

Behavioral Health Clinical Consultations
The Department of Probation has assigned trained behavioral health practitioners to support the behavioral health needs of individuals engaged with DOP in every borough. These practitioners comprise DOP's Behavioral Health Services Team and assist probation officers in providing consultation, advocacy, support, and connections to care for New Yorkers engaged with DOP. Formed in 2015, the Team since has connected with and served nearly 1,000 individuals. The behavioral health consultations were launched as part of the Mayor's Task Force on Behavioral Health and the Criminal Justice System.

New York City Health + Hospitals

Hospital-Based Opioid Overdose Prevention Programs
As part of New York City Health + Hospitals' (H+H) commitment to transform into a system of excellence for opioid services, all hospitals and Federally Qualified Health Centers have been registered as opioid overdose prevention programs which will allow for naloxone distribution through these sites. This initiative includes all adult medical clinics and emergency departments, as well as addiction clinics and pain and palliative care centers. This unified strategy for naloxone distribution will enable H+H to capture system-wide data to target future overdose prevention work. The implementation of this naloxone distribution and overdose prevention initiative is part of the City's investment in HealingNYC.

Judicious Prescribing Training and Guidance
To ensure that all possible prevention strategies are implemented, prescribers in all NYC H+H primary care centers and emergency departments -- a total of 2,220 providers -- received education and training in judicious opioid prescribing in FY2017. Judicious prescribing means prescribing smaller doses of opioid analgesics for shorter durations, and avoiding co-prescriptions with benzodiazepines, which can increase a patient's risk of overdose. Prescribers will receive reminders through the NYC H+H electronic health record system to ensure fidelity to these prescribing guidelines. This system-wide educational initiative is part of the City's investment in HealingNYC.

Consult for Addiction Treatment and Care in Hospitals
To maximize patient connections to substance use care, NYC H+H will establish the Consult for Addiction Treatment and Care in Hospitals (CATCH) service in four facilities citywide between between F18 Q4 and FY19 Q1. CATCH teams will be a critical means for engaging patients with identified Substance Use Disorder, treating them, and providing a connection to ongoing care including medication for addiction treatment (MAT). The CATCH initiative is funded through the City's investment in HealingNYC.

Emergency Department Peer Advocates Addressing Substance Use
Leveraging an initiative launched by *New York Alliance for Careers in Healthcare* and *CUNY* (Queensborough CC), which trains and certifies Peer Advocates, NYC H+H created an integrated Substance Use Disorder (SUD) and Care Management Peer Counselor program

in three of its emergency departments with the high volumes of SUD patients. Using a relational care model, Peer Advocates engage with patients coming to the ED and connect them to appropriate ongoing addiction care.

Buprenorphine Expansion in Primary Care

In order to treat as many possible patients with Opioid Use Disorder across its system, NYC H+H is expanding Medication for Addiction Treatment (MAT) in primary care clinics. In 2017, H+H trained 95 new providers to prescribe Buprenorphine, increasing its capacity to offer MAT across all ambulatory care services. Integrating primary care with behavioral health and substance use treatment in this way will enable primary care providers to better serve this patient population.

Correctional Health Services, a division of New York City Health + Hospitals

Rikers Island Visitor Center Naloxone Distribution

Research shows that individuals with an opioid use disorder leaving jail are at elevated risk of overdose death. To target the City's overdose prevention services to this population, Correctional Health Services distributes naloxone kits to the families and friends of incarcerated patients at the Rikers Island Visitors Center to ensure that overdose prevention services are in the homes and communities of New Yorkers at high risk following reentry. In the time between the program's launch in April 2014 and January 2018, nearly 7,000 naloxone kits have been distributed. The program has been funded through HealingNYC to distribute an additional 5,000 naloxone kits.

Key Extended Entry Program

Correctional Health Services operates the nation's oldest and largest jail-based opioid treatment program, the Key Extended Entry Program (KEEP), which provides methadone and buprenorphine maintenance to incarcerated patients with an opioid use disorder. Through KEEP, approximately 2,500 patients reenter the community each year with methadone maintenance and connection to a methadone program. As part of HealingNYC, CHS has committed to double the number of daily patients treated with methadone to 600 and triple the number of daily patients treated with buprenorphine to 150. In a snapshot of daily patients on January 18, 2018, CHS had 599 patients being treated with methadone and 133 treated with buprenorphine. CHS continues to look for ways to expand the number of patients it can initiate on treatment with methadone and buprenorphine prior to community reentry.

Substance Use Reentry Enhancement

As part of the substance use services offered at Rikers Island, CHS has expanded discharge planning through the Substance Use Reentry Enhancement (SURE) program to include those individuals with substance use disorders who are not already receiving such services as a result of co-morbid mental health or medical needs. The SURE program also provides individuals with a court liaison who can collaborate with the courts to facilitate alternatives to incarceration for eligible patients. Through the City's investment in HealingNYC, the SURE program allows all incarcerated individuals with a substance use disorder to have

access to a wide array of treatment and harm reduction options, both within the jail and upon re-entry into the community.

New York City Human Resources Administration

Opioid Overdose Prevention Program

To leverage the Human Resources Administration as an additional City point of contact with people who use drugs and with their friends and family members, HRA offers opioid overdose prevention training and naloxone distribution to clients in contact with an array of services. Through the program, HRA provides overdose prevention training to clients, staff, and contracted vendors. The training program launched in January 2018 and already has training 170 HRS and contract staff as naloxone dispensers who are able to train other staff and clients in overdose prevention and provide naloxone kits. As of January 26, 2018, HRA has distributed 200 naloxone kits. To comply with recent overdose prevention legislation, HRA has been working closely with the HIV/AIDS Services Administration (HASA) to develop a plan to provide training at HASA transitional and emergency housing sites, as well as offer naloxone to all HASA clients who enter emergency housing. As of January 26, 2018, HRA has completed naloxone trainings at four HASA transitional housing sites and has scheduled visits across HASA sites through February 2018. This expanded overdose prevention work is made possible through HealingNYC.

New York City Police Department

Naloxone Patrol Officer Expansion

Police officers in many incidents are the first on the scene following a call for service to an overdose event. In January 2014, the Department began to equip a select number of patrol officers with naloxone. Engaging patrol officers as overdose responders has proved to be an effective intervention. Efforts to equip patrol officers with naloxone originated through the NYC RxStat partnership in 2014; the NYPD expanded its naloxone distribution to over 20,000 uniformed members through the City's investment in HealingNYC.

Co-Response Teams

The NYPD's Co-Response Teams, operated in partnership with DOHMH, are joint law enforcement/clinical units designed to engage people with substance use and mental illness who are identified as having escalating behaviors and are at increased risk of harm to themselves or others. The teams provide short-term crisis management services in the community, private residences, or social service facilities (e.g., DHS shelters). The units can be activated through pre- and post-911 mechanisms, with referrals to the teams made by local police precincts, City agencies, social service providers, or concerned community members. The Co-Response Teams are funded through the City's investments in the Office of Mental Hygiene within DOHMH.

Expanded Overdose Response Squads

Each NYPD Detective Borough has a squad staffed with supervisors and detectives assigned to investigate cases following a suspected overdose death. In the event of a fatal overdose, Overdose Response Squads respond directly to hospitals to initiate an investigation, with an eye toward linking street drug products to specific overdose deaths. The squads also work to link products connected to overdose deaths with dealers to initiate arrests on charges of drug distribution. The Overdose Response Squads operate as a function of the NYPD's ongoing work to reduce the supply of illicit drugs in New York City.

