New York City
Municipal Drug Strategy Council:
2022 Report and Recommendations

Contents

Glossary

ACS	New York City Administration for Children's Services
C2C	Connections to Care
CAB	Community Advisory Board
MDSC	Municipal Drug Strategy Council
MHC	New York City Mental Health Council
MHSC	Mental Health Service Corps
MOUD/MAT	Medication(s) for Opioid Use Disorder/ Medication for Addiction Treatment
MRTA	Marijuana Regulation and Taxation Act
NSDUH	National Survey on Drug Use and Health
NYPD	New York Police Department
NYC Health Department/NYC DOHMH	New York City Department of Health and Mental Hygiene
NYS Health Department/NYS DOH	New York State Department of Health
OASAS	New York State Office of Addiction Services and Supports
ODUH	New York State AIDS Institute Office of Drug Users Health
OMH	New York State Office of Mental Health
ONDCP	United States Office of National Drug Control Policy
OOPP	Opioid Overdose Prevention Program
OPC	Overdose Prevention Center
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PCC	New York City Poison Control Center
PMP	Prescription Monitoring Program
RAR	Rapid Assessment and Response
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPIS	Substance Abuse Prevention and Intervention Specialists
SSP	Syringe Service Program[i]
SUCAP	Substance Use Centralized Assessment Program
SUD	Substance Use Disorder
SUPPORT Act	Substance Use Disorder Prevention that Promotes Opioid Recovery Treatment Act
Task Force	Mayor's Task Force on Cannabis Legalization
TPII	Training and Practice Implementation Institute
YRBS	Youth Risk Behavior Survey

[i] Formerly referred to as Syringe Exchange Program; the updated term more accurately describes the full spectrum of services offered by these programs.

Executive Summary

The New York City Municipal Drug Strategy Council (MDSC) is pleased to present its 2022 report. Formed in March 2017 and chaired by the New York City Department of Health and Mental Hygiene (NYC DOHMH), the MDSC is a body of government and community experts in substance use and substance use care and treatment, with a shared goal of reviewing and enhancing New York City's drug strategy. This report includes an overview of current drug strategy and progress made during the past two years. It offers recommendations for enhancing future drug policy that build on prior MDSC reports.

As documented in this report, the City continues its groundbreaking efforts to address substance use-related harms and remains steadfast in its commitment to keep all New Yorkers safe from overdose. The MDSC is intent on a systems-level, equity-centered approach, consistent with the City's comprehensive response to substance use issues across the health, criminal legal, and social service systems, as well as within communities.

In New York City, there were 2,062 overdose deaths in 2020, making it the deadliest year of the overdose epidemic since reporting began in 2000. This increase is being driven by the proliferation of fentanyl in the drug supply. Large disparities in overdose death persist in New York City. Neighborhoods such as the South Bronx, East Harlem, and Central Harlem, which historically have been disproportionately impacted by overdose deaths, have endemically high overdose rates that have continued into 2020. These neighborhoods are also among the neighborhoods hardest hit by the COVID-19 pandemic. COVID-19 inhibited many people with opioid use disorder (OUD) from accessing and/or staying connected to treatment and other services, increasing the risk of overdose.

The unequal burden of overdose death follows years of disinvestment that have resulted in structural inequities in the social determinants of health, including wealth, employment, housing, and criminal-legal system involvement. Further, predominantly Black and Latino/a neighborhoods have disproportionately experienced the harms of the War on Drugs, including the racist implementation of our nation's drug laws.[i] Criminalizing drug use drives pervasive stigma and serves as a significant barrier to accessing care, ultimately increasing the risk of overdose and other health consequences.

In response to recent increases in overdose deaths, the City is implementing initiatives totaling $35M a year, including a new fentanyl awareness campaign, increased distribution of fentanyl test strips, expanded access to harm reduction drop-in and outreach services, and investment to increase same-day access to buprenorphine for people experiencing homelessness. The City is also committed to redressing the harms of the War on Drugs and racialized policing practices on Black and Latino/a communities. In June 2021, the Marijuana Regulation and Taxation Act (MRTA) was signed into law in New York State, which removes cannabis and cannabis products from New York State's Controlled Substances Act. This law legalizes recreational cannabis possession for persons aged 21 years and over, creates the regulatory framework and tax structure for recreational sales, expands the medical cannabis program, and establishes a social and economic equity program to encourage license distribution to people from communities most impacted by

criminalization. The City is committed to ensuring the equitable implementation of this legislation.

In response to the unprecedented numbers of overdose deaths, on November 30, 2021, New York City announced the implementation of overdose prevention center (OPC) services at two syringe service programs operated by OnPoint NYC, the first to be publicly recognized in the US. Also known as supervised consumption sites, OPCs are health care facilities that improve individual and community health, increase public safety, and reduce the social consequences of drug use. Operational in more than 10 countries and 60 cities throughout the world, OPCs offer supervised, hygienic spaces in which people can safely use pre-obtained drugs while having the opportunity to access services—onsite or by referral—to routine health, mental health, drug treatment, and other social supports. Since opening on November 30, 2021 to February 18th, 2022, the OPC sites were used 8,113 times by 733 people, and staff averted at least 155 overdoses to prevent injury and death.

The City looks forward to supporting the implementation of additional OPCs and other critical harm reduction interventions to curb the course of the overdose epidemic. Since the creation of the MDSC, the City has taken necessary strides to increase the breadth of substance use-related services citywide, working to offer critical supports to people who use drugs across the continuum of care. Nevertheless, the magnitude and wide disparities in overdose death necessitate bold public health action. To this end, the Municipal Drug Strategy Council has issued a series of recommendations, which are summarized below. The full set of recommendations can be found on page 62.

1. Advance a diverse continuum of care that includes treatment, harm reduction, primary care, emergency health care, and hospital services for people who use drugs
2. Prioritize the perspectives and needs of groups most impacted by the overdose crisis and drug criminalization
3. Integrate evidence-based substance use disorder treatment across the health and mental health care systems
4. Increase access to necessary services while fostering supportive relationships between communities and treatment and harm reduction programs
5. Develop best practices for the prevention, care, and treatment of substance use disorder for people who do not primarily use opioids
6. Explore programs that effectively alleviate the collateral consequences of criminal-legal system involvement
7. Ensure equitable implementation of recent changes in drug policy
8. Integrate harm reduction and treatment programming into a broader portfolio of homeless services
9. Provide and advocate for stable housing to promote the health of people who use drugs
10. Identify areas for expanded or revised Medicaid payment and reimbursement
11. Commit to reducing stigma as a prerequisite to achieving goals for reduced overdose deaths and improved and equitable outcomes for people who use drugs

12. Advocate for the permanence of COVID-era emergency regulation changes to make substance use disorder treatment more broadly available

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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-related 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 drug treatment programs and policy. This body, the 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 NYC 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 disorder (SUD) treatment, health care, education and primary prevention, drug policy reform, community-based criminal-legal system, individuals directly affected by substance use, and people with histories of incarceration for drug-related offenses. City officials represent the agencies that intersect most frequently with people who use drugs, including representation from the criminal-legal system, public and behavioral health, education, and social services.

The recommendations presented in this report largely build on one of the City's most substantial drug initiatives to date, HealingNYC. HealingNYC's latest expansion in 2021 provided an additional commitment of over $9 million annually to respond to the increase in overdose deaths in 2020 through three key strategies: raise awareness about the increased risk of overdose due to fentanyl, increase outreach and service provision to people who use drugs, and expand same-day access to buprenorphine treatment among unstably housed populations in low-barrier settings.

These recommendations seek to build upon the opportunities provided by HealingNYC and extend the City's reach across sectors and systems to meet challenges related to substance use. 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

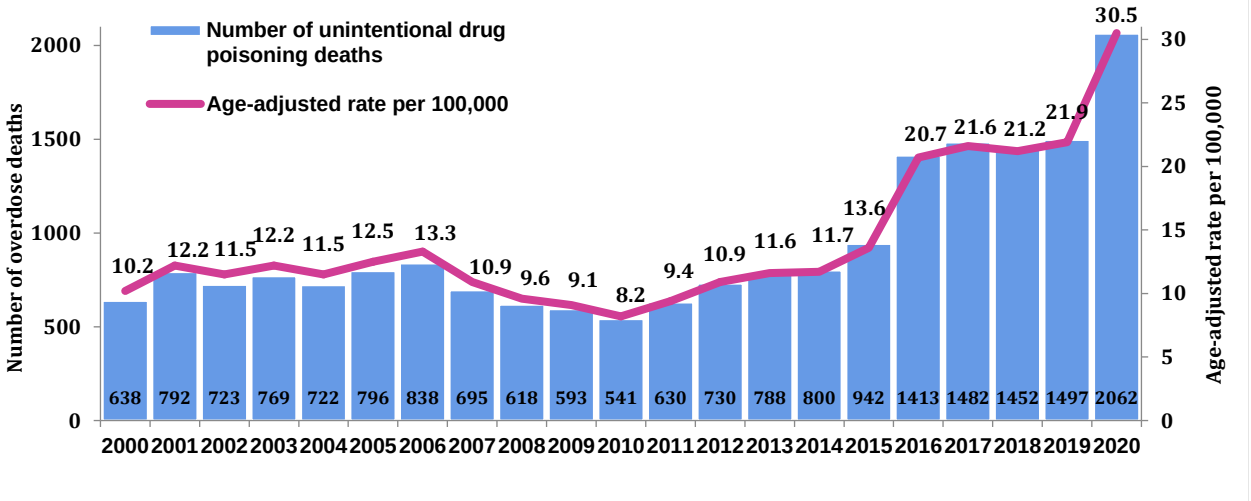
The collection and analysis of a range of drug use indicators forms the bedrock of the City's evidence-based drug strategy. Drug use data are derived from health, social service, and criminal-legal system sources. Capitalizing on NYC DOHMH's expertise in epidemiology and public health surveillance, the City uses a robust array of drug use indicators to track substance use mortality, morbidity, prevalence, and criminal-legal system 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. Please note that the complete dataset for 2020 is not available at the time of this report's publication and for some indicators, the most recent data may be earlier than 2020.

Trends in unintentional overdose death in New York City

From 2019 to 2020, the number of overdose deaths increased considerably.[ii] During 2020, there were 2,062 drug overdose deaths in New York City, 565 more deaths than during 2019.[2] During that same period, the rate of overdose death increased from 21.9 per 100,000 to 30.5 per 100,000 New York City residents.[2] The burden of fatal drug overdose remains high—in 2020, someone died of a drug overdose in New York City every five hours.

Figure 1: Number of deaths from unintentional drug poisoning (overdose) in New York City, 2000 – 2020*



Source: Nolan ML, Jordan A, Bauman M, Askari M, Harocopos A. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2020. New York City Department of Health and Mental Hygiene: Epi Data Brief (129); 2021.

The increased presence of fentanyl in the drug supply has driven the unprecedented increase in overdose deaths in NYC. Fentanyl—a highly potent synthetic opioid—has been identified in heroin, cocaine, methamphetamine, and ketamine, as well as opioid analgesics and benzodiazepine pills acquired from non-medical sources. For the fourth consecutive

year, fentanyl was the most common drug involved in overdose deaths in New York City. In 2020, fentanyl was involved in 77 percent of all drug overdose deaths.[2]

Although the rate of drug overdose death increased from 2019 to 2020, these increases were not evenly distributed across the city. Significant disparities remain in drug overdose deaths by race/ethnicity, age, and neighborhood of residence. Black New Yorkers had the highest rate of overdose death in 2020 (38.2 per 100,000) and experienced the largest increase in overdose deaths from 2019 to 2020 (59 percent increase). Rates of overdose death increased by 35 percent among White New Yorkers (24.3 to 32.7 per 100,000 residents) and by 24 percent among Latino/a New Yorkers (27.1 to 33.6 per 100,000 residents). Rates among Asian/Pacific Islander New Yorkers (3.3 per 100,000 residents) stayed the same.[2]

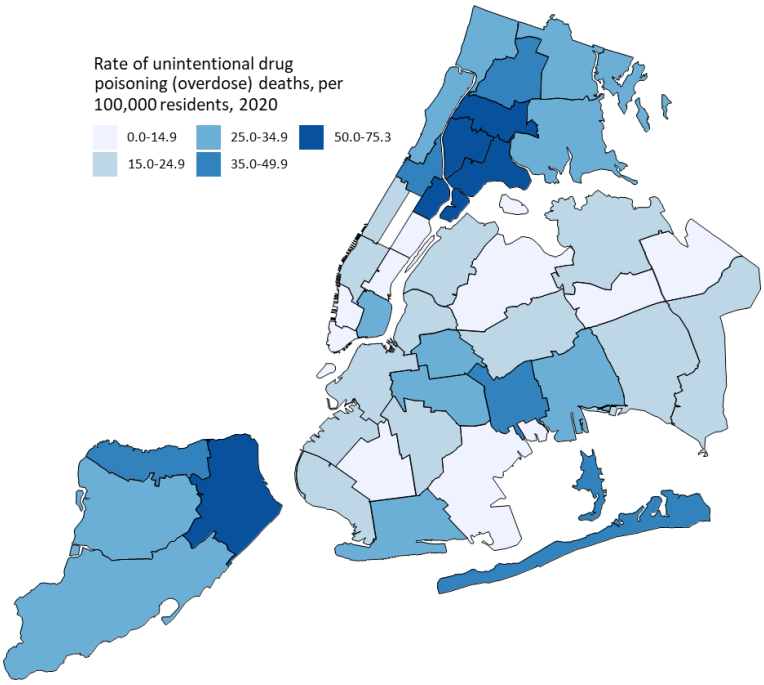
By gender, rates of overdose death remained highest among men, who had nearly four times the rate of fatal overdose as women. From 2019 to 2020, overdose deaths increased by 38 percent among women from 9.5 per 100,000 to 13.1 per 100,000, and by 40 percent among men from 35.5 per 100,000 to 49.8 per 100,000.[2]

Significant disparities persist in the burden of drug overdose death by age group, with New Yorkers aged 35-54 continuing to have the highest rate of fatal drug overdose (42.7 per 100,000).[2] The rate of drug overdose death among New Yorkers aged 35-54 was more than twice the rate among New Yorkers aged 15-34 (19.6 per 100,000).[2] Among older New Yorkers aged 55 to 84, the rate of drug overdose death increased by 24 percent, from 25.3 per 100,000 in 2019 to 31.3 per 100,000 in 2020, marking the sixth consecutive year of increases in fatal overdose among this group.[2]

Wide geographic disparities also exist with highest-poverty neighborhoods, or neighborhoods where over 30 percent of households live below the federal poverty line, disproportionately bearing the burden of drug overdose mortality. Residents of very high-poverty neighborhoods had more than twice the rate of drug overdose death as residents of the lowest-poverty neighborhoods (48.2 vs. 18.4 per 100,000).[2]

By neighborhood of residence, the neighborhoods with the highest overdose rates were located in the Bronx: Hunts Point-Mott Haven residents had the highest rate of fatal drug overdose in 2020 at 75.3 per 100,000, followed by residents of Crotona-Tremont and Highbridge-Morrisania (73.8 and 60.5 per 100,000, respectively).[2] Rates of fatal drug overdose among residents of these three neighborhoods were more than double the citywide rate of 30.5 per 100,000.

Figure 3: Rates of unintentional drug poisoning (overdose) death, by neighborhood of residence, New York City, 2020*



Source: Nolan ML, Jordan A, Bauman M, Askari M, Harocopos A. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2020. New York City Department of Health and Mental Hygiene: Epi Data Brief (129); 2021.

Data suggest that disparities in drug overdose deaths across neighborhoods have widened as the number of drug overdose deaths has increased citywide. Neighborhoods with the highest rates of overdose death in 2014, prior to the presence of fentanyl in the drug supply, experienced the largest increases in the rate of fatal drug overdose from 2014 to 2020.[iii] By contrast, neighborhoods with low rates of overdose in 2014 continued to have low rates of drug overdose death in 2020, experiencing minimal increases in fatal drug overdose during this time period.[3] As such, the burden of drug overdose borne by neighborhoods with endemically high rates intensified concomitant with citywide increases in overdose deaths.

The burden of drug use in New York City

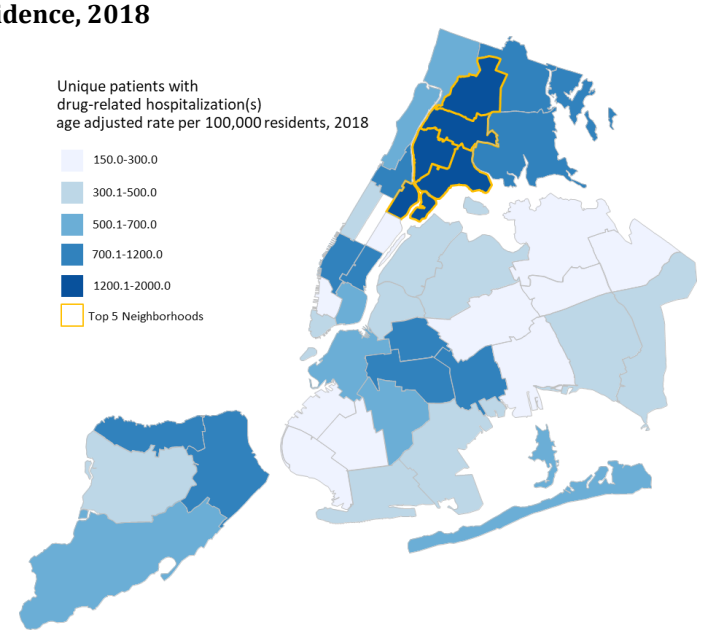
In addition to the aforementioned trends in unintentional overdose deaths, many other indicators reflect the burden of drug use in NYC. These include drug-related hospitalizations, emergency department visits, and ambulance transports. In 2018, 43,601 New Yorkers experienced a total of 67,654 drug-related hospitalizations,[ii] a rate of 956.3 hospitalizations per 100,000 residents.[iv] Approximately one-third of all drug-related hospitalizations (24,316) involved opioids in 2018. [4]

[ii] Hospitalizations are visits were the patients is admitted for a hospital stay. Visits for self-inflicted injury, injury purposely inflicted by other persons, injury undetermined whether accidentally or purposely inflicted (based on ICD-10 codes), and alcohol or drug detoxification are excluded. "Drug-related" is coded based on having an ICD-10 code for a condition associated with drug use.

In 2018, males experienced twice the rate of drug-related hospitalizations compared with females (850.2 and 405.2 residents hospitalized per 100,000 residents, respectively).[4] Consistent with patterns of unintentional overdose death, New Yorkers aged 55-64 experienced the highest rate of drug-related hospitalization (955.3 residents hospitalized per 100,000 residents).[4]

Certain boroughs and neighborhoods experience disproportionate burdens of drug-related hospitalization. In 2018, Bronx residents experienced the highest rate of drug-related hospitalization (1,286.3 residents hospitalized per 100,000 residents), nearly twice the rate of drug-related hospitalization among residents of Staten Island and Manhattan (613.4 and 626.6 residents hospitalized per 100,000 residents, respectively).[4] 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 (520.1 and 331.8 residents hospitalized per 100,000 residents, respectively).[4] The neighborhoods with the highest drug-related hospitalization rates in 2018 were: East Harlem, Hunts Point-Mott Haven, Highbridge-Morrisania, Crotona-Tremont, and Fordham-Bronx Park.[4]

Figure 5: Top five New York City neighborhoods: Rates of drug-related hospitalization by neighborhoods of residence, 2018



Source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2018 (Data Update: July 2020)

Additionally, residents of very high-poverty neighborhoods experienced the highest rate of drug-related hospitalization in 2018 (1220.9 residents hospitalized per 100,000 residents), over three times the rate of residents of low-poverty (i.e., wealthier) neighborhoods (358.7 residents hospitalized per 100,000 residents).[4]

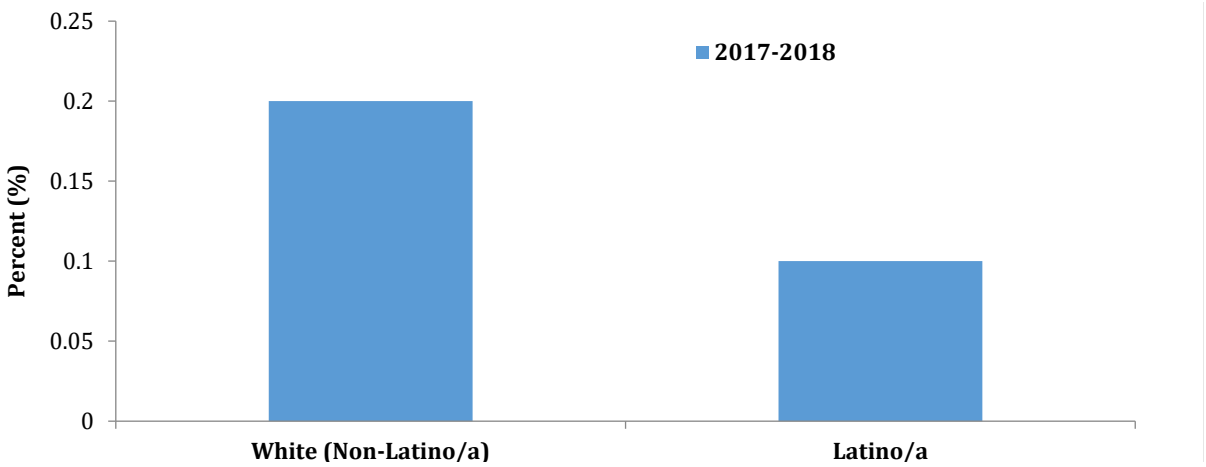
Prevalence of substance use in New York City

NYC 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 NYC DOHMH, combining two years of NSDUH data. The YRBS is conducted biennially among a sample of students attending New York City public high schools.

