Addressing the Opioid Epidemic
New York State Department of Health

Work presented was supported by 1 NU17CE002742, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Kitty Gelberg, Ph.D., MPH
Director, Bureau of Occupational Health & Injury Prevention
County of Death due to Opioids
Rate per 100,000 Residents
NYS – Opioid Epidemic

![Graph showing the number of opioid-related deaths in NYC, ROS, and NYS from 2010 to 2015. The number of deaths increases over the years, with the line for NYS showing the highest increase.]
Epidemic #1: Prescription Opioids

Number of Prescription Drug Deaths, NYS
Epidemic #2: Heroin

Number of Heroin Deaths, NYS

Year

Number of Deaths

2010 2011 2012 2013 2014 2015

NYC ROS NYS
Epidemic #3: Synthetic Drugs (Fentanyl)

Number of Synthetic Drug Deaths, NYS
Lethal dose of Fentanyl
Burden on Coroners/Medical Examiners

• Large number of deaths requiring autopsies
  – Time and expense

• Responding to Information Requests
  – Law enforcement, NYS, DAs, Press
Reported Overdose Deaths in New York Have Reached Record High

New York, like many states, is suffering the consequences of an opioid epidemic. The New York State Department of Health focuses on statewide prevention activities to build a coordinated approach to fight addiction, reduce deaths from overdose and evaluate state and local programs. Efforts include:

- Identifying and sharing data between agencies and affected communities
- Developing training for health care providers on addiction, pain management and treatment
- Making the prescription drug monitoring program easier for providers to access and use
- Providing resources to assist communities in combating the opioid epidemic at the local level
- Coordinating statewide and community programs to improve the effectiveness of opioid prevention efforts.

As a result of these efforts, New York has restrictions on opioid and other controlled substance prescriptions. New York has also established educational programs for healthcare providers on safe prescribing practices. The state is working to expand the availability of the overdose prevention drug naloxone, and buprenorphine, a type of Medication Assisted Treatment.

Know the Risks

Be informed. Learn more about opioids and the dangers associated with taking them. Take steps to protect yourself and your family.

- Learn the basics about opioids and risks associated with them.
- Talk to your loved ones about the dangers of opioids.
- Properly dispose of all opioids at Medication Drop Boxes located around the state.

Recognize the Signs of Opioid & Other Drug Dependence

Anyone can use opioids and other drugs, anyone can develop a dependence, and anyone can overdose. Know the warning signs before it's too late.

- Recognizing the Signs
- Talk to Your Family and Kids
- Combat Heroin and Prescription Drug Abuse
Build Local Health Department Capacity

• Funding 4 counties based on opioid burden, size of county and geographic location
• Erie, Onondaga, Sullivan, Broome
• Identifying strategies to implement through broad-based County coalitions
Prescriber Education

• Aims to prevent poisonings, overdoses and addictions before they occur
  – Reduce opioid use in the general population

• Engage providers in improving opioid prescribing practices
Opioid-Related Data

- Develop/Distribute County Level Reports (NYS Legislation)
- Analyze multiple new datasets
- Develop Data Dashboard
Opioid-related Data in New York State

In response to the growing opioid public health crisis and recommendations to improve the timeliness of reporting opioid-related data, the New York State Department of Health (NYSDOH) Opioid Prevention Program provides opioid-related data to support statewide prevention efforts. These efforts include improving timely opioid overdose reporting to key stakeholders. This information is a valuable tool for planning and can help identify where communities are struggling, help tailor interventions, and show improvements.

This website is designed to provide comprehensive and useful data and information regarding opioid use and misuse. New resources will be added often. Please check back frequently.

New York State Opioid Summary Reports

- Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature (PDF, 2.5MB, 57pg.)

New York State County Opioid Quarterly Reports

In accordance with the recommendations of the New York State Heroin and Opioid Task Force and 2016 legislation, the NYSDOH is providing opioid overdose information (deaths, emergency department (ED) visits, and hospitalizations) by county in quarterly reports. The reported cases are based on the county of residence. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. These reports do not fully capture the burden of opioid abuse and dependence in New York State. Furthermore, the reports are not considered complete by the NYSDOH and should be used and interpreted with caution, because subsequent reports may contain frequencies for a quarter which differ from the previous report as they reflect additional confirmations and updates.