Expanded Drug Testing

To address the increases in opioid overdoses in New York City, the NYPD expanded laboratory testing operations, in part to meet the new demands following the introduction of fentanyl into the New York City drug market. The Police Lab grew its testing capacity to 50 criminalists, whose work will augment the 27 existing criminalists and focus on drug testing from all fatal and non-fatal overdoses. The lab's expanded capacity will help streamline drug testing procedures to allow for a more rapid testing process. The Police Lab's expansion was made possible through the City's investment in HealingNYC.

Heroin Overdose Prevention and Education Program

The NYPD, in partnership with the Richmond County District Attorney's Office, DOHMH, and the Mayor's Office of Criminal Justice launched the Heroin Overdose Prevention and Education (HOPE) Program in January 2017. The HOPE Program is a pre-arraignment diversion program that redirects low-level drug offenders to community-based health and treatment services, circumventing jail and prosecution. The HOPE Program is committed

to: reducing overdoses; improving health outcomes by exposing those in need to treatment options and resources, including harm reduction services and peer mentors; and improving public safety by reducing the criminal activity of participants in the program and diverting persons with addiction from the criminal justice system. The HOPE Program is operated through the commitment of all involved government agencies to reduce overdose and associated harms.

Expansion of Test Methods for Illicit Synthetic Opioids

In 2017, the Office of the Chief Medical Examiner's (OCME) Forensic Toxicology Laboratory purchased drug reference standards and completed method development and validation to ensure quantitative testing of biological specimens for the presence of fentanyl, furanyl fentanyl, despropionyl fentanyl (or 4-ANPP), parafluorobutyryl fentanyl and U-47700. The OCME Forensic Toxicology Laboratory has further expanded the testing method from the initial five drugs most commonly identified and is now capable of screening for 30 different synthetic opioids, an essential tool to meet the challenge of the opioid epidemic and support the City's Medical Examiners in determining cause and manner of death. In 2018, the Toxicology Laboratory will receive small equipment purchased to further improve the developed method, improving both efficiency and associated costs with the tests.

The Laboratory Information Management System (LIMS) Upgrade

OCME developed requirements for a product upgrade of its Laboratory Information Management System (LIMS), a software-based laboratory and information management system that can "talk" to the Medical Examiner Case Management System (CMS), and began the procurement process for potential vendors. Once this system is built, it will allow the various operations to analyze data and monitor drug trends in the case work that will better inform City agencies and will reduce administrative time manually typing case reports.

New York City's Existing Collaboration Efforts

This section presents an overview of some of the City's existing collaborations between government and communities that have furthered the health and safety of people who use drugs. Many of these collaborations were formed in the face of past and present crises and have demonstrated the successful consolidation of government and community efforts and increased communication across sectors.

NYC RxStat

Formed in 2012, NYC RxStat is a data sharing and policy development partnership bringing together City, State, and Federal public health and public safety agencies under the shared goal of overdose prevention. Representatives from 39 agencies convene on a monthly basis to share and review data and discuss evidence-based solutions that serve the mutual interests of public health and safety. NYC RxStat has been hailed as a national model by Former President Obama's White House Office of National Drug Control Policy and Department of Justice. A full list of RxStat member agencies is available in Appendix D.

Community Services Board

The Community Services Board of the New York City Department of Health and Mental Hygiene was created through New York City and State legislation to advise the City Health Commissioner on a range of community and behavioral health issues, including community mental health, developmental disability services, and alcohol use disorder services and programs. The Community Services Board has three subcommittees, one of which is the Subcommittee on Substance Misuse, formed to advise the Community Services Board on substance use issues. It is required to meet biannually, and is comprised of community experts in substance use services, care, and treatment.

New York City Mental Health Council

The New York City Mental Health Council (MHC) is an interagency body of over 20 City agencies charged to prioritize and coordinate policies to promote the mental wellbeing of New Yorkers. The MHC was established in 2016 through a Mayoral Executive Order and will serve as an advisory group to the Mayor on issues of mental health and substance use. The MHC was established as part of the City's investment in ThriveNYC.

Regional Planning Consortium/New York State Medicaid Redesign

As part of New York State's efforts to redesign Medicaid funding structure, DOHMH collaborates with OASAS to advise on issues specific to the substance use treatment system. As part of this collaborative redesign effort, DOHMH works in concert with OASAS and the New York State Office of Mental Health (OMH) to streamline the funding and oversight of the New York City substance use treatment system, as well as provide input on service implementation. The three agencies are committed to evidence-based policy and practice using a public health approach to substance use, particularly with regard to the opioid epidemic and overdose prevention. As part of the New York State Medicaid redesign process, full committee and subcommittee meetings occur monthly.

Substance Use Treatment Borough Councils

The New York City Substance Use Treatment Borough Councils are independent consortiums of alcohol and substance use treatment and related social service providers who collaborate on issues of substance use in each borough. The Councils convene independently to provide forums for providers to network and learn about new treatment approaches, policy issues, and the variety of services available within their respective boroughs. DOHMH supports the councils through consistent representation at each borough's monthly meetings, and council chairs convene with DOHMH leadership on a quarterly basis. Upon request, DOHMH may allot funding to the councils each fiscal year to support the costs of their planned community events.

HIV Planning Council of New York City

Since 1991, the HIV Health and Human Services Planning Council of New York has met to ensure that people living with HIV and AIDS obtain and maintain access to quality, appropriate services across the continuum of care. The Council was formed through municipal legislation and meets biannually. Comprised of key stakeholders across government and the New York City community—including a minimum of one-third people living with HIV—the Council is charged with developing recommendations to improve the City's HIV service coordination and delivery.

New York City's Pilot Programs

This section presents a selection of the City's pilot programs across health, safety, and social services. These innovative initiatives all were launched within the past two years and represent new and bold strategies to reduce overdose and connect people who use drugs to care and treatment.

Relay

Relay is an innovative, hospital-based support system for people who have experienced nonfatal opioid overdose. Through Relay, peer workers provide 24/7 on-call support to patients in emergency departments located in neighborhoods with high rates of overdose. Patients are engaged by supportive peers in the hospital immediately following their overdose, and services tailored to their needs are provided over a three-month follow-up period. Peer services include: overdose risk reduction counseling, opioid overdose rescue training, naloxone distribution, and navigation to harm reduction, drug treatment, or other health and social services. Relay launched in four hospitals in 2017, with a fifth hospital scheduled to launch in the winter of 2018. The program will expand to a total of 10 hospitals citywide by 2019. Relay is funded through the City's investment in HealingNYC.

Peer Corps

To facilitate treatment for individuals with substance use disorders in the task-sharing model implemented through the Mental Health Service Corps, DOHMH is launching a Peer Corps. Peers are individuals with lived experience of substance use, who are often better positioned to engage patients and facilitate treatment update than traditional medical or mental health providers. The six members of the Peer Corps will work to engage patients in family resource centers and DHS shelters and offer linkages to appropriate substance use, health care, and social services.

Certified Recovery Peer Advocate Training Program

The Certified Recovery Peer Advocate (CRPA) training program provides professional training to unemployed or underemployed New Yorkers who have direct, personal experience of substance use and treatment. The CRPA program certifies graduates to support, guide, and motivate others who are seeking or sustaining treatment for a substance use disorder. Graduates of the program will work in New York City Health + Hospitals emergency departments to offer care and support to individuals with substance use disorders. The CRPA program is the product of a partnership between the New York City Department of Small Business Services and Health + Hospitals. As of October 2017, 14 graduates of the program have obtained full-time employment in H+H emergency departments.

Adolescent Opioid Treatment Programs

As part of the City's broader work to offer effective, evidence-based medications for addiction treatment to all New Yorkers who need them, DOHMH has provided start-up funding for three adolescent outpatient buprenorphine treatment programs. These programs will serve distinct populations across New York City and will make buprenorphine available for patients over the age of 14. These programs will fill the

treatment gaps that currently exist for adolescents with opioid use disorders who at present may be unable to obtain adequate treatment tailored to their unique needs.