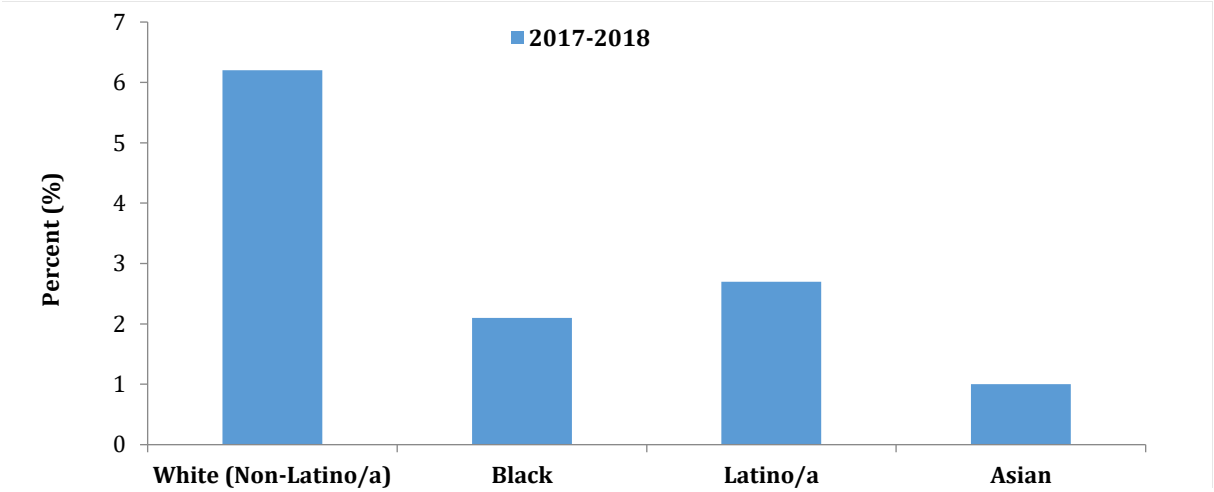
In the NSDUH 2017-2018 survey cycles, 0.1 percent of the New York City sample reported using heroin and 3.6 percent reported using cocaine during the previous year.[v] Male New Yorkers were more likely to report past-year cocaine use than female New Yorkers.[5] Likewise, a higher proportion of White New Yorkers reported heroin and cocaine use than Black and Latino/a New Yorkers.[5] In 2017-2018, the reported level of cocaine use among White individuals (6.2 percent) was three times the proportion of Black New Yorkers (2.1 percent) and of Latino/a individuals (2.7 percent).[5v] These prevalence figures did not differ from the prevalence figures captured during the 2015-2016 survey cycle.

Figure 6: Self-reported past-year heroin use by race/ethnicity, New Yorkers aged 12 and older, New York City, 2017-2018



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, 2017-2018

Figure 7: Self-reported past-year cocaine use by race/ethnicity, New Yorkers aged 12 and older, New York City, 2017-2018



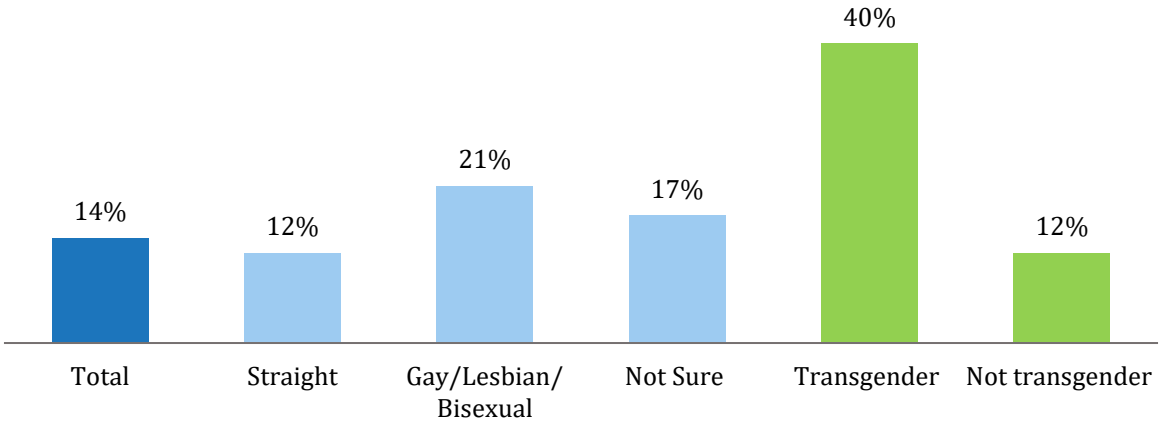
Note: Past Year Substance Use among persons aged 12 or older
Source: Substance Abuse Mental Health Services Administration, Office of Applied Studies, National Surveys on Drug Use and Health, 2017-2018

The prevalence of substance use among New York City youth differs by demographic characteristics. The 2019 New York City Youth Risk Behavior Survey found that 15.8 percent of Latino/a and 14 percent of White public high school students reported ever using (also known as "lifetime use") any illicit drug, compared with 11.3 percent of Black and 8.9 percent of Asian students in NYC public high schools.[vi] Male students reported significantly higher levels of both lifetime illicit drug use and past-year non-medical prescription stimulant and benzodiazepine misuse than female students.[6]

The proportion of public school students in New York City who reported ever using heroin increased over the past decade, from 1 percent of students in 2007 to 5 percent of students in 2019.[6vi] Differences were seen by borough of residence, with 11 percent of Staten Island youth in public high schools reporting lifetime heroin use compared with 4 percent of Manhattan and Queens, 6 percent of Bronx, and 5 percent of Brooklyn youth in public high schools reporting lifetime heroin use.[6vi] Despite this increase in heroin use from 2007 to 2019, the proportion of students reporting ever using heroin remains lower compared with other substances; in 2019, 18 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.[6]

Twenty-one percent of public-school 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. This is almost two times higher than heterosexual-identifying public-school students (12 percent). Differences were also seen by gender identity, where 40 percent of transgender students in NYC public high schools reported ever using illicit drugs compared with 12 percent of students who do not identify as transgender.[6]

Figure 8: Proportion of public-school students reporting any lifetime illicit drug use, by sexual orientation and gender identity, New York City, 2019



Note: Illicit drug use is lifetime use of cocaine (any form), heroin, ecstasy, or synthetic cannabinoids during lifetime.
Source: NYC Youth Risk Behavior Survey, 2019

Prescription drug use in New York City

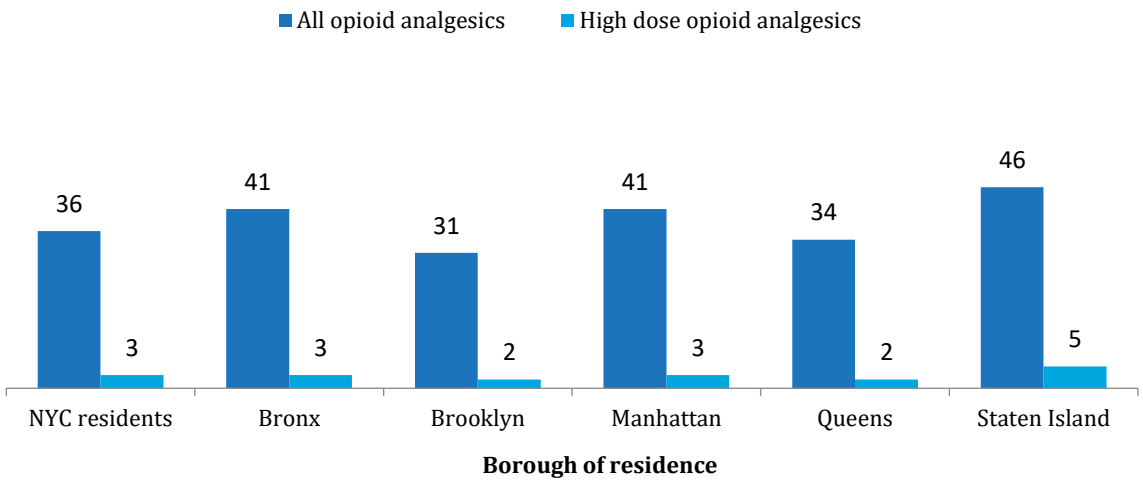
New York State Prescription Monitoring Program (PMP) data allow the City to identify patterns in opioid analgesic prescriptions.[iii] The total number of opioid analgesic prescriptions filled in New York City decreased by 42 percent between 2014 and 2020, from 1.9 to 1.1 million prescriptions.[vii] Seventy-three percent of the opioid analgesic prescriptions filled in 2020 were for oxycodone, and 12 percent were for hydrocodone. The number of New York City residents who filled an opioid analgesic prescription declined by 49 percent between 2014 and 2020, from 645,706 to 331,566.[7]

Female New Yorkers filled opioid analgesic prescriptions at higher rates than males (39 per 1,000 females vs. 34 per 1,000 males, respectively).[7] However, males filled high-dose prescriptions at higher rates than females (3 per 1,000 males vs. 2 per 1,000 females, respectively).[7] Receiving a high-dose prescription—defined as greater than 90 morphine milligram equivalents per day—greatly increases an individual's risk of overdose.

In 2020, residents of Staten Island filled opioid analgesic prescriptions at higher rates than residents of all other boroughs.[7] In all boroughs, however, the rate of high-dose opioid prescriptions—defined as prescriptions exceeding 90 morphine milligram equivalents per day—decreased from 2014 to 2020.[7]

[iii] 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 SUD and overdose. Schedule III, IV, and V opioid medications present a low potential for non-medical use, development of SUD and overdose, and thus are not reported.

Figure 9: Rate per 1,000 residents of New York City residents filling one or more opioid analgesic prescription, by borough, 2020



Source: NYS Prescription Monitoring Program, 2020

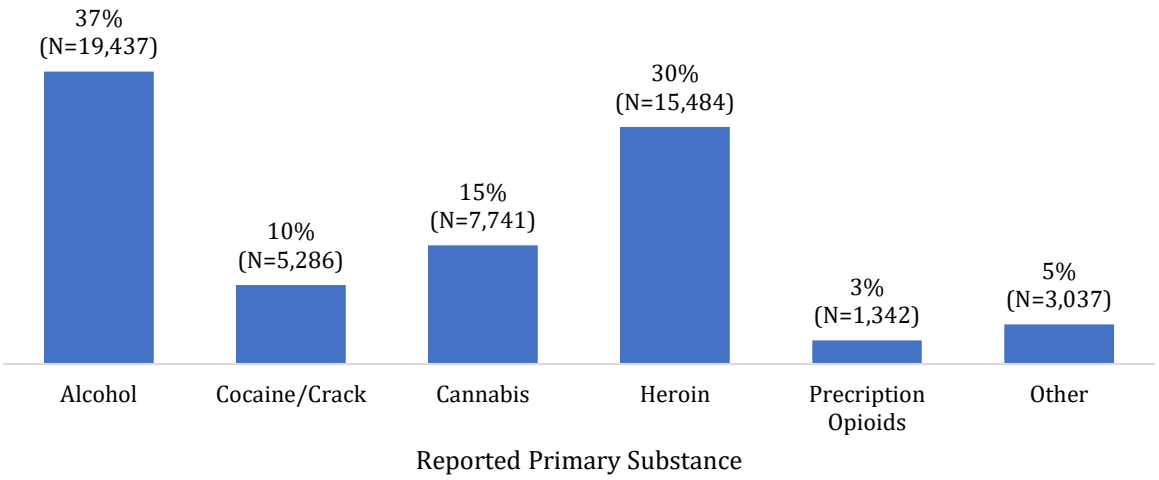
Drug treatment and detoxification utilization in New York City

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 Addiction Services and Supports (OASAS). Non-crisis admissions are defined as admissions to outpatient, inpatient, residential, and methadone maintenance programs licensed by OASAS. Crisis admissions refer 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 OUD.

New York City residents experienced a total of 52,327 non-crisis drug treatment admissions in 2020.[viii] The proportion of individuals admitted to treatment who cited heroin as their primary drug remained stable from 2014 to 2020, from 28 to 30 percent.[8viii] Cocaine/crack was cited as the primary drug in 10 percent of admissions in 2020, decreasing slightly from 12 percent of admissions during 2014-2019.[8]

The largest proportion of New York City residents report alcohol (37 percent) as their primary substance of abuse at admission to a non-crisis drug treatment program. Heroin was the second most common primary substance reported at admission (30 percent), followed by cannabis (15 percent) and crack/cocaine (10 percent).[8]

Figure 10: Reported primary substance for non-crisis treatment admissions, New York City, 2020

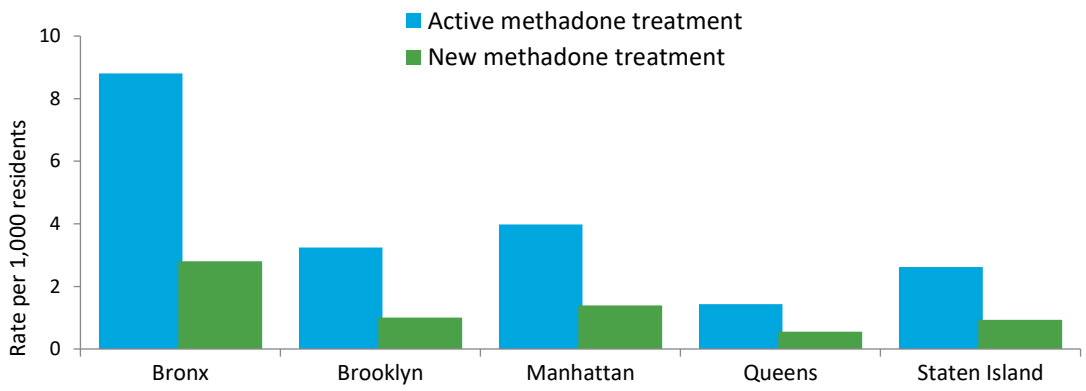


Note: Data as of October 18, 2021
Source: NYS Office of Addiction Services and Supports, 2021

New York City residents had a total of 26,082 detoxification admissions in 2020. Alcohol was listed as the primary substance for 63 percent of detox admissions (16,404 admissions), and heroin was the primary substance for 29 percent of admissions (7,502 admissions).[8] The number of heroin-related detoxification admissions decreased by 46 percent between 2014 and 2020, from 13,825 to 7,502 admissions.[8] This large decrease might signify a switch from detoxification, which has been shown to increase overdose risk for people with OUD, to outpatient treatments such as methadone and buprenorphine, which reduce overdose risk. Individuals aged 46-55 comprised the largest proportion of all detoxification admissions (34 percent). Black New Yorkers comprised the largest proportion of all detoxification admissions (44 percent) followed by New Yorkers reporting "other" as their race (26 percent).

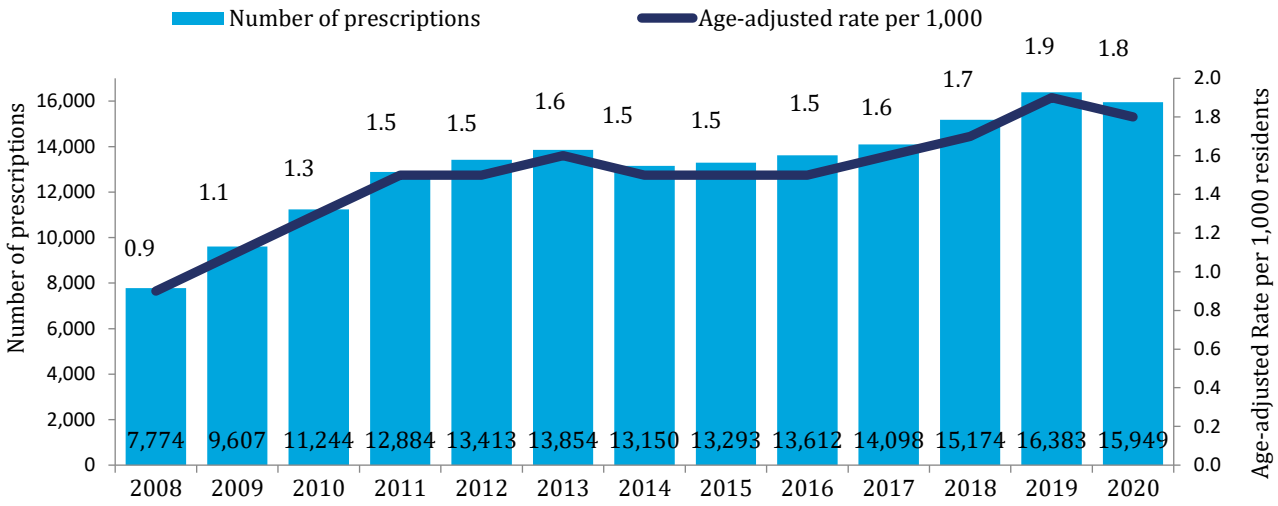
NYC DOHMH also tracks the number of New Yorkers who are engaged in methadone or buprenorphine treatment, the most scientifically-proven and effective forms of treatment for OUD.[ix] In 2020, there were approximately 27,000 New York City residents enrolled in methadone treatment, approximately one-third of whom were new to methadone treatment (8,648 patients).[8] Just over half (55 percent) of methadone patients in 2020 were over age 45, and over two-thirds (75 percent) were male.[8viii] Residents of the Bronx had the highest rates of both active and new patients enrolled in methadone treatment in 2019 (8.8 and 2.8 per 1,000 respectively).[8]

Figure 11: Rate of methadone treatment by borough of residence, New York City, 2019



The number of patients filling prescriptions for buprenorphine increased by approximately 95 percent between 2008 and 2020, from 7,774 to 15,949 patients.[7] In 2020, 2,885 prescribers wrote a total of 134,126 buprenorphine prescriptions.[7] In 2020, Staten Island residents filled buprenorphine at a rate two to four times higher than other boroughs.[7]

Figure 12: Buprenorphine prescriptions filled by New York City residents, 2008-2020



Source: New York State Prescription Drug Monitoring Program, 2008-2020

The burden of alcohol use in New York City

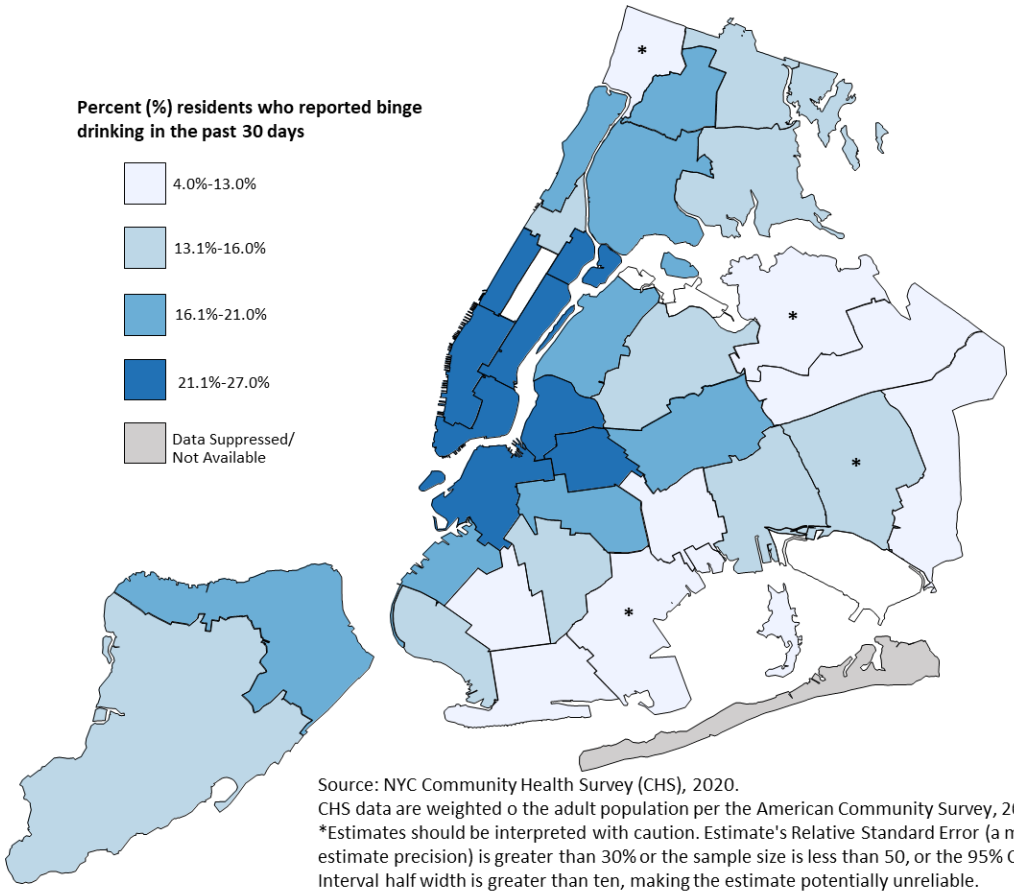
Although the opioid overdose epidemic is one of the leading health burdens in New York City today, alcohol use and its associated harms remain a persistent problem with numerous health and safety consequences.