- County Opioid Quarterly Report For New York State Counties - Published April 2017 (PDF, 2.6MB, 137pg.)
### Erie County: Opioid overdoses and rates per 100,000 population (data as of May, 2017)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Crude Rate</td>
<td>Number</td>
<td>Crude Rate</td>
<td>Number</td>
<td>Crude Rate</td>
</tr>
<tr>
<td>All opioid overdoses</td>
<td>Erie</td>
<td>238</td>
<td>25.8</td>
<td>99</td>
<td>10.7</td>
<td>40</td>
<td>4.3</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>1,520</td>
<td>13.5</td>
<td>403</td>
<td>4.4</td>
<td>407</td>
<td>3.6</td>
</tr>
<tr>
<td>Heroin overdoses</td>
<td>Erie</td>
<td>67</td>
<td>7.3</td>
<td>28</td>
<td>3.0</td>
<td>11</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>698</td>
<td>6.2</td>
<td>202</td>
<td>1.8</td>
<td>170</td>
<td>1.5</td>
</tr>
<tr>
<td>Overdoses involving opioid pain relievers</td>
<td>Erie</td>
<td>212</td>
<td>23.0</td>
<td>90</td>
<td>9.8</td>
<td>35</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>999</td>
<td>8.9</td>
<td>368</td>
<td>3.3</td>
<td>305</td>
<td>2.7</td>
</tr>
</tbody>
</table>

#### Deaths

1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

2. Outpatient emergency department visits

3. Hospitalizations

---

### Notes

1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

2. This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.

3. Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.

4. Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Erie County: Unique clients admitted to OASAS-certified chemical dependence treatment programs (data as of May, 2017)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan-Mar</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
<th>Jan-Mar</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique clients admitted for heroin</td>
<td>898</td>
<td>862</td>
<td>923</td>
<td>883</td>
<td>2,629</td>
<td>858</td>
<td>949</td>
<td>937</td>
<td>859</td>
<td>2,691</td>
</tr>
<tr>
<td>Unique clients admitted for any opioid (incl. heroin)</td>
<td>1,420</td>
<td>1,309</td>
<td>1,422</td>
<td>1,322</td>
<td>4,138</td>
<td>1,267</td>
<td>1,393</td>
<td>1,386</td>
<td>1,257</td>
<td>4,028</td>
</tr>
</tbody>
</table>

**OASAS:** Office of Alcoholism and Substance Abuse Services

1. The number of unique clients admitted per year does not equal the sum of the unique clients admitted each quarter. This is because an individual client can be admitted to treatment in more than one quarter during the year.

2. Clients may have heroin, other opioids, or any other substance simultaneously recorded as the primary, secondary and tertiary substance of abuse at admission.

3. Data for indicators are suppressed for confidentiality purposes if there are less than 5 clients.

### Erie County: Naloxone administration reports (data as of May, 2017)

#### Emergency Medical Services (EMS) naloxone administration reports

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Location</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
<th>Jan-Mar</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone administration report by EMS</td>
<td>Erie</td>
<td>66</td>
<td>45</td>
<td>40</td>
<td>188</td>
<td>74</td>
<td>35</td>
<td>32</td>
<td>18</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>1,633</td>
<td>1,625</td>
<td>1,584</td>
<td>5,945</td>
<td>1,731</td>
<td>1,966</td>
<td>1,744</td>
<td>1,487</td>
<td>6,928</td>
</tr>
</tbody>
</table>

#### Law enforcement naloxone administration reports

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Location</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
<th>Jan-Mar</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone administration report by law enforcement</td>
<td>Erie</td>
<td>60</td>
<td>69</td>
<td>64</td>
<td>218</td>
<td>138</td>
<td>73</td>
<td>45</td>
<td>47</td>
<td>303</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>243</td>
<td>260</td>
<td>314</td>
<td>959</td>
<td>401</td>
<td>399</td>
<td>387</td>
<td>338</td>
<td>1,525</td>
</tr>
</tbody>
</table>