Domestic Violence Prevention Officer Naloxone Distribution

To meet the needs of individuals and families affected by domestic violence who may also be at risk of opioid-involved overdose, the NYPD began to pilot a novel naloxone distribution strategy in 2017. Domestic Violence Prevention Officers (DVPOs) in select precincts have been trained in overdose prevention and naloxone distribution. When responding to calls, these DVPOs assess for opioid use in the home and offer naloxone to victims of violence and their family members.

Legislation and Policies to Improve Health and Safety

This section presents an overview of legislative and administrative policy actions at the City, State, and Federal levels to improve the health and safety of people who use drugs and reduce the harms associated with problem substance use. A range of policies have helped shape the substance use care landscape in New York City.

City

Naloxone Training in the Department of Social Services

In response to a growing number of opioid overdoses in New York City shelters, the New York City Council passed a bill in December 2017 that requires select staff of the Department of Homeless Services (DHS) and the HIV/AIDS Services Administration (HASA) to receive training in opioid overdose response and naloxone administration. As part of the citywide response to the opioid epidemic, HASA and DHS are required to develop plans to train staff who may encounter persons experiencing or at risk of an opioid overdose. Sites are required to have at least one trained staff member on duty at all times. The bill also stipulates that, beginning in 2018, these agencies report annually to the City Council on trainings completed and number of naloxone administrations to residents.

Municipal Drug Strategy Council Legislation

In March 2017, the New York City Council passed legislation to task the Mayor with developing a collaborative government and community body to develop and coordinate a citywide strategy to substance use. This includes conducting thorough reviews of the City's ongoing programs and policies in order to identify gaps and meet the needs of New Yorkers with substance use disorders. The law requires the designated body to develop short-and long-term plans and recommendations, submitted to the City Council biennially.

Synthetic Cannabinoid Legislation

In October 2015, Mayor de Blasio signed a package of three bills to curb the use of synthetic cannabinoids (colloquially referred to as "K2"). K2 is a class of synthetic compounds that affect the same area of the brain as cannabis; in 2015, New York City experienced a sharp increase in emergency department visits associated with the drug. Together, the three bills: (1) criminalized the manufacture, possession with intent to sell, and sale of K2; (2) expanded the City's enforcement toolkit to allow for the use of public nuisance provisions; and (3) allowed the City to revoke, suspend, or refuse to renew cigarette dealer licenses due to the sale of K2.

State

Naloxone Co-Payment Assistance Program

In August 2017, New York State implemented a naloxone co-payment assistance program, through which New Yorkers can receive the opioid overdose reversal medication naloxone at no-cost or lower-cost at pharmacies across the state. This first-in-the-nation initiative requires no enrollment, and provides up to $40 in co-payment assistance to individuals with prescription coverage—including Medicaid and Medicare. Governor Cuomo

announced the program as part of a $200 million commitment to addressing the opioid epidemic. The emergency medicine has been widely available by standing order at over pharmacies since early 2016, and registered Opioid Overdose Prevention Programs (OOPPs) continue to offer naloxone free of charge to individuals, regardless of insurance coverage.

Access to Buprenorphine without Prior Authorization

New York State law was modified in 2016 to prohibit insurance providers (including Medicaid) from requiring prior authorization for buprenorphine and long-acting injectable naltrexone prescriptions for the treatment of opioid use disorder. The law was a step toward uniformity among insurers and removed a major barrier faced by patients in accessing these treatments. The law also forbids commercial health plans from requiring prior authorization for naloxone or a five-day emergency supply of buprenorphine.

Prescription Limits for Acute Pain

Effective in July 2016, New York State law limits the prescribing of opioid medication for acute pain to a 7-day supply upon initial consultation. Providers can subsequently issue 30-day opioid prescriptions thereafter for the same pain. The law applies to schedule II, III and IV opioids, and defines "acute" pain as that reasonably expected by the practitioner to be short-lived; chronic pain is excluded. The same law requires that all NYS prescribers authorized to prescribe opioids engage in ongoing education on addiction and pain management.

Electronic Prescribing

Effective in March 2016, the New York State Department of Health mandated that healthcare providers in New York State electronically transmit prescriptions to pharmacies for controlled substance in Schedules II through IV. This regulatory change was implemented to reduce prescription forgery and medication diversion as a supply-side response to increasing rates of opioid overdose. The electronic prescribing mandate eliminated the paper prescription system that was in place prior.

Naloxone Standing Order Prescriptions

In 2015, New York State regulations governing opioid overdose prevention began to allow non-patient specific prescriptions (i.e., "standing orders") for naloxone to facilitate distribution through a broader range of outlets, including pharmacies. Prior to this change, individuals in New York State were required to obtain a prescription from a medical provider in order to receive naloxone through a pharmacy. As a result of this legislation, DOHMH issued a standing order for New York City in December of 2015, which authorized licensed pharmacists to dispense naloxone directly to people who need it. All pharmacies in New York City are eligible to sign onto the order and dispense naloxone. Because of the DOHMH standing order, naloxone is now available to New Yorkers without a prescription in over 725 pharmacies, including all major chains (CVS, Duane Reade, Rite Aid, and Walgreens).

Medications for Addiction Treatment in Judicial Diversion/Felony Drug Courts

To improve outcomes for individuals engaged in drug court diversion, the New York State amended criminal procedure law in 2015 to permit participants diagnosed with opioid use disorder to engage in treatment with medications for addiction treatment (MAT)—methadone and buprenorphine—as part of judicial diversion programs. Prior to the passage of this law, individuals engaged in court-mandated drug treatment were prohibited from receiving treatment with methadone or buprenorphine or were mandated to cease taking the medications. Evidence shows that detoxification from medications for addiction treatment can increase an individual's risk of overdose; allowing the use of MAT in drug courts is a proactive policy to improve the health of people who use drugs.

Compassionate Care Act

In July 2014, Governor Cuomo signed the Compassionate Care Act, which legalized the possession, manufacture, and use of cannabis for certified medical use. The legislation allowed medical providers to obtain certification to prescribe cannabis as part of a patient's medical treatment in cases where cannabis could provide a therapeutic of palliative benefit. The New York State medical cannabis program legalized by the Compassionate Care Act is regulated by the New York State Department of Health.

Internet System for Tracking Over-Prescribing

Prescription drug monitoring programs (PMPs)—databases that track controlled substance prescribing and dispensing at the provider and patient levels—are a widely used clinical and law enforcement tool nationally. New York State implemented a mandatory PMP in August 2013 following the passage of the Internet System for Tracking Over-Prescribing Act (I-STOP). The law requires all prescribers in New York State to consult the state's PMP database prior to writing a prescription for a Schedule II, III, or IV controlled substance. Data from the PMP serves as one of DOHMH's key indicators to measure the ongoing opioid epidemic.

Good Samaritan Law

To encourage people to call 911 in the event of a drug overdose, the New York State legislature passed the Good Samaritan Law, which became effective in September 2011. This legislation provides limited immunity both to individuals who experience an overdose and individuals who call 911 to report an overdose, with some exceptions. Immunity from charge and prosecution extends to possession of up to 8 ounces of controlled substances, paraphernalia offences, and sharing of drugs (in New York State, sharing constitutes a "sales" offense). Immunity from arrest extends to possession of misdemeanor amounts of controlled substances, up to 3.5 grams. People with outstanding warrants or individuals on probation or parole may not be covered by this law. To encourage New Yorkers who experience or witness an overdose to call 911 and seek medical attention, the NYPD launched the "Save a Life – Call 911" public awareness campaign in 2017.