Alcohol is one of the most widely used substances in New York City. In 2020, more than half (54.3 percent) of New Yorkers aged 18 and over reported consuming alcohol during the prior 30 days.[x] Among New Yorkers who drink, 29 percent reported binge drinking[iv] at least once in the past month.[10] Among New Yorkers who drink, the largest proportion of binge drinkers were those aged 18 to 24, with two in five in this group who reported drinking in the past 30 days reporting binge drinking (41 percent); this is compared with 38 percent of drinkers aged 25 to 44, 23 percent of drinkers aged 45 to 64, and 13 percent of drinkers aged 65 and above.[10x] Over one-third (34 percent) of Latino/a New Yorkers who reported drinking in the past 30 days reported binge drinking, compared with 31 percent of White and 25 percent of Black residents.[10]

[iv] Binge drinking is defined as men drinking five (four for women) or more alcoholic drinks in a row during a single session at least once during the prior 30 days.

The top five neighborhoods with the highest reported prevalence of binge drinking were Union Square-Lower Manhattan (26.4 percent), Chelsea-Greenwich Village (24.3 percent), Downtown Brooklyn-Brooklyn Heights-Park Slope (23.6 percent), Upper West Side (23.3 percent) and Upper East Side-Gramercy (22.7 percent).[20]

Figure 13: Prevalence of binge drinking among New York City adults, ages 18+, by UHF neighborhood of residence, 2020

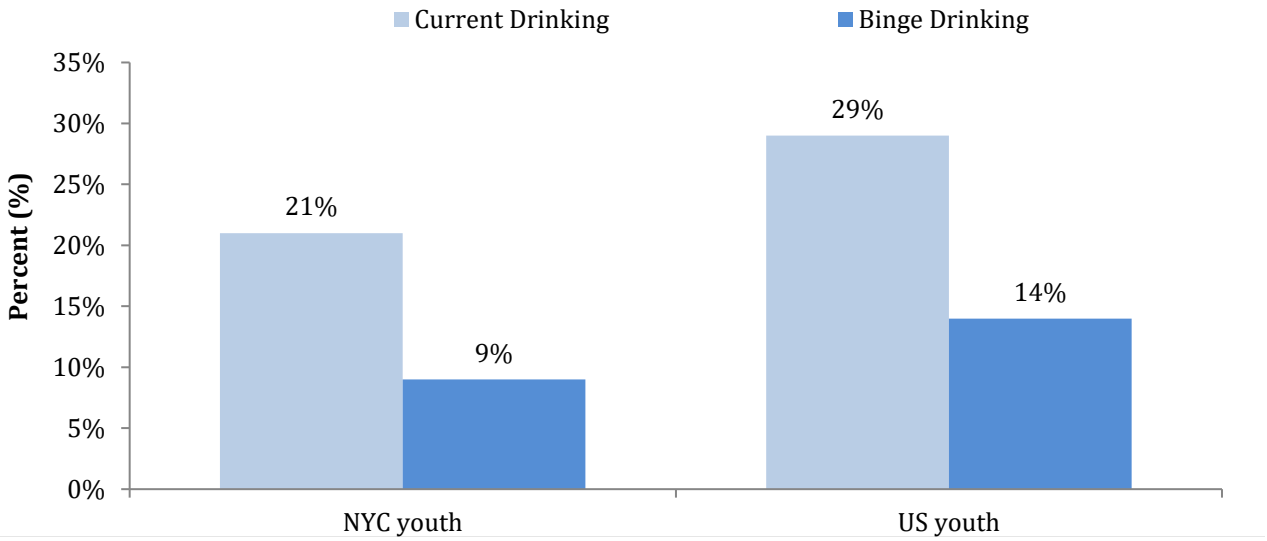


Source: NYC Community Health Survey (CHS), 2020.
CHS data are weighted o the adult population per the American Community Survey, 2019.
*Estimates should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than ten, making the estimate potentially unreliable.

Alcohol is the most commonly used substance among New York City youth; 21 percent of New York City public high school students in 2019 reported any alcohol consumption in the past 30 days.[6] However, the proportion of high school students in New York City who reported current drinking[v] has decreased over the past 17 years; in 2001, 42 percent reported drinking during the past month.[6] In 2019, youth in New York City public high schools also reported lower levels of binge drinking (9 percent in New York City) and current drinking (21 percent in New York City) than youth nationwide (14 percent and 29 percent, respectively).[6]

[v] 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, 2019



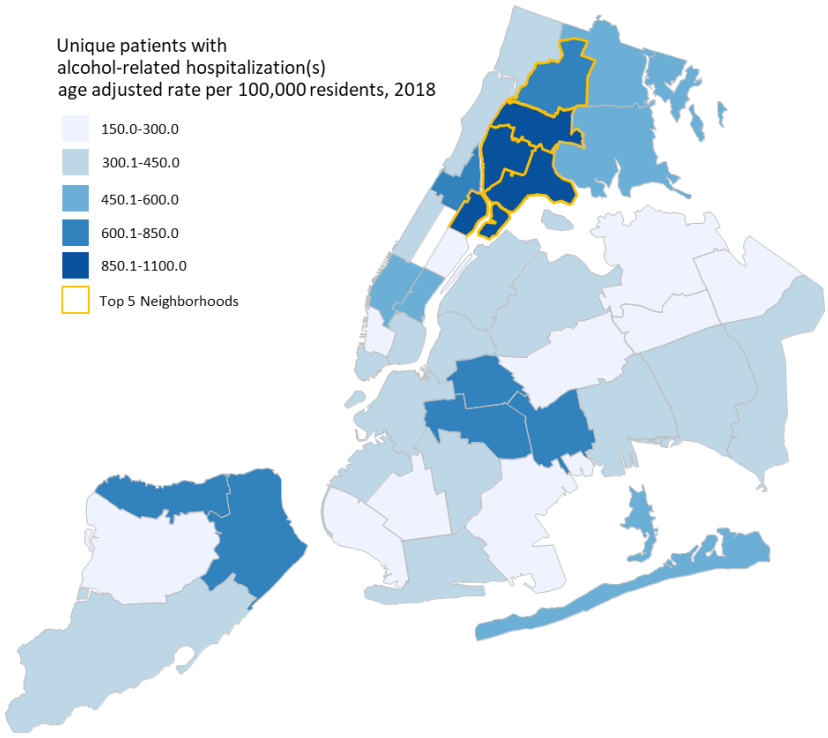
Source: Youth Risk Behavior Survey, 2019

Among youth who reported drinking in 2019, 43 percent reported binge drinking at least once during the past month.[6] Drinking among youth does not vary significantly by borough.[6] More public high school students living in Staten Island reported binge drinking (47 percent of current drinkers) compared with students from Manhattan, Queens, the Bronx, and Brooklyn (45 percent, 38 percent, 44 percent, and 42 percent of current drinkers, respectively).[6]

In 2018, 33,281 New Yorkers experienced a total of 52,598 alcohol-related hospitalizations, a rate of 463.7 hospitalizations per 100,000 residents.[4] Males experienced over twice the rate of alcohol-related hospitalizations than females in 2018 (745.5 men per 100,000 residents and 217.1 women per 100,000 residents), while New Yorkers aged 55-64 experienced the highest rate of alcohol-related hospitalizations (856.5 residents hospitalized per 100,000 residents).

Bronx residents experienced the highest rate of alcohol-related hospitalizations (783.5 residents hospitalized per 100,000 residents), almost twice the rate of alcohol-related hospitalizations among residents of Manhattan, Staten Island, and Brooklyn (471.2, 426.6 and 422.5 residents hospitalized per 100,000 residents, respectively), and almost two-and-a-half times the rate among Queens residents (333.2 residents hospitalized per 100,000 residents).[4] The neighborhoods with the highest rates of patients with an alcohol-related hospitalization in 2018 were East Harlem, High Bridge-Morrisania, Crotona-Tremont, Hunts Point-Mott Haven and Fordham-Bronx Park.[4]

Figure 15: Rate of unique patients with alcohol-related hospitalization(s) by neighborhood of residence, 2018



Source: New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2018 (Data Update: July 2020)

In 2019, there were an estimated 2,066 deaths among New Yorkers attributable to excessive alcohol consumption.[xi] Chronic conditions, such as cancers, stroke, and liver disease, were the cause of over half of these deaths (49 percent).[11] Acute causes, such as motor-vehicle accident related, poisoning, and fall injuries accounted for the remaining 51 percent.[11]

Qualitative research to enhance substance use epidemiology

Qualitative research enhances our surveillance and provides a deeper understanding of drug-related issues in NYC. Studies conducted by NYC DOHMH have included: patterns of transition from opioid analgesic to heroin use; implementation of the New York State PMP in primary care settings; circumstances of people frequently entering the NYC jail 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 adaptations of people who use drugs to the presence of fentanyl in the illicit drug market.

Findings from these studies have helped shape the City's response by centering the lived experience of people who use drugs to inform NYC DOHMH's data-driven interventions. A recent study conducted by NYC DOHMH's qualitative team explored how people who use drugs have adapted to the presence of fentanyl in the drug supply. Findings suggested that people who use drugs need better strategies to make more informed choices about the drugs they use and in response, NYC DOHMH is expanding access to fentanyl test strips in community settings. NYC DOHMH's qualitative research program and Rapid Assessment

and Response team has been part of the City's epidemiologic portfolio since 2017. Read more about RAR on page 32.

Criminal-legal system involvement, racial disparities, and associated health consequences among people who use drugs

The health of people who use drugs is significantly shaped by the risk of arrest, incarceration, and criminal-legal system involvement. Recent data from the New York State Division of Criminal Justice Services shows that in New York City, the number of drug-related arrests has decreased substantially from 99,105 felony and misdemeanor drug arrests in 2011 to 12,530 in 2020.[xii] However, significant racial disparities remain, with Black and Latino/a New Yorkers disproportionately accounting for misdemeanor and felony drug arrests in New York City.[12] Despite comprising 24 percent of New York City's population,[xiii] respectively, Black and Latino/a New Yorkers accounted for 46 and 38 percent of drug-related misdemeanor and felony arrests in 2020.[12] By contrast, White New Yorkers make up 43 percent of New York City's population,[13] yet accounted for 12 percent of misdemeanor and felony drug arrests in 2020.[12]

Similar racial disparities were observed in cannabis arrests and criminal summons in New York City. There were 437 misdemeanor cannabis arrests in New York City in 2020[xiv]—a sharp reduction from over 50,000 misdemeanor cannabis arrests at its peak in 2011.[xv] Even as the number of misdemeanor cannabis arrests decreased, racial disparities remained, with over 90 percent of misdemeanor cannabis arrests in 2020 occurring among Black and Latino/a New Yorkers and approximately 5 percent occurring among White New Yorkers.[14] Black and Latino/a New Yorkers also accounted for 90 percent of the nearly 12,000 criminal summonses for cannabis possession in New York City in 2020.[14] These discrepancies do not correspond to the prevalence of cannabis use by race/ethnicity. Rates of cannabis use are higher among White New Yorkers than Black or Latino/a New Yorkers—in 2019, 24% of White New Yorkers reported past year cannabis use, compared to 14% and 12% of Black and Latino/a New Yorkers, respectively. [xvi]

Disparities in drug-related arrests are associated with health disparities broadly, due to the well-documented health consequences associated with criminal-legal system involvement. For example, recent data released by NYC DOHMH demonstrated that 18 percent of New Yorkers who had ever been stopped, questioned, or frisked by the police reported having experienced poor physical health for 14 of the past 30 days in 2017, compared to 11 percent of New Yorkers who had never been stopped by the police.[xvii] Furthermore, reports of poor physical and mental health were approximately twice as likely among New Yorkers who had ever been physically threatened or abused by the police compared to those who had never had this experience (29 vs. 12 percent for poor physical health; 27 vs. 14 percent for poor mental health).[16]

Among people who use drugs specifically, numerous studies demonstrate the ways in which policing practices and the criminal-legal system increase the risk of overdose and other health consequences. First, recent release from incarceration is a well-documented

and important risk factor for fatal overdose, with the risk of overdose death highest in the two weeks immediately following release from incarceration.[xviii,xix,xx] Incarceration may also interrupt MOUD treatment among individuals with OUD, increasing the risk of fatal overdose.[xxi] Finally, policing of people who use drugs may increase the risk of overdose by reducing the likelihood that people who witness overdoses call 911 due to fear of arrest[xxii,xxiii, xxiv] and limiting the ability of people who use drugs to engage in harm reduction and safer drug use behaviors,[xxv,xxvi] particularly during COVID-19.[xxvii]

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 as part of ThriveNYC (now known as the Mayor's Office of Community Mental Health) or HealingNYC, others were implemented prior to these investments. Initiatives launched or expanded by the Bronx Action Plan are also included. These programs and services represent the work of the following New York City agencies: Administration for Children's Services (ACS), Department of Education (DOE), NYC 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).

Information about the most recent HealingNYC updates can be found here.
A description of the initial launch of HealingNYC can be found here.
Information about the Bronx Action Plan can be found here.

New York City Administration for Children's Services (ACS)

Expanded Naloxone Access for Administration for Children's Services Staff and Clients
In collaboration with NYC DOHMH and registered Opioid Overdose Prevention Programs, approximately 800 child protective workers and case managers have been trained and certified as overdose first responders and furnished with naloxone kits over the last six years. In each of calendar years 2018 and 2019, approximately 100 staff participated in this voluntary training. To date in 2020-2021, at least 100 specialists have been trained, and at least 50 percent have accepted kits. Currently, interested families working with ACS' Division of Child Protection and the Credentialed Alcoholism and Substance Abuse Counselors (CASACs) that are co-located in the borough offices, may be referred for training in overdose prevention and receive naloxone kits. Referrals are made by CASACs, as well as through partner community-based agencies.

Expanded Access to Treatment and Support Services
Through memorandums of understandings, ACS continues to collaborate to co-locate OASAS-certified treatment providers (virtually or in-person) within borough offices throughout New York City to provide screening, assessment, and brief intervention for substance use. ACS continues to fund 17 additional CASACs also co-located within the borough offices to serve as consultants to staff and, when required, to serve as direct advocates and engagement specialists for clients in need of services. These contractors are identified through a request for proposals (RFP) process. The current agencies are Child Center of New York and Jewish Board for Children Services. CASACs prioritize the needs of the individuals, provide confidential screening and assessment services, and provide direct linkages to substance use and mental health treatment providers, MOUD, primary health care, and case management services. Since the pandemic, virtual options have ensured flexible scheduling in the borough offices, which increased availability of appointment times in convenient locations for clients, reduced staffing constraints, and enhanced service delivery for clients. Opportunities exist for increased client engagement. The Addiction,

Policy, Planning and Support Services unit highlights and reinforces opportunities for training of both CASACs and CPS alike on topics such as reversing stigma and enhancing engagement of clients. Child Protective Practice guidelines and CASAC policies are currently under review to provide guidance to frontline workers, and to ensure families affected by substance use are engaged for recovery support services and not penalized.

Medication Safety Campaign

The ACS citywide Medication Safety campaign continues its effort to provide information on medication safety. The lock box campaign is currently on pause and will resume when additional funding for the initiative is identified. The program continues to be one part of ACS' ongoing work to prevent drug-related harms among children and youth. In July of 2021, the new Office of Child Safety and Injury Prevention was launched. Part of this office's portfolio includes providing safety and education resources in response to the increasing number of children accidentally ingesting cannabis edibles. This brand-new initiative is cross-divisional and includes partnerships with external agencies such as the Poison Control Center. It is geared at establishing guidance for parents and child protective workers.

Case Reports and Client Assessments

During the period of March to April 2020, ACS experienced an approximately 50 percent decrease in New York State Central Registry (SCR) reports compared to the same period in 2019. During that time period, there was a notable increase in the proportion of cases where substance use was alleged as creating a risk to child safety, from 24 percent to 33 percent of all investigations citywide. This increase was most notable in Manhattan, where the rate of investigations that involved substance use and domestic violence increased from 6 percent of all investigations in 2019 to 20 percent of all investigations during the comparative period in 2020. Manhattan cases involving substance use and mental health increased from 4 percent of all investigations in 2019 to 10 percent in the same period in 2020. From the period April 1, 2020 to June 30, 2020, ACS-affiliated Credentialed Alcoholism and Substance Abuse Counselors (CASACs) engaged 508 clients for assessments and conducted 2,608 follow-ups to ensure clients' individual needs for recovery were accommodated.

From the period of March 1, 2020 to present, ACS-affiliated CASACs, both community-based as well as contracted, continue to engage clients for assessments and outreach in order to ensure clients' individual needs for recovery are accommodated.

Care Coordination and Referrals

At the onset of the pandemic, ACS consolidated its referral list for SUD treatment to an immediately accessible list of partner agencies where COVID-19 precautions had been implemented, and contact information verified. All 14 providers on this referral list maintained either in-person or telephonic and video contact with their clients for groups, individual sessions, assessments, and intakes. Client-reported barriers to access included program requirements for door-to-door transportation, and stipulations that clients be in a medically monitored facility for at least 14 days prior to admission to treatment.

Collaboratively, providers and ACS-contracted CASACs increased their communication and outreach to ensure clients obtained person-centered care with a harm reduction approach. CASACs conducted follow-ups to advocate for clients or ensure appropriate, alternate treatment to residential programs, when admission restrictions presented obstacles for clients. Admission to rehab, detox, and residential programs increased as the City began phased reopening. Clients who were relying solely on telephonic treatment had expanded access to evaluations for mental health services, higher levels of care, and/or medication as needed. As reopening progressed, some clients who engaged in telephonic and telehealth began to re-engage with face-to-face treatment while maintaining social distancing precautions. Currently, all affiliated providers have reopened and are providing a hybrid model of treatment consisting of virtual and in-person.

New York City Department of Education

Substance Abuse Prevention and Intervention Services

Since 1971, 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 251 SAPIS counselors who provide services in 320 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, social skills groups, 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 DOE's partnership with OASAS.

Service delivery through Substance Abuse Prevention and Intervention Specialists (SAPIS) has continued during COVID-19 through the use of remote learning platforms.

New York City Department of Health and Mental Hygiene

New City Investments to Address Overdose and Syringe Litter

In 2021, the City committed an additional $9 million annually in response to increased overdose deaths in 2020 including the following three strategies as an extension of HealingNYC:

Strategy 1: Raise awareness. Address the increased risk of fatal overdose due to the proliferation of fentanyl in the drug supply by:

- Raising awareness of fentanyl and increased risk of overdose citywide: DOHMH has taken several steps to raise awareness about the presence of fentanyl in the drug supply and to educate New Yorkers about overdose prevention. These efforts

include a direct mailer to all households in NYC, highlighting the presence of fentanyl in drugs such as heroin, cocaine, crack, methamphetamine, ketamine, and pills from nonmedical sources, and including information on ways to reduce the risk of overdose and where to get naloxone. DOHMH also released two recent media campaigns, "Can Get to You", which addressed the risk of overdose during the COVID-19 pandemic, and "Let's Talk Fentanyl," which aimed to increase awareness about the presence of fentanyl in drugs other than opioids. See Appendix C for examples.