#### Registered Community Opioid Overdose Prevention (COOP) program naloxone administration reports

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Location</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
<th>Jan-Mar</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone administration report by registered COOP program</td>
<td>Erie</td>
<td>54</td>
<td>85</td>
<td>65</td>
<td>210</td>
<td>116</td>
<td>54</td>
<td>25</td>
<td>38</td>
<td>233</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>130</td>
<td>158</td>
<td>149</td>
<td>480</td>
<td>254</td>
<td>248</td>
<td>222</td>
<td>167</td>
<td>891</td>
</tr>
</tbody>
</table>

1. County numbers displayed in the table represent only naloxone administration events reported electronically, therefore, actual numbers of events may be higher.

2. Numbers displayed in the table represent only naloxone administration reports submitted by law enforcement and registered COOP programs to the NYS DOH AIDS Institute. The actual numbers of naloxone administration events may be higher.
Overdose Deaths Related to Opioids in New York State by Region and County

- About opioid death data (Please read first)
- All overdose deaths involving drugs, rate per 100,000 population (Table + Trends) (Map)
  - All overdose deaths involving drugs, rate per 100,000 population - Aged 10-44 years (Table + Trends) (Map)
  - All overdose deaths involving drugs, rate per 100,000 population - Aged 45-64 years (Table + Trends) (Map)
- All overdose deaths involving opioids, rate per 100,000 population (Table + Trends) (Map)
  - All overdose deaths involving opioids, rate per 100,000 population - Aged 10-44 years (Table + Trends) (Map)
  - All overdose deaths involving opioids, rate per 100,000 population - Aged 45-64 years (Table + Trends) (Map)
- Overdose deaths involving heroin, rate per 100,000 population (Table + Trends) (Map)
  - Overdose deaths involving heroin, rate per 100,000 population - Aged 10-44 years (Table + Trends) (Map)
  - Overdose deaths involving heroin, rate per 100,000 population - Aged 45-64 years (Table + Trends) (Map)
- Overdose deaths involving opioid pain relievers, rate per 100,000 population (Table + Trends) (Map)
  - Overdose deaths involving opioid pain relievers, rate per 100,000 population - Aged 10-44 years (Table + Trends) (Map)
  - Overdose deaths involving opioid pain relievers, rate per 100,000 population - Aged 45-64 years (Table + Trends) (Map)
- Overdose deaths involving methadone, rate per 100,000 population (Table + Trends) (Map)
  - Overdose deaths involving synthetic opioids other than methadone, rate per 100,000 population (Table + Trends) (Map)

Opioid Outpatient Emergency Department Visits in New York State by Region and County

- About opioid outpatient emergency department visit data (Please read first)
- All emergency department visits involving drug overdose, rate per 100,000 population (Table + Trends) (Map)
  - All emergency department visits involving drug overdose, rate per 100,000 population - Aged 10-24 years (Table + Trends) (Map)
  - All emergency department visits involving drug overdose, rate per 100,000 population - Aged 25-44 years (Table + Trends) (Map)
  - All emergency department visits involving drug overdose, rate per 100,000 population - Aged 45-64 years (Table + Trends) (Map)
- All emergency department visits involving opioid overdose, rate per 100,000 population (Table + Trends) (Map)
  - All emergency department visits involving opioid overdose, rate per 100,000 population - Aged 10-24 years (Table + Trends) (Map)
  - All emergency department visits involving opioid overdose, rate per 100,000 population - Aged 25-44 years (Table + Trends) (Map)
  - All emergency department visits involving opioid overdose, rate per 100,000 population - Aged 45-64 years (Table + Trends) (Map)
- Emergency department visits involving heroin overdose, rate per 100,000 population (Table + Trends) (Map)
  - Emergency department visits involving heroin overdose, rate per 100,000 population - Aged 10-24 years (Table + Trends) (Map)
Other Factors Influencing Opioid Trends

