

**New York City
Municipal Drug Strategy Council:
2020 Report and Recommendations**

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Glossary

ACS – New York City Administration for Children’s Services

BNE – New York State Bureau of Narcotics Enforcement

C2C – Connections to Care

CAB – Community Advisory Board

CAMP – Coalitions and Media Program

CASAC – Credentialed Alcoholism and Substance Abuse Counselors

CATCH – Consult for Addiction Treatment and Care in Hospitals

CBO – Community-based Organization

CDC – United States Centers for Disease Control

CHS – New York City Correctional Health Services

CLEAR – Collaborative Legal Engagement Assistance Response Program

CMS – Case Management Services Program (NYC Human Resources Administration)

CRPA – Certified Recovery Peer Advocate

DEA – United States Drug Enforcement Administration

DHS – New York City Department of Homeless Services

DOE – New York City Department of Education

DOP – New York City Department of Probation

ED – Emergency Department

EMT – Emergency Medical Technician

KEEP – Key Extended Entry Program

LGBTQ+ – lesbian, gay, bisexual, transgender and questioning/queer

HASA – HIV/AIDS Services Administration

HEAT – Health Engagement and Assessment Team

H+H – New York City Health + Hospitals

HHS – United States Department of Health and Human Services

HIDTA – High Intensity Drug Trafficking Area program

HOPE – Heroin Overdose Prevention and Education

HRA – New York City Human Resources Administration

MAT – Medication(s) for Addiction Treatmentⁱ

MDSC – Municipal Drug Strategy Council

MHC – New York City Mental Health Council

MHSC – Mental Health Service Corps

MOUD – Medication(s) for Opioid Use Disorder

NSDUH – National Survey on Drug Use and Health

NYPD – New York Police Department

NYC Health Department – New York City Department of Health and Mental Hygiene

NYS Health Department – 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

ⁱ Inclusive of medication for opioid use disorder in addition to other medications, such as naltrexone for alcohol use disorder.

PDMP – Prescription Drug 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 Programⁱⁱ

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

ⁱⁱ 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 2020 report. Formed in March 2017 and chaired by the New York City Department of Health and Mental Hygiene (NYC Health Department), the MDSC is a body of government and community experts in substance use and substance use care and treatment, with a shared goal to review and enhance New York City's drug strategy. This report includes a review of current drug strategy and progress made during the past two years. It offers recommendations for enhancing future drug strategy that build on the first biannual MDSC report.

As documented in this report, the City continues its groundbreaking efforts to address substance use-related harms, particularly those related to opioids, and improve the health of all New Yorkers. Overdose deaths are preventable, and the City remains steadfast in its commitment to keep all New Yorkers safe from overdose. The MDSC is intent on a systems-level, equity-centered approach to overdose prevention, consistent with the City's comprehensive responses to substance use and mental health across the health, justice, and social service systems, as well as within communities.

Beginning in 2014, the Mayor's Task Force on Behavioral Health and the Criminal Justice System developed tailored solutions to reimagine the criminal justice system's role in behavioral health care. In 2015, ThriveNYC introduced a broad and deep portfolio of initiatives to reimagine the mental health and substance use systems and change the culture around mental health and substance use. In 2017, the City made an unprecedented investment to disrupt the opioid epidemic through HealingNYC. This multifaceted response to opioid overdose aims to reduce overdose deaths by expanding access to naloxone, overdose prevention and response education, and medications for opioid use disorder (MOUD).

Following these historic investments, drug overdose deaths decreased in 2018 for the first time in eight years. The citywide rate of overdose death decreased 3% from 2017 to 2018; however, Latinos and Bronx residents experienced increases in the rate of overdose death during this time period. In response to the unequal burden of drug overdose, in November 2018, the City made an additional investment through the Bronx Action Plan. The Bronx Action Plan is dedicated to addressing the increase in overdose deaths in the Bronx and among Black and Brown New Yorkers. It is an example of a City strategy developed in response to data illustrating unmet, emerging, and disproportionate needs.

The City has also been responsive to the harms caused by punitive drug policies that disproportionately impact New Yorkers of color and low-income communities, namely the legacy of the War on Drugs. Beginning in the 1980s, intensified drug enforcement led to a dramatic increase in the number of individuals incarcerated for drug-related offenses, with Black communities bearing the brunt of these policies.¹ Policies such as mandatory minimum sentences for drug offenses, three strikes laws, and truth-in-sentencing laws led to a nearly ten-fold increase in the rate of imprisonment for drug-related charges in the

United States from 15 per 100,000 in 1980 to 143 per 100,000 in 2010.¹ The growth in drug-related arrests disproportionately impacted Black communities, despite similar rates of drug use between Black and White individuals, due to such measures as severe crack versus powder cocaine sentencing disparities and discretionary enforcement of outdoor and street-level drug use and sale.¹⁻³

Punitive policies enacted throughout the War on Drugs are associated with a number of collateral consequences.¹ These include the eviction and barring of people with suspected drug involvement from public housing,⁴ the denial of federal welfare benefits to people with felony drug convictions,⁵ and the discrimination against people with criminal legal system records by potential or current employers.⁶ These policies further disenfranchise communities most impacted by the War on Drugs, including Black, Latinx, and low income communities, thereby producing and exacerbating drug use-related harms by stifling economic opportunity, limiting access to housing, and entrenching stigma towards people who use drugs.

As part of addressing harms related to the War on Drugs, the Mayor convened the Mayor's Task Force on Cannabis Legalization (Task Force) in July 2018 to identify the goals and challenges that should guide the City's preparations for potential legalization. The Task Force report places great emphasis on the need to ensure that any cannabis industry in New York State redresses the impacts of past criminalization and drives economic opportunity to historically marginalized communities.

New York City is committed to an evidence-based and science-driven strategy to address harms related to substance use and associated policy and enforcement. Data form the foundation of the City's strategy and guide interventions and responses. This report first provides an in-depth review of the most recent data on overdose mortality, substance use morbidity, drug use prevalence, and substance use disorder (SUD) treatment utilization, along with results of qualitative research, to present a holistic portrait of substance use in New York City. Additionally, this report presents some key mortality, morbidity, and prevalence indicators to offer an overview of the burden of alcohol on the health of New Yorkers.

After describing the epidemiology of substance use in New York City, this report details the City's investments in the prevention and reduction of harms related to substance use and associated policy and enforcement. These initiatives, which serve New Yorkers with SUD and complex behavioral and mental health needs, are active across the health, justice, and social service spectra. This report presents a summary of relevant programs and initiatives spanning education, child welfare and youth services, population health and clinical care, and criminal justice and corrections. It then reviews the City's ongoing efforts to collaborate with community partners and across government to streamline and integrate collective work to reduce harms related to substance use and associated policy and enforcement. Next, it describes the City's programs, a range of innovative health and safety initiatives that seek to fill gaps in the existing program landscape. Finally, it provides an overview of recent legislative and administrative policies at the City, State, and federal levels that aim to increase the health of New Yorkers.

Given the City's strong research and surveillance system and the MDSC's cross-sector participants, the MDSC is well-equipped to identify gaps in the City's response to harms related to substance use and associated policy and enforcement, such as those presented in the 2018 report. Similarly, the MDSC is well-positioned to develop strategy in response to a dynamic program, policy, and epidemiological landscape. The City has taken substantive steps towards operationalizing the MDSC's 2018 recommendations. Select examples of relevant progress are described below and further detailed throughout this report.

- **Integrated data and response.** Integrated action at all levels of policy and care is supported by the enhancement of Rapid Assessment and Response (RAR), a NYC Health Department initiative, and RxStat, a cross-agency public health and public safety partnership lead by the NYC Health Department and the New York Police Department (NYPD). In October 2019, the NYC Health Department was awarded a Centers for Disease Control (CDC) Overdose Data to Action grant to leverage RxStat's collaborative body and employ state and local databases to guide RAR expansion to high-need NYC neighborhoods. Increased capacity for sustainable surveillance will support integrated New York State and local prevention efforts and improve preparedness and response at the local level.
- **Strengthening the substance use continuum of care by (a) creating connections to care; and (b) expanding access to medication for opioid use disorder.** The City is increasing the accessibility and diversity of its substance use continuum of care. The continuum of care is composed of a range of services, including prevention, harm reduction, recovery supports, and substance use treatment. In a robust continuum of care, these service levels are accessible to people over the life course, with fluidity for movement through the different levels as needed. City efforts to advance the continuum include improving the capacity and quality of services in multiple settings. A number of these efforts are highlighted in the following two bullets.
 - a. **Creating connections to care through existing systems.** Connections to care that leverage existing systems support an accessible continuum of substance use services by meeting people where they are. For example, the CDC grant will establish linkages to care through existing hepatitis C navigation programs in SUD treatment facilities. Additionally, across New York City, emergency departments (EDs) increasingly serve as entry points to substance use treatment and a range of services along the continuum of care.
 - The CDC grant will support enhanced capacity for buprenorphine induction in two hospital EDs through a peer navigation model.
 - Now active in six hospitals, Health + Hospitals' Consult for Addiction Treatment and Care in Hospitals (CATCH) program employs interdisciplinary teams to engage ED patients in coordinated substance use care and to provide ongoing support post-discharge.
 - Through the NYC Health Department's Relay program, peer advocates provide naloxone, overdose risk reduction support, and connections to other services and care to people in EDs who experienced a non-fatal overdose.

Relay has launched in eight additional hospitals since the production of the 2018 MDSC report and is now active in a total of 12 hospitals.

- b. Expanding access to medications for opioid use disorder.** The City has strengthened its continuum of care by increasing the number of buprenorphine providers and the types of settings offering buprenorphine. MOUD, including methadone and buprenorphine, are scientifically proven as the most effective forms of treatment for opioid use disorder (OUD).
 - The NYC Health Department increased access to MOUD throughout the treatment and care system by expanding buprenorphine prescribing to seven Syringe Service Programs (SSPs), that provide low-threshold services to people who use drugs; 27 primary care settings through a nurse navigator program; and 11 emergency departments.ⁱⁱⁱ
 - By September 2020, all City-funded SUD treatment programs will be required to provide access to buprenorphine and naloxone as the standard of care.^{iv}
 - In addition, New York City’s Health + Hospitals’ Correctional Health Services substantially increased MOUD treatment by expanding availability of and access to methadone and buprenorphine in City jails.
- **Increasing services in the Bronx.**
 - The Bronx Action Plan expanded hours and services at an SSP drop-in center in the Bronx, which increased capacity to provide harm reduction services to people who use drugs, including providing basic needs such as showers, food, and a place to rest. The City also funds an extended hours drop-in center in Brooklyn. Both locations report high participant volume during night and weekend hours.
 - The Bronx Action Plan also funded five SSPs to increase outreach to people who use drugs and conduct syringe litter cleanup in South Bronx parks and other areas of public drug use. Outreach staff visit areas with high syringe litter volumes on a regular schedule, to collect syringe litter and deliver services and referrals to care. From November 2018 through November 2019, SSPs collected 62,287 syringes from the grounds of parks and public spaces in the Bronx, had 6,681 syringe disposal education encounters, and made 3,796 referrals.
- **Engaging LGBTQ+ Youth.** The NYC Health Department launched a coalition-building initiative to support environmental change strategies and promote primary prevention of substance use among LGBTQ+ youth. LGBTQ+ youth are at a particularly high risk of substance misuse, related to factors such as experiences of homophobia and a lack of LGBTQ+ safe spaces. Funded by the Mayor’s Unity Project, the program funds and provides technical assistance to six coalitions working to create community-level changes that reduce risk factors associated with alcohol and other drug use and promote protective factors that prevent substance use among LGBTQ+ youth and other vulnerable communities. Environmental change strategies

ⁱⁱⁱ As of September 2020, 14 emergency departments provide buprenorphine.