- Increasing distribution of fentanyl test strips to people who use non-opioids: DOHMH has implemented two initiatives to increase access to fentanyl test strips (FTS). Fentanyl test strips are a critical public health tool that can tell an individual if a drug contains fentanyl. Information about FTS can be found here.
    - Direct distribution of FTS to community-based organizations
    - Mini-grants to fund organizations to expand their capacity to distribute FTS
- Launching pilot drug-checking services at SSP sites: Drug-checking is a critical harm reduction strategy that allows people to test their drugs for unknown substances, such as fentanyl, and practice overdose risk reduction strategies accordingly. NYC DOHMH acquired two mass spectrometry (FTIR) machines and a drug checking library to establish drug-checking services at two SSP sites. Plans to expand to additional SSPs are underway.

Strategy 2: Reduce harm. Increase outreach and service provision to people who use drugs in public by:

- Establishing public health vending machines: Public health vending machines will increase access to naloxone and safer drug use supplies. DOHMH is contracting with community-based organizations to purchase up to 10 vending machines that will be situated in neighborhoods with high need.
- Expanding SSP drop-in center hours and outreach and syringe litter pickup: DOHMH has taken steps to enhance syringe service program (SSP) outreach and expand the hours and staffing of SSP drop-in centers. Drop-in centers provide a space for PWUD to spend time and access basic needs, health care, mental health, and substance use services. Outreach teams pick up syringe litter while providing harm reduction services, referrals to care, and safer sex and use supplies to people who use drugs. Expansion of drop-in center and outreach hours will occur in the South Bronx, Harlem, Washington Heights, and Midtown.
- Installing syringe disposal kiosks in key locations and funding SSP maintenance and disposal: DOHMH is funding and installing syringe litter disposal kiosks in key locations such as parks with a high volume of syringe litter.

Strategy 3: Expand treatment. Expand same-day access to buprenorphine treatment to unstably housed populations in multiple low-barrier settings by: 1) conducting street outreach to connect people to care; 2) supporting same-day buprenorphine navigation in and around two SSP drop-in centers; and 3) expanding access to buprenorphine for people in shelters.

These initiatives are part of and expand upon HealingNYC, a historic investment by the City to combat the opioid epidemic.

OASAS-licensed Substance Use Disorder Treatment Programs

NYC DOHMH manages nearly $50 million in contracts with SUD treatment and prevention providers licensed by OASAS. These contracts represent approximately one-third of all government-funded programs in New York City. As the contract holder, NYC DOHMH maintains programmatic and fiscal oversight of 91 contracted programs (as of March 2022) to ensure adherence to evidence-based models of person-centered and trauma-informed care grounded in harm reduction. In September 2019, NYC DOHMH informed all contracted SUD treatment programs that as of FY21, contracts will require that programs ensure access to onsite buprenorphine for most program types, and that program staff must discuss the full continuum of care options for OUD with participants. Ensuring that effective SUD treatment is available for all New Yorkers who need it is a primary strategy in NYC DOHMH's plan to reduce overdose deaths in NYC.

NYC DOHMH worked with OASAS to provide support for all contracted SUD treatment and prevention providers citywide during COVID-19. Over the course of the pandemic, NYC DOHMH program consultants communicated frequently with contracted SUD treatment providers to disseminate guidance issued by city, state, and federal authorities; support the provision of telehealth services; ascertain the impact of COVID-19 on providers and participants' access to services; and monitor and recommend increases in the provision of extended take-home methadone doses for opioid treatment program participants.

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 creates opportunities to challenge drug-related stigma, discuss overdose risk and develop response plans, and offers a touch-point for the provision of additional health promotion resources. Since 2014, the City has made a substantial investment in increasing naloxone distribution to individuals most likely to experience or witness overdose. Part of HealingNYC, NYC DOHMH has exceeded its annual distribution target of 100,000 overdose prevention kits to the City's more than 300 Opioid Overdose Prevention Programs (OOPPs), prioritizing key systems such as shelter, substance use treatment, and syringe services.

In 2021, NYC DOHMH distributed 154,794 naloxone kits to OOPPs, implementing the following strategies to increase access to naloxone during COVID-19. In June 2020, NYC DOHMH launched a pilot to make free naloxone kits available at pharmacies in neighborhoods with the highest rates and/or numbers of overdose mortality. As of January 2022, there were 11 pharmacies participating in the pilot (view here). NYC DOHMH also provided naloxone to isolation hotels for New Yorkers with or exposed to COVID-19, encouraged hotels to dispense kits onsite when possible, and provided guidance on keeping naloxone and responding to overdoses onsite. Additionally, NYC DOHMH mailed naloxone kits to Opioid Overdose Prevention Programs to mail naloxone kits and authorized the programs to mail out kits. NYC DOHMH also partnered

with NEXT Distro to mail naloxone kits directly to individuals and established a mechanism for individuals to directly request naloxone by mail.

Relay: Non-Fatal Overdose Response System

Relay is an innovative, hospital-based support system for people who have experienced a non-fatal opioid overdose. Through Relay, Wellness Advocates with lived experience of substance use provide 24/7 on-call support to patients presenting to emergency departments located in neighborhoods with high rates of overdose. Patients are engaged by Wellness Advocates in the hospital immediately following their overdose, and provide services tailored to the patients' needs over a three-month follow-up period. Services include overdose risk reduction counseling, opioid overdose rescue training, naloxone distribution, and navigation to harm reduction services, SUD treatment, or other health and social services. Since program inception in June 2017, Relay has expanded to 14 hospital emergency department sites across all five boroughs. The program will expand to a total of 15 hospitals by July 2022. Relay is funded through HealingNYC.

Health Care Provider Training in Buprenorphine Prescribing

Despite the strong evidence supporting buprenorphine as one of the two most effective treatments for OUD, the uptake of buprenorphine has remained low in New York City. To expand access to this medication, NYC DOHMH aimed to train over 2,400 physicians, nurse practitioners, and physician assistants to prescribe buprenorphine by the end of 2022. From the launch of HealingNYC in March 2017 through April 2021, a total of 2,252 clinicians were trained. In April 2021, regulatory changes removed the training requirement for providers to obtain federal authorization to prescribe buprenorphine for up to 30 patients. NYC DOHMH continues to facilitate prescriber training and offer clinical mentorship and technical assistance to increase buprenorphine capacity.

Nurse Care Manager Buprenorphine Treatment

Buprenorphine offers patients the flexibility to receive care for OUD in traditional medical settings. To expand access to buprenorphine for underserved populations, NYC DOHMH has implemented an innovative Nurse Care Manager initiative at 27 safety net primary care clinics as part of HealingNYC. This initiative increases treatment capacity in funded clinics and promotes high quality, evidence-based care for patients with OUD, especially un- and under-insured patients. As part of this initiative, a dedicated Nurse Care Manager works with buprenorphine prescribers to deliver team-based treatment for patients with OUD. 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 management of 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 recommendations, resources, and tools. Public health detailing has been shown to be an effective approach to promoting specific public health interventions and changing health care provider behavior. Detailing is an integral component of NYC DOHMH's efforts to reduce overdose mortality. Past campaigns include promoting judicious opioid prescribing in Staten Island (2013), the Bronx (2015), and Brooklyn (2017); two campaigns to increase access to naloxone focused on pharmacists and providers (2018); and one campaign to increase the number of providers waivered to prescribe buprenorphine (2019). In 2020, NYC DOHMH conducted its first virtual public health detailing campaign to educate over 400 providers and over 800 health care staff on the risks associated with cocaine use. Planning is in progress for a future detailing campaign with health care providers on the health risks associated with experiencing racism and tools and resources for practicing antiracist health care.

Rapid Assessment and Response (RAR)

Emerging drug issues and the associated risks often require a more agile response than conventional scientific research methods allow. The NYC DOHMH's RAR team utilizes both quantitative and qualitative methods to quickly gather data in response to a pressing question or acute situation. RAR responds both to unusual increases in mortality or morbidity detected through routine public health surveillance, as well as anecdotal reports or concerns from community members regarding emerging issues. The system allows for the team to identify and implement responses that are informed by local data and tailored to specific neighborhoods.

In December 2020, RAR launched the Pharmacy Syringe and Naloxone Pilot in partnership with three pharmacies in the North Bronx following community and provider reports of syringe shortages in the area. Pharmacies have distributed 11,567 individual syringes and 270 naloxone kits. RAR staff interviewed 31 participants receiving services thought the pilot, many of whom stated that the program improved their access to syringes and reported using the naloxone they accessed through the pilot to reverse an overdose.

As of May 2021, RAR became a NY State Department of Health Second Tier Syringe Exchange Program and began distributing syringes during community engagement.

In 2021, RAR conducted an assessment of people who use drugs (PWUD), a historically and structurally marginalized and criminalized population to explore their knowledge, perceptions, and attitudes regarding vaccination generally and Covid-19 vaccination specifically. The assessment included 100 surveys and 15 in-depth interviews with PWUD who had not received a COVID-19 vaccine. Sixty-two percent of those interviewed would not take the COVID-19 vaccine if they were offered it, and willingness to be vaccinated was statistically significantly positively associated with (1) thinking that the COVID-19 vaccine was safe for people of their race/ethnicity or for PWUD, respectively, and (2) having a job that required in-person contact. However, willingness to be vaccinated was negatively associated with having experienced a prior negative vaccine-related event that caused a concern about future vaccination.

Public Education Media Campaigns

Since 2016, NYC DOHMH has released a series of public education campaigns to raise awareness of opioid overdose, educate New Yorkers about naloxone and overdose prevention, address stigma by sharing the stories of people involved with opioids, and inform New Yorkers about the effectiveness and availability of MOUD and naloxone. NYC DOHMH's media campaigns are concentrated in City neighborhoods with the highest burden of overdose deaths. They appear in English and Spanish, and posters are translated into additional languages according to neighborhood placement and need. All campaigns direct people to NYC WELL for assistance in finding treatment and services, as well as to NYC DOHMH web pages for additional relevant information. NYC DOHMH also regularly distributes substance use-related publications produced by the agency to educate people on overdose prevention, supportive services for people who use drugs, and evidence-based treatment. Data on reach and public response to campaigns is collected and analyzed to help shape future campaigns. NYC DOHMH's expanded public education capacity is a part of HealingNYC.

"Save a Life: Carry Naloxone" aimed to raise awareness and generate conversation about opioid overdose and encourage New Yorkers to obtain and carry naloxone. The media campaigns featured New Yorkers who were personally affected by the opioid epidemic sharing their stories. In 2017, the "I Saved a Life" campaign featured six New Yorkers relating their experiences of administering naloxone and successfully reversing an opioid overdose. The campaign ran on social media and posters appeared citywide on subway cars, in stations and bus shelters, on Link NYC, and in local newspapers and businesses. "I Saved a Life" re-ran in October 2019 and included radio ads in addition to print ads and bus shelters.

In the "I am Living Proof that Methadone and Buprenorphine Work" campaign, six New Yorkers shared their personal experiences with methadone or buprenorphine to treat their OUD. The campaign ran four different times from 2017 to 2019 on various media platforms, most recently in December 2019.

The "Can Get to You" campaign addressed the risk of overdose during the COVID-19 pandemic, highlighting how some of the stressors of the pandemic (including financial uncertainty, grief, and health of loved ones) can impact drug use and risk of overdose. It also addressed tolerance and the presence of fentanyl in the drug supply. This campaign ran in bus shelters, neighborhood businesses, newspapers, social media, and radio.

The "Let's Talk Fentanyl" campaign aimed to increase awareness about the presence of fentanyl in drugs other than opioids, such as cocaine, methamphetamine, ketamine, and pills from non-medical sources. The ads, which were displayed in digital format in neighborhood businesses, subway kiosks, online, and the newspaper, encouraged the use of fentanyl test strips and other overdose risk reduction strategies. As per the guidance of the Community Advisory Board, the campaign featured New Yorkers with lived experience and/or experience working in harm reduction serving as ambassadors of fentanyl awareness and overdose prevention messaging.

COVID-19 Guidance and Communications

NYC DOHMH developed guidance around substance use, harm reduction, and accessing support for New Yorkers and their health care providers during COVID-19. These resources include guidance to inform people who use drugs of available substance use and harm reduction resources; options for maintaining or beginning MOUD treatment; and strategies to reduce risk of overdose, other substance-related harms, and COVID-19 exposure while using drugs or alcohol. In addition to COVID-19 transmission, safer substance use guidance addresses risks that are created or exacerbated by isolation or quarantine. These materials promote awareness of risk and provide strategies for safer use, for example: mindful alcohol use while coping with increased stress; and assessing a potential change in drug tolerance and higher risk for overdose. Guidance directed towards providers includes best practices to support congregate care residents who use drugs to remain indoors or in isolation; and promotes safe overdose response in isolation and quarantine hotels.

A variety of dissemination strategies ensure widespread access to these materials. Guidance is posted on the NYC DOHMH COVID-19 webpage and disseminated by email to providers and partner organizations to share with their networks. Printed copies of guidance are delivered to SSPs for distribution to participants and were included in methadone deliveries. Messaging has also been posted on social media, including information on MDS, mindful drinking, and seeking substance use support via NYC Well. Additionally, NYC DOHMH mailed postcards to existing community partners, including bodegas, CBOs, SSPs, and SUD treatment programs to promote buprenorphine and methadone access during the COVID-19 pandemic (see Appendix F). As the pandemic progresses, NYC DOHMH continues to produce guidance and public awareness materials to meet emerging community and provider needs.

As of February 2022, NYC DOHMH website contains the following guidance documents to reduce substance-use related harms during COVID-19:

- Drug And Alcohol Use During COVID-19
- Safer Syringe Reuse Practices
- Telemedicine Is Available to Treat Opioid Use Disorder in New York City
- Drug Tolerance and Risk of Overdose
- Safer Drug and Alcohol Use While in Isolation or Quarantine Settings
- COVID-19: Guidance for People Who Use Drugs
- Responding to an Overdose During the COVID-19 Pandemic
- How to Get Opioid Use Disorder Treatment at Home During the COVID-19 Pandemic
- Alcohol Use During the COVID-19 Pandemic
- Naloxone (Narcan) Guidance for New York City Isolation and Quarantine Hotels During the COVID-19 Pandemic
- Guidance on Safe Storage of Medications and Substances for Recreational Use During COVID-19

PDFs and translations of the above documents can be found here:

https://www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use.page

Training and Practice Implementation Institute

To enhance capacity and improve the delivery of evidence-based behavioral modalities in SUD treatment programs, NYC DOHMH launched the Training and Practice Implementation Institute (TPII) in 2017. TPII engages, trains, and provides technical assistance to approximately 30 SUD treatment programs a year in evidence-based practices, including motivational interviewing. TPII provides ongoing support 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 employing strong evidenced-based care with those struggling with substance use, particularly OUD.

Peer Corps

To facilitate services for individuals with SUD in hard-to-reach populations such as youth and individuals experiencing homelessness residing in shelters, NYC DOHMH has developed Peer Corps in collaboration with NYC Service and DHS. Peers are individuals with lived experience relating to substance use, who are often better positioned to engage patients and facilitate service uptake than traditional medical or mental health providers. The twenty members of Peer Corps work to engage people in DHS shelters, Family Resource Centers, and Adolescent Skills Centers to offer linkages to appropriate substance use, health care, and social services. As of March 2022, Peer Corps has 17 peers operating in 10 DHS shelters.

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. Before 2021, independent pharmacies needed to register to dispense naloxone under DOHMH's standing order by completing a one-page authorization form. In the spring of 2021, DOHMH issued a standing order that authorizes any pharmacy to dispense naloxone under the city-wide standing order; it is no longer issued to individual pharmacies. Naloxone is also available at all major chain pharmacies via standing order (CVS, Duane Reade, Rite Aid, and Walgreens). Naloxone accessed in pharmacies through standing order can be billed to a patient's insurance or paid for out of pocket. Supporting expanded access to naloxone through pharmacies is a core component of NYC DOHMH's ongoing overdose prevention work.

Syringe Service Programs (SSPs)

NYC DOHMH funds the 15 Syringe Service Programs (SSPs) (formerly referred to as Syringe Exchange Programs) in New York City 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, buprenorphine prescription and syringe services. Through HealingNYC, SSPs have grown their outreach capacities to reach new populations

at risk of overdose and other drug-related harm. DOHMH has funded the expansion of onsite access to buprenorphine at seven sites and provides technical assistance to all eleven NYC SSPs that prescribe buprenorphine.

Faith in Harm Reduction

The Faith in Harm Reduction initiative is one of two Bronx Action Plan initiatives that serves primarily to increase points of connection with people who use drugs. NYC DOHMH funds the Harm Reduction Coalition (HRC) to partner with Bronx faith leaders to distribute naloxone, address stigma around drug use, and promote harm reduction services. HRC has engaged with nearly three dozen community faith leaders individually and through faith leader breakfasts, overdose prevention trainings, faith and healing summits, and faith leader listening sessions. A network of Bronx faith leaders and advocates has been activated around harm reduction messaging. Recent activities include two webinars (Faith Leader Roundtable), a Faith in Harm Reduction Toolkit, and capacity-building efforts to advance knowledge and shape perspectives on Overdose Prevention Centers within faith leader communities.

Community Organizing in Mott Haven

Community organizing in Mott Haven is an initiative of the Bronx Action Plan whose core objective is to expand community partnerships and supports to increase points of connection with people who use drugs. NYC DOHMH is partnering with Radical Health, a South Bronx-based organization that takes a community-organizing approach to improving health in communities of color. Radical Health is hosting community sessions in Mott Haven to start a dialogue among community members about the overdose crisis in their community. They have held 16 of these Community Conversations, which include friends and families of people who use drugs. Radical Health will soon train up to 40 new facilitators from Washington Heights, Mott Haven, and East Harlem who will each facilitate two Community Conversations among their personal networks.

NYC Well

NYC Well provides a single point of entry to the City's mental health and substance use disorder services via comprehensive 24/7/365 support via phone, text messaging, or online chat. NYC Well provides robust crisis counseling, referrals to ongoing care, help with scheduling appointments, connection to mobile crisis services, peer support, and follow-up and works to connect people to appropriate services regardless of insurance or immigration status. Any New Yorker in need—or anyone who knows someone in need—can call 888-NYC-WELL (1888-692-9355).

Since launching on October 24, 2016, through February 28, 2022, NYC Well answered 1,552,141 contacts. Demand for this service prompted NYC DOHMH to expand its capacity in January 2022 to handle a volume of 500,000 contacts. In July 2022, the City announced expansion — funded by a $10.8 million investment from the New York State Office of Mental Health (OMH) — to provide more staff for increased access to crisis counseling, peer support, information, and referral to ongoing behavioral health services. The increase

in capacity will allow NYC Well counselors and peer support specialists, specifically, to answer up to 500,000 calls, texts and chats from New Yorkers between July 2022 and June 2023 — a nearly 20 percent increase in capacity from the previous year.

Mental Health Service Corps

MHSC is 3-year workforce development program of the Mayor's Office of Community Mental Health that aims to build a diverse generation of early career social workers who are trained to integrate behavioral health strategies and interventions into a variety of settings. MHSC Social Workers receive training in evidence-based and patient responsive modalities which they utilize in clinical settings at NYC Health + Hospitals facilities throughout the 5 boroughs.

School Mental Health Consultants

School Mental Health Consultants work with 45 percent of public schools to help them support the healthy social, emotional, and behavioral development of their students. Consultants work with schools to survey their existing resources, build custom mental health plans, and connect students and families to clinical services in their communities. The program aims to increase connections to clinical services, create positive school environments, and build the capacity of educators to address the mental health needs of their students. Since Fiscal Year 2017, the program has provided 23,569 mental health consultations to school staff.

Health Engagement and Assessment Team

NYC DOHMH launched Health Engagement and Assessment Team (HEAT) in October 2018, under the NYC Safe and initiatives under ThriveNYC (now known as the Mayor's Office of Community Mental Health), with HealingNYC funding. The HEAT program was developed to support individuals in the community presenting with a behavioral health challenge (i.e., mental health and/or substance misuse) and/or health concern impacting their daily functioning. Each team consists of a NYC DOHMH Behavioral Health professional and Health Navigator (a peer, defined as a person with relevant lived experience, such as having a mental health, substance misuse, homelessness, and/or criminal-legal history). The HEAT program's mission is to help individuals remain connected to their communities and assist them in obtaining the care and services they need to remain healthy. The overall goal of the HEAT Program is to reduce criminal-legal system involvement of people who have behavioral health concerns, with a focus on reducing racial inequities. To achieve that goal, HEAT delivers two main services: (1) time-limited pre- and post-crisis case management; and (2) community engagement. The time-limited case management includes but is not limited to, clinical assessment, supportive peer counseling, educational information around health and behavioral health services, and service referrals for community- or mobile-based treatment. The community engagement work prioritizes neighborhoods with the highest rates of health and social disparities with a focus on behavioral health calls to 911, drug-related hospitalizations, psychiatric hospitalizations, and rates of incarceration to help individuals remain connected in the community and reduce the stigma around behavioral health, drug use, and the criminal-legal system.