Judicial Diversion Program for Eligible Felony Offenders

Drug courts are a widely used criminal justice strategy to avoid incarceration while providing access to treatment for individuals convicted of drug-related offenses. In 2009, a New York State criminal procedure law—Article 216, Judicial Diversion Program for Certain Felony Offenses—authorized the courts to divert defendants charged with certain

drug or drug-related, non-violent felonies into substance use treatment programs as an alternative to incarceration, monitored through a specialized Judicial Diversion Court. Defendants receive an assessment by a court-appointed substance use specialist to determine eligibility for diversion. Individuals are diverted at the point of arraignment or the commencement of trial following a guilty plea in exchange for access to treatment services and a stay of incarceration. Upon completion of the diversion program, participants may be permitted to withdraw their guilty plea, have the felony indictment dismissed, or continue onto probation. Those who do not satisfy the diversion requirements are sentenced to their original felony guilty plea sentence.

Expanded Syringe Access Program

In 2000, the New York State Legislature changed Public Health Law to authorize a demonstration program to expand access to sterile hypodermic needles and syringes. Access to sterile injection equipment is an effective public health intervention to reduce HIV and hepatitis C transmission among people who inject drugs (PWID). The Expanded Syringe Access Program (ESAP) allows pharmacies in New York State to register to distribute up to 10 syringes without a prescription to people over the age of 18. ESAP started as a pilot in 2001 and was fixed as a permanent program in 2009.

Federal

ONDCP Reauthorization Act

The ONDCP Reauthorization Act of 2017 extends the mandate of the ONDCP (established in 1988) through FY 2023. It amends the definition of "demand reduction" to include screenings, interventions, access to health care services and support for long-term recovery from substance use disorders. The Act defines key terms like "illicit/illegal drug use" and extends definitions to include prescription drugs. It also stipulates that the ONDCP Director shall be responsible for demand reduction and supply reduction activities, as well as for state, local and tribal affairs, and will receive an annual evaluation of drug recovery program implementation. In turn, the Director is responsible for submitting to Congress a comprehensive plan to reduce illicit drug use in the year ahead, as well as an evaluation of the HIDTAs as part of the National Drug Control Strategy.

Code of Federal Regulations Protecting Patient Confidentiality

The Code of Federal Regulations (CFR) outlines the federal protections in place for patient information regarding substance use treatment. In January 2017, SAMHSA issued an amendment to the federal substance use disorder confidentiality regulations, which instituted a number of changes to strengthen safeguarding patient confidentiality and increase accountability for providers. These changes amend the confidentiality standards that govern both treatment and research.

Federal Syringe Exchange Funding Ban

In December 2016, a longstanding ban on federal funding for syringe exchange was lifted. In place since the 1980s, the ban was first lifted in 2009 and reinstated in 2011. While in effect, the ban meant that many syringe exchange programs across the country struggled to

provide evidence-based, effective services to people who inject drugs. While Congress did not approve the use of any funds for syringes exchange, these programs now are eligible to receive federal support to pay staff and provide essential health services.

21st Century Cures Act

Enacted by Congress in December 2016, the 21st Century Cures Act authorized $6.3 billion in funding to streamline the drug approval process and bring drugs to market faster. While the largest allocation was for precision medicine and biomedical research, the Act also designated $1 billion in grants for states to implement many of the treatment and prevention strategies outlined in the Comprehensive Addiction and Recovery Act (CARA). The Act modifies the FDA Drug Approval process, allowing pharmaceutical companies to provide "data summaries" and "real world evidence" in lieu of full clinical trial results. It also allows for the waiving of the "informed consent" requirement by researchers in certain cases.

Comprehensive Addiction and Recovery Act

The Comprehensive Addiction and Recovery Act (CARA), signed into law by president Obama in July of 2016, was the first major addiction legislation passed in 40 years. The law authorizes more than $181 million each year in new funding for a coordinated response to the opioid epidemic, encompassing six pillars: prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose prevention. Enhanced grant programs expand prevention and education efforts while promoting treatment and recovery. Other key strategies include: increased availability of naloxone among law enforcement and first responders; expanded treatment access for incarcerated individuals; launching of an evidence-based MAT treatment and intervention program; and the strengthening of drug monitoring programs to helps states track prescription drug diversion.

Affordable Care Act

Signed into law by President Obama in 2010, and upheld by the Supreme Court two years later, the Patient Protection and Affordable Care Act (ACA) represented a historic overhaul and expansion of healthcare coverage. The law expanded Medicaid eligibility (as described above) as well as restructured individual insurance markets, prohibiting insurers from denying coverage to individuals based on pre-existing conditions or sex. Under the law, individuals not covered by Medicaid are obligated (with certain exceptions) to purchase coverage through Exchange programs, with significant subsidies based on income bracket. All plans are required to cover a range of Essential Health Benefits, including behavioral and mental health treatment as well as treatment for substance use disorder. The ACA also includes system-wide reforms and incentives designed to reduce healthcare cost and improve quality.

Medicaid Expansion and Redesign

The Medicaid expansion program is a centerpiece of the Patient Protection and Affordable Care Act. In states with expanded Medicaid coverage, individuals can now qualify for Medicaid based on income alone. In those states, individuals whose household income falls under 138 percent of the federal poverty level qualify ($26,347 for a family of three and $15,417 for an individual). The expansion extends coverage to previously uncovered

individuals, such as low-income, able-bodied parents, low-income adults without children, and many low-income individuals with chronic mental illness or disabilities. It also lowers the rate paid by uninsured veterans and Native Americans by 50 percent and provides early treatment to those living with HIV.

Drug Addiction Treatment Act

As part of the Children's Health Act, the Drug Addiction Treatment Act of 2000 (DATA 2000) permits qualified prescribers to treat opioid addiction with Schedule III, IV and V controlled substances that are FDA approved for that indication. After obtaining a waiver, physicians can prescribe buprenorphine (the only such controlled substance approved for the treatment of opioid addiction) in medical treatment settings other than the traditional Opioid Treatment Program (methadone clinic) setting. Treatment thresholds were originally set at 30 patients per provider; however, recent changes to the legislation have increased this limit to 100 patients for physicians that have held a waiver for a year or more. Certain prescribers are eligible to prescribe to up to 275 patients.

Identified Gaps

In accordance with the charge of the Municipal Drug Strategy Council, a broad overview of the City's programs and initiatives is presented in this report. Many of these programs are the direct result of the City's substantial and sustained commitments to protect the health and safety of all New Yorkers, spanning HealingNYC, NYC Safe, the Mayor's Task Force on Behavioral Health and the Criminal Justice System, with additional opportunities to build on the broad strategic direction set out by ThriveNYC and its key principles for action.

The MDSC recognizes that there are always ways to do more and do better as a City. We have identified areas where ongoing responses can be improved, expanded, or finessed, and domains in which new responses can be built. The gaps identified reflect and reinforce the broader key principles of ThriveNYC to drive behavioral health and substance use policy: (1) act early: education and primary prevention; (2) close gaps: service integration and intra-sector collaboration; (3) partner with communities: equity and inclusion; and (4) change the culture: justice beyond punishment.

Act early: Education and primary prevention

The City provides substance use education and prevention initiatives for health care and social service providers, works with youth, and has developed a body of successful media campaigns to bring public health messages to a wider audience across New York City. Expanding on this current work, opportunities exist to add upstream (i.e., primary prevention) strategies for youth and young adults.

Close gaps: Service integration and collaboration

As shown through the Municipal Drug Strategy Council's review of the City's collaborative efforts, services across government and communities have established effective partnerships within treatment, harm reduction, and primary and behavioral health. However, opportunities exist to expand interdisciplinary work to meet the complex health needs of people who use drugs. This includes closing gaps in service provision and linkage for individuals while they are in and as they exit institutional settings to ensure that all necessary overdose prevention, treatment, and education services are accessible.