^{iv} Contract amendments requiring access to buprenorphine and discussion of the continuum of care were delayed by COVID-19. Some will be processed with FY22 contract renewals rather than FY21.

include building LGBTQ+ affirming spaces and working with Kiki and Ball Room culture to address early initiation of substance use.

The highlights above and the ensuing overview of programs and policies demonstrate progress towards meeting MDSC-identified gaps in the City's response to substance use. However, due to the complex and structural nature of harms related to substance use and associated policy and enforcement, and their inequitable distribution, long-term efforts are required to adequately address them. The War on Drugs and other zero-tolerance policies have decreased economic opportunity, exacerbated poverty, and limited the availability of treatment and social services—all of which disproportionately affect low income communities and communities of color. Furthermore, stigma associated with both drug use and addiction remains a barrier to people seeking and receiving help. An equitable outcome requires ongoing interagency collaborations to address both structural racism and poverty, in addition to an improvement in supports and treatment for people who use drugs. The MDSC has decided to highlight some of the persisting gaps and recommendations identified in their 2018 report that remain barriers to eliminating these inequities. It has also included additional and expanded recommendations for remediating these gaps. Changes in the landscape of the opioid crisis—including shifting dynamics of substance use morbidity (such as the increase in fatalities associated with the introduction of fentanyl); new programming and policy at the City, State and federal levels; and new expressions of community experiences in response to shifting resources and burdens of harms related to substance use and associated policy and enforcement—have shaped these additions. The recommendations draw on the work of multiple government agencies and community organizations.

The recommendations outlined in this report will advance the goals of the City's wide-ranging investments in behavioral health, reduce the burden of the current overdose crisis, help to decrease associated stigma, and further develop a public health infrastructure that facilitates comprehensive and integrated services. The MDSC believes these recommendations and associated outcomes are within the City's reach. As evidenced by a 3% decrease in overdose deaths from 2017 to 2018, the City's innovative responses to substance use may have an impact. However, there is more work to be done. Disparities in the reduction of overdose death across borough, race/ethnicity, gender, and income underscore the need for agency alignment on cross-systems solutions that actively work to repair the harm caused by decades of punitive policies.

For example, in recognition of the War on Drugs and its modern legacy, building the regulatory structure for legalized cannabis should occur through long-term dialogue and partnership between City and State health, safety, economic, and community actors at all levels. The MDSC looks forward to ensuring that the policies that emerge from this process are consistent with the City's commitment to health equity and protect the health, safety, and economic wellbeing of all New Yorkers. Additionally, while opioids are involved in most overdose fatalities and should continue to be a focus of the City's work, the MDSC aims for the City's substance use portfolio to also address the unique needs of people and communities who use substances other than opioids. The work proposed by the MDSC recommendations will leverage the strengths of existing structures, programs, and

coalitions, and elevate reduction of stigma and harm reduction as guiding principles for coordination across disciplines.

A note on report timeline: This report documents the program and policy landscape in New York City at the time the drafting process began in December 2019, and changes to the City's drug-related investments since the 2018 report. An addendum was added in July 2020 to document City efforts to support people who use drugs or have substance use disorders during the COVID-19 pandemic, which is ongoing. Timelines referenced in the main body of the report may have been modified due to the pandemic; footnotes are provided to note timeline changes and program updates where this information was made available, but do not comprehensively reflect all COVID-19-related modifications.

New York City Municipal Drug Strategy Council

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

In response to continued increases in drug overdose deaths and associated substance use-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 drugs. 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 the NYC Health Department, 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; SUD treatment; health care; education and primary prevention; drug policy reform; community-based criminal justice; individuals directly affected by substance use; and people with histories of incarceration for drug-related offenses. City officials represent the agencies that are most in contact with people who use drugs, including representation from criminal justice, 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. This multifaceted response to the current opioid crisis aims to prevent up to 400 opioid overdose deaths by 2022 through four strategies: (1) focus overdose prevention initiatives to individuals at highest risk; (2) educate health care providers and community members to prevent problem use before it starts; (3) expand access to effective treatment; and (4) deploy new methods to reduce the supply of illicit and prescription drugs.

These recommendations seek to build upon the opportunities provided by HealingNYC and extend the City's reach across sectors and systems to meet substance use challenges. The recommendations presented here rely upon effective collaboration between government and communities, public health and law enforcement entities, and mental health and substance use treatment.

The Epidemiology of Substance Use in New York City

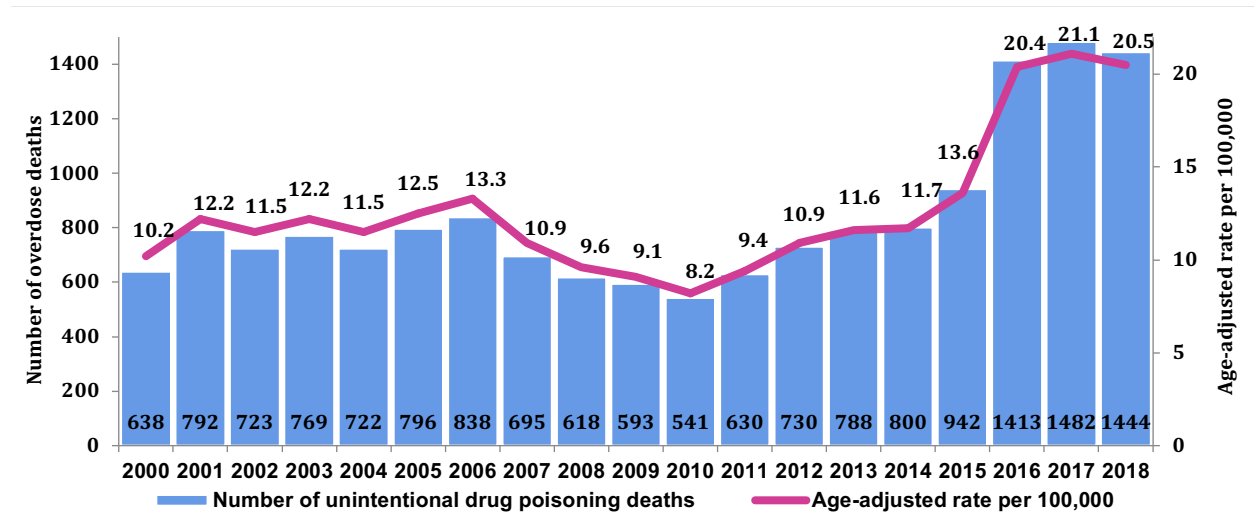
The collection and analysis of a range of drug use indicators forms the bedrock of the City’s evidence-based drug strategy. Drug use data are derived from health, social service, and criminal justice sources. Capitalizing on the NYC Health Department’s expertise in epidemiology and public health surveillance,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

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

Trends in unintentional overdose death in New York City

After seven consecutive years of increases in unintentional drug overdose deaths in New York City, the number and rate of overdose deaths decreased from 2017 to 2018.⁷ During 2018, there were 1,444 drug overdose deaths in New York City, 38 fewer deaths than during 2017.⁷ During that same period, the New York City overdose rate of death decreased 3% (21.1 to 20.5 per 100,000, respectively), mirroring a 2% projected decrease in the rate of drug overdose death across the United States.^{7,8} However, the burden of fatal drug overdose remains high—every seven hours, someone dies of a drug overdose in New York City.

Figure 1: Number of deaths from unintentional drug poisoning (overdose) in New York City, 2000 – 2018*



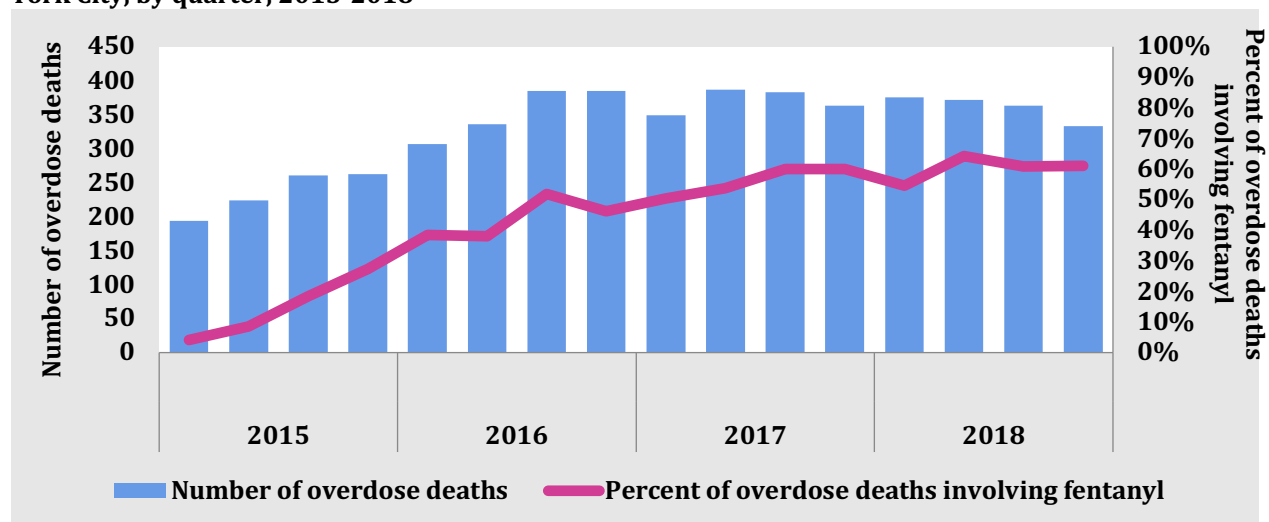
Source: Nolan ML, Mantha S, Tuazon E, Paone D. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2018. New York City Department of Health and Mental Hygiene: Epi Data Brief (116); August 2019.

Similar to national data, the decrease in drug overdose deaths from 2017 to 2018 in New York City was primarily driven by a decrease in overdose deaths involving opioid

analgesics.^{7,9} There were 156 unintentional drug overdose deaths involving opioid analgesics in New York City in 2018—58 fewer deaths than in 2017.⁷ This is the fewest number of opioid analgesic-involved overdose deaths in New York City since 2009, when opioid analgesics were involved in 145 deaths.⁷ This decrease in opioid analgesic involved-overdose deaths follows several years of a multi-pronged approach to reduce exposure to opioid analgesics in New York City.

While we are heartened by the reduction in overdose deaths, the number of drug overdoses in New York City remains at epidemic levels as fentanyl – a highly potent synthetic opioid – continues to be present in the illicit drug supply.¹⁰ Illicitly manufactured fentanyl has been identified in heroin, cocaine, methamphetamine, and ketamine, as well as opioid analgesics and benzodiazepine pills acquired from non-pharmaceutical sources. For the second consecutive year, fentanyl was the most common drug involved in overdose deaths in New York City. In 2018, fentanyl was involved in 60% of all drug overdose deaths.⁷

Figure 2: Number of drug overdose deaths and percent of overdose deaths involving fentanyl in New York City, by quarter, 2015-2018*



Source: Nolan ML, Mantha S, Tuazon E, Paone D. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2018. New York City Department of Health and Mental Hygiene: Epi Data Brief (116); August 2019.