The HEAT program worked remotely March 18, 2020 to July 15, 2020 due to COVID-19. While in-person services were paused, HEAT behavioral health professionals continued to receive case management referrals and provide telephonic support, which included but was not limited to supportive counseling, assessment, and referrals to services based on cases assigned by the Triage Desk. From April 1, 2020 to June 30, 2020, the Health Navigators provided daily telephonic check-ins at five DHS Isolation hotel sites to individuals who were quarantined. HEAT staff also served in emergency roles to support the City's response to the COVID-19 pandemic, including supporting the Methadone Delivery System. HEAT returned to in person field work starting July 15, 2020, at which time they responded to neighborhood trauma involving gun violence and provided real time grief counseling and case management services. In addition to this, from August 2020 to November 2020, HEAT was activated to provide outreach in collaboration with the Department of Homeless Services in order to address the increase in the visibility of public consumption around the city as a result of COVID-19. The neighborhoods that were prioritized included Midtown, Times Square, Washington Heights, East and Central Harlem, and the South Bronx. Additional neighborhoods included East New York, Brownsville, and Bedford-Stuyvesant.

Finally, the expansion of HEAT allows DOHMH to extend their services to people served by the Behavioral Health Emergency Assistance Response Division (B-HEARD), as needed, including follow-up care for everyone who is served by B-HEARD in their homes. The B-HEARD pilot is part of New York City's commitment to treat mental health crises as public health problems – not public safety issues. For the first time in New York City's history, teams of health professionals – including EMTs/paramedics and mental health professionals – are responding to 911 mental health calls in the pilot area.,The expansion also allows HEAT to proactively engage New Yorkers who most frequently call 911 and are transported to a hospital by the Fire Department (FDNY) Bureau of Emergency Medical Services (EMS).

<u>Adolescent Outpatient Treatment Programs Offering Buprenorphine</u>
As part of the City's broader work to offer effective, evidence-based MOUD to all New Yorkers who need them, NYC DOHMH has provided funding for three adolescent outpatient treatment programs offering buprenorphine. These programs, based in the Bronx, Manhattan, and Staten Island make buprenorphine and other OUD medications available for patients over the age of 14, filling treatment gaps that currently exist for adolescents with OUD. As part of this work, NYC DOHMH developed an educational brochure for families on the use of medications for OUD and has also convened adolescent and emerging adult providers in a learning collaborative to increase their knowledge of evidence-based practice for this population, including the use of medications for OUD. Much of this work has been on hold due to reduced capacity during COVID-19, including the Adolescent Treatment Learning Collaborative. While not specific to overdose, it provides a platform to discuss opioid overdose and the importance of MAT/MOUD for this population.

<u>Support and Connection Centers</u>
In partnership with the Mayor's Office of Community Mental Health (OCMH) and NYPD, NYC DOHMH is funding two Support and Connection Centers in high-needs communities

for individuals with behavioral health issues who come into contact with police but pose no current harm to themselves or their communities. Representatives from NYC DOHMH and OCMH are leading the planning and implementation processes to ensure that the centers will have the capacity and resources to provide appropriate substance use stabilization services—including onsite MOUD and referrals to other appropriate substance use treatment services. The Centers are an alternative to arrest, hospitalization or release from jail without behavioral health intervention. They will provide a range of clinical and non-clinical services, including overnight stay and basic needs, such as food, laundry, and showers. The East Harlem Support and Connection Center opened in February 2020 and the Bronx Support and Connection Center opened in July 2022.

Supportive Housing

Supportive housing is permanent housing for individuals and families who have experienced periods of prolonged homelessness. For the past 30 years, NYC DOHMH has overseen contracting for supportive housing services across New York City. As of January 2022, NYC DOHMH provided contract oversight for approximately 255 programs serving over 10,200 individuals and families. The NY 15/15 supportive housing initiative continues to grow with DOHMH expected to add an additional 1,300 units for individuals and families by FY 24.

Coalitions and Media Program

The Coalition and Media Prevention (CAMP) Program initiative started by NYC DOHMH with support from the Unity Project, funds six community coalitions across the five boroughs to serve LGBTQ+ youth. The goal of the CAMP coalitions is to create environmental changes that prevent the early initiation of substance use and reduce the risk that someone will misuse alcohol and other drugs. Unlike traditional drug prevention groups, these coalitions are focused on risk and protective factors unique to the LGBTQ+ communities. As a result, some of these coalitions are geographically focused in their work, while others are focused on specific groups within the LGBTQ+ communities, regardless of geography. Examples of community-level work produced by the coalitions include hosting (virtual and distanced in-person) substance-free events for LGBTQ+ youth to come together and build healthy communities, creating media campaigns that promote LGBTQ+ youth acceptance and discuss the impact of acceptance on substance misuse, increasing education about crystal meth use within the Ballroom community, working to support and grow the presence of GSA's (Gender and Sexuality Alliance) clubs within DOE schools, and working to promote gender-neutral bathrooms within DOE schools.

During the past year, the coalitions also worked to provide limited direct services to LGBTQ+ youth. Direct services included peer-led support groups, leadership training programs, and care coordination services to link individuals to mental health, rental assistance, healthcare, career, and legal services. A total of 299 unique LGBTQ+ youth were served with a total of 674 services. As part of the CAMP program, DOHMH is also working to create a media literacy curriculum that teaches young people how to dismantle harmful messages from the media about LGBTQ+ identities and substance use. The piloting of this curriculum has been on hold due to the COVID-19 pandemic.

New York City Department of Homeless Services (DHS)

Substance Use Disorder and Opioid Overdose Prevention Program

Overdose is the leading cause of death among clients in the DHS system. To prevent opioid overdose deaths in shelters and other DHS sites, DHS established an agency policy in September 2016 requiring staff from all shelters to be trained in overdose prevention and naloxone administration. The training focuses on the epidemiology of overdoses, types of opioids, identification of overdoses, and the use of naloxone to reverse opioid overdoses and includes distribution of naloxone kits to shelters (as communal kits) and to each trained individual. In 2018, DHS implemented a substance use and overdose response policy to support the expansion of overdose prevention training and naloxone administration. In 2018, DHS also expanded its substance use screening at DHS intake to include questions about client overdose history and risk, developed alerts about individuals who may need overdose prevention services, and used monitoring data to identify sites for naloxone dispensing drives.

To ensure that DHS naloxone administration training and procedures are implemented, DHS created shelter-based Opioid Overdose Prevention Champions responsible for training staff and clients at their facilities. In 2020, Opioid Overdose Prevention Champions trained 2,648 shelter staff and 3,474 clients on overdose detection and naloxone administration. In the event of a non-fatal overdose in a DHS facility, shelter staff are required to link survivors to harm reduction services and substance use treatment, including medications for addiction treatment, offer opioid overdose prevention training to the survivor and their roommate(s), and conduct a naloxone-dispensing drive in the given facility. Naloxone administration training helped increase the effectiveness of staff response to overdoses, resulting in increases in naloxone administration and overdoses reversed. In 2020, there were 730 naloxone administration, with 591 lives saved.

Enhanced Overdose Prevention and Naloxone Training Program

As part of HealingNYC, DHS enhanced and modified its overdose prevention and naloxone training program. Due to COVID, the DHS OOPP has adapted to continue overdose prevention efforts virtually. Trainings for champions, trainers, and responders are conducted online via video conferencing. Champions and trainers are advised to either conduct one-on-one trainings or refer trainees to a NYC DOHMH training video. The DHS OOPP continued to dispense kits to DHS sites and Peace Officers. Additionally, OOPP staff dispensed kits to the COVID-19 isolation and quarantine hotels to ensure naloxone availability in each room. In 2020, DHS trained 2,648 shelter staff, 38 champions, and 3,474 clients. In 2020, DHS also held 636 overdose prevention and naloxone administration training sessions, including 17 train-the-trainer sessions, and distributed 14,352 naloxone kits. DHS is training all staff in Mental Health First Aid, with the goal of training approximately 9,000 DHS and provider staff. From 2017 to December 2019, 8,865 staff were trained. The Mental Health First Aid training is in-person and was not made available online to DHS staff during the height of the COVID-19 crisis in NYC, therefore from January to March 2020, 810 DHS staff were trained.

Naloxone Training and Distribution

In April 2022, the NYS Department of Health approved DOP's application to have its own Opiate Overdose Prevention Program (OOPP). Since April, DOP has been training its field staff on how to safely dispense naloxone kits to new DOP clients. DOP has also ordered an initial supply of kits and specialized training tools and distributed these to field staff. Staff have commenced distributing naloxone to clients.

Access to Care

After two years of no or limited access by DOP clients to DOP service locations, in May 2022 DOP re-opened its waiting rooms both to its clients and to outreach by community-based organizations, including behavioral health providers. Also, DOP has been working with the HRA Office of Citywide Insurance Access (OCHIA) to place certified managed-care organizations *i*n our waiting rooms as well, helping DOP clients obtain or maintain the insurance coverage they need to access substance use disorder treatment and other health services.

Behavioral Health Initiatives

DOP 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 Behavioral Health Team was launched as part of the Mayor's Task Force on Behavioral Health and the Criminal Justice System. Throughout the pandemic, the Behavioral Health Unit interceded with 1205 individuals and families throughout the five boroughs in NYC, providing coordination to telehealth psychiatric, mental health and substance abuse treatment services. These services provided individual and family counseling, grief support, medication management, and other services that addressed the client and their families need. This Program is currently still on-going, connecting clients to in-person and telehealth treatment services.

In September 2021, the DOP Behavioral Health Services (BHS) team began a partnership with Common Justice, a non-profit organization, to launch an initiative to address the increase in gun-violence in NYC. Common Justice has provided voluntary gun-violence treatment services for survivors of gun-violence between ages of 18 and 25. The services include individual and group therapy, one-on-one peer support, and other services to help the individual jump-start their healing journey. So far, DOP has referred five clients to the program. Aside from gun-violence intervention, BHS continues to assist probation officers with their clients exhibiting mental health and/or substance use disorder concerns. To-date, the behavioral health team has delivered clinical consultation to more than 419 clients, providing clients access to care throughout all five boroughs. The partnership ended in Summer 2022.

Behavioral Health and Community Resource Units

The Department of Probation (DOP), with over 20,000 adults and juveniles under its supervision, continued operations remotely in accordance with NYS PAUSE and City policies. DOP's Behavioral Health Unit (BHU) has continued to be an active resource for probation officers. Probation Officers are in contact with BHU on a weekly and as needed basis to assist with current issues relating to their assigned clients' well-being and behavioral health concerns. For example, BHU is currently planning to facilitate remote groups about intimate partner violence to respond to the increased risk during COVID-19. DOP's Community Resource Unit (CRU) has continued to ensure that probation officers are aware of available resources for people on probation and whether those services are currently being delivered remotely, including treatment for SUD.

New York City Health + Hospitals

Hospital-Based Outpatient Addiction Treatment Programs

New York City Health + Hospitals' (H+H) has 11 OASAS-licensed outpatient addiction treatment programs across 10 facilities. All programs provide MOUD and counseling. Ten programs provide treatment for all drug and alcohol issues, while four are methadone clinics focused on OUD. Annually, H+H's outpatient programs have over 240K patient visits.

Hospital-Based Opioid Overdose Prevention Programs

As part of H+H's commitment to transform into a system of excellence for opioid services, all hospitals and Federally Qualified Health Centers have been registered as OOPPs, which allows for naloxone distribution through these sites. This initiative includes offering naloxone kits to any patient with OUD as well as their friends and family. In FY21, H+H gave out 6,374 naloxone kits to patients over the course of the year. Additionally, all hospital police were equipped with naloxone kits. The implementation of this naloxone distribution and overdose prevention initiative is part of HealingNYC.

Judicious Prescribing

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. In 2019, H+H implemented a Judicious Prescribing Dashboard which tracks and monitors opioid prescribing patterns across the hospitals and clinics to ensure quality improvement efforts. Additionally, prescribers receive reminders through the H+H electronic health record system to ensure fidelity to these prescribing guidelines. This system-wide educational initiative is part of HealingNYC.

Consult for Addiction Treatment and Care in Hospitals (CATCH)

To maximize patient connections to substance use care, H+H has established the CATCH service in six facilities citywide. Comprised of interdisciplinary teams that engage patients with SUD who are in the hospital for any condition, CATCH provides consultation, care and bridging services if needed after discharge. In FY21, CATCH teams made over 7,000 consults. The CATCH initiative is funded through HealingNYC and began in 2018.

Emergency Department Addiction Teams

Teams of peers and licensed counseling staff provide assessment, intervention, naloxone distribution, and navigation to treatment post-discharge for patients with SUD in Eds for any reason. Available in all 11 Eds, team members engaged with patients in over 19,800 ED visits in FY21, nearly half of which were patients with OUD. This initiative, which began in 2018, is funded through HealingNYC and in the coming year will be expanded to offer greater coverage during nights and weekends.

Buprenorphine Expansion in Primary Care

In order to treat as many patients with OUD across its system as possible, H+H is expanding MOUD in primary care clinics. From 2018 through 2021, H+H trained 550 new providers to prescribe buprenorphine, increasing its capacity to offer MOUD 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.

Buprenorphine Virtual Clinic at Bellevue Hospital

In March 2020, in response to COVID-19, NYC H+H established a virtual buprenorphine clinic that operates out of Bellevue to serve all New Yorkers seeking to initiate buprenorphine treatment or who experience a gap in MOUD treatment access. The virtual clinic focuses on rapid evaluation and treatment and is available citywide through a phone hotline, which connects patients to same-day video visits with H+H addiction treatment providers. This service was also made possible by relaxations in federal regulations permitting addiction treatment through telemedicine. Key aspects of the clinic included the use of a clinic coordinator in a "virtual navigator" role and the provision of same-day access to promptly connect with patients when they are motivated to address their opioid use. Given its success, H+H is creating a virtual urgent care clinic called Express Well for any New Yorker experiencing a mental health or substance use problem.

Ancillary Withdrawal

H+H also offers ancillary withdrawal services, designed to meet the needs of individuals seeking to stabilize on a maintenance dose (induction) of MAT and/or gradually taper off medications or illicit or other substances (detox). The service is operated by appropriately credentialed clinical staff, including a buprenorphine-waivered addiction specialist, allowing for rapid evaluation, triage, and access to addiction medications, including on site medication administration. Ancillary withdrawal services, with regularly scheduled sessions, address mild to moderately acute withdrawal and provide services including MAT engagement, induction, maintenance, and early stabilization. Currently, this service is offered at four hospitals, Jacobi, Coney Island, Woodhull, and Kings County, with Bellevue coming online in early 2022.

Telehealth

Throughout the pandemic, mental health and substance use services focused on maintaining access to outpatient services. While outpatient services remained open for urgent needs, H+H converted nearly all behavioral health services to telehealth. Pre-COVID-19, there were scant telehealth capabilities for behavioral health, limited by state restrictions and lack of Medicaid reimbursement. Spurred by emergency policy changes from the New York State Office of Mental Health (OMH) and OASAS allowing phone-based

addiction treatment, clinics made telephone visits the mainstay of behavioral health care during the COVID-19 pandemic. From March through July 2020, H+H provided more than 20,000 substance use treatment phone and video visits, up from only a handful in the months prior to the beginning of COVID-19. As clinics open for more in-person visits, H+H will continue to utilize telehealth as an important tool to connect with patients.

Methadone Provisions

At the beginning of the pandemic, H+H's four OTPs rapidly re-evaluated how they could provide methadone to patients safely and appropriately while also expanding the use of take-home medications. The emphasis on take-home doses followed the alteration of federal and state regulations to create more flexibility in the face of the COVID-19 emergency. Reducing in-person patient visits to OTPs makes use of two strategies: providing patients with longer durations of take-home medications and using NYC DOHMH's Methadone Delivery System. Both approaches ensure that patients who are at risk for severe illness from COVID-19 are not required to visit the hospital daily to pick up their methadone and unnecessarily expose themselves to risk of COVID-19 infection.

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

Rikers Island Visitor Center Naloxone Distribution

Research shows that individuals with an OUD leaving jail are at elevated risk of overdose death. To focus the City's overdose prevention services on this population, CHS distributes naloxone to families and friends at the Rikers Island Visitors Center to ensure that it is available in the homes and communities to which people who are incarcerated return. Between the program's launch in April 2014 and November 2019, more than 34,000 naloxone kits were distributed.

Key Extended Entry Program

CHS operates the nation's oldest and largest jail-based opioid treatment program, the Key Extended Entry Program (KEEP). KEEP provides methadone and buprenorphine maintenance to incarcerated patients with an OUD. Through KEEP, approximately 2,500 patients reenter the community each year on methadone maintenance and are connected to a methadone program. 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.

Maintaining access to health care services, including SUD treatment and medications, constitutes a core strategy in CHS' efforts to combat COVID-19. Throughout the pandemic, CHS has continued to provide methadone and buprenorphine treatment to patients with OUD through KEEP, while adhering to mandates to minimize person-to-person contact in waiting rooms and clinics and in transit to and from housing areas.

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 SUD 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 liaison who can collaborate with the courts to facilitate alternatives to incarceration for eligible patients. Through HealingNYC, the SURE program allows all incarcerated individuals with an SUD to access 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 (HRA)

Opioid Overdose Prevention Program

To leverage the HRA as an additional City point of contact with people who use substances and 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 to train HRA and contract staff as naloxone dispensers. The naloxone dispensers are able to train other staff and clients in overdose prevention strategies and provide naloxone kits. Additionally, to comply with Local Law 225, HRA has been working closely with its HIV/AIDS Services Administration (HASA) to develop a plan to provide overdose prevention training at HASA transitional and emergency housing sites, as well as offer naloxone to all HASA clients who enter emergency housing. In 2020 HRA trained a total of 1,887 responders, including at 97 HASA Transitional and Congregate sites and distributed a total of 3,256 kits. Through September 2021, HRA has trained a total of 427 responders, including at 122 HASA Transitional and Congregate sites and distributed a total of 1,799 kits. As of September 10, 2021, HRA has completed naloxone trainings at 194 HASA transitional housing sites and congregates, has scheduled virtual trainings across HASA sites through September 2021, and will have further trainings each month. This expanded overdose prevention work is made possible through HealingNYC.

HRA's OOPP has provided opioid overdose prevention training and naloxone distribution to clients, staff, and vendors since 2018. During the COVID-19 pandemic, in-person opioid overdose prevention training had to be suspended as per NYS and NYC guidelines. The HRA OOPP has continued to work with staff, clients, and vendors by:

1. Providing outreach to obtain reports of overdoses, naloxone administrations, and/or outcomes.
2. Shipping additional naloxone kits to people as needed.
3. Referring those who have not received naloxone training to NYC pharmacies that can provide free naloxone.
4. Coordinating with community-based OOPPs to provide online naloxone training.
5. Developing a remote naloxone training program that utilizes WebEx. Naloxone is then mailed to training participants.

Substance Use Centralized Assessment Program

HRA's Job Centers use a screening instrument to identify Cash Assistance applicants and recipients who may have a substance use disorder. An individual who screens positive

receives a comprehensive clinical assessment from one of the contracted services employed by the Substance Use Centralized Assessment Program (SUCAP). Based on the results of this assessment, the contractors refer the individual for a range of services or treatment tailored to meet a client's needs. In 2020 and 2021 (to date) respectively, HRA conducted 10,039 and 708 substance use assessments. Participation in SUD treatment is mandatory for clients as a condition of eligibility for cash assistance.

Currently, there are approximately 3,810 Cash Assistance recipients in mandated SUD treatment. In 2020 there were 5,319 clients in SUD treatment, including 1,416 clients enrolled in outpatient treatment and 2,170 in residential treatment. In 2021 (to date), 827 clients have been enrolled in outpatient treatment and 1,620 in residential treatment. HRA has an internet-based system—the Substance Abuse Tracking and Reporting System (STARS) —to monitor client attendance, compliance, and progress in treatment. Over 350 treatment programs submit information through STARS.