Partner with communities: Equity and inclusion

The City's public health and safety agenda strives for equity and inclusion in all of its work. In particular, the City's HealingNYC and ThriveNYC investments have made advances toward institutionalizing equity in government. However, addressing structural racism and inequality remains an ongoing priority in particular when addressing drug use, an area marked by a legacy of policies that unfairly and inequitably treats people who use drugs and who have substance use disorders.

Change the culture: Justice beyond punishment

New York City is a national leader in developing and maintaining partnerships between public health and public safety. Through NYC RxStat and its portfolio of cross-sector

initiatives, the City has demonstrated its commitment to working on issues of health within the justice system. However, the City must continue to expand its growing conversation around the expansion of non-punitive outcomes for people who use drugs and individuals with behavioral health needs. The City could look to other models as part of its aim to improve the treatment of individuals in the criminal justice system.

Recommendations

Guided by the gaps identified through our review of the City's programs‡‡, policies, collaborations, and pilots, the Municipal Drug Strategy Council has developed the following recommendations to provide a structure in which to conduct future work. These recommendations aim to leverage the MDSC's multidisciplinary expertise.

Include the perspectives and identify the needs of historically oppressed groups in all future Municipal Drug Strategy Council work
Following the MDSC's charge to address the City's past drug policies, we should include throughout all its work the voices and perspectives of groups that in the past may have been ignored, including, but not limited to: communities of color that have borne the brunt of prior drug war policies; LGBTQ populations that have been denied access to care and services; people who use drugs, who remain stigmatized throughout society; women with histories of substance use, who may live at the intersections of addiction and violence; and undocumented people who use drugs, who may be reticent to seek treatment or prevention services. We have taken the first step toward this inclusion by appointing individuals with histories of drug use and incarceration to the MDSC, but it is critical that our work continues to strive for equity and inclusion.

Promote integrated thinking and action at all levels of policy and delivery of care
The health and social impact of substance use on New Yorkers cannot be addressed adequately if the issue remains on the outside of ongoing efforts to advance public health. The principles and initiatives of Thrive NYC provide a language of strategic direction and a platform from which to act on systems change to more effectively leverage existing and advance new efforts to address substance use challenges in New York City. Established opportunities—including the Mental Health Council, Mental Health Service Corps, and School Mental Health Consultants—can provide a framework through which to promote task-sharing throughout a broader network of health care and service systems. Bolstering our integrated thinking and centralized action—for example, through NYC Well—can help individuals better navigate the substance use and mental health service systems.

Review best practices in prevention for youth and young adults across settings and communities
In order to ensure that the City's portfolio of prevention initiatives is grounded in evidence and implemented with fidelity, the MDSC could review evidence-based substance use prevention approaches targeting youth and young adults. Findings from the review can be used to steer the implementation of future strategies for the City.

Investigate and recommend best practices for community and methadone maintenance program relationships

‡‡ The first wave of HealingNYC was launched in March 2017, and its programs and pilots are included in this report. The City expanded HealingNYC in March 2018 to include a second wave of initiatives, which will follow these recommendations in their implementation. Initiatives from the second wave are described briefly in Appendix C of this report.

Despite the effectiveness of methadone treatment to reduce the adverse health consequences of opioid use disorder, siting and community relations have continued to hamper the use and acceptance of methadone programs, as well as to perpetuate stigma. Our recommendations of best practices can be used to support methadone maintenance programs, build community trust, and reduce stigma.

Develop best practices for the prevention, care, and treatment of substance use beyond opioids
Although the ongoing opioid overdose epidemic demands the City's full attention and response, we could leverage our cross-disciplinary expertise to begin to develop a set of best practices for the care and treatment of people who use drugs that are not opioids, including stimulants, hallucinogens, sedatives, and non-opioid depressants. People who use non-opioid drugs have unique health care needs that require tailored responses.

Explore options for expanded criminal justice diversion for people who use drugs
New York City has taken significant steps toward using the resources afforded to the criminal justice system to improve the care and treatment of people who use drugs, most recently through the HOPE Program. We recommend that the MDSC explore further diversion options, which could begin with a review of successful diversion programming from other jurisdictions across the nation, as well as housing models that support criminal justice-involved individuals.

Consider possibilities for the integration of harm reduction and treatment programming into a broader portfolio of homeless services
Given the staggering increase in overdose deaths among people who are homeless and recent observed increases in public drug use across the city, we recommend exploring strategies to integrate a broader array of services into City- and community-based homeless services. City law now guarantees that naloxone is present in all City homeless shelters, but there are further opportunities to capture street-based and precariously housed populations that may not intersect with shelters. To maximize the impact of overdose prevention services, it is critical to integrate harm reduction, medications for addiction treatment (e.g., buprenorphine), overdose prevention, and mental health services more holistically throughout the homeless service system.

Identify areas for expanded or revised Medicaid payment and reimbursement
Following the recent Federal- and State-level Medicaid expansion and redesign processes, the MDSC could identify new and emerging areas for expanded or revised coverage, particularly for community-based services and interventions that in the past did not fall within the Medicaid payment architecture.

Determine best practices for collaborative work with voluntary health care systems
Given the breadth of reach of the voluntary health care system in New York City, these institutions are key partners in advancing the City's health and safety agenda. It is crucial that the City work to integrate its innovative health care programs with the work of these institutions—for example, the City's Relay non-fatal overdose follow-up program and emergency department-based buprenorphine expansion efforts. Likewise, the cutting edge

work these institutions have established to reduce drug-related harms and meet the needs of people who use drugs should be reviewed and adapted as fits into the City's portfolio. The health needs of New Yorkers are best met collaboratively.

Reimagine the continuum of care for people who use drugs to include treatment, harm reduction, primary care, emergency health care, and hospital services

Given the unique physical, mental, social, and emotional health needs of people who use drugs, the MDSC could identify funding vulnerabilities in the current treatment and health care systems and refer to evidence-based practice to begin the process of reimagining the continuum of care to meet a broader set of needs. Within the City's health care system, this could include the expansion of successful hospital-based programs—including Relay, buprenorphine treatment in emergency and primary care settings, and the co-location of mental health and substance use services. Developing best practices to combat stigma across this full range of care are a critical piece of working toward a unified substance use care system. A holistic continuum of care could include, but may not be limited to: substance use treatment, harm reduction services, primary and emergency health care, and hospital-based services.