Although the rate of drug overdose death decreased from 2017 to 2018, decreases were not evenly distributed by demography or geography, and increases were experienced among some groups. From 2017 to 2018, overdose deaths increased among residents of the Bronx, Staten Island, and Manhattan, and decreased among residents of Brooklyn and Queens.⁷

Furthermore, significant disparities remain in the rate of drug overdose death by race/ethnicity, age, and neighborhood of residence. Rates of overdose death increased 5% among Latinx New Yorkers (from 23.7 per 100,000 in 2017 to 24.8 per 100,000 in 2018) and, for the first time since prior to 2000, Latinx New Yorkers had the highest rate of overdose death.⁷ In contrast, the rate of drug overdose decreased 5% among White New

Yorkers (from 25.0 per 100,000 in 2017 to 23.8 per 100,000 in 2018) and decreased by 13% among Black New Yorkers (from 25.2 per 100,000 in 2017 to 21.9 per 100,000 in 2018) during this time period.⁷

Overdose deaths also increased among women from 2017 to 2018. The rate of overdose deaths among women increased by 7% from 8.5 per 100,000 in 2017 to 9.1 per 100,000 in 2018.⁷ By contrast, the rate of overdose death decreased by 6% among men during this time period, from 35.0 per 100,000 in 2017 to 33.0 per 100,000 in 2018.⁷ Among women, the rate of drug overdose death was highest among Black women for the second consecutive year (12.3 per 100,000 residents), followed by White women and Latinx women (10.2 and 9.7 per 100,000 residents, respectively).¹¹ In contrast to overdose deaths citywide, where fentanyl was the most common substance involved, cocaine was the most common substance involved in overdose deaths among women in 2018, present in 53% of overdose deaths.¹¹ The burden of cocaine overdose death was particularly high among Black women—68% of overdose deaths among Black women in 2018 involved cocaine, compared to 47% of overdose deaths among Latinx women and 43% of overdose deaths among White women.¹¹

Significant disparities persist in the burden of drug overdose death by age group, with New Yorkers between the ages of 35 and 54 continuing to have the highest rate of fatal drug overdose (28.7 per 100,000).⁷ The rate of drug overdose death among New Yorkers ages 35-54 was more than twice the rate among New Yorkers between the ages of 15 and 34 (12.7 per 100,000).⁷ Among the oldest New Yorkers, ages 55 to 84, the rate of drug overdose death increased by 11%, from 20.1 per 100,000 in 2017 to 22.3 per 100,000 in 2018, marking the fourth consecutive year of increases in fatal overdose among this group.⁷

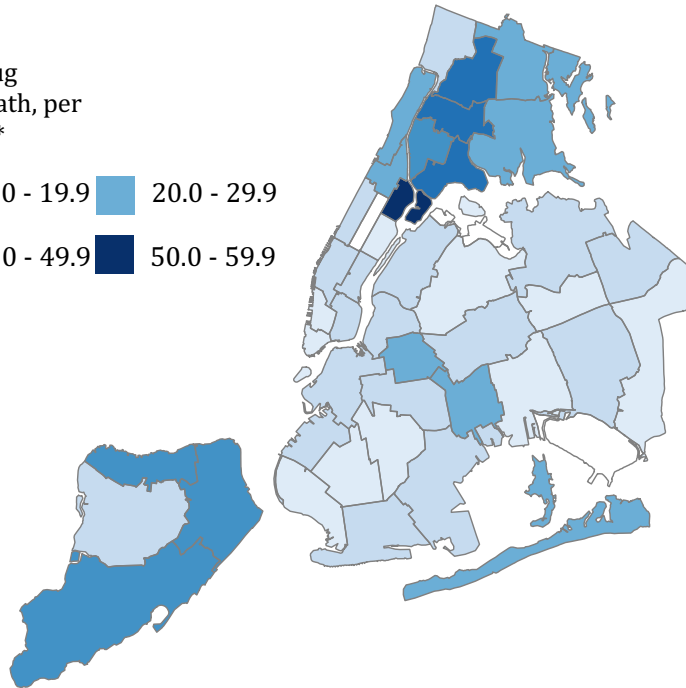
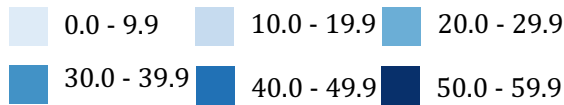
Wide geographic disparities also exist in the burden of fatal drug overdose. Highest-poverty neighborhoods, or neighborhoods where over 30% of households live below the federal poverty line, disproportionately bear the burden of fatal drug overdose. Residents of very high-poverty neighborhoods had more than twice the rate of drug overdose death as residents of the lowest-poverty neighborhoods (31.8 vs. 13.0 per 100,000).⁷ The rate of fatal drug overdose remains high in very high-poverty^v neighborhoods, even as rates continue to decrease in low-poverty neighborhoods.

By neighborhood of residence, East Harlem residents had the highest rate of fatal drug overdose in 2018 at 56.1 per 100,000, followed by residents of Crotona-Tremont and Hunts Point-Mott Haven (49.5 and 49.2 per 100,000, respectively).⁷ Rates of fatal drug overdose among residents of these three neighborhoods were more than double the citywide rate of 20.5 per 100,000.

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

Figure 3: Rates of unintentional drug poisoning (overdose) death, by neighborhood of residence, New York City, 2018*

Rate of unintentional drug poisoning (overdose) death, per 100,000 residents, 2018*



Source: Nolan ML, Mantha S, Tuazon E, Paone D. *Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2018*. New York City Department of Health and Mental Hygiene: Epi Data Brief (116); August 2019.

Data suggest that disparities in drug overdose deaths across neighborhoods have widened as the number of drug overdose deaths increased dramatically citywide beginning in 2015. Neighborhoods which had 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 2018.¹¹ By contrast, neighborhoods with low rates of overdose in 2014 continued to have low rates of drug overdose death in 2018, experiencing minimal increases in fatal drug overdose during this time period.¹¹ 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

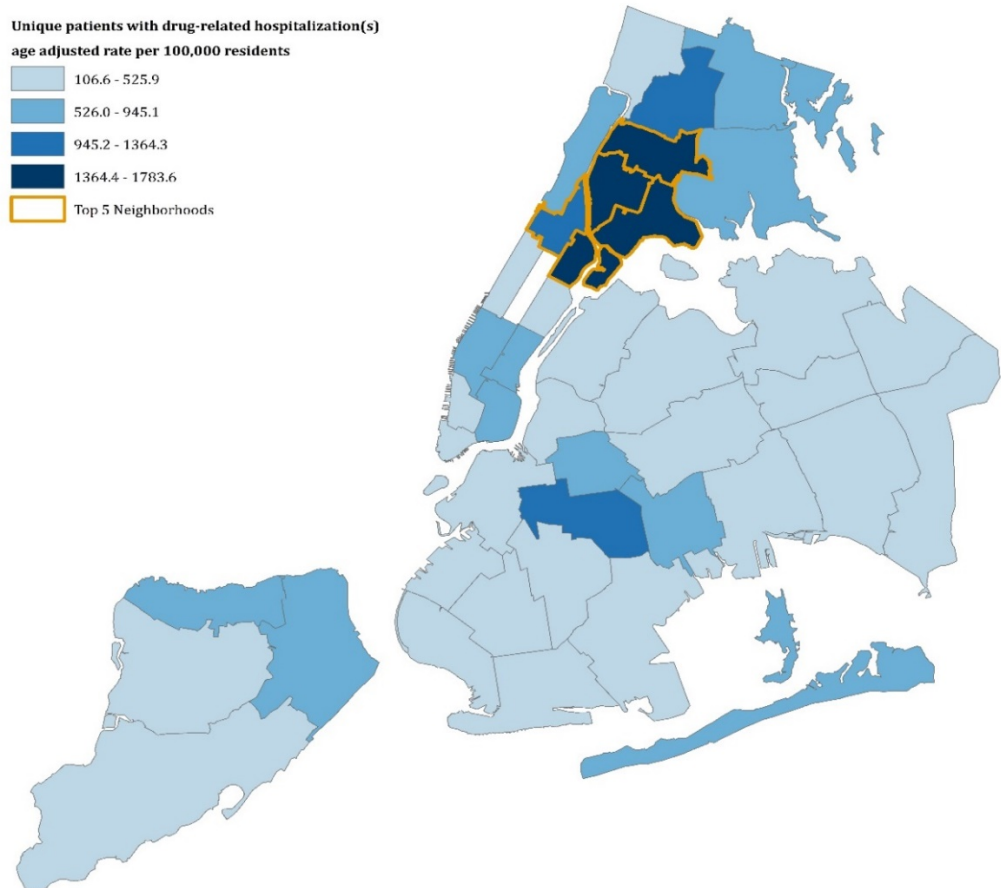
In addition to the aforementioned trends in unintentional overdose deaths, many other indicators reflect the burden of drug use in NYC. These include: drug-related hospitalizations, emergency department visits, and ambulance transports. In 2016, 39,346 New Yorkers experienced a total of 58,286 drug-related hospitalizations,^{vi} a rate of 809.7 hospitalizations per 100,000 residents. Approximately one-third of all drug-related hospitalizations (21,193) involved opioids in 2016.¹²

^{vi} Hospitalizations are visits where the patient 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 2016, males experienced twice the rate of drug-related hospitalizations compared with females (752.7 and 364.3 residents hospitalized per 100,000 residents, respectively).¹² Consistent with patterns of unintentional overdose death, New Yorkers between the ages of 45 and 54 experienced the highest rate of drug-related hospitalization (838.1 residents hospitalized per 100,000 residents).¹²

Certain boroughs and neighborhoods experience disproportionate burdens of drug-related hospitalization. In 2016, Bronx residents experienced the highest rate of drug-related hospitalization (1,056.2 residents hospitalized per 100,000 residents), nearly twice the rate of drug-related hospitalization among residents of Staten Island and Manhattan (622.0 and 604.3 residents hospitalized per 100,000 residents, respectively).¹² The rate of drug-related hospitalization among residents of the Bronx was over two and three times the rates among residents of Brooklyn and Queens (491.9 and 271.5 residents hospitalized per 100,000 residents, respectively).¹² The neighborhoods with the highest drug-related hospitalization rates in 2016 were: East Harlem, Hunts Point-Mott Haven, Highbridge-Morrisania, Crotona-Tremont, and Central Harlem.¹²

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



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

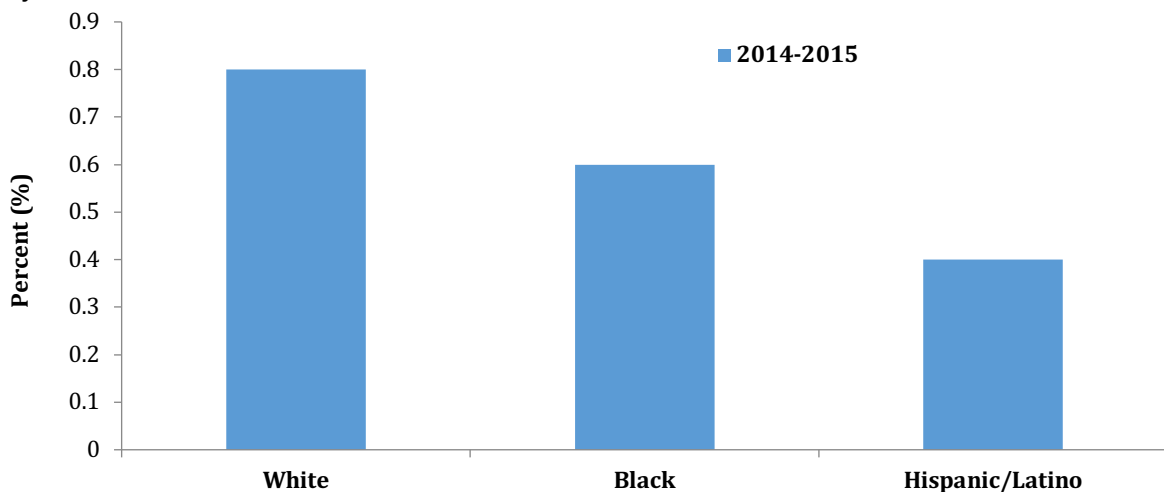
Additionally, residents of very high-poverty neighborhoods experienced the highest rate of drug-related hospitalization in 2016 (1251.2 residents hospitalized per 100,000 residents), over four times the rate of residents of low-poverty (i.e., wealthier) neighborhoods (290.4 residents hospitalized per 100,000 residents).¹²

Prevalence of substance use and misuse in New York City

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

In the NSDUH 2014-2015 survey cycles, 0.5 percent of the New York City sample reported using heroin within the past year, and 3.5 percent reported using cocaine during the previous year.¹³ Male New Yorkers were more likely to report past-year heroin and past-year cocaine use than female New Yorkers.¹³ Likewise, a higher proportion of White New Yorkers reported heroin and cocaine use than Black and Latinx New Yorkers.¹³ In 2014-2015, the reported level of cocaine use among White individuals (6.5 percent) was two times the proportion of Black New Yorkers (3.2 percent) and more than five times the proportion of Latinx individuals (1.2 percent).¹³ These prevalence figures did not differ from the prevalence figures captured during the 2012-2013 survey cycle.