Case Management Service Program

In addition to providing substance use assessments and treatments referrals, the Case Management Services Program (CMS) provides an array of case management services for over 2,100 HRA clients at any point in time, as was the case in 2020 and YTD 2021. CMS services include treatment referrals and intensive case management (field-based) to meet complex and immediate client needs. Applying a client-centered model, case managers assist clients toward achievement of one or more of the following program outcomes: (1) referral to SUD and/or medical or mental health treatment; (2) retention in SUD and/or other mental health treatment programs; (3) income security by maintaining Cash Assistance case continuity or obtaining federal disability benefits; and (4) employment preparation services in conjunction with similar services provided as part of the HRA employment services programs.

Telephonic Substance Use Assessments

On March 17, 2020, OASAS granted permission for HRA to conduct substance use assessments by telephone. As of March 18, HRA's Substance Use Centralized Assessment Program (SUCAP) and Case Management Service programs have been completing all assessments by telephone services. Clients are called at least one day in advance to arrange a convenient time for the assessment. Beginning April 14, 2020, clients that had issues engaging with treatment were referred to CMS programs for substance use reassessment and follow-up referrals. CMS also worked with these clients to address needs related to food, rent, benefits, vocational support, and medical/mental health issues that may have posed barriers to consistent treatment. Additionally, CMS has enhanced its outreach to assess any needs that emerged for clients during the COVID-19 pandemic and to engage clients in SUD treatment as needed.

New York City Police Department

Naloxone Patrol Officer Expansion

Police officers are often 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; by 2017, the NYPD expanded its naloxone distribution to over 20,000 uniformed members through HealingNYC. In 2017, the Department began to issue replacement kits for any that had expired and will continue to do so moving forward. As of January 2019, close to 15,000 uniformed officers carry naloxone.

During the COVID-19 pandemic, NYPD officers have continued to conduct patrols in their communities. Currently, nearly 15,000 uniformed officers carry naloxone, with replacement kits issued upon use. The NYPD has administered naloxone 218 times from January 1 to June 30, 2020, a 4.3 percent increase from the same period in 2019.

The NYPD's Co-Response Teams, operated in partnership with NYC 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 receive funding through a combination of sources, including NYC DOHMH and the NYPD with programmatic oversight from the Mayor's Office of Community Mental Health.

CRT partners two NYPD officers with a DOHMH Behavioral Health professional to create a Co-Response team. Due to COVID-19, NYC DOHMH Behavioral Health professionals have been working remotely since March 18, 2020, providing telephonic support, which includes but is not limited to supportive counseling, assessment, and referrals to services. The Triage Desk continues to operate 24/7 taking new referrals and assigning them to either Co-Response or HEAT for telephonic support and follow up services. The teams returned to in person work in September 2020 and has continued with no additional COVID-19 interruptions.

<u>Expanded Overdose Response Squads</u>
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.

Due to the COVID-19 pandemic, in 2020 these investigative responsibilities were moved to Precinct Detective Squads, who perform thorough fatal overdose investigations in coordination with Narcotics Detectives.

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 in 2017, whose work augmented the 27 existing criminalists and focused on drug testing from all fatal and non-fatal overdoses. The lab's expanded capacity helped streamline drug testing procedures to allow for a more rapid testing process. The Police Lab's expansion was made possible through HealingNYC.

Since 2020, the Police Laboratory has been providing regular updates to the DOHMH on the occurrence of fentanyl in mixtures with other specific controlled substances, such as heroin or cocaine, in analyzed evidence. The data are supplied in a way that could be used to interpret possible trends.

Heroin Overdose Prevention and Education Program (HOPE)

The NYPD, in partnership with the Richmond County District Attorney's Office, NYC 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-legal system. The HOPE Program is operated through the commitment of all involved government agencies to reduce overdose and associated harms.

During the COVID-19 pandemic, NYPD officers have continued to divert eligible individuals to the HOPE and CLEAR programs in Manhattan, the Bronx, Brooklyn, and Staten Island. These initiatives allow arrested individuals to seek drug treatment and services in lieu of prosecution. Additionally, in May 2020, the NYPD's expansion of the Bronx's HOPE program to the entire borough was approved; previously the program only had been available in the 40, 42, 46, and 48 Precincts. NYPD is currently working with the Queens District Attorney's Office and Queens Courts to pilot HOPE in a precinct in that borough. Currently, HOPE services all precincts in Manhattan and the Bronx, and the Brooklyn program CLEAR is in all Brooklyn precincts.

Connection of Vulnerable Individuals to Shelter and Services

The COVID-19 pandemic forced the unprecedented overnight closure of the MTA subway system citywide. Starting on May 5th, 2020 the first night of subway closures, the NYPD collaborated with outreach workers to offer support, shelter, and services to individuals experiencing homelessness on the subway, many of whom have behavioral health issues. The first night of outreach resulted in 139 out of 252 individuals experiencing homelessness accepting shelter and services, an atypical level of success for City homeless outreach efforts. In April 2021, NYPD deployed officers for the Business District Recovery

Initiative Detail in areas of midtown Manhattan, where officers work with community organizations and DOHMH HEAT teams and DHS to connect vulnerable individuals to shelters, services, and drug and mental health treatment programs. This program is ongoing.

Expansion of Anonymous Prescription Drop Boxes

The NYPD is collaborating with the New York/New Jersey High Intensity Drug Trafficking Area (NY/NJ HIDTA) on the Anonymous Prescription Drop Box Pilot Program to assist in combating prescription drug misuse. The pilot program was implemented so that individuals can anonymously and safely dispose of unwanted prescription pills and medications in "drop boxes" located in designated precincts throughout the city. Due to the success of the pilot program, NY/NJ HIDTA funded 63 additional drop boxes to expand the program citywide. The additional boxes were delivered in March 2020, which served to help reduce access to unused prescription drugs during the COVID-19 pandemic. As of October 2020, boxes have been installed at every Precinct and Police Service Area (Housing Precinct) citywide, as well as at Transit District 11 in the Bronx. In the first six months of 2021, the program collected over 283 pounds of drugs citywide that were subsequently destroyed by NYPD.

New York City Office of the Chief Medical Examiner

Continued Expansion of Testing Capability

The Office of the Chief Medical Examiner's (OCME) Forensic Toxicology Laboratory has experienced an unprecedented increase in opioid positive cases over the past five years, culminating in the highest number of unintentional drug overdoses ever recorded in NYC in 2020. To continue to serve the City of New York, the Laboratory has introduced new advanced instrumentation and developed new testing methods for the many hundreds of novel psychoactive substances identified for the first time. Many of these drugs are highly potent and their detection is essential to support the City's Medical Examiners in determining cause and manner of death. In addition to fentanyl and related illicit synthetic opioids, the Laboratory has also identified designer benzodiazepines and synthetic cathinones, not only in Medical Examiner cases, but also in drivers arrested for suspected drug-impaired driving and drug-facilitated sexual assault. As the opioid crisis continues in combination with a surge in use of other novel psychoactive substances, the Laboratory balances the demand from a 10-fold increase in testing with the needs of further method development. In the 12-month period from September 2020 to August 2021, there was an increase of more than 17 percent in postmortem cases submitted to the Laboratory for testing and methods developed to positively identify new illicit synthetic opioids, fluorofentanyl and isotonitazene, in addition to the veterinary tranquilizer xylazine present in illicit drug supplies. Timely notification to our partner agencies of the latest drugs and adulterants identified by the OCME is critical in relation to public health and public safety.

New York City's Existing Collaboration Efforts

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

Community Advisory Board (CAB)

The CAB was implemented to center the perspectives of current and former people who use drugs (PWUD). CAB members have strong ties to their communities, and actively inform how NYC DOHMH can best meet the needs of PWUD. The initial cohort currently comprises of eight members and will meet for a total of nine sessions between February 2021- June 2022. The scope of work for CAB members encompasses the following: developing the CAB mission and objectives; providing input on public-facing materials including fact sheets and campaign content; providing input on interview guides, surveys, and verbal messaging developed for people who use drugs; providing input on MDSC strategy points; providing feedback on unit-specific questions that require community perspectives; and providing space for participants to update DOHMH on issues specific to their respective communities.

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 (ONDCP) and Department of Justice. A full list of RxStat member agencies is available in Appendix D.

NYC Overdose Fatality Review Committee (OFRC)

Building upon the successful collaboration with RxStat partners through the RxStat Operations Working Group which served as the City's initial version of an overdose fatality review process, the OCME has taken the lead in establishing the NYC Overdose Fatality Review Committee (OFRC). The NYC OFRC met for the first time in June 2021 implementing a new structure based upon the overdose fatality review model developed by the Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP) of the Bureau of Justice Assistance, US Department of Justice, in conjunction with the CDC. The OFRC is chaired by OCME with Vice-Chairs from NYPD, DOHMH, NY&NJ HIDTA and the NYS DOH ODUH. The OFRC consists of multidisciplinary public health and public safety partners focused on reducing overdose deaths by learning from fatal overdose cases. The OFRC endeavors to identify potentially life-saving gaps in services, policies, or programs and is committed to helping close those gaps by developing recommendations for implementation across multiple agencies and sectors. Although overdose fatality review efforts were stalled due to the COVID-19 emergency, stakeholders have resumed this important work with a renewed focus on the social determinants of health and the ways in which these factors may influence substance use and contribute to fatal overdoses.

Community Services Board

The Community Services Board of NYC DOHMH is mandated in the New York City Charter and the State Mental Hygiene Law to NYC DOHMH on a range of community and behavioral health issues, including community mental health, developmental disability services, and substance use treatment services. 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. CSB members are also tasked to advise NYC DOHMH on the Local Services Plan, a comprehensive annual plan for behavioral health services that all NYS counties submit to the State offices of Mental health, Substance Use, and Developmental Disabilities and is incorporated into the Statewide plan and used in budgetary and policy decision making.

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 subsequently codified in the NYC Charter in 2021. The Mayor's Office of Community Mental Health (OCMH) convenes the MHC to advise OCMH on issues relating to mental health and mental health care and facilitate coordination among city agencies.

New York State Medicaid Redesign

As part of New York State's efforts to redesign Medicaid's funding structure, NYC DOHMH collaborates with OASAS to advise on issues specific to the substance use treatment system. A component of this collaborative redesign effort, NYC DOHMH works 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 to OASAS, OMH, and the New York State Department of Health (NYS Health Department). The three agencies are committed to evidence-based policy and practice using a public health approach to substance use, particularly with regards to the opioid epidemic and overdose prevention. NYS and NYC continue to meet monthly to address Medicaid-related issues.

Department of Homeless Services Substance Use Disorder Directory

DHS collaborated with NYC DOHMH, OASAS, and the New York State AIDS Institute Office of Drug User Health (ODUH) to create a directory of harm reduction and substance use treatment resources, such as providers of medication for addiction treatment (MAT), syringe service programs, and mental health services for individuals experiencing homelessness in New York City. This directory was developed using a Google Map platform for easy search functionality and distributed to DHS shelters and Street Homeless Solutions sites to facilitate linkage to services and lower the barriers that individuals experiencing homelessness face in accessing consistent and long-term healthcare. To further enhance shelter-based linkage to care capacity, DHS is working with DOHMH to implement NowPow – an online resource directory with electronic referral capacity. DHS, OASAS, and ODUH meet regularly to discuss collaboration and initiatives related to alcohol and SUD within the NYC shelter system and among the population of New Yorkers experiencing homelessness.

Collaborative Planning to Address Public Injection and Syringe Litter

Many neighborhoods have experienced a marked increase in public injection and syringe litter. In the South Bronx, Washington Heights, Harlem, and Midtown, community members have raised concerns about the impact of syringe litter and public drug use on their safety and quality of life. In response, City agencies, community-based organizations, SSPs and other community stakeholders formed the Bronx Parks Syringe Taskforce in 2017, to strategize solutions to syringe litter and public injection. This group developed and implemented a syringe kiosk initiative to address syringe litter in 14 of the most impacted South Bronx parks. In addition, the taskforce created educational materials to encourage people to support the initiative and properly dispose of syringes; coordinated an SSP staff outreach schedule to reduce syringe litter and increase opportunities to engage with people who use drugs; and promoted the initiative within the local community. More recently, City funding has been allotted towards expanding drop-in center staffing and hours of operation at SSPs as well as expanding their outreach capacity. For more information, see page 28. Additionally, The Washington Heights Convening on Public Drug Use and Syringe Litter was created to address syringe litter and public drug use in parks and public spaces in Washington Heights. The convening also provides a space for Washington Heights community members and stakeholders to stay informed on Washington Heights CORNER Project's/On Point's work with outreach, syringe litter pick-up and community engagement in the neighborhood. This workgroup brings together community-based organizations, NYC DOHMH, Washington Heights CORNER Project, other city agencies, state officials, and neighborhood residents.

Substance Use Treatment Borough Councils

The New York City Substance Use Treatment Borough Councils (Councils) are independent consortiums of 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. NYC DOHMH supports the Councils through consistent representation at each Council meeting, and Council chairs convene with NYC DOHMH leadership historically on a quarterly basis. Upon request, NYC 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 HIV Planning 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—this council is charged with developing recommendations to improve the City's HIV service coordination and delivery.

Citywide Addiction Support Network

Through OASAS State Opioid Response grant funding, H+H helped establish the Citywide Addiction Support Network (CASN) with the goal of expanding services to reduce opioid and stimulant use in historically underserved Bronx, Manhattan, and Queens communities. CASN is a newly formed network of 22 New York City (NYC) prevention, treatment, and recovery non-profit agencies plus H+H that offers comprehensive outpatient, inpatient and emergency addiction treatment, recovery, and prevention services throughout NYC. CASN will launch 24/7 access to medication assisted treatment for opioid addiction, expand the city's peer workforce at CBOs, and offer better treatment to special populations including LGTBQ and criminal-legal system-involved individuals.

Nurse and Navigator in Shelter Project

As of 2021, DHS is collaborating with DOHMH, NYU and the Helmsley Foundation to pilot a Nurse and Navigator in Shelter project in at least four shelters with high rates of overdose. The nurse and navigator will reach out to shelter clients who have been identified as using substances through an incident report, assessment, screening, self-report, or staff observation. The nurse and navigator will provide prevention counseling, comprehensive health and substance use assessment, health promotion, linkage to care and services and ongoing coordination of care.

Continuation of Methadone and Buprenorphine for DHS Hotel Residents

DHS supports the continuation of methadone and buprenorphine treatment for DHS clients who are isolated in hotels due to COVID-19 by employing a number of services. First, DHS collaborated with NYC DOHMH and OASAS to establish a methadone delivery program for clients enrolled in methadone treatment who are isolated in a DHS hotel due to COVID-19 (see Methadone Delivery System for additional details). The process was developed and streamlined for clients in DHS isolation and quarantine hotels. Second, clients who are on buprenorphine are linked to the H+H buprenorphine telemedicine clinic or their provider to facilitate medication delivery by a local pharmacy. In 2020, these services have been activated 79 times for methadone (with some clients receiving deliveries 2 times or more) and 12 times for buprenorphine.

New York City's Pilot Programs

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

Methadone Delivery System

In response to the COVID-19 pandemic, numerous changes to federal regulations of methadone treatment were implemented to mitigate the spread of COVID-19 and prevent treatment disruptions among methadone patients. These include changes to SAMHSA regulations allowing for the provision of extended take-home medication for up to 28 days for stable patients and 14 days for less stable patients, and DEA regulations allowing for the

provision of "doorstep" deliveries of methadone and telehealth visits (please see COVID-19 Emergency policy changes for additional detail). In response, DOHMH worked with OASAS and the Coalition for Medication-Assisted Treatment Providers and Advocates (COMPA) to establish the Methadone Delivery System (MDS).

The purpose of MDS was to prevent treatment disruptions among methadone patients who were isolating or quarantining due to confirmed COVID-19, patients who were exposed to COVID-19, and patients at high risk of experiencing serious illness from COVID-19 due to age and a comorbidity. MDS played an important role in mitigating the spread of COVID-19 by reducing the frequency of patient clinic visits. MDS launched on April 20, 2020 with delivery to NYC DHS isolation hotels and was then progressively expanded to include NYC Office of Emergency Management and NYC H+H isolation hotels and Mayor's Office Criminal Justice reentry hotels, private residential settings, and congregate settings including homeless shelters, nursing homes, and residential treatment programs. From April 20, 2020 to July 2, 2021, MDS made 5,465 deliveries to 1,169 unique patients across Manhattan, Queens, Brooklyn, and the Bronx. 78 percent of deliveries were made to private homes, 15 percent to congregate settings, and 7 percent to hotels. The full iteration of the program ended on September 3, 2021.

From September 6 to October 1, a bridge program was maintained at reduced capacity to continue to deliver methadone to patients isolating or quarantining at COVID-19 hotels exclusively. In October 2021, OASAS took on the coordination and funding of a continued bridge program.

As part of MDS strategic planning, between June and September 2021, four assessments were conducted to better understand the experiences of MDS DOHMH staff, patients, OTPs, and participating nursing homes to help inform the dissolution of the program in its current form, among other objectives. Results from these assessments overwhelmingly highlighted the need for a continued methadone delivery service in NYC. At present, regulatory and resource barriers exist which prevent optimal treatment availability (discussed in Recommendations section).

<u>Community Ambassador Initiative</u>
The purpose of this initiative is to reach populations who are not connected to Syringe Service Programs, and disseminate harm reduction messaging, fentanyl test strips, and naloxone kits. The pilot included five ambassadors (4 in Harlem, 1 in the Bronx) with experience working with people who use drugs and/or people with mental illness and focused on older Black New Yorkers using crack and cocaine in Central and East Harlem and Puerto Ricans who use drugs in the South Bronx. Ambassadors engaged neighbors and distributed resources in SROs, encampments, parks, businesses, and more. As of July 1, 2021, there were 601 total engagements where ambassadors distributed 315 naloxone kits; of these, 150 people received a naloxone kit for the first time. Many people engaged were unaware of the risks of fentanyl, and the pilot found that hiring community members from similar backgrounds as people being engaged resulted in more fruitful interactions. This work will continue with mini-grants to community-based organizations with existing infrastructure to expand peer-outreach in priority neighborhoods.

H+H Peer Academy
To address the shortage of qualified peer specialists, NYC Health + Hospitals is creating a Peer Academy training institute. Through classroom study and internships, the Peer Academy will create opportunities for H+H patients/program graduates to gain skills, job training, and certification and ultimately employment within the H+H system, ensuring a flow of peers that will strengthen H+H's treatment programs through their knowledge and life experience.

Legislation and Policies to Improve Health and Safety

This section presents an overview of recent 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 related to substance use and associated policy and enforcement. A range of policies have helped shape the substance use care landscape in New York City.

City

NYCHA Policy Changes
NYCHA put forth three policy changes related to admission and exclusion criteria, which aim to alleviate burdensome restrictions that will allow greater access to housing. First, applicants who have criminal-legal system history will have their circumstances thoroughly evaluated by a review committee that will receive annual trainings on individual, organizational, and structural racism, as well as trauma-informed management. NYCHA is also reducing the number and types of convictions that would result in a denial of admission. Second, a review committee will also thoroughly evaluate the circumstances around an individual's substance use before that individual is denied admission based on current use. Additionally, the committee will only inquire about substance use in the last six months, rather than three years. Thirdly, Permanent Exclusion will be automatically lifted after five years without involvement in the criminal-legal system, and a minimum age of 18 will be set for exclusion. Read more here.

State

2021

Signed by Governor

S2523/A868
This legislation aims to reduce barriers to sterile syringe and other harm reduction service access, particularly criminal legal system consequences associated with syringe criminalization. Provisions include decriminalizing the possession and sale of hypodermic needles and syringes, expanding access to the possession and sale of hypodermic syringes

and needles, and removing the limit on hypodermic syringes and needles sold per transaction and the ban on program advertising among pharmacies and healthcare agencies registered under the Expanded Syringe Access Program.

S1795/A533
This legislation expands access to medication-assisted treatment/medications for opioid use disorder for incarcerated individuals in jails and prisons at both the state and county level.

S911/A2354
This legislation prohibits the possession of opioid antagonists (e.g., naloxone) as evidence in court of possession of controlled substances.

S6044/A128
This legislation establishes an online directory for distributors of opioid antagonists, maintained by the Office of Addiction Services and Supports (OASAS).

S7228/A5511
This legislation expands the number of eligible offenses for judicial diversion to substance use treatment for people charged with certain felony offenses.

S1144A/A5576A: "Less is More" Parole Reform Act
New York State sends more people on parole back to prison for "drug treatment" than all other states combined. This legislation, which was developed by people on parole, people who are incarcerated, as well as their families and community groups, is a parole reform measure that will release thousands of people from state prisons and jails and provide increased support for people on parole instead of punitive and arbitrary rules. Provisions include restricting the use of incarceration for technical parole violations, bolstering due process, providing speedy adjudicatory hearings within 30 days for people under community supervision accused of parole violations, and providing an opportunity for a 30-day "earned time credits" reduction in their community supervision period for every 30-day period where a condition of supervision is not violated. This legislation was signed into law by the Governor on September 17, 2021. The first step of this measure's implementation was the immediate release of 191 people at Rikers Island Jail Complex. Read more here.

