



Testimony
of

The New York City Department of Health and Mental Hygiene

submitted to

**The New York State
Senate Joint Task Force on Heroin and Opioid Addiction**

for

The NYC Regional Hearing on Heroin and Opioid Addiction

May 2, 2014
JCC of Staten Island
1466 Manor Road

Senator Boyle, Senator Lanza, Senator Savino and other members of the Senate Task Force on Heroin and Opioid Addiction, thank you for providing the New York City Department of Health and Mental Hygiene (the Department) with the opportunity to submit testimony on the topic of opioid misuse and overdose, a public health issue that is of great concern to the Department. We thank the Senate for their focus on this epidemic and look forward to working with the Task Force to address this critical problem.

As you are aware, misuse and overdose related to opioid analgesics, or prescription painkillers, is a local and national health crisis; it is now the fastest growing drug problem in the United States, with approximately 12 million Americans reporting misuse of opioid analgesics (prescription painkillers). In 2010, enough opioid analgesics were prescribed to medicate every American adult around-the-clock for a month. There were more than 16,000 overdose deaths from these drugs nationally in 2010.

Similar trends have been observed in New York City. Opioid analgesics are one of the most commonly misused drugs by New Yorkers aged 12 years and older. From 2000 to 2012, rates of unintentional overdose death from opioid analgesics increased 233 percent. In 2012, 201 New Yorkers died from unintentional opioid analgesic overdoses — that's at least one death every other day. Rates of unintentional opioid analgesic overdose death vary by borough; in 2012, the rate of unintentional opioid analgesic overdose death in Staten Island was more than three times as high as other boroughs.¹

More recently, the city has also seen increases in unintentional heroin overdose deaths. Public health practitioners often discuss opioid analgesics and heroin together, as they are chemically similar and are both in a class of drugs called opioids. Rates of heroin overdose deaths increased 84 percent in New York City between 2010 and 2012, after four successive

¹ For additional details on rates by borough, see the May 2013 EPI Data Brief.

years of declining rates. In 2012, 382 New Yorkers died from unintentional heroin overdose deaths, a rate of 5.7 unintentional heroin overdose deaths per 100,000 New Yorkers. In 2012, Staten Island residents had the highest rate of unintentional heroin overdose deaths compared with residents of the other four New York City boroughs.

To address the public health crisis of unintentional opioid analgesic and heroin overdose deaths, the Department has launched a multi-pronged, public health response. These efforts include enhancing the drug surveillance system, promoting safe and judicious opioid prescribing among health care providers, promoting overdose prevention by increasing access to naloxone, improving access to treatment, and conducting public education media campaigns. The Department also coordinates with other city agencies, via the Mayor's Task Force on Prescription Painkiller Abuse, to ensure we are working collaboratively to address the problem.

In 2012, the Mayor's Task Force developed RxStat, a public health and public safety collaboration, housed at the Department, that examines key data around painkillers. The Department leverages experience and infrastructure enabling "real-time" surveillance and analysis of drug misuse and mortality data from multiple sources, including emergency departments and law enforcement agencies. RxStat participants and stakeholders are from city, state and federal organizations. RxStat works to develop strategies based upon analysis of existing and newly available data and deploy public health and public safety resources to high priority areas. The group also conducts rigorous follow-up to ensure strategies are effective.

The Department has also developed and disseminated clinical guidelines for safe and judicious opioid prescribing as part of its multi-pronged strategy. In 2011, the Department developed opioid prescribing guidelines for primary care, in collaboration with local clinicians. In 2013, we conducted a public health detailing campaign in Staten Island to disseminate these

guidelines, reaching more than 1,000 prescribers during one-on-one visits from Department representatives. Our work also includes the development of tailored opioid prescribing guidelines for emergency departments, in collaboration with local clinicians. To date, these judicious opioid prescribing guidelines for emergency department clinicians have been adopted by 38 emergency departments across New York City.

Public education, including media campaigns, is also a key strategy used by the Department to address the opioid crisis. In 2013, we produced and aired two testimonial-style television ads across New York City highlighting the risks of opioid analgesics.

Since 2009, the Department has supported access to naloxone, a medication that can reverse an overdose from both opioid analgesics and heroin. Under the New York State Opioid Overdose Prevention Act, the Department has funded registered Opioid Overdose Prevention Programs to train laypeople as overdose responders, and dispense naloxone kits to these trained individuals. Since 2009, the Department has distributed over 25,000 intranasal naloxone kits to registered programs; additional intramuscular kits have been distributed to New Yorkers by the New York State Department of Health. To date, over 500 overdose reversals have been reported in New York City — a number which is likely considerably under-reported. In 2013, we began a collaboration with the New York Police Department to pilot their naloxone program, through which police officers in Staten Island are trained as overdose responders; they have reversed three overdoses to date. The Department also strongly supports the state bill to expand access to naloxone by allowing trained laypeople, as well as pharmacists, to dispense naloxone under a prescriber's authorization. This law will enable more widespread distribution of naloxone, both to New Yorkers at risk of overdose and concerned family members or friends who may witness an overdose and have an opportunity to intervene.

Lastly, but very importantly, there is an urgent need for increased access to and awareness of the effectiveness of treatment for New Yorkers with opioid dependence and addiction. Opioid dependence and addiction are physical health conditions and, like other health conditions, reducing their impact is done most effectively through prevention and delivery of evidence-based treatment. Research consistently demonstrates that medication-assisted treatment, namely methadone and buprenorphine (also known as Suboxone) is the most effective way to treat opioid addiction. These medications reduce deaths from opioids, drug use, and crime, and, most importantly, help individuals regain their ability to participate in their communities, families, and workplaces. An advantage of buprenorphine is that it is available through prescription in primary care (not only in specialized drug treatment settings), which may attract people in need of treatment for their addiction into care. The Department is working in various ways to increase access to and awareness of medication-assisted treatment, which is an important strategy to prevent overdose deaths, and helps New Yorkers suffering from addiction.

Addressing opioid analgesic and heroin overdose deaths will continue to be a priority for the Department. We will continue to actively disseminate guidelines to health care providers, particularly in high need areas. Going forward, we plan to develop guidelines for other clinical audiences as well. Public education will also remain at the forefront of our strategy to address this problem; we plan to prioritize education efforts that address the stigma of addiction, and the effectiveness of treatment for addiction. In addition, increasing access to naloxone will remain a key strategy. Finally, working to increase awareness of and access to medication-assisted treatment will be a focus.

The Department looks forward to continued collaboration with our partners in Staten Island and throughout New York State to help address this epidemic and save lives. Thank you again for the opportunity to submit testimony.