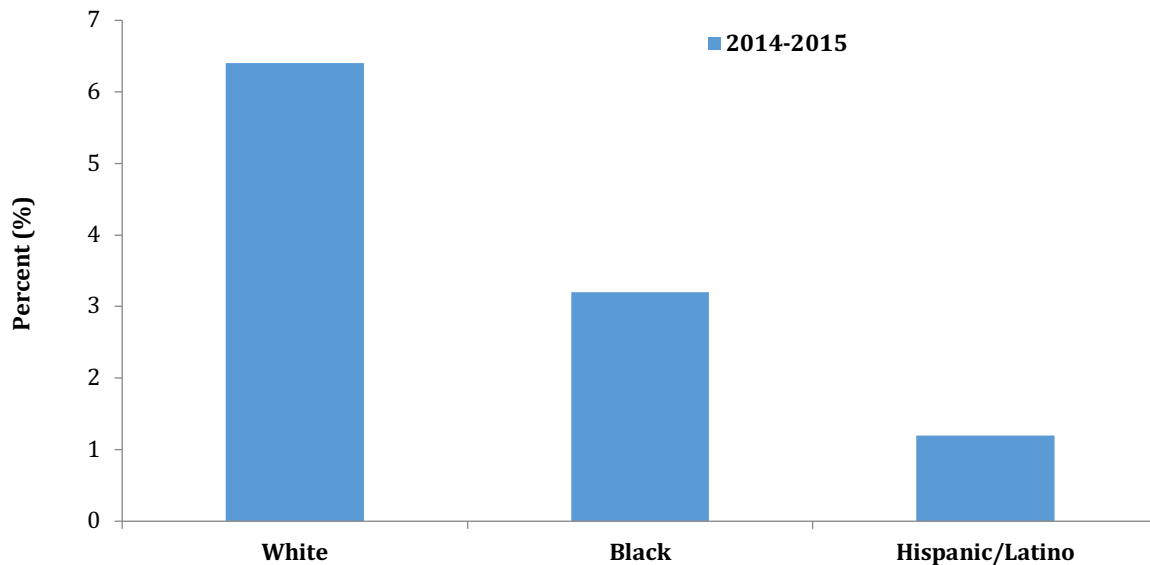
Figure 6: Self-reported past-year heroin use by race/ethnicity, New Yorkers aged 12 and older, New York City, 2014-2015



Note: Past Year Substance Use among persons aged 12 or older

Source: Substance Abuse Mental Health Services Administration, Office of Applied Studies, National Surveys on Drug Use and Health, 2014-2015

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



Note: Past Year Substance Use among persons aged 12 or older

Source: Substance Abuse Mental Health Services Administration, Office of Applied Studies, National Surveys on Drug Use and Health, 2014-2015

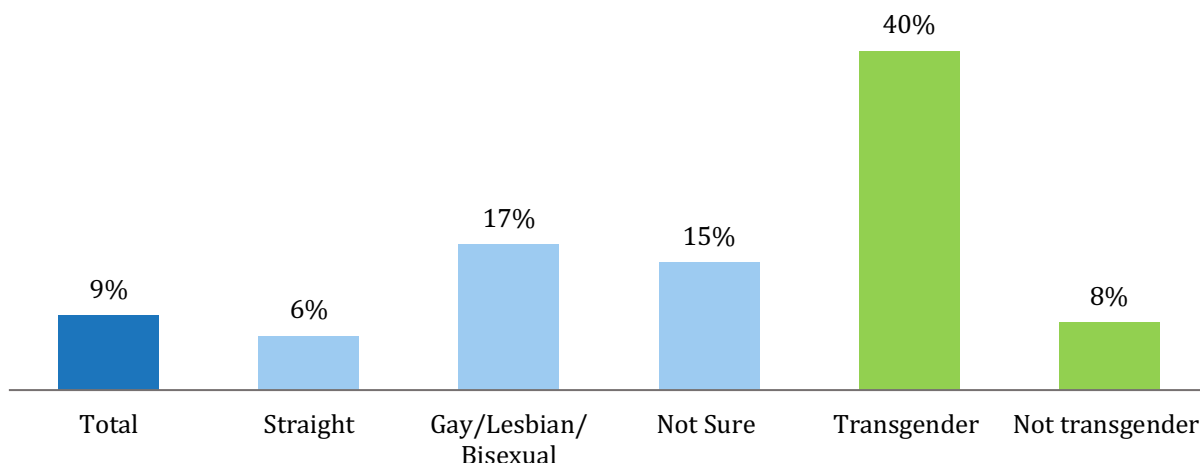
The prevalence of substance use among New York City youth differs by demographic characteristics. The 2017 New York City Youth Risk Behavior Survey found that 10 percent of Latinx and 9 percent of White public high school students reported ever using (also known as “lifetime use”) any illicit drug, compared with 7 percent of Black and 5 percent of Asian students in NYC public high schools.¹⁴ Male students reported significantly higher levels of both lifetime illicit drug use and past-year non-medical prescription drug misuse than female students.¹⁴

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 4 percent of students in 2017.¹⁴ Differences were seen by borough of residence, with 5 percent of Staten Island and Manhattan youth in public high schools reporting lifetime heroin use compared with 4 percent of Bronx, 3 percent of Brooklyn, and 3 percent of Queens youth in public high schools reporting lifetime heroin use.¹⁴ Despite this increase in heroin use from 2007 to 2017, the proportion of students reporting ever using heroin remains lower compared with other substances; in 2017, 16 percent of students reported the use of cannabis in the month prior to the survey, and 18 percent of students reported the use of alcohol in the month prior to the survey.¹⁴

Seventeen (17) percent of public school students who identified as lesbian, gay, or bisexual and 15 percent of students who identified as questioning their sexual orientation reported ever using illicit drugs. This is over two times higher than their straight counterparts (6 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 8% of students who do not identify as transgender.¹⁴

Figure 8: Proportion of public school students reporting any lifetime illicit drug use, by sexual orientation and gender identity, New York City, 2017



Note: Illicit drug use is lifetime use of cocaine (any form), heroin, ecstasy, or synthetic cannabinoids during lifetime.

Source: NYC Youth Risk Behavior Survey, 2017

Prescription drug use in New York City

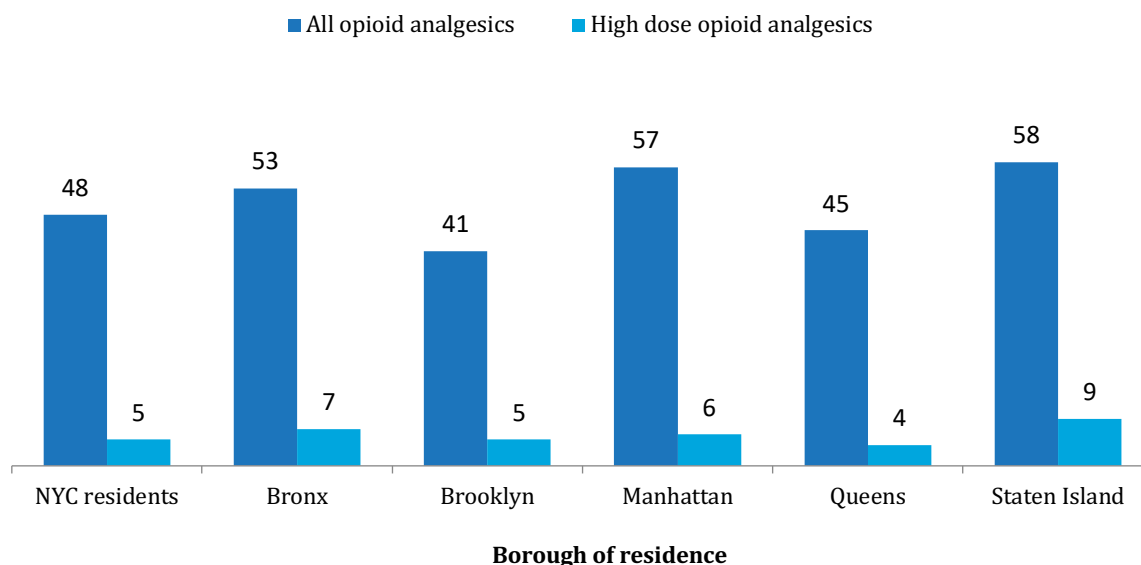
New York State Prescription Drug Monitoring Program (PDMP) data allow the City to identify patterns in opioid analgesic prescriptions.^{vii} The total number of opioid analgesic prescriptions filled in New York City decreased by 26 percent between 2014 and 2018, from 1.9 to 1.4 million prescriptions.¹⁵ Seventy-one (71) percent of the opioid analgesic prescriptions filled in 2018 were for oxycodone, and 14 percent were for hydrocodone.¹⁵ The number of New York City residents who filled an opioid analgesic prescription declined by 32 percent between 2014 and 2018, from 645,706 to 435,930.¹⁵

Female New Yorkers filled opioid analgesic prescriptions at higher rates than males (52 vs. 44 per 1,000 females/males, respectively).¹⁵ However, males filled high-dose prescriptions at higher rates than females (6 vs. 5 per 1,000 males/females, respectively).¹⁵ Receiving a high-dose prescription—defined as greater than 90 morphine milligram equivalents per day—greatly increases an individual’s risk of overdose.

In 2018, residents of Staten Island filled opioid analgesic prescriptions at higher rates than residents of all other boroughs.¹⁵ 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 2018.¹⁵

^{vii} 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, 2018



Source: NYS Prescription Monitoring Program, 2018

Drug treatment and detoxification utilization in New York City

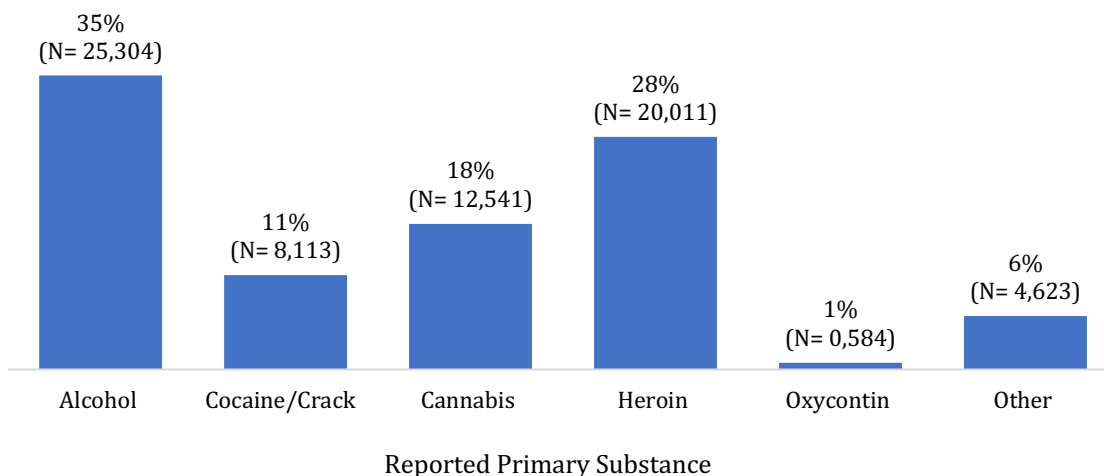
Drug treatment admission data provide the City with an annual snapshot of non-crisis and crisis admissions, as well as trends over time. Data are provided by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Non-crisis admissions are defined as admissions to outpatient, inpatient,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

New York City residents experienced a total of 71,514 non-crisis drug treatment admissions in 2018.¹⁶ The proportion of individuals admitted to treatment who cited heroin as their primary drug remained stable from 2014 to 2018, at 28 percent.¹⁶ Cocaine/crack was cited as the primary drug in 11 percent of admissions in 2018, down from 12 percent of admissions in 2014.¹⁶

A larger proportion of White^{viii} New Yorkers reported heroin (37 percent) or oxycontin (2 percent) as a primary drug at admission than Black New Yorkers (17 and <1 percent, respectively).¹⁶ Black New Yorkers reported powder or crack cocaine (16 percent) as a primary drug at admission more frequently than White New Yorkers (7 percent).¹⁶ Of those reporting heroin as their primary drug, one-third (33 percent) were between the ages of 46 to 55, while 38 percent of those reporting powder or crack cocaine were also between the ages of 46 to 55.¹⁶

^{viii} Treatment admission data from NYS OASAS records individuals' race and ethnicity in collapsed categories as "White," "Black/African American," or "other."