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References

[1] Rudd RA, Aleshire N, Zibbell JE, Gladden M. Increases in Drug and Opioid Overdose Deaths: United States, 2000-2014. *CDC Morb Mortal Wkly Rep.* 2016;64(50):1378-1382.
[2] Centers for Disease Control and Prevention. *Provisional counts of drug overdose deaths, as of 8/6/2017.* Atlanta, GA: US Department of Health and Human Services, CDC;2017.
[3] Paone D, Nolan ML, Tuazon E, Blachman-Forshay J. *Unintentional Drug Poisoning (Overdose) Deaths in New York City, 2000–2016*: New York City Department of Health and Mental Hygiene: Epi Data Brief (89);June 2017.
[4] Li W, Sebek K, Huynh M, et al. *Summary of Vital Statistics, 2015.* New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics;2017.
[5] Centers for Disease Control and Prevention. *Drug overdose deaths in the United States continue to increase in 2016.*August 30, 2017.
[6] Centers for Disease Control and Prevention. *Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities*: HAN Health Advisory;October 26, 2015.
[7] New York City Bureau of Vital Statistics/Office of the Chief Medical Examiner. New York City Department of Health and Mental Hygiene. Unpublished data, 2016.
[8] New York State Department of Health. Statewide Planning and Research Cooperative System (SPARCS), 2016 (Data Update: July 2017).
[9] Substance Abuse Mental Health Services Administration, Office of Applied Studies. *National Surveys on Drug Use and Health, New York City, 2014-2015*.
[10] New York City Youth Risk Behavior Survey 2015. Data prepared by Bureau of Alcohol and Drug Use Prevention, Care, and Treatment.
[11] Capua J, Blachman-Forshay J, Mello E, Nolan M, Paone D. *Drug use, Sexual Identity, and Gender Identity among Youth in New York City, 2015.* New York City Department of Health and Mental Hygiene: Epi Data Brief (90);June 2017.
[12] New York State Bureau of Narcotics Enforcement Prescription Monitoring Program (PMP) 2012-2016. Data prepared by Bureau of Alcohol and Drug Use Prevention, Care, and Treatment June 2016.
[13] New York State Office of Alcoholism and Substance Abuse Services (OASAS). Client Data System accessed May 24, 2017 from Local Governmental Unit (LGU) Inquiry Reports.
[14] American Society of Addiction Medicine. *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.* June 1, 2015.
[15] Tuazon E, Kunins H, Paone D. *Buprenorphine and Methadone Dispensing in New York City.* New York City Department of Health and Mental Hygiene: Epi Data Brief (96);November 2017.
[16] New York City Community Health Survey 2016. Data prepared by Bureau of Alcohol and Drug Use Prevention, Care, and Treatment.

Appendix A
Local Law No. 748-B

This bill would create the Office of Drug Strategy to provide strategic leadership to coordinate a public health and safety approach to address problems associated to drug use and redresses the effects associated with past and current drug use.

By Council Members Johnson, Cohen, Gibson, Constantinides, Eugene, Koo, Palma, Torres, Rodriguez, Lancman, Levin, Mendez, Levine, Cornegy, Crowley, Rose, Williams, Cumbo, Lander, Van Bramer, Menchaca, Dromm, Vallone, Kallos and Borelli

A Local Law to amend the New York City charter in relation to drug strategy.

Be it enacted by the Council as follows:

Section 1. Chapter 1 of the New York City charter is amended by adding a new section 20-c to read as follows:

§20-c Drug Strategy.

a. Such agency or office that the mayor shall designate shall prepare short-term and long-term plans and recommendations to coordinate and effectively utilize private and public resources to address problems associated with illicit and non-medical drug use and to address the effects associated with past and current drug policies in this city.

b. No later than February 1, 2018, and no later than February 1 biennially thereafter, the designated agency shall prepare and submit to the mayor and the speaker of the city council a report on municipal drug strategy. The department shall consult with relevant stakeholders, including but not limited to community-based harm reduction programs, licensed substance use disorder treatment programs, healthcare providers, prevention programs, drug policy reform organizations, community-based criminal justice programs, persons directly affected by drug use, persons formerly incarcerated for drug related offenses, and experts in issues related to illicit and non-medical drug use and policies, in preparing the report. Such report shall include, but not be limited to:

1. A summary of current drug policies, programs, and services in the city, including an overview of goals to address the use of illicit and non-medical drugs such as the use of prescription drugs for non-prescription purposes;

2. A summary of interventions needed in order to reduce drug-related disease, mortality, and crime, and any inequities and disparities related to race, ethnicity, age, income, gender, geography, and immigration status;

3.An overview of programs, legislation or administrative action to promote and support health and wellness related to drug use, as well as to improve the public

health and safety of the city's individuals, families, and communities by addressing the health, social and economic problems associated with illicit and non-medical drug use, past or current drug policies, and to reduce any stigma associated with drug use;

4. An overview of the city's efforts to collaborate with existing substance use, medical, and mental health services, including community-based harm reduction programs, licensed substance use disorder treatment programs, healthcare providers, formalized recovery support programs, youth prevention programs, drug policy reform programs and community-based criminal justice programs to develop and foster effective responses to illicit and non-medical drug use in the city;

5. An overview of pilot programs related to illicit and non-medical drug use; and

6. An overview of any other proposals to achieve the city-wide goals and objectives related to illicit and non-medical drug use, including, if available, timelines for implementation.

c. There shall be a municipal drug strategy advisory council whose members shall include, but not be limited to, the head of the designated agency, or their representative, who shall be chair, a representative from the department of health and mental hygiene, the department of education, the health and hospitals corporation, the police department, the administration for children's services, the human resources administration, the department of corrections, the department of probation, and the department of homeless services, the speaker of the city council and up to three members appointed by the speaker, and representatives of any other agencies that the head of the designated agency may designate, as well as at least eight representatives, including but not limited to at least one from each of the following: continuum of care providers, those directly affected by drug use, those in recovery from drug use, people formerly incarcerated for drug related offenses, and experts in issues related to illicit and non-medical drug use and policies. The head of the designated agency or their representative may establish subcommittees comprised of governmental or nongovernmental representatives as deemed necessary to accomplish the work of the municipal drug strategy advisory council. The municipal drug strategy advisory council shall:

1. Make recommendations to the head of the designated agency regarding the development of the municipal drug strategy report required pursuant to this section;

2. Produce an advisory addendum, as deemed necessary by the municipal drug strategy advisory council, to the New York municipal city drug policy strategy report, as prepared by the head of the designated agency, pursuant to subdivision c of this section;

3. Advise on relevant federal, state, and local legislation, programs, and other governmental activities;

4. Make recommendations to the head of the designated agency regarding the implementation of city-wide goals and objectives related to the risks associated with illicit and non-medical drug use; and

5. Hold at least four meetings each fiscal year, at least one of which shall be open to the general public for input and comments.

§ 2. This local law takes effect immediately and shall expire and be deemed repealed following the submission of the required report pursuant to this local law due in February 2022.

Appendix B
New York City Substance Use Data Sources

The data presented in this report are derived from a broad range of sources spanning administrative, survey, and primary data. Below we describe these sources in greater detail.

Unintentional drug poisoning (overdose) death data
This data source contains all unintentional drug poisoning deaths in New York City.

Vital statistics records are maintained by DOHMH, which receives case reports of overdose deaths from the county medical examiner's or coroner's offices. Premature deaths or those of unspecified or unnatural cause are investigated by the jurisdiction medical examiner's or coroner's office, including toxicology analyses, the setting of death, and any related information which can be collected through investigation. Based on findings, the medical examiner or coroner assigns the cause and manner of death, and files a case report with the Office of Vital Statistics. The case is coded by a nosologist, and DOHMH abstracts the following information: decedent sex, age at death, race/ethnicity, zip code of residence, zip code of death, setting of death, and drugs involved. Data are reviewed monthly and reported quarterly, approximately six months after data are received.

Prescription drug monitoring program (PMP) data
This data source contains all controlled substances prescribed for medical use in New York State.

Pharmacists filling a controlled substance prescription are required to submit related patient and drug information to the PMP, a database maintained by the New York State Department of Health Bureau of Narcotic Enforcement (BNE). In some of these states, physicians prescribing a controlled substance must also submit related patient and drug information to the PMP. BNE maintains these data as case records of each prescription event. A new record is produced for each prescription; patients can have multiple records. From BNE, direct system access is provided for patients, providers, and pharmacies with a NYC zip code. The dataset includes four levels of data: prescription, patient, prescriber, and pharmacy.

Emergency Medical Services (EMS) Data
This data source contains all ambulance calls responding to suspected drug overdose incidents in New York City.

Information on EMS calls is recorded electronically for all agency-managed EMS calls. Each call includes the zip code of dispatch and clinical indicators such as vital signs and prior medical history. Clinical data from the call is examined to remove calls that meet exclusion criteria. Data are received monthly and analyzed alongside other data sources.