S7194/A6395: Opioid Settlement Funds
This legislation requires all settlement funds from litigation against opioid manufacturers, distributors, dispensers, consultants, or resellers to be deposited into an "opioid settlement fund," to be used for the development of new services and supports for substance use disorder prevention, treatment, and recovery. These funds cannot replace existing state funding for such services and supports.

In September 2021, AG James secured $22.3 million for New York State for opioid abatement from drug manufacturer Endo Health Solutions.

S854A/A1248: Marijuana Regulation and Taxation Act (MRTA)
On March 31, 2021, New York State passed the Marijuana Regulation and Taxation Act which legalizes recreational cannabis possession for persons ages 21 years and over, creates the regulatory framework and tax structure for recreational sales, expands the medical cannabis program, and establishes a social and economic equity program to encourage license distribution to people from communities most impacted by criminalization. Specific provisions include:

- Consumer possession and consumption: Allows personal possession of up to 3 ounces of cannabis and 24 grams of concentrate for individuals ages 21 years and older and public smoking and vaping where tobacco smoking is allowed, with some exceptions. After legal sales and home cultivation officially begin, the legislation also allows home possession of up to 5 pounds and home cultivation of up to 6 plants per person, for a total of 12 plants per household.
- Regulatory structure: Creates the State Cannabis Control Board and Office of Cannabis Management to establish and regulate the adult use cannabis industry and state medical cannabis program
- Tax structure: Creates tax structure for recreational adult cannabis sales and allocates excise tax revenues to cover operating expenses, with the remainder ear-marked to participating localities for school and community investments, substance use education and treatment, law enforcement training and technology for DWI offenses, and public education
- Criminal legal impact: Automatically expunges criminal records for cannabis offenses which are no longer illegal and reduces criminal offense levels for unlawful possession and sale while retaining cannabis within the penal law
- Social and economic equity: Licensing program aims to foster participation among communities disproportionately impacted by cannabis program by establishing incubator program and other support.

J590
Governor Andrew M. Cuomo proclaimed August 31, 2021, as Overdose Awareness Day in the State of New York.

S6571/A6166
This legislation requires reporting of alcohol overdose data in addition to existing opioid overdose reporting requirements; requires the State Commissioner of Health to submit an annual statewide report and provide updated data to counties every three months; and makes overdose reporting requirements permanent.

S649/A2030
This legislation aims to reduce barriers to evidence-based substance use disorder treatment among Medicaid recipients. It prohibits prior authorization requirements under Medicaid for the provision of medication assisted treatment for substance use disorders, including buprenorphine, methadone, and naltrexone.

Federal

2021

Biden-Harris Administration Provides Recommendations to Congress on Reducing Illicit Fentanyl-Related Substances
The Acting Director of National Drug Control Policy presented recommendations for a long-term approach to reduce the supply and availability of illicitly manufactured "fentanyl-related substances (FRS)." These recommendations include permanently placing FRS into Schedule 1 of the Controlled Substances Act (CSA) in an effort to give law enforcement the necessary tools to respond to the trafficking and manufacture of illicitly manufactured synthetic opioids. This proposal was developed by the Office of National Drug Control Policy (ONDCP) the Department of Health and Human Services (HHS), and the Department of Justice (DOJ). Read more here.

Increased Access to Mobile Methadone Services
To address the increased overdose rate, the U.S. Drug Enforcement Administration (DEA) issued a new rule, which allows narcotic treatment programs to establish and operate a mobile component which can be used for methadone provision. Read more here.

HHS New Buprenorphine Practice Guidelines
The Department of Health and Human Services (HHS) released new buprenorphine practice guidelines. These include the exemption of eligible medical practitioners from federal certification requirements related to training, counseling, and other services that are part of the process of obtaining a waiver to prescribe buprenorphine. By removing this barrier to certification, this change can potentially increase patient access to buprenorphine treatment. Read more here.

Federal Funding for Fentanyl Test Strips
The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) introduced a new guidance stating that federal funding can be used to purchase rapid fentanyl test strips in an effort to mitigate the overdose epidemic, largely driven by the increased presence of fentanyl in the drug supply. This applies to all federal grant programs, as long as the purchase of test strips is consistent with the purpose of the program. Read more here.

ARPA Allocation of Funding for Harm Reduction Services
On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) into law, which contains assistance for harm reduction programs. This includes the appropriation of $30 million for grants to support "community-based overdose prevention programs, syringe service programs, and other harm reduction services." Read more here.

2020

COVID-19 Pandemic Response and Emergency Policy Changes

Numerous changes in federal regulations of buprenorphine and methadone treatment were implemented to mitigate the spread of COVID-19 and prevent treatment disruptions among MOUD patients. These include the following:

- On March 16, 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) allowed opioid treatment programs (OTP) to provide up to 28 days of methadone to stable patients, and up to 14 days of methadone to less stable patients (see Appendix E).
- On March 16, 2020, the DEA allowed for the provision of "doorstep" deliveries of methadone to patients quarantined due to COVID-19.
- On March 31, 2020, the DEA allowed for the use of telehealth services to induct new buprenorphine patients and continue the provision of buprenorphine to existing patients. In-person examination requirements for new patients have been waived.

Identified Gaps

In accordance with the charge of the MDSC, 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. The MDSC recognizes that there are always ways to do more and do better as a city. The MDSC has identified areas where ongoing responses can be improved or expanded, and domains in which new responses can be built.

Education and primary prevention

The City provides substance use education and prevention initiatives for health care and social service providers, works with youth, has two programs that focus on LGBTQ+ use and other youth at high risk, 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.

Evidence-based practice across the substance use disorder continuum of care

The City's collaborative efforts, including services across government and communities, have established effective partnerships among NYC's SUD treatment, harm reduction, and primary and mental health providers. However, opportunities remain for expanding 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 engaged in and exiting institutional settings to ensure that all necessary overdose prevention, treatment, and education services are accessible.

Centering the groups most impacted by the health and social harms of alcohol and drug use and drug criminalization

The City strives for equity and inclusion in the implementation of its public health and safety agenda. Addressing structural racism and inequality should remain an ongoing priority as the City addresses substance use drug policy and enforcement marked by a

legacy that inequitably distributes resources and unfairly penalizes people who use drugs. The burden of this legacy disproportionately impacts Black and Brown communities and should be reflected in strategies to address these and substance use-related harms. The City must identify and implement specific approaches to meet the needs of different populations, as demonstrated by NYC DOHMH's Community Ambassador Pilot, which employed community members to provide overdose prevention and risk reduction education to older Black New Yorkers who use cocaine or crack in Central and East Harlem and Puerto Ricans who use drugs in the South Bronx. Finally, the City must incorporate the trans community into its planning and create explicit programming to meet their needs, including services to reduce harms related to crystal meth use and support for people who engage in sex work.

Promoting the health of the harm reduction and SUD treatment workforce

Promoting provider wellness and preventing burnout is essential and is of increasing urgency given the demands of the COVID-19 pandemic and the worsening overdose epidemic. It is particularly critical to address trauma experienced by front-line staff, who are especially at-risk for burnout. The City should work to expand mental health service accessibility and availability for all front-line workers, including harm reduction staff as well as the SUD treatment workforce more broadly, particularly peers. These efforts must also be coupled with targeted burnout prevention resources and equitable pay.

Prioritizing connection to care

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. Through Co-Response Teams (CRT), a collaboration between the NYPD and NYC DOHMH supported by the Mayor's Office of Community Mental Health, the City is supporting people before and after crises. Each team includes two police officers and one behavioral health professional who work 16 hours per day, 7 days per week, to serve people with mental illness or SUD who may be a risk to themselves or others. The teams offer short term engagement to facilitate connections to care and linkages to support services. Additionally, the City has ensured that pre-trial diversion includes connection to substance use treatment and has increased reentry services for people with behavioral health needs. The City has also significantly enhanced alternative to jail programs, many of which, like Supervised Release, include behavioral health support. Some of these programs support the successful implementation of bail reform, which has reduced the number of people incarcerated for drug related charges and offenses. The City should look to other models around the nation and internationally as it continues to improve the treatment of individuals in the criminal-legal system, and to expand non-punitive outcomes for people who use drugs and individuals with behavioral health needs.

Recommendations

The MDSC has identified gaps in the current landscape of City programs, policies, collaborations, and pilots aimed at preventing and reducing harms related to substance use. While many of the recommendations from the 2020 report remain integral to advancing City goals, new recommendations that build on a growing foundation of work have been added to respond to emerging needs. We provide updates to the recommendations made in 2020 that reflect changes in substance use epidemiology, policy, and programming.

1. *Advance a diverse continuum of care that includes treatment, harm reduction, recovery services, primary care, emergency health care, and hospital services for people who use drugs*

Given the unique physical, mental, social, and emotional health needs of people who use drugs, the City should reimagine the continuum of care to meet a broader set of needs. This should include robust low-threshold and harm reduction- and recovery-focused programs that effectively connect people who use drugs to supports, such as housing, public benefits, education, and workforce programs. Additionally, trauma-informed care should be integrated throughout the continuum. The City's increasing support of SSPs has enhanced services for New Yorkers who use drugs. As overdose fatalities persist at an epidemic rate, we recommend that harm reduction and trauma-informed models continue to be integrated across sectors, including homeless services (as recommended below), the criminal legal system, and workforce development. Additionally, the continuum of care must include linkages to recovery services.

To this end, we recommend that the City support the implementation of additional OPCs in neighborhoods with high burdens of fatal overdose, as part of a broader citywide strategy to address the overdose crisis. The first publicly recognized OPCs in the country opened in New York City in November 2021. Early evidence suggests that instituting more OPCs would save countless lives in both New York City and other jurisdictions where these services are implemented. We further recommend that the City explore and expand other evidence-based interventions to reduce the risk of overdose and other harms experienced by people who use drugs. For example, NYC DOHMH is currently enhancing the provision and distribution of fentanyl test strips to community members, along with the widespread availability of medications for opioid use disorder, has been demonstrated to reduce fatal overdose and other drug-related harms by reducing the risk of exposure to fentanyl, which is one of the leading causes of unintentional overdose deaths in NYC. NYC DOHMH is also in the process of establishing a Public Health Vending Machine initiative, which will provide low-threshold access to naloxone, sterile syringes, and other safer use and health supplies. Additionally, there have been great successes in other countries with safe supply programs, which allow people to use safe, unaltered drugs. This reduces the risk of exposure to fentanyl, which is one of the leading causes of unintended unintentional overdose deaths in NYC. We recommend that the City explores safe supply as a viable harm reduction strategy that reduces overdose morbidity and mortality.

2. *Prioritize the perspectives and needs of groups most impacted by the overdose crisis and drug criminalization*

Following the MDSC's charge to address the City's past drug policies, the Council aims to uplift the voices and perspectives of communities of people who use drugs that historically have been ignored, including, but not limited to: communities of color that have borne the brunt of drug war policies in both the criminal-legal and child welfare systems; LGBTQ+ populations that have been denied access to care and services; people who identify as women who may live at the intersections of addiction and violence; and undocumented people who may be reticent to seek treatment or prevention services. In creating the City's drug strategy, we recommend including representation from a diverse range of communities of PWUD to inform the development of substance use programming specifically tailored to the needs of these different populations.

Appointing individuals with histories of drug use and incarceration to the MDSC was a first step in addressing this goal. The MDSC aims to expand representation of varied stakeholders, such as the faith community and advocates for women's reproductive and sexual health. It is critical that our work continues to strive for equity; thus, new pathways to channel community input into the City's research agenda, new initiatives, and ongoing work is a central tenet of these recommendations.

Empowering communities to be full partners in shaping this work helps to counter mistrust, support community healing, and more effectively address the overdose crisis. Community advisory boards (CABs) convene community representatives to work in partnership with government agencies, non-profits, or academic institutions to inform their work. CABs enable the inclusion of community perspectives in policy and program planning and are a mechanism to encourage equity and representation in City activities. In November 2021, the MDSC solicited feedback from a CAB comprised of people with lived experience with substance use in the creation of these recommendations. The City should continue to center community/CAB voice in their ongoing policy and program planning in order to prioritize equity and representation in City activities.

3. *Integrate evidence-based substance use disorder treatment across the health and mental health care systems*

The health and social impact of substance use on New Yorkers cannot be addressed adequately if substance use and related issues are not integrated into ongoing public health efforts. HealingNYC principles and initiatives have created opportunities to expand two strategies that improve the delivery and availability of care. Task-sharing is an evidence-based strategy to expand community-based mental health and substance use supports by training staff without prior education in behavioral health to provide basic services. This strategy makes behavioral health supports, such as SUD screening and referrals, available

in trusted community spaces. The integration of substance use services into the mainstream healthcare system also expands points of connection to care.

The NYC DOHMH's substance use integration work includes support for buprenorphine prescribing in primary care settings and activities to advance the integration of substance use treatment curricula into health professional education programs. Integration of services helps to decrease stigma in healthcare settings, facilitate high quality care for people who use drugs, and ultimately make addressing substance use the norm across the healthcare spectrum. In addition to the expansion of current task-sharing and integration efforts, the MDSC recommends that the City advocate for greater flexibility in State regulations to further the integration of care and allow for substance use treatment within mental health treatment settings and vice versa, as well as increased alignment between prevention, treatment, recovery, and harm reduction efforts.

Finally, the MDSC recommends removing private insurance-related barriers to evidence-based substance use disorder and mental health treatment to promote better integration of care. For example, further implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) would ensure that evidence-based SUD and mental health treatment is covered at the same rate as other traditional health services. Some key services include peer services, SUD counseling inclusive of various types of licensed providers, Opioid Treatment Programs, the provision of multiple services per day, and medications and aftercare following residential or acute treatment. Stronger requirements of what insurers must cover and increased oversight over the implementation of the MHPAEA would increase access to evidence-based care among New Yorkers with mental health and substance use needs.

4. *Increase access to necessary services while fostering supportive relationships between communities and treatment and harm reduction programs*

There is an urgent need for treatment and harm reduction programs to provide services that help reduce overdose risk for people who use drugs. However, program siting and poor community relations continue to pose barriers to successful service delivery. These challenges can limit participant access to treatment and harm reduction services, as well as perpetuate stigma towards people who use drugs and the organizations that serve them. Programs that provide critically needed MOUD and harm reduction services are often faced with significant challenges stemming from community opposition to their work. In the last year, already fragile relationships between some service providers and the communities in which they are located have been exacerbated by an increase in syringe litter and public drug use, which has served to reinforce negative attitudes towards people who use drugs. In some cases, these responses have prevented programs from securing space to provide critical services in these communities.

The City is taking steps to support service providers, build community trust, and reduce stigma, as well as reduce syringe litter and quality of life concerns related to public drug

use. For example, the City increased funding to SSPs to expand drop-in center hours, outreach capacity, and syringe litter clean-up activities, initiatives which provide critical services to people who use drugs while reducing syringe litter and associated health concerns. Relatedly, we recommend that the City continue to support the implementation of overdose prevention centers, an intervention which prevents fatal overdoses and addresses community concerns regarding public drug use and syringe litter. In addition, we echo the NYC Board of Health's resolution to call on our federal and state partners to support and promote OPC services. Three weeks after the launch of the first publicly-recognized overdose prevention centers in the United States, the New York City Board of Health unanimously issued a statement on taking action to prevent drug overdose deaths, urging the federal government to support OPCs. The statement drew particular attention to the connection between evidence-based harm reduction initiatives known to be effective, such as OPCs, and an earlier Board of Health resolution declaring racism as a public health crisis. For the full resolution, see Appendix G.

The MDSC sees the need for additional alignment to address syringe litter and foster healthy and safe neighborhoods. We recommend that the City further invest in relationship-building between service providers and communities. Given the potential expansion of syringe, fentanyl test strips, and naloxone distribution by community-based organizations, it is especially important to foster stronger relationships between service providers and community stakeholders.

Finally, to directly address community concerns about siting of methadone programs while making MOUD treatment widely accessible to people with opioid use disorder, the MDSC recommends integrating MOUD into the broader healthcare system. This includes the following provisions: expanding access to methadone outside opioid treatment programs; eliminating the DEA "X" waiver requirement for all buprenorphine prescribers; and making COVID-era provisions allowing the use of extended take-home methadone doses permanent. Additionally, we recommend making methadone available in non-OTP settings, including but not limited to the Methadone Delivery System.

5. *Develop best practices for the prevention, care, and treatment of substance use disorder for people who do not primarily use opioids*

The majority of overdose deaths in New York City involve opioids, and fentanyl has driven the increase in overdose deaths citywide and across the country. However, the increased presence of fentanyl in the drug supply, including in cocaine, methamphetamine, and non-medically sourced pills, has led to a heightened need for overdose prevention services for people who use non-opioid drugs. In response, the City has invested in the distribution of fentanyl test strips, initiated pilot drug-checking services, and distributed a direct mailer to all households in New York City to raise awareness of the presence of fentanyl and associated overdose risk. Nevertheless, there continues to be an urgent need to develop messaging and harm reduction strategies for people who use non-opioids.

The MDSC, will leverage its cross-discipline expertise to develop and promote the best available risk reduction strategies and standard of care for people who use drugs other than opioids, including stimulants, benzodiazepines, K2, and alcohol. People who use non-opioid substances have unique health care needs that require tailored responses. Informed and thoughtful messaging for harm reduction for different substances is necessary to provide effective resources to all people who use drugs and to build a behavioral health infrastructure that looks beyond the current overdose crisis.

6. *Explore programs that effectively alleviate the collateral consequences of criminal-legal system involvement*

The City has made meaningful progress in utilizing the resources of the criminal-legal system to improve the care and treatment of people who use drugs. Local district attorneys have led reforms to establish citywide pre-arraignment diversion programs that connect participants to treatment and other community-based services, as an alternative to entering the court system (i.e., Collaborative Legal Engagement Assistance Response (CLEAR) and Heroin Overdose Prevention & Education (HOPE)). In addition, the City expanded support for people who use drugs through the development of Support and Connection Centers (formerly known as diversion centers). These centers offer short-term stabilizing services for individuals with mental health and substance use needs as an alternative to avoidable hospitalization and other criminal justice interventions. The City has also expanded Supervised Release programming, which supports successful implementation of the State Bail Reform and Prosecution Disclosure Law, effective as of January 1, 2020. As a result of bail reform, an estimated 20,000 fewer people a year will enter NYC jails. Supervised Release programs will ensure that, while people escape the trauma of incarceration, they are also connected to necessary resources. The MDSC recommends the City explores ways to expand eligibility for existing diversion programs to engage more people at risk of overdose and to ensure equitable implementation of such programs. The City should also explore further diversion options, such as strategies to promote health and personal stability, including housing, to individuals who frequently come into contact with the criminal-legal system and face substance use challenges.

Fear of arrest and associated criminal legal system consequences remains a barrier for practicing harm reduction and health-promoting activities, including obtaining safer use supplies and pursuing SUD treatment. After the success of Measure 110 in Oregon, which decriminalized all drugs for personal possession and use, we recommend that the City investigates drug decriminalization as a legitimate avenue to reduce the toll of the overdose epidemic in NYC.

7. *Ensure equitable implementation of recent changes in drug policy*

Recent state legislation aims to redress harms caused by drug criminalization. First, the Marijuana Regulation and Taxation Act (MRTA), which legalizes adult cannabis possession and creates a regulatory structure for recreational sales, was signed into law in March 2021. Second, the Less is More parole reform act was enacted, which aims to release

thousands of people from prisons and jails by preventing recently paroled individuals from being incarcerated for technical violations. Finally, the decriminalization of syringe possession is a critical step to reducing criminal legal system barriers to harm reduction services.

Ensuring the equitable implementation of this legislation is necessary to redress the harms of cannabis criminalization and the War on Drugs, disproportionately borne by Black and Latino/a New Yorkers. We recommend that the City continues to closely monitor the development and implementation of cannabis regulations to ensure the equitable distribution of recreational cannabis licenses. Further, we recommend that the City track and make publicly available trends in arrests and citations for cannabis possession and illegal sale by race/ethnicity to identify and address racial disparities in enforcement. Finally, the City should carefully monitor the effects of legalization on school-age and transitional youth and promote appropriate education and messaging for people of all ages that is rooted in harm reduction.