Figure 10: Reported primary substance for non-crisis treatment admissions, New York City, 2018



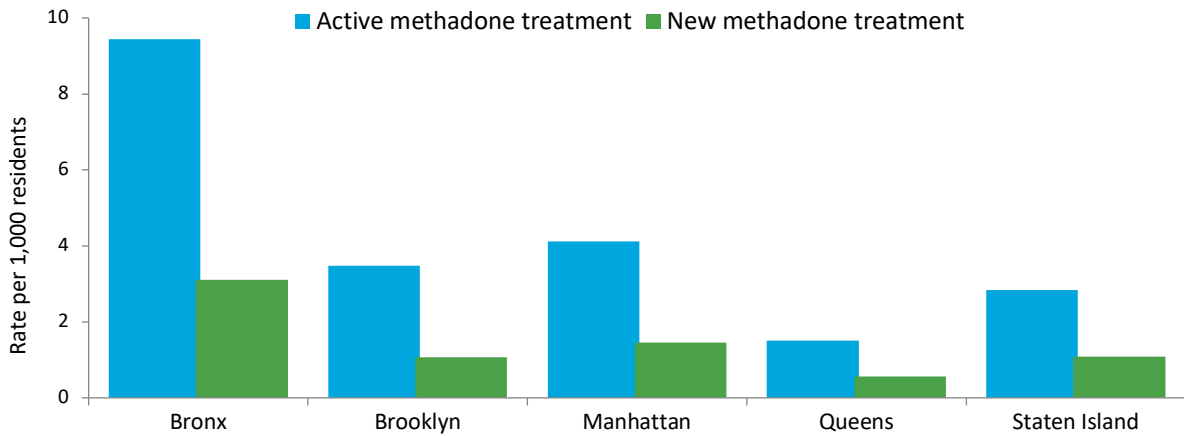
Note: Data as of November 22, 2019
 Source: NYS Office of Alcoholism and Substance Abuse Services, 2018

New York City residents had a total of 41,651 detoxification admissions in 2018. Alcohol was listed as the primary substance for 61% of detox admissions (25,582 admissions), and heroin was the primary substance for 30 percent of admissions (12,573 admissions).¹⁶ The number of heroin-related detoxification admissions decreased by 9 percent between 2014 and 2018, from 13,825 to 12,574 admissions.¹⁶ Individuals between the ages of 46 and 55 comprised the largest proportion of all detoxification admissions (36 percent). Black New Yorkers comprised the largest proportion of all detoxification admissions (44 percent) followed by New Yorkers reporting “other” as their race (29 percent).

The NYC Health Department 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.¹⁷ In 2018, there were approximately 28,000 New York City residents enrolled in methadone treatment, one-third of whom were new to methadone treatment (9,312 patients).¹⁶ Nearly two-thirds (62 percent) of methadone patients in 2018 were over age 45, and over two-thirds (71 percent) were male.¹⁶

Latinx New Yorkers were enrolled in methadone treatment at nearly twice the rate of Black New Yorkers (7.7 and 4.2 per 1,000 residents, respectively) and at three times the rate of White New Yorkers (2.6 per 1,000 residents). Residents of the Bronx had the highest rates of both active and new patients enrolled in methadone treatment in 2018 (9.4 and 3.1 per 1,000 respectively).¹⁶

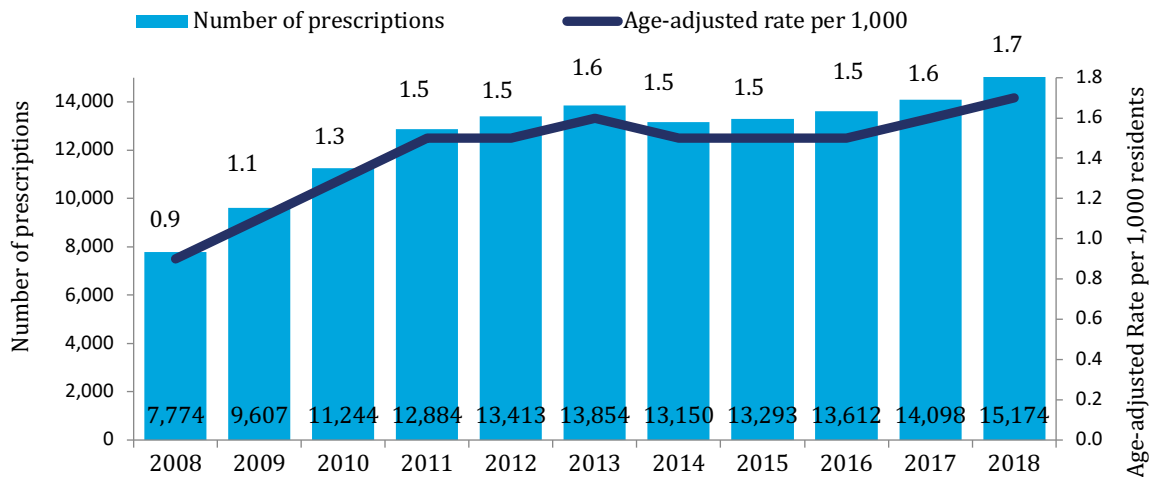
Figure 11: Rate of methadone treatment by borough of residence, New York City, 2018



Source: New York State Office of Alcoholism and Substance Abuse Services, 2018

The number of patients filling prescriptions for buprenorphine increased 95 percent between 2008 and 2018, from 7,774 to 15,174 patients.¹⁵ In 2018, 2,358 prescribers wrote a total of 125,002 buprenorphine prescriptions.¹⁵ In 2018, Staten Island residents filled buprenorphine at a rate three to five times higher than other boroughs.⁹

Figure 12: Buprenorphine prescriptions filled by New York City residents, 2008-2018



Source: New York State Prescription Drug Monitoring Program, 2008-2018

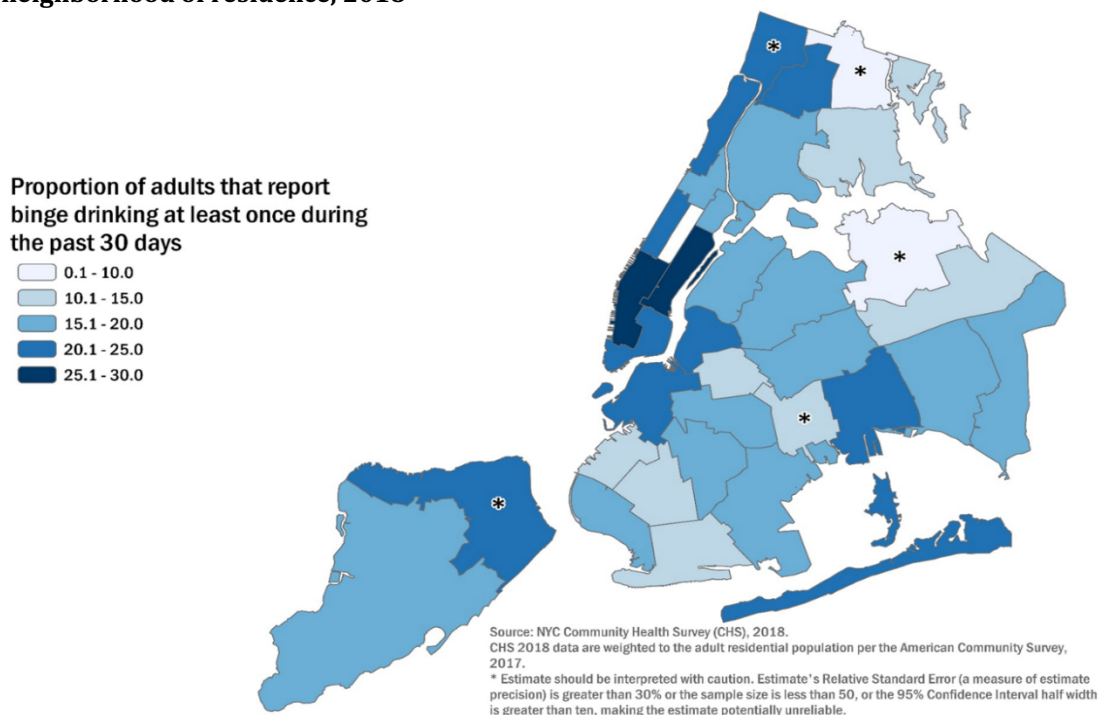
The burden of alcohol use in New York City

Although the opioid overdose epidemic is the leading health burden in New York City today as it relates to substance use, 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 2018, more than half (55.3 percent) of New Yorkers ages 18 and over reported consuming alcohol during the prior 30 days.¹⁸ Among New Yorkers who drink, 38 percent reported binge drinking^{ix} at least once in the past month.¹⁸ Among New Yorkers who drink, the largest proportion of binge drinkers were those aged 18 to 24, with two in five of 18 to 24 year old New Yorkers who reported drinking in the past 30 days reporting binge drinking (42 percent); this is compared with 39 percent of drinkers age 25 to 44, 25 percent of drinkers age 45 to 64, and 14 percent of drinkers age 65 and above.¹⁸ Over one-third (35 percent) of Latinx New Yorkers who reported drinking in the past 30 days reported binge drinking, compared with 30 percent of White and 30 percent of Black residents.¹⁸

The top five neighborhoods with the highest reported prevalence of binge drinking were Upper East Side-Gramercy (27 percent), Chelsea-Greenwich Village (26 percent), Washington Heights (25 percent), Kingsbridge (23 percent) and Downtown Brooklyn-Brooklyn Heights-Park Slope (22 percent).¹⁸

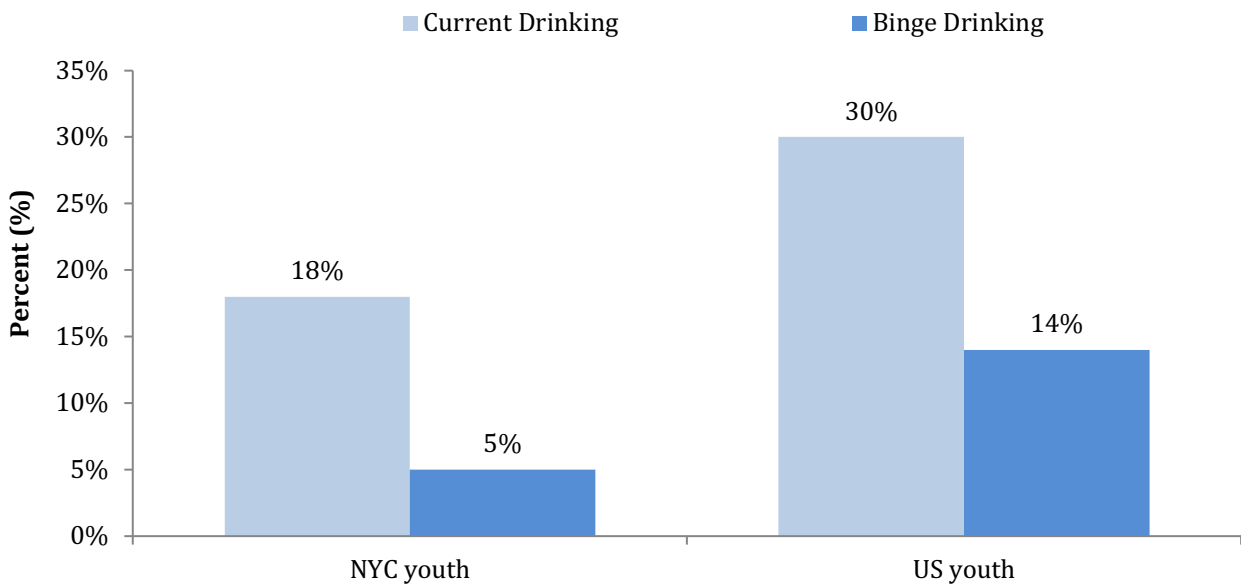
Figure 13: Prevalence of binge drinking among New York City adults, ages 18+, by UHF neighborhood of residence, 2018



^{ix} 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.