<table>
<thead>
<tr>
<th>Event</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Evaluation and Mitigation Strategy (REMS) for long-acting</td>
<td>July 9, 2012</td>
</tr>
<tr>
<td>opioids received FDA approval</td>
<td></td>
</tr>
<tr>
<td>I-STOP legislation signed by Governor Cuomo (Bill S7637)</td>
<td>August 27, 2012</td>
</tr>
<tr>
<td>Updates to the Controlled Substance Schedule</td>
<td>February 23, 2013</td>
</tr>
<tr>
<td>I-STOP Registry Review Mandated</td>
<td>August 27, 2013</td>
</tr>
<tr>
<td>Opioid Prescriber Education Program</td>
<td>September 1, 2013</td>
</tr>
<tr>
<td>Electronic Prescribing of all Controlled Substances</td>
<td>March 27, 2015</td>
</tr>
<tr>
<td>Governor Cuomo signs legislation to combat the heroin and opioid crisis</td>
<td>June 22, 2016</td>
</tr>
<tr>
<td>7-day opioid supply limit for opioid naïve patients</td>
<td>July 22, 2016</td>
</tr>
</tbody>
</table>
A Multi-Systemic Approach to Address Opioid Overdose

<table>
<thead>
<tr>
<th>Community Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
</tr>
<tr>
<td>Firefighters</td>
</tr>
<tr>
<td>Basic Life Support EMS</td>
</tr>
<tr>
<td>School Settings</td>
</tr>
<tr>
<td>Corrections &amp; Parole</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
</tbody>
</table>
Drug User Health Hubs

Established 2016

- Outpatient ambulatory care programs for drug users
- Enhance local providers understanding and ability to provide services to substance
- Provide on-site medically assisted treatment – buprenorphine.
- Prevent overdoses; provide care post overdose.
- Law Enforcement Assisted Diversion (LEAD): Low level offenders are diverted to SEP for care services instead of being arrested.
Drug User Health Hubs Core Elements

Syringes  Buprenorphine  Naloxone  Hepatitis C Care
What is Naloxone?

• Naloxone is an emergency medicine that can reverse an opioid overdose.

Note: Data reported by registered programs.
Total Naloxone Administration for NYS, by Responder Type

Source: NYSDOH, AIDS Institute and Bureau of EMS and Trauma Systems

Note: Data as of June 2017. EMS totals represent only naloxone encounters that were reported in Regional Medical Control Data for Suffolk County, or electronically for other counties; therefore, the actual numbers of events may have been higher. Law enforcement totals do not yet comprehensively include reports from law enforcement agencies in New York City and Nassau County. Law enforcement and COOP program totals represent only naloxone administration reports submitted by law enforcement and registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may have been higher.
Naloxone Co-payment Assistance Program

N-CAP
Rationale for Creating the Naloxone Co-payment Assistance Program (N-CAP)

- Increasing pharmacy access will allow more naloxone to get into the hands of people who need it:
  - State resources can be devoted to covering naloxone for individuals not eligible for N-CAP:
    - Uninsured;
    - Individuals using it in the line of duty;
    - Vulnerable individuals:
      - individuals being released from prison;
      - syringe exchange program participants.
Information will be available at pharmacies, registered programs, homeless shelters, LGBT centers.
To find the nearest participating pharmacy or registered program, please visit:

www.health.ny.gov/overdose
Syndromic Surveillance

• Working to use Emergency Department real-time data to identify unusual clusters of overdoses

• Planning use of the syndrome
  – Alert community partners to enhanced overdose risk
  – Identify communities needing increased training, access to naloxone/buprenorphine
Also provided with:
- Observed # vs. Expected # for each zip code
- Details on each case including hospital, day, age, sex and chief complaint

SatScan results provided to program
QUESTIONS?

Kitty Gelberg, Ph.D., MPH
Kitty.Gelberg@health.ny.gov
518-402-7900