8. *Integrate harm reduction and treatment programming into a broader portfolio of homeless services*

Given the sustained high rates of overdose death among people experiencing homelessness 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 additional opportunities to capture street-based and precariously housed populations that may not interact with shelters. To maximize the impact of overdose prevention services, it is critical to integrate harm reduction, recovery services, MOUD, overdose prevention, and mental health services more holistically throughout the homeless service system. Current projects underway include Peer Corps, expansion of buprenorphine among unstably housed people, a Substance Use Disorder Directory, and the Nurse and Navigator in Shelter project. The City should continue to explore additional avenues for integration of services for this highly marginalized population.

9. *Provide and advocate for stable housing to promote the health of people who use drugs*

The Housing Our Neighbors with Dignity Act (HONDA) (Senate Bill S5257C) was signed by former Gov. Cuomo on August 13th, 2021. This act will provide a mechanism for the State to finance the acquisition of distressed hotels and commercial offices by nonprofits for the purpose of providing affordable housing. Additionally, on June 14, 2022, Mayor Eric Adams released a comprehensive blueprint to address New York City's affordable housing crisis, entitled 'Housing Our Neighbors: A Blueprint for Housing and Homelessness.' We recommend the swift implementation of these changes and plans, as well as an expansion

and enhancement of existing supportive housing options, particularly for people with co-occurring substance use disorders and mental health conditions.

Stable housing is closely associated with a person's ability to protect and enhance their health and well-being and is associated with improved health and social outcomes for people with substance use disorders. However, people who have a history of drug misuse are frequently denied housing services, due to program restrictions based on factors such as urine toxicology results and prior criminal-legal system involvement. We recommend that the City utilizes a "Housing First" approach, which emphasizes the importance of housing as a basic necessity and platform to improve an individual's health and does not restrict eligibility based on current or previous drug use. Read more about Housing First here. Further, work is needed to ensure that these options are indeed affordable and safe for people in treatment and recovery.

10. Identify areas for expanded or revised Medicaid payment and reimbursement and improved integrated care management

The City should explore additional channels for improving coverage of substance use services, including the expedient approval of needs that arise at a critical juncture on the continuum of readiness and potential recovery, such as MOUD. Beginning in 2014, Federal- and State-level Medicaid expansion and redesign processes have supported the coverage of critical MOUD, person-centered, and community-based services, in addition to the continued integration of behavioral and primary health care. Expanded Medicaid billing services would enhance service delivery for greater numbers of community members, particularly those in non-traditional settings. We recommend better payment integration and increased reimbursement for services for people who use drugs, including methadone programs. Additionally, we recommend equitable reimbursement for various telehealth platforms, including audio-only as well as video service provision.

The City should advocate for care standards that require Managed Care Organizations (MCOs) to better integrate their care management systems to coordinate better between physical health and behavioral health regardless of whether they sub-contract to a Behavioral Health Organization (BHO) or manage this care directly. One of the reasons the state chose to move behavioral health into managed care was so that MCOs could manage care for the whole person; however, issues of interoperability and silos remain within MCO/BHOs, replicating the same barriers that existed when behavioral health was managed by the state.

11. Commit to reducing stigma as a prerequisite to achieving goals for reduced overdose deaths and improved and equitable outcomes for people who use drugs

The stigma associated with drug use and addiction remains one of the largest barriers to rectifying the decades-long War on Drugs and advancing racial equity. The City combats

stigma through wide-ranging strategies, which are described throughout this report. Transforming stigmatizing attitudes, practices, and cultures requires long-term, focused efforts and institutional change. Stigma against people who use drugs is pervasive among communities, families, medical providers, and workforces that provide services to or interact with people who use drugs. Additionally, stigma extends to effective evidence-based treatment modalities, particularly MOUD. Negative attitudes towards MOUD among healthcare providers and people seeking treatment must be corrected for patient demand to equate with the need for effective OUD treatment. Many of the recommendations put forward in this report would contribute to stigma reduction, including support for positive relationships between providers and communities. In addition to changing policies and institutional practices, the City should enhance collaboration with key workforces that engage with people who use drugs, such as medical providers and law enforcement.

12. Advocate for the permanence of COVID-era emergency regulation changes to make substance use disorder treatment more broadly available

Due to COVID-19, numerous changes in federal regulations regarding buprenorphine and methadone treatment were implemented to mitigate the spread of COVID-19 and prevent treatment disruptions among MOUD patients. These included changes to SAMHSA and DEA regulations allowing for the use of extended take-home methadone doses, "doorstep" deliveries of methadone to patients quarantined due to COVID-19, and buprenorphine induction and provision over telehealth services.

These regulatory changes were implemented to prevent the spread of COVID-19 among patients who receive methadone and buprenorphine treatment. However, the continuation of emergency regulations of MOUD provision even after the COVID-19 pandemic subsides would help reduce stigma surrounding the provision of methadone and buprenorphine treatment, and potentially facilitate an increased uptake of MOUD. These policies also alleviate barriers to treatment associated with frequent in-person appointment requirements for methadone, which pose scheduling and transportation challenges for many patients. Finally, the continuation of these policies would decentralize the provision of methadone treatment, addressing community concerns of perceived concentration of the location of clinics. Therefore, the MDSC recommends the City advocate for the following:

- Codify emergency methadone regulations through legislation or regulatory action to allow for the provision of extended take-home doses and bundled payments that incentivize longer take-homes.
- Codify emergency regulations through legislation or regulatory action to allow for buprenorphine induction and treatment provision through telehealth.
- Codify emergency regulations through legislation or regulatory action to allow for verbal confidentiality agreements for the provision of telephonic services and improved reimbursable rates for telephonic and telehealth substance use treatment services at comparable rates to in-person treatment services.

Additionally, while we recommend the continuation of enhanced access to telehealth services that was prompted by COVID-19 restrictions, many New Yorkers do not have

adequate technology to participate in telehealth care. Black and Latino/a New Yorkers, residents of lower-income neighborhoods, and older New Yorkers face significantly lower rates of household internet access. We recommend that equitable access to substance use disorder treatment is prioritized, which necessitates not only the provision of critical technology, but also appropriate education on how to navigate and utilize telehealth platforms and attend virtual medical visits.

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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;
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; and

7. Data on the projected number of opioid antagonists needed by all relevant city agencies, the actual number of opioid antagonists distributed to all relevant city agencies and the number of opioid antagonists distributed to registered opioid overdose prevention programs citywide.

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.

(L.L. 2017/048, 3/21/2017, eff. 3/21/2017; Am. L.L. 2018/129, 6/26/2018, eff. 6/26/2018)

Editor's note: For related unconsolidated provisions, see Administrative Code Appendix A at L.L. 2017/048 and L.L. 2018/129

§ 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 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 includes 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.

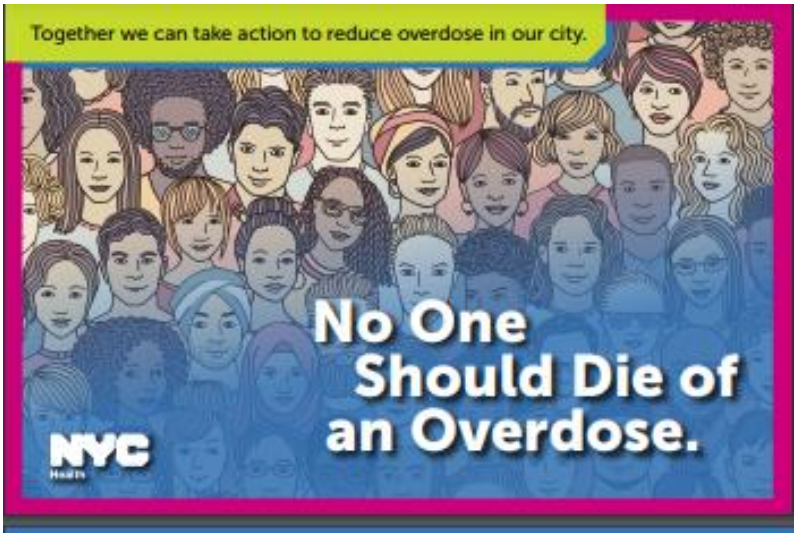
<u>New York City Community Health Survey (CHS)</u>

The CHS is a telephone survey conducted annually by the DOHMH, Division of Epidemiology, Bureau of Epidemiology Services. CHS provides robust data on the health of

New Yorkers, including neighborhood, borough, and citywide estimates on a broad range of chronic diseases and behavioral risk factors. The CHS is a cross-sectional telephone survey with an annual sample of approximately 10,000 randomly selected adults aged 18 and older from all five boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx, and Staten Island). A computer-assisted telephone interviewing (CATI) system is used to collect survey data from selected respondents with landline telephones and cell phones (since 2009). Interviews are conducted in English, Spanish, Russian, and Chinese (Mandarin and Cantonese). All data collected are self-reported.

Appendix C: Overdose Prevention Public Awareness Materials

Together we can take action to reduce overdose in our city.



No one should die of an overdose.

Together we can take action to reduce overdose in our city.

- Fentanyl is a powerful opioid that increases the risk of overdose and is driving record numbers of overdose deaths in New York City (NYC).
- Fentanyl is present in nearly all heroin. It is also found in cocaine, crack, methamphetamine, ketamine and pills from nonmedical sources. Some New Yorkers who use drugs may not know that fentanyl is in their drugs and they are at risk.
- We can prevent overdose deaths by learning the signs and symptoms of overdose and how to respond.

How you can help:

Learn the signs of overdose.

- Not responding
- Slowed or stopped breathing
- Blue, gray or white lips or fingertips
- Snoring or gurgling sounds
- Stiff, rigid or wooden-like jaw, chest or torso
- Slow or uneven heartbeat
- Seizure-like symptoms such as jerking limbs and muscle spasms

Get naloxone.

- Naloxone (or Narcan) is a safe and easy-to-use medication that can reverse the effects of an opioid overdose.
- You can get naloxone at no cost. Call **311** to find out how.
- It is legal to carry and administer naloxone. If you see an overdose, you could save a life.

Be there for your community.

- It can be tough to have these conversations, but talking to friends, family and community members about drug and alcohol use can help save lives.
- Using drugs alone increases the risk of overdose death. Let people know about the Never Use Alone hotline at 800-484-3731. For details, visit **neverusealone.com**.
- If you know someone who is at risk, offer to check in with them by text, by phone, or if possible, in person.

To find naloxone near you, call **311** or visit **nyc.gov/health/naloxone**. If you witness an overdose, call **911** immediately.

To learn more about fentanyl, scan the QR code or visit **nyc.gov/health/fentanyl**.

For support and resources related to drug and alcohol use, contact NYC Well: Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173, or chat online at **nyc.gov/nycwell**.

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Appendix D: NYC RxStat Member Agencies

Municipal

Bronx County District Attorney's Office
Brooklyn County District Attorney's Office
Dutchess County Government
Fire Department of the City of New York
Kings County District Attorney's Office
Lyndhurst Police Department
New York City Administration for Children's Services
New York City Department of Correction
New York City Department of Education
New York City Department of Health and Mental Hygiene
New York City Department of Homeless Services
New York City Department of Parks & Recreation
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 Mayor's Office of Media and Entertainment, NYC Media
New York City Office of the Chief Medical Examiner
New York City Poison Control Center
New York City Police Department (including Crime Control Strategies and Collab Policing)
New York City Regional Emergency Medical Services Council
New York County District Attorney's Office
New York University Medical Center
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
Westchester County District Attorney

State

Nassau County Government
Nassau County Office of the Medical Examiner
Nassau County Police
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 Department of Health, Office of Drug User Health
New York State Division of Criminal Justice Services
New York State Executive Chamber
New York State Governor's Office
New York State Office of Addiction Services and Supports
New York State Office of Mental Health
New York State Police
New York State Unified Court System

Federal

Department of Defense
Department of Homeland Security
Drug Enforcement Administration
New York/New Jersey High Intensity Drug Trafficking Area (including National Emerging Threats Initiative)
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
U.S. Customs and Border Protection
U.S. Department of Health & Human Services (including Office of the Assistant Secretary for Health)
United States Department of Justice

Appendix E: SAMHSA COVID-19 Emergency Guidance for OTPs

SAMHSA
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

3/16/2020 (Updated 3/19/2020)

Opioid Treatment Program (OTP) Guidance

SAMHSA recognizes the evolving issues surrounding COVID-19 and the emerging needs OTPs continue to face.

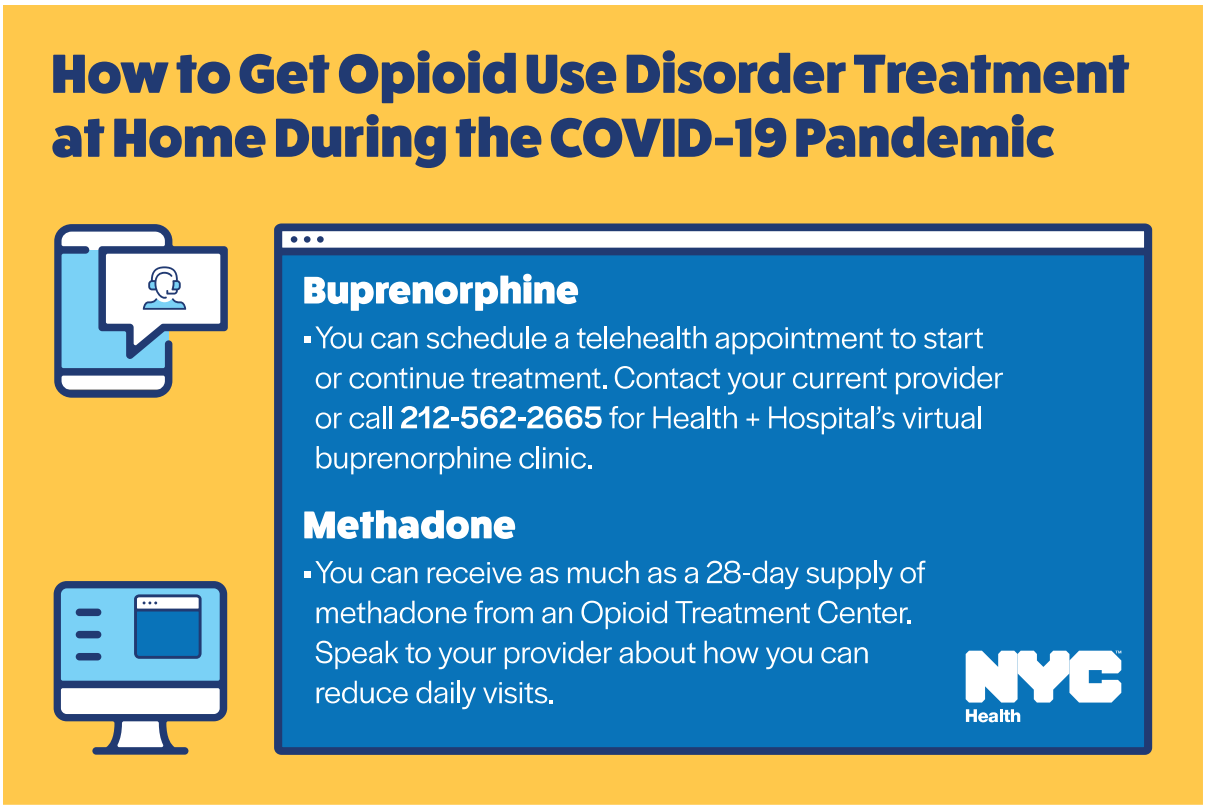
SAMHSA affirms its commitment to supporting OTPs in any way possible during this time. As such, we are expanding our previous guidance to provide increased flexibility.

FOR ALL STATES

The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder.

The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

Appendix F: Postcard: How to Get Opioid Use Disorder Treatment at Home During the COVID-19 Pandemic



Other languages can be found here.

Appendix G: Statement of the NYC Board of Health to Take Action to Prevent Drug Overdose Deaths

Note: Can also be found here.

WHEREAS, the core values of the New York City Department of Health and Mental Health are science, equity, and compassion and the Health Department seeks to protect and promote the health of all New Yorkers and regardless of who they are, where they are from and where they live; and

WHEREAS, Black, Indigenous, and People of Color (BIPOC) have suffered disproportionately from the criminalization and racialization of drug use and drug-law enforcement by state and local law enforcement resulting in mass incarceration[vi], poor health outcomes, and drug overdose as documented by historians, most recently Michelle Alexander; and

WHEREAS, nationally, the number of drug overdose deaths more than quadrupled from 2000 to 2019;[vii] and

WHEREAS, in recognition of the continued rise in drug overdose deaths and opioid-involved deaths, the federal government determined and declared on October 26, 2017 that a public health emergency existed nationwide[viii]; and

WHEREAS, over 2,000 individuals died of a drug overdose in New York City in 2020, representing the largest number of overdose deaths since reporting began;[ix] and Black New Yorkers had the highest rate of overdose death (38.2 per 100,000 residents), and the largest absolute increase in rate from 2019 to 2020 (+14.2 per 100,000); and WHEREAS, provisional data from the first quarter 2021 shows 596 deaths occurred in New York City between January and March, representing the greatest number of overdose deaths in a single quarter since reporting began in 2000;[x] and

WHEREAS, someone in New York City died of a drug overdose every four hours during the first quarter of 2021, and that more New Yorkers die of drug overdoses than homicides, suicides, and motor vehicle crashes combined;[xi] and

WHEREAS, in order to reverse the course of this crisis and address the inequitable impact it has on New York City communities, the Health Department must take actions aligned with the New York City Board of Health October 18, 20201 resolution declaring racism as a public health crisis and therefore grounded in anti-racism public health practices, and implement evidence-based, harm reduction initiatives that are known to be effective; and

WHEREAS, NYC has historically invested in initiatives in response to the opioid epidemic such as HealingNYC and through the Health Department's support of harm reduction programs that reduce substance use-related morbidity and mortality; and

WHEREAS, the work of community based organizations in close partnership with public health and healthcare institutions to undo structural racism in our response to drug use is led by an equity and trauma informed care approach to increase treatment and support services through policies, plans and budgets related to all determinants of health (transportation, education, housing, land-use and siting, economic

[vi] https://drugpolicy.org/issues/brief-history-drug-war
[vii] https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf
[viii] https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Ongoing-emergencies
[ix] https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf
[x] https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2021.pdf
[xi] https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2021.pdf

opportunities, civic participation and healthcare delivery contexts) and their impact on drug use in communities of color; and

WHEREAS, methadone and buprenorphine are the first line treatments for opioid use disorder but remain underutilized, in part due to federal restrictions on the provision of these medications; and

WHEREAS, the increase in the provision of take-home methadone doses and buprenorphine initiation and ongoing care via telehealth during the COVID-19 pandemic have reduced barriers to treatment with no demonstrable health consequences for participants; and

WHEREAS, current evidence-based, harm reduction efforts include but are not limited to overdose prevention centers, which offer supervised, hygienic spaces for individuals who use drugs to do so safely, as well as connect them to harm reduction, health, mental health, substance use disorder, and social services;[xii] and

WHEREAS, in a 2018 study, researchers projected the potential impact that supervised injection facilities/overdose prevention centers would have on opioid overdose deaths in New York City, and found that such programs could prevent up to 130 overdose deaths each year, as well as reduce associated annual costs to the City health care system by up to $7 million;[xiii] and

WHEREAS, as of November 2021, the first publicly recognized overdose prevention centers in the nation are operating in New York City.

NOW THEREFORE, the New York City Board of Health:

1. Endorses the Health Department's actions to prevent lives lost from drug overdose including by:
    a. Continuing to support the operation of overdose prevention centers across neighborhoods in NYC,
    b. Expanding harm reduction strategies to respond to the overdose epidemic and promote the health of people who use drugs in New York City including, but not limited to: distribution of naloxone and fentanyl test strips; implementation of drug-checking services; expansion of syringe service programming; and provision of low-threshold buprenorphine treatment, and
    c. Ensuring widespread access to medication for opioid use disorder treatment.
2. Requests that the Health Department report to the Board of Health annually on the Health Department's harm reduction efforts and initiatives, including the establishment of overdose prevention centers.
3. Requests that Health Department and harm reduction providers continue to work together to educate the public and local leaders about the benefits that Overdose Prevention Centers offer the community and lives saved.
4. Urges that the federal government and New York State provide authorization of such overdose prevention centers and continue to expand funding and support for harm reduction services and medications for opioid use disorder treatment.
5. Urges that the federal government and New York State further lower barriers to medication for opioid use disorder treatment by expanding access to methadone outside of opioid treatment programs, eliminating the DEA "X" waiver requirement for all buprenorphine prescribers, and making COVID-era provisions allowing the use of extended take-home doses permanent.

December 20, 2021

[xii] https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf
[xiii] https://www1.nyc.gov/assets/doh/downloads/pdf/public/supervised-injection-report.pdf

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