Alcohol is the most commonly used substance among New York City youth; 18 percent of New York City public high school students in 2017 reported any alcohol consumption in the past 30 days.¹⁴ However, the proportion of high school students in New York City who reported current drinking^x has decreased over the past 17 years; in 2001, 42 percent reported drinking during the past month.¹⁴ In 2017, youth in New York City public high schools also reported lower levels of binge drinking (5 percent in New York City) and current drinking (18 percent in New York City) than youth nationwide (14 percent and 30 percent, respectively).¹⁴

Figure 14: Drinking and binge drinking by New York City and United States youth, 2017



Source: Youth Risk Behavior Survey, 2017

Among youth who reported drinking in 2017, 35 percent reported binge drinking at least once during the past month.¹⁴ Drinking among youth does not vary significantly by borough.¹⁴ More public high school students living in Staten Island reported binge drinking (44 percent of current drinkers) compared with students from Manhattan, Queens, the Bronx and Brooklyn (39 percent, 36 percent, 36 percent, and 28 percent of current drinkers, respectively).¹⁴

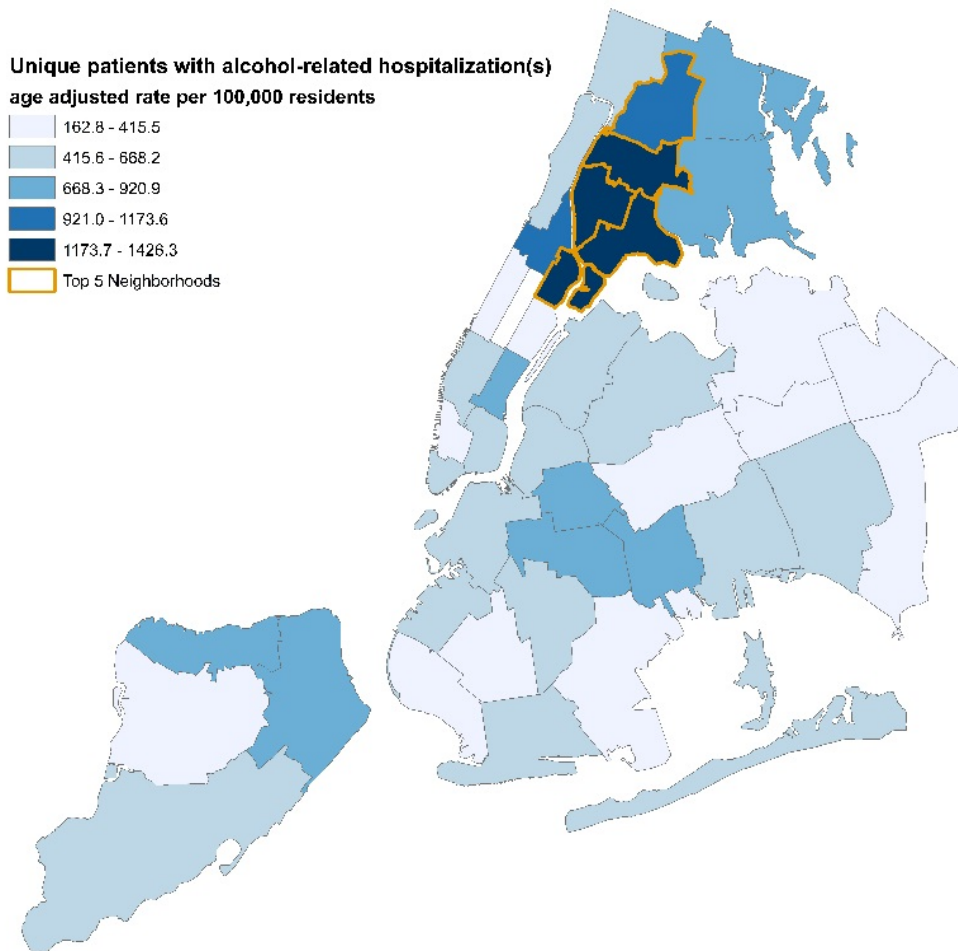
In 2016, 43,843 New Yorkers experienced a total of 64,456 alcohol-related hospitalizations, a rate of 602.4 hospitalizations per 100,000 residents.¹² Males experienced over twice the rate of alcohol-related hospitalizations than females in 2016 (890.0 men per 100,000 residents and 353.4 women per 100,000 residents), while New Yorkers between the ages

^x Current drinking is defined as drinking at least one drink of alcohol on at least one day during the 30 days before the survey.

of 55 and 64 experienced the highest rate of alcohol-related hospitalizations (1091.0 residents hospitalized per 100,000 residents).¹²

Bronx residents experienced the highest rate of alcohol-related hospitalizations (902.1 residents hospitalized per 100,000 residents), almost twice the rate of alcohol-related hospitalizations among residents of Manhattan, Staten Island, and Brooklyn (605.7, 596.4 and 556.6 residents hospitalized per 100,000 residents, respectively), and almost two-and-a-half times the rate among Queens residents (423.8 residents hospitalized per 100,000 residents).¹² The neighborhoods with the highest rates of patients with an alcohol-related hospitalization in 2016 were: East Harlem, High Bridge-Morrisania, Crotona-Tremont, Hunts Point-Mott Haven and Fordham-Bronx Park.¹²

Figure 15: Rate of unique patients with alcohol-related hospitalization(s) by borough of residence, 2016



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

In 2017, there were an estimated 2,129 deaths among New Yorkers attributable to excessive alcohol consumption.¹⁹ Chronic conditions, such as cancers, stroke, and liver disease, were the cause of over half of these deaths (52 percent).¹⁹ Acute causes, such as

motor-vehicle accident related, poisoning, and fall injuries accounted for the remaining 48 percent.¹⁹

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 the NYC Health Department have included: patterns of transition from opioid analgesic to heroin use; implementation of the New York State PDMP 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 inserting the frame of the lived experience of people who use drugs into the design of NYC Health Department’s data-driven interventions. For example, in response to the increase of fentanyl-involved overdose deaths, in 2017, the NYC Health Department’s qualitative research initiative instituted a study to explore the knowledge and perceptions of fentanyl among people who use drugs. Findings from this study showed that while people who use drugs are more aware of fentanyl’s presence in the drug supply, they are not always fully informed about the risks associated with fentanyl or how they could protect themselves. As a result, the NYC Health Department launched ongoing work to increase awareness about fentanyl in community settings. The NYC Health Department’s qualitative research program, RAR, originated through a grant awarded by the Bureau of Justice Assistance in the Federal Department of Justice and, as of 2017, is part of the City’s epidemiologic portfolio.

Criminal legal system involvement 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 the number of drug-related arrests has decreased substantially from 100,158 felony and misdemeanor drug arrests in 2011 to 23,114 in 2019.²⁰ However, significant racial disparities remain, with Black and Latinx New Yorkers disproportionately accounting for misdemeanor and felony drug arrests in New York City.²⁰ Despite comprising 24% and 29% of New York City’s population,²¹ respectively, Black and Latinx New Yorkers accounted for 45.1% and 38.5% of drug-related misdemeanor and felony arrests in 2019.²⁰ By contrast, White New Yorkers make up 43% of New York City’s population,²¹ yet accounted for 12.3% of misdemeanor and felony drug arrests in 2019.²⁰

Similar racial disparities were observed in cannabis arrests and criminal summons in New York City. There were 1,482 misdemeanor cannabis arrests in New York City in 2019²²—a sharp reduction from over 50,000 misdemeanor cannabis arrests at its peak in 2011.²³

Even as the number of misdemeanor cannabis arrests decreased, racial disparities remained, with nearly 90% of misdemeanor cannabis arrests in 2019 occurring among Black and Latinx New Yorkers and fewer than 5% occurring among White New Yorkers.²² Black and Latinx New Yorkers also accounted for 90% of the nearly 15,000 criminal summons for cannabis possession in New York City in 2019.²² 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 Latinx New Yorkers—in 2014-2015, 23.4% of White New Yorkers over the age of 12 reported past year cannabis use, compared to 14.1% and 12.0% of Black and Latinx New Yorkers over the age of 12, respectively.¹³

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 the NYC Health Department demonstrate that 18% 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% of New Yorkers who have never been stopped by the police.²⁴ 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% for poor physical health; 27% vs. 14% for poor mental health).²⁴

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.²⁶⁻²⁸ Incarceration may also interrupt MOUD treatment among individuals with OUD, also increasing the risk of fatal overdose.²⁹ 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^{30,31} and limiting the ability of people who use drugs to engage in harm reduction and safer drug use behaviors.^{32,33}

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 or HealingNYC,^{xi} others have been ongoing prior to these investments. Initiatives launched or expanded by the Bronx Action Plan^{xii} 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), Department of Health and Mental Hygiene (NYC Health Department), Department of Homeless Services (DHS), Department of Probation (DOP), Health + Hospitals (H+H) and Correctional Health Services (CHS), Human Resources Administration (HRA), and the Police Department (NYPD).

New York City Administration for Children's Services

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

In collaboration with the NYC Health Department and Registered 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. Currently, when families are working with ACS's Division of Child Protection and the Credentialed Alcoholism and Substance Abuse Counselors (CASACs) that are co-located in the borough offices, interested families may be referred for training in overdose prevention and to receive naloxone kits. Referrals are made by CASACs, as well as through partner community-based agencies.

Expanded Access to Treatment and Support Services

Through this initiative, ACS co-locates OASAS certified treatment providers within borough offices throughout New York City to provide screening, assessment, and brief intervention for substance use. This program, established in 2008, has expanded from two co-located pilot sites, one in Brooklyn and the other in the Bronx, to a total of nine sites, which include one additional site since 2018. All these sites are eligible to receive Medicaid reimbursable funds for qualified services rendered within ACS offices. ACS funds 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. CASACs who meet with a client in need of services prioritize the needs of the individual, provide confidential screening and assessment services, and provide direct linkages with substance use and mental health treatment providers, MOUD, primary health care, and case management services. Over time, ACS has modified the model to ensure 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.

^{xi} This report includes initiatives launched with the first wave of HealingNYC in March 2017, and initiatives included in the second wave in March 2018. Second wave initiatives are described briefly in Appendix C.

^{xii} The Bronx Action Plan expanded select Healing NYC activities and launched new, borough-specific efforts to reduce the burden of overdose in the South Bronx. Bronx Action Plan strategies are described in Appendix D.