Statewide Planning and Research Cooperative System (SPARCS) data
This data source include all ICD-10 codes for any drug-related hospital discharge.

All New York State state-licensed hospital and ambulatory care clinic facilities report patient discharge data to the New York State Department of Health. Each discharge is reported as a unique record; patients can have multiple records should they experience multiple discharges within a given time period. Discharge records include diagnostic codes (ICD-10) for principal, secondary, and injury diagnoses. DOHMH uses patient zip code of residence to categorize records by neighborhood, borough, state, and other. We then define counts of unique patients by first hospitalization in the period of interest, and calculate age-adjusted rates.

New York City syndromic emergency department (ED) surveillance
This data source includes all New York City emergency department admissions noting overdose-related chief complaints or diagnoses.

Emergency department admissions are recorded by ED staff in real time at the point of service in the ED electronic health record. Each record includes text describing the patient's chief complaint, sometimes supplemented or substituted with an ICD-10 diagnosis code. Emergency department admission records are uploaded to DOHMH via an electronic portal every 12 hours. Data are analyzed by date, ED, patient zip code of residence, neighborhood of residence, and neighborhood of hospital. Statistical tests are performed to identify any increase above what would be expected (level of significance, 5 percent). Syndromic data are analyzed daily and used only for internal purposes.

Survey data
<u>New York City Youth Risk Behavior Survey (YRBS)</u>
This survey is administered to monitor priority health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth in New York City.

The New York City YRBS is part of the Centers for Disease Control and Prevention's National YRBS. The New York City YRBS is administered to a representative sample of anonymous public high school students in New York City, in the classroom, on a biannual basis. Data are compiled and cleaned by DOHMH. Data are available for analysis and reporting 6 months after the calendar year reporting.

<u>National Survey on Drug Use and Health (NSDUH)</u>
This survey is administered to monitor substance use and associated health outcomes among non-military, non-institutionalized United States adults age 12 and older.

The NSDUH is administered to a representative sample of adults (age 12 years and older) in the United States in person and anonymously. Computer-assisted survey software is used to preserve the confidentiality of responses. The survey is administered annually, and data reports are available up to one year after the calendar year reporting.

Appendix C
HealingNYC Expansion, March 2018

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, NY 10007

FOR IMMEDIATE RELEASE: March 19, 2018
CONTACT: pressoffice@cityhall.nyc.gov, (212) 788-2958

HEALINGNYC: MAYOR AND FIRST LADY ANNOUNCE $22 MILLION EXPANSION OF CITY'S PLAN TO COMBAT OPIOID EPIDEMIC

New investment will create peer intervention programs at more hospitals, increase naloxone distribution and connect more New Yorkers to treatment

NEW YORK—Mayor Bill de Blasio and First Lady Chirlane McCray today announced a $22 million annual investment to expand HealingNYC, the citywide plan to combat the opioid epidemic. This new investment will create peer intervention programs at more hospitals across the City, increase naloxone distribution and training on how to use this lifesaving drug, and connect more New Yorkers struggling with substance misuse to treatment. With this new investment, the City will spend a total of $60 million annually to reduce opioid overdose deaths.

More New Yorkers died from drug overdose in 2016 than suicides, homicides and motor vehicle crashes combined. The City launched HealingNYC in March 2017 to reverse this surge in overdose deaths. While the 2017 opioid overdose data is still provisional, the NYC Department of Health and Mental Hygiene is seeing a flattening in the overdose death rate compared to 2016. The City predicts that this expanded HealingNYC could help save as many as 400 lives by 2022.

"The opioid epidemic has destroyed lives and hurt families across the country. In New York City, we are harnessing every tool to stop this deadly surge in its track," said **Mayor Bill de Blasio**. "This new investment will help to save more lives and connect those struggling with addiction to treatment."

"Addiction is a chronic disease, and people suffering from any disease need our help and support, not our judgment or punishment," said **First Lady Chirlane McCray**, who leads the City's mental health and substance misuse efforts. "Through ThriveNYC, we're working hard to change the way people think about addiction and mental illness, establish

prevention protocols, and create a culture of healing and wellness. With this expanded investment, we will open more doors to support for those who need it."

"We are beginning to see some encouraging signs in the data regarding overdose deaths," said **Dr. Herminia Palacio, Deputy Mayor for Health and Human Services**. "From 2016 to 2017, the number of opioid overdose deaths is flattening, rather than continuing to shoot upward. But we have much more work to do – and that's why we're announcing new investments to expand HealingNYC, so that we can serve more people in the emergency department and inpatient settings, equip more front-line City staff and community members with naloxone, and expand our crisis response tools – including deploying peers with lived experience - to serve people at risk of overdose."

This new funding will start in Fiscal Year 2019 and be at full ramp up in Fiscal 2020. With this additional $22 million annual investment, the City will implement the following strategies:

- **Expand Emergency Department Peer-Based Interventions:** New York City Health + Hospitals will expand its peer advocate program from three to all 11 of its emergency departments by the end of 2018. DOHMH will complete expansion of the Relay peer intervention program to 15 private hospitals by June 2020, up from the 10 sites currently slated for funding. With the expansion of these two programs, New Yorkers with an opioid use disorder will have access to peer support at the 26 hospitals that provide nearly 75% of all emergency services for overdose.

- **Expand Inpatient Hospital Interventions at Health + Hospitals:** NYC Health + Hospitals will expand plans for its Consult for Addiction Treatment and Care in Hospitals (CATCH) program from four to six sites, with four to be launched in Fall 2018 and the other two by the end of 2019. CATCH teams will connect inpatients admitted with substance abuse disorder to medically assisted treatment and outpatient care. The six sites will be NYC Health + Hospitals/Bellevue, /Lincoln, /Metropolitan, /Coney Island, /Elmhurst, and /Woodhull. These sites were chosen because their neighborhoods are some of the hardest hit by the opioid epidemic.

- **Launch "Leave Behind" Naloxone Program:** FDNY EMS will distribute 5,000 naloxone kits annually at homes they visit in response to an overdose call. The leave behind program will launch by the end of summer 2018.

- **Establish End Overdose Training Institute:** DOHMH will launch the End Overdose Training Institute by spring 2018 to teach 25,000 New Yorkers annually, including front line city workers, how to administer and distribute naloxone.

- **Expand HOPE Program:** The City will expand the HOPE program which diverts people arrested on low-level drug offenses into treatment rather than the criminal justice system. The City will fund peer workers in Staten Island, and launch

a new HOPE program in the Bronx. This new investment will divert 1,400 people annually from the criminal justice system and connect them to medication-assisted treatment and other resources.

- **Expand Crisis Response Services:** The City will hire 29 additional staff to expand the capacity of the Health and Engagement Assessment Team, and Rapid Assesment Response Team which help to respond to overdose calls and connect New Yorkers to care. This additional staff will help to enhance the DOHMH and NYPD 24/7 Triage Desk to coordinate the City's response to opioid overdoses.

"Healing NYC has been critical in addressing the opioid crisis and this expansion will go a long way in providing the medical and mental health supports necessary to help New Yorkers who use drugs and are at risk of overdosing," said **Health Commissioner Dr. Mary T. Bassett.** "These new and expanded initiatives will provide New Yorkers in communities across the City with the support to prevent overdose and to engage them in the care and treatment that can prevent untimely death and promote recovery."

"Thousands of times a year FDNY Paramedics, EMTs and Firefighters have utilized quick intervention with Naloxone to save patients suffering from drug overdoses," said **Fire Commissioner Daniel A. Nigro.** "With this funding to expand HealingNYC, we know in the years to come that many more New Yorkers lives will be saved."