Medication Safety Campaign

ACS initiated our citywide Medication Safety Campaign with a medication safety forum in December 2017 to provide the public with information on how to use Child Protective Services and the New York City Poison Control Center (PCC) as key substance use resources. The forum covered how families can identify high-risk opioid medications and prevent unintentional exposure in the home. This was the first in a series of trainings that occurred across New York City in which PCC facilitated training for ACS staff and partners. The training helped participants identify dangerous substances/medications in the home. It also focused on how to keep such toxins safely away or out of reach of children in homes to avoid accidents and fatalities.

- To kickstart the Medication Safety Campaign, in 2018, PCC conducted 52 trainings for foster parents, community providers, various agency staff members, family and childcare providers.
- Beginning in 2019, community providers were offered a one-day refresher training during National Poison Prevention Week. In calendar year 2020, the refresher training will take place on March 18th.
- In collaboration with HRA, an e-mail blast was designed in English and in Spanish and was sent to all HRA clients in 2018.

Medication safety informational poster and palm card distributions are ongoing. As part of this campaign, ACS distributed thousands of medication lock boxes and lock bags to families engaged in the ACS community and child welfare programs and provided these supplies to our partners at the NYPD and DHS to distribute to families with young children. ACS is currently working to secure additional informational supplies, medication lock boxes, and lock bags to meet increased demand for these materials. The program is one part of ACS's ongoing work to prevent drug-related harms among children and youth.

New York City Department of Education

Substance Abuse Prevention and Intervention Services

Since 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 273 SAPIS counselors who provide services in 350 schools across all five boroughs. The goals of the program are manifold: reduce the prevalence of substance use among youth; delay the initiation of substance use behavior; decrease the negative health, social, and educational consequences associated with substance use; and prevent the escalation of substance use behaviors to levels requiring treatment. Services provided by SAPIS counselors include classroom lessons using evidence-based curricula, individual and group counseling, peer leadership programs, positive alternative activities, crisis intervention, conflict resolution, assessments and referrals for mental health and substance use services, school-wide prevention projects, and parent workshops. Since its inception, the SAPIS program has operated as part of the DOE's partnership with OASAS.

New York City Department of Health and Mental Hygiene

OASAS-licensed Substance Use Disorder Treatment Programs

The NYC Health Department 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, the NYC Health Department maintains programmatic and fiscal oversight of 94 contracted programs to ensure adherence to evidence-based models of person-centered and trauma-informed care grounded in harm reduction. In September 2019, the NYC Health Department informed all contracted SUD treatment programs that as of FY21 contracts^{xiii} will require that programs ensure access to buprenorphine, onsite for most program types, and that program staff discuss the full continuum of care options with clients. Ensuring that effective SUD treatment is available for all New Yorkers who need it is a primary strategy in the NYC Health Department's plan to reduce overdose deaths in NYC.

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 opportunity to challenge drug-related stigma, discuss overdose risk and develop response plans, and offers a touch-point where referrals for additional health promotion resources can be made. 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, the NYC Health Department has exceeded its distribution target of 100,000 overdose prevention kits annually to the City's more than 250 Opioid Overdose Prevention Programs (OOPPs), prioritizing distribution in key systems such as shelter, substance use treatment, and syringe service. The NYC Health Department distributed 128,118 naloxone kits to registered OOPPs citywide in 2018, and 156,836 naloxone kits to OOPPs citywide in 2019. To maximize naloxone's lifesaving potential, the NYC Health Department expanded technical assistance and community engagement with OOPPs to support tailored messaging about naloxone and focused distribution in high-need areas.

Pharmacy-Based Naloxone Distribution

In December 2015, the New York City Health Commissioner issued a non-patient specific prescription (called a "standing order") to authorize participating pharmacies to dispense naloxone without a patient-specific prescription. Independent pharmacies can register to dispense naloxone under the NYC Health Department's standing order by completing a one-page authorization form, and 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 requires either insurance coverage or patient ability to pay. Supporting expanded access to naloxone through pharmacies is a core component of the NYC Health Department's ongoing overdose prevention work.

^{xiii} As noted on page 9, contract amendments requiring access to buprenorphine and discussion of the continuum of care were delayed by COVID-19. Some will be processed with FY22 contract renewals rather than FY21.

Syringe Service Programs

The NYC Health Department funds the 14 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 exchange services. In addition, the NYC Health Department contracts with two technical assistance providers to build SSP capacity, cultivate coalitions to support health policies and social institutions that benefit people who use drugs, and expand harm reduction practice in communities. Through HealingNYC, SSPs have grown their outreach capacities to reach new populations at risk of overdose and other drug related harm and has expanded onsite access to buprenorphine at seven sites. The NYC Health Department provides technical assistance to all ten NYC SSPs that prescribe buprenorphine, including these seven funded sites.

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, peer workers provide 24/7 on-call support to patients presenting to emergency departments located in neighborhoods with high rates of overdose. Patients are engaged by supportive peers in the hospital immediately following their overdose, and peers provide services tailored to the patients' needs over a three-month follow-up period. Peer services include: overdose risk reduction counseling, opioid overdose rescue training, naloxone distribution, and navigation to harm reduction services, SUD treatment, or other health and social services. Since program inception in June 2017, Relay has expanded to 12 hospitals at 13 emergency department sites across all five boroughs. The program will expand to a total of 15 hospitals by July 2020.^{xiv} 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 availability of buprenorphine has remained low in New York City. To expand the use of this medication, the NYC Health Department aims 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 December 2019, a total of 1,767 clinicians have been trained. This includes 788 new clinicians trained in calendar year 2018 and 538 new clinicians trained in calendar year 2019. Training consists of federally mandated education; physicians are required to complete eight hours of training, whereas nurse practitioners and physician assistants are required to complete 24 hours of training. After completing the requisite training, clinicians apply to the Drug Enforcement Administration (DEA) in order to receive authorization (known as a "waiver") from the Drug Enforcement Administration (DEA) to treat patients with buprenorphine. While these training requirements can be barriers to treatment provision, the expanded

^{xiv} Program expansion is delayed by COVID-19 due to limited capacity of hospital emergency departments.

provider training capacity is part of HealingNYC to offer education to providers to ensure that all New Yorkers who want treatment for OUD have access to buprenorphine.

Nurse Care Manager Buprenorphine Treatment

Buprenorphine offers the flexibility to receive care for OUD in traditional medical settings. To expand access to buprenorphine for underserved populations, the NYC Health Department has implemented an innovative Nurse Care Manager initiative in 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. In 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 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 the NYC Health Department's efforts to reduce overdose mortality. Between 2013 and 2017, the NYC Health Department conducted three detailing campaigns to promote judicious opioid prescribing in Staten Island (2013), the Bronx (2015), and Brooklyn (2017). Collectively, these campaigns reached over 3,000 providers. In 2018, the NYC Health Department conducted two city-wide detailing campaigns aimed at increasing access to naloxone—one focused on pharmacists and one focused on providers. These campaigns reached over 1,000 pharmacists and over 800 providers, respectively. In calendar 2019, the NYC Health Department detailed over 800 providers with the goal of increasing the number of NYC providers waived to prescribe buprenorphine. Planning is in progress for a future detailing campaign with health care providers on the risks associated with cocaine use.^{xv} Through HealingNYC, the NYC Health Department will continue to expand its detailing program capacity in high-need areas.

Rapid Assessment and Response

Emerging drug issues and the risks associated often require a more agile response than conventional scientific research methods allow. The NYC Health Department's RAR team utilizes both quantitative and qualitative methods to quickly gather data in response to a pressing question or crisis. 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

^{xv} The cocaine detailing campaign launched in September 2020. The detailing action kit can be found [here](#).

the team to identify and implement responses that are informed by local data and tailored to specific neighborhoods.

In November 2018, RAR began conducting Enhanced Community Engagement and has since visited 475 venues (including business, shelters, and libraries) across four neighborhoods in the South Bronx and Northern Manhattan with high rates of overdose. As part of each visit, RAR provides materials and messaging to increase community awareness of non-pharmaceutical fentanyl in opioids and other drugs such as crack/cocaine, as well as overdose prevention education and naloxone training. In addition to this body of work, RAR continues to conduct assessments with people who use drugs to identify risk behaviors and gaps in services.

Most recently, RAR interviewed 49 people who use drugs in the Washington Heights area from May to December 2019. Findings from this assessment highlighted that public injection and syringe litter require ongoing attention citywide, as do the driving factors, such as displacement, gentrification, and homelessness. Continued advocacy is needed to further fund and resource crucial community-based organizations that work directly with people who use drugs, including Washington Heights Corner Project. Although efforts to contain syringe litter are markedly improving, these cannot persist in a vacuum. So long as the more systemic issues go unaddressed, the underlying factors that contribute to public drug use will remain.

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. The NYC Health Department 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, among other community members.

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. The NYC Health Department 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.

Public Education Media Campaigns

Since 2016, the NYC Health Department 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. The NYC Health Department’s media campaign ads are concentrated in City neighborhoods where the highest number of opioid overdose deaths are recorded that year. They appear in English and Spanish and posters are translated into additional languages according to neighborhood placement and need. All campaigns drive people to NYC WELL for assistance in finding treatment and services, as well as to the NYC Health Department web pages for additional relevant information. The NYC Health Department 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 evidenced-based treatment. Data on reach and public response to campaigns is collected and analyzed to help shape future campaigns. The NYC Health Department’s expanded public education capacity is a part of HealingNYC and ThriveNYC.

“Save a Life: Carry Naloxone” aimed to raise awareness about opioid overdose, generate conversation, and encourage New Yorkers to obtain and carry naloxone. Most of the media campaigns that followed featured New Yorkers who were personally affected by the opioid epidemic sharing their stories.

The “Overdose is Preventable” television ad campaign, which aired on local English and Spanish language TV, presented two New Yorkers talking about the pain of losing a loved one to opioid overdose and the need to de-stigmatize open conversation about drugs, while providing information on the availability of naloxone and effective treatment.

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.

In the “I am Living Proof that Methadone and Buprenorphine Work” campaign, six New Yorkers shared their personal experience taking either 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.

Public Health Outreach Campaigns

In May 2017, the NYC Health Department led an enhanced fentanyl public awareness campaign (see Appendix E). The NYC Health Department partnered with the NYC Medical Reserve Corps—a group of trained health professionals across a variety of disciplines who support emergency community health initiatives—to conduct a mass distribution fentanyl alert campaign directed towards members of the general public. Approximately 20,000 flyers were distributed at 42 locations in 15 neighborhoods across all five boroughs.

Most recently, in June 2019, the NYC Health Department launched another fentanyl awareness campaign to alert New Yorkers who use non-opioid (such as cocaine and crack cocaine) as well as opioid drugs, about the increased risk of fentanyl’s presence in different kinds of drugs in the drug supply. The campaign provided information about fentanyl and

overdose prevention recommendations. Ads appeared in subway cars and stations, on billboards in the Bronx and on bus shelters and LinkNYC across the five boroughs. They were also placed in the Staten Island Ferry Terminals and in small businesses located in neighborhoods with high fatal overdose rates. During the four-week campaign run, unique visits to the webpage increased 71% from the previous month (April 2019), and were 65% higher than the month after the run (July 2019); similarly, the number of drug and alcohol webpages viewed increased during that period 69% and 56%, respectively.

In June 2019, the NYC Health Department launched a campaign in bars and nightclubs in Brooklyn to inform New Yorkers that fentanyl—an opioid 30 to 50 times more potent than heroin—has been detected in the cocaine supply, warning that people who use cocaine, even occasionally, may be at risk of an opioid overdose, and offering bar staff overdose prevention training and naloxone to use for any onsite overdose emergencies.