"The opioid epidemic is one of the most significant challenges facing health care today, especially for public health systems dedicated to caring for those most in need," said **Mitchell Katz, MD, President and Chief Executive Officer of NYC Health + Hospitals.** "Our work to improve access to evidence-based treatments—in primary care, emergency department, and inpatient settings—focuses on linking thousands of additional New Yorkers to life-saving care."

"With the help of the Mayor's HealingNYC initiative, NYC Health + Hospitals is not only building capacity to save lives at risk of opioid overdose, but also fostering a culture of compassion that will make us national leaders in caring for people with all substance use disorders," said **Luke Bergmann, PhD, Assistant Vice President of the NYC Health + Hospitals Office of Behavioral Health.**

Elizabeth Glazer, Director of the Mayor's Office of Criminal Justice, said, "Programs like HOPE have the potential to be life-saving. They also represent a critical turning point in how New York City works with people who have drug dependencies, by calibrating our justice system so that it can be a pathway to treatment and recovery."

The opioid crisis has had serious effects on families throughout New York City. Rates of drug overdose deaths in New York City more than doubled between 2010 and 2016, increasing from 8.2 per 100,000 residents in 2010 to 19.9 per 100,000 residents in 2016. DOHMH reports that while drug overdose deaths affect every neighborhood and demographic in New York City, residents of impoverished neighborhoods are the hardest hit.

Since HealingNYC was launched in March 2017, the City has distributed nearly 100,000 naloxone kits to opioid overdose prevention programs; expanded access to medications for addiction treatment; launched *Relay*, a new peer-based program in hospital emergency departments for people who experienced an overdose; trained more than 700 clinicians to prescribe buprenorphine; offered 1:1 education on judicious opioid prescribing to 1,000 doctors; and significantly increased community outreach and public education efforts.

"As I continue to reiterate, we won't declare victory until there is not a single overdose death. I commend the Mayor and First Lady for aggressively revising the Healing NYC initiative to save more lives than they initially targeted by investing in what we know is working—such as District Attorney McMahon's HOPE program. The great work being done every day by law enforcement, hospitals, government entities, and treatment providers to combat this epidemic will be bolstered by this much-needed infusion of resources," said **Borough President James Oddo.**

Staten Island District Attorney Michael E. McMahon said, "Since January of 2017, the HOPE program has diverted hundreds of Staten Islanders battling substance abuse out of the criminal justice system and into meaningful engagement with recovery services. The lynchpin of this groundbreaking effort are our peer mentors, who literally bring HOPE participants out of jail and onto their first step in recovery. I would like to thank Mayor De Blasio and First Lady McCray for their commitment to this life-saving program, for expanding it beyond our shores, and for recognizing that we must not waver in our commitment to helping those who find themselves trapped in the depths of addiction."

"No American city has been untouched by the opioid epidemic and New York City is similarly suffering," said **U.S. Representative Joe Crowley, Chairman of the House Democratic Caucus.** "Healing NYC has saved lives by pursuing a rehabilitative, rather than punitive approach, in addressing this crisis. By expanding this program, Mayor de Blasio and First Lady McCray will draw New Yorkers struggling with addiction out from the shadows and help them find the path to recovery."

"We are in the midst of a nationwide opioid crisis. What has been largely perceived as a rural white problem has now become widespread among black Americans in urban communities. Studies show that black Americans are dying at alarming rates of fentanyl overdoses. The Centers for Disease Control and Prevention reported in 2017 that drug deaths for black Americans increased by 41% compared – outpacing any other racial or ethnic group," said **U.S. Representative Yvette D. Clarke.** "This Spring, I will introduce legislation to help combat the opioid crisis in both urban and rural communities. I applaud the Mayor de Blasio and First Lady McCray for their leadership and look forward to working with them to combat this very serious and very real issue."

U.S. Representative Eliot Engel said, "The opioid crisis has touched every corner of our city—really every corner of our nation. So many families are struggling with this epidemic, and the more resources we can put towards treatment and life-saving care, the better. I

thank Mayor de Blasio, First Lady McCray, and City officials for making this commitment to expand the HealingNYC program."

"The opioid epidemic is a national crisis that is not letting up," said **U.S. Representative Adriano Espaillat**. "Like so many communities across the country, New York City and New York State have seen increases in overdoses involving prescription painkillers and heroin in all socioeconomic circles. I applaud today's effort to invest critical funding in programs that will help save lives."

"Healing NYC is a comprehensive strategy that has proven effective at addressing the opioid epidemic in NYC. With this additional funding, the City will be able to help more people and address this crisis at a faster rate. By 2022 hundreds of lives will be saved and our neighborhoods will be safer. I applaud Mayor de Blasio and First Lady Chirlane McCray continue giving this issue the attention it deserves," said **U.S. Representative Jose Serrano**.

State Senator Andrew Lanza said, "The drug epidemic afflicting our community continues to call for an all hands response. Today we renew and expand our commitment to help family members, friends, and neighbors make healthier choices and enhance access to the support they need. I will continue to work with Mayor de Blasio to build upon the successes of HealingNYC as we band together to save lives."

Assembly Member Matthew Titone said, "How we spend tax payers' money should reflect our priorities and values. Increasing resources to combat the opioid epidemic on Staten Island demonstrates the commitment of the city and the mayor to ensure we have the necessary tools to do just that. I heartened by this critical step we are taking to invest in prevention and treatment."

"The expansion of Healing NYC exemplifies New York City's commitment to defeating the opioid epidemic," said **Council Member Diana Ayala, Chair of the Committee on Mental Health, Disablilities, and Addiction.** "Programs such as CATCH and HOPE can save lives and reduce the addiction-to-prison pipeline, which has disproportionately impacted our communities for decades. Reducing overdose deaths requires a holistic approach and this expansion signifies a step in the right direction."

Council Member Steven Matteo said: "Opioid addiction is not just a Staten Island problem, it is a New York City problem and a national problem, but there is no doubt our borough has been hit extremely hard by this epidemic. I have always believed that stemming the tide of fatal overdoses would require a determined, multi-pronged and intensive effort from all levels government and all facets of our community. There is now some evidence this approach is starting to work. I applaud the mayor for continuing to invest in these strategies, and I applaud law enforcement as well for continuing to break up the networks of illegal drug activity and cutting off some of these lethal substances at the source."

"With overdose numbers at alarming rates, it remains clear that we must be relentless in our efforts to combat addiction. These additional investments in interventions and treatment build upon previous commitments to mental health care, drug treatment and enforcement. This multi-pronged approach is what is needed to combat this epidemic effectively and save the lives of countless New Yorkers," said **Council Member Debi Rose**.

"Happy to hear that this expansion will include funding for peer workers to enhance the effectiveness of the HOPE program here on Staten Island. I'm also looking forward to the opening of the End Overdose Training Institute this spring, which will allow for much greater access to the Naloxone trainings that are in such high demand on Staten Island and throughout our city," said **Council Member Joseph Borelli**.

###

Appendix D
Enhanced Fentanyl Public Awareness Flyer

Appendix E
NYC RxStat Member Agencies

Municipal

Bronx County District Attorney's Office
Fire Department of the City of New York
Kings County District Attorney's Office
Lyndhurst Police Department
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 Hall
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 Poison Control Center
New York City Police Department
New York County District Attorney's Office
Office of the Mayor of the City of New York
Office of the Special Narcotics Prosecutor for the City of New York
Queens County District Attorney's Office
Regional Medical Services Council of New York City
Richmond County District Attorney's Office

State

Nassau County Office of the Medical Examiner
New Jersey Attorney General's Office
New Jersey Department of Health
New Jersey State Police
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 Executive Chamber
New York State Governor's Office
New York State Office of Alcoholism and Substance Abuse Services
New York State Police

Federal

Drug Enforcement Administration
New York/New Jersey High Intensity Drug Trafficking Area
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