NYC Well

NYC Well provides a single point of entry to the City’s mental health and substance misuse services via comprehensive 24/7/365 support over the phone, text messaging, or online chat. It provides robust crisis counseling, referrals to ongoing care, help with scheduling appointments, connection to mobile crisis services, peer support, and follow-up. NYC Well works to connect people to appropriate services regardless of insurance or immigration status. Any New Yorker in need—or who knows someone in need—can call 888-NYC-WELL (1888-692-9355). NYC Well has received more than 700,000 calls, texts, and chats since its launch in October 2016. Demand for the service prompted the NYC Health Department to expand its capacity in February 2016 to handle an additional 45 percent in volume. As part of this expansion, the NYC Health Department improved NYC Well’s substance use training content and resources for counselors to effectively meet more New Yorkers’ substance use needs, with a focus on opioid use, overdose prevention, and appropriate referral pathways to MOUD. NYC Well was announced in 2015 as part of the ThriveNYC initiative.

Connections to Care

Connections to Care (C2C) is an initiative that demonstrates the power of “task-sharing,” an evidence-based strategy to make mental or behavioral health support available in trusted community spaces by expanding the skills of people without prior mental or behavioral health training. Currently, C2C funds 14 community-based organizations (CBOs) to partner with mental health providers (MHPs) and integrate mental and behavioral health support into the everyday work of the CBOs. From the project’s initiation in March 2016 through September 2019, C2C providers have trained 1,736 CBO staff and reached 38,264 community members. CBO staff receive training and coaching to apply evidence-informed skills that include screening for common mental and behavioral health issues, motivational interviewing, and psychoeducation. CBOs and MHPs also develop and strengthen referral pathways to specialized mental or behavioral health care for community members. Five C2C CBOs have elected to implement Seeking Safety, an evidence-based counseling model that is tailored to specific community needs and priorities to help people attain safety from trauma and harms related to substance use.

Mental Health Service Corps

In 2016, the NYC Health Department launched the Mental Health Service Corps (MHSC), a workforce development program that aims to build a diverse generation of social work leaders equipped to integrate behavioral health into a variety of settings, including primary care, women's health, pediatrics, and other non-behavioral health care settings. Thus far, the MHSC has served 66,864 people since its 2016 launch.

Beginning on January 1, 2020, H+H began to operate a redesigned version of the MHSC. Early career clinicians will be placed throughout the H+H system with the goal of emerging from the three-year program seasoned and adept clinicians. Under the supervision of licensed clinicians, MHSC members will be equipped to screen, assess, and treat patients in a culturally competent manner.

School Mental Health Consultants

School Mental Health Consultants work with 45% 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 them 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 12,437 mental health consultations to school staff.

Health Assessment and Engagement Team

The NYC Health Department launched Health Engagement and Assessment Team (HEAT) in October 2018, under the NYC Safe and ThriveNYC initiatives, 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 Health Department 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 justice history). HEAT provides time-limited intervention and support that 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. HEAT also offers direct community engagement that prioritizes neighborhoods with the highest rates of 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 justice system.

Training and Practice Implementation Institute

To enhance capacity and improve the delivery of evidence-based behavioral modalities in SUD treatment programs, the NYC Health Department 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, and OUD, in particular.

Peer Corps

To facilitate services for individuals with SUD in hard to reach populations such as youth and individuals experiencing homelessness residing in shelters, the NYC Health Department has developed Peer Corps in collaboration with NYC Service and DHS. Peers are individuals with a 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.

Adolescent Outpatient Treatment Programs Offering Buprenorphine

As part of the City's broader work to offer effective, evidence-based MOUD to all New Yorkers who need them, the Health Department has provided funding for four 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, and fill treatment gaps that currently exist for adolescents with OUD. As part of this work, the NYC Health Department 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.

Support and Connection Centers

In partnership with NYPD, the NYC Health Department 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 the NYC Health Department 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 two centers were slated to open in early 2020 in East Harlem and the Bronx.^{xvi} Funding for the Support and Connection Centers originated as part of the City's Task Force on Behavioral Health and the Criminal Justice System and has continued as part of ThriveNYC.

Supportive Housing

Supportive housing is permanent housing for individuals and families who have experienced periods of prolonged homelessness. For the past 30 years, the NYC Health

^{xvi} Opening of the Support and Connection Centers was delayed due to COVID-19, with the Support and Connection Center in East Harlem beginning to accept referrals in late October, 2020.

Department has overseen contracting for supportive housing services across New York City. As of October 2020, the NYC Health Department provided contract oversight for approximately 200 programs serving over 9,600 individuals and families. As part of New York 15/15, the City has committed to developing an additional 15,000 supportive housing units over the next 15 years. Funding for over 1,400 units has been awarded to providers to both operate and find supportive housing, and 2,803 units have been financed in the development pipeline. The City has a robust pipeline of clients, and nonprofit providers are working hard to build or find available units.

Coalitions and Media Program

Young people who identify as LGBTQ+ have higher rates of substance use than their heterosexual- and/or cisgender-identifying peers. The Coalitions and Media Program (CAMP) is comprised of two components aimed at preventing the initiation of substance use among LGBTQ+ youth: the Building Coalitions Initiative and the Media Literacy Program. Both of CAMP's components are funded through New York City's Unity Project, the City's first ever multiagency strategy to deliver tailored services to LGBTQ+ youth. While CAMP centers all work around LGBTQ+ young people, it is open for all, and offers a new, more inclusive approach for people who may not have had their needs met by other prevention programs. (Read more about the CAMP initiative's Media Literacy in the subsequent section titled, *Pilots*).

From February 2019 through June 2019, representatives of 12 community coalitions participated in monthly training sessions related to coalition development, working with LGBTQ+ populations, and creating community change to prevent initiation of substance use. A subsequent request for proposal selected six of those coalitions to receive ongoing funding and technical support to create community-level interventions that reduce risk factors and promote protective factors to prevent alcohol and other drug use among LGBTQ+ youth in communities across New York City.

New York City Department of Homeless Services

Substance Use Disorder and Opioid Overdose Prevention Program

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. The training 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 naloxone administration training. To ensure that DHS naloxone administration training and procedure are implemented, DHS created the position of Opioid Overdose Prevention Champion. These staff are also responsible for training staff and clients at their facilities.

In the event of a non-fatal overdose in a DHS facility, shelter staff are required to link survivors to SUD 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 2018, the number of naloxone administrations for presumed overdoses increased more than four-fold from 112 in 2016 to 579 in 2018, with 557 potential overdoses averted. In 2019, naloxone administration continued to increase with 665 naloxone administrations and 608 lives saved.

Enhanced Overdose Prevention and Naloxone Training Program

As part of HealingNYC, DHS started its enhanced overdose prevention and naloxone training program. After launching its comprehensive training efforts in 2016, the number of DHS staff and clients trained to administer naloxone increased substantially. In 2018, DHS trained 8,082 individuals, including 3,976 shelter staff, 138 champions, and 3,968 clients—an overall three-fold increase from 2017 when 2,323 individuals were trained to save lives as overdose first responders. In 2019, DHS trained 10,109 individuals, including 3,333 staff, 158 champions and 6,618 clients.

In 2018, DHS also held 895 overdose prevention and naloxone administration training sessions, including 41 train-the-trainer sessions. In 2019, DHS held nearly 1.4 times more training sessions (1,254). In 2018, DHS distributed five times more naloxone kits (14,083) than in 2017 (2,861). In 2019, DHS distributed 14,704 naloxone kits.

In 2018, DHS 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. 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; 3,865 staff received the training in 2018 and 3,969 in 2019.

New York City Department of Probation

Naloxone Training and Distribution

To ensure that both individuals at risk of overdose and their loved ones receive the resources they need to prevent overdose, the DOP began to offer naloxone training and distribution through its Community Resource Unit in January 2017, and provided both initial and refresher training in May and June of 2019. In this most recent round, 414 staff were trained over the course of 16 sessions citywide. Certain Probation clients are offered naloxone and are trained in safe application: as of June 2018, Probation offices in five boroughs were making this offer, and as of December 31, 2019, 649 Probation clients have accepted a naloxone kit. Naloxone distribution was implemented within DOP in partnership with the NYC Health Department.

Behavioral Health Clinical Consultations

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. In 2018 and 2019, the Behavioral Health Team served a total of 1612 individuals across the five boroughs in NYC. More than half of these consultations were for youth connected with Juvenile Probation, supporting their families as well as the clients themselves.

Access to Care

To ensure that all individuals engaged with DOP have access to insurance, medical care and substance use treatment, DOP partners with a variety of community-based health insurance providers to facilitate enrollment. Insurance enrollment is available to individuals engaged with DOP and their families. In collaboration with Fidelis Care New York, MetroPlus Health Plan, UnitedHealthcare, and WellCare, in 2019 DOP enrolled 1,358 individuals in health insurance; in 2018, with the help of its partners, DOP connected 1,363 individuals to coverage. This strategy for increasing insurance access and enrollment through DOP's behavioral health initiatives was implemented as part of the Mayor's Task Force on Behavioral Health and the Criminal Justice System.

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 MAT and counseling. 10 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 the friends and family of someone at risk for overdose. In 2019, H+H gave out 3,153 naloxone kits to patients over the course of the year while also training 367 members of its hospital staff. 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

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. Implemented on a staggered timeline aligned with a National Institutes on Drug Abuse evaluation, CATCH teams have completed over 2,500 consults since they first launched. The program's goal is to reach and deliver treatment to more than 8,000 patients with SUD per year across the six hospitals. The CATCH initiative is funded through HealingNYC.

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 10,000 ED visits this past year, nearly half of which were patients with OUD. This initiative is funded through HealingNYC.

Buprenorphine Expansion in Primary Care

In order to treat as many possible patients with OUD across its system, H+H is expanding MOUD in primary care clinics. From 2018 through 2019, H+H trained 365 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.

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 to this population, CHS distributes at the Rikers Island Visitors Center naloxone kits to the families and friends of incarcerated patients to ensure that overdose prevention kits are in the homes and communities to which people who are incarcerated return. In the time 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. With the support of HealingNYC, compared to 2016 levels, CHS more than doubled the number of daily patients treated with methadone to 750 and quintupled the number of daily patients treated with buprenorphine to 250. CHS continues to look for ways to expand the number of patients it can initiate on treatment with methadone and buprenorphine prior to community reentry.

Substance Use Reentry Enhancement

As part of the substance use services offered at Rikers Island, CHS has expanded discharge planning through the Substance Use Reentry Enhancement (SURE) program to include those individuals with 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 court liaison who can collaborate with the courts to facilitate alternatives to incarceration for eligible patients. Through the HealingNYC, the SURE program allows all incarcerated individuals with a SUD to have access to a wide array of treatment and harm reduction options, both within the jail and upon re-entry into the community.

New York City Human Resources Administration

Opioid Overdose Prevention Program

To leverage the HRA as an additional City point of contact with people who use drugs and with their friends and family members, HRA offers opioid overdose prevention training and naloxone distribution to clients in contact with an array of services. Through the program, HRA provides overdose prevention training to clients, staff, and contracted vendors. The training program launched in January 2018 to train HRA and contract staff as naloxone dispensers who are able to train other staff and clients in overdose prevention and provide naloxone kits. To comply with recent city legislation, 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 2018, HRA trained 3,148 responders, including 61 HASA transitional housing sites, and distributed 4,684 kits. In 2019, HRA trained 4,967 responders, including 82 HASA transitional housing sites, and distributed 5,122 kits. As of December 31, 2019, HRA has completed naloxone trainings at

143 HASA transitional housing sites and has scheduled visits across HASA sites through June 2020. This expanded overdose prevention work is made possible through HealingNYC.

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 problem. An individual who screens positive receives a comprehensive clinical assessment by 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 2018 and 2019 respectively, HRA conducted 30,325 and 27,659 substance use assessments. Participation in SUD treatment is mandatory for clients as a condition of eligibility for cash assistance.

At any point in time, there are approximately 8,000 Cash Assistance recipients in mandated SUD treatment. In 2018, there were 7,654 clients enrolled in outpatient treatment and 3,366 in residential treatment. In 2019, there were 6,954 clients enrolled in outpatient treatment and 3,176 in residential treatment. HRA has an internet-based system—the Substance Abuse Tracking and Reporting System (STARS)—to monitor the client's 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 2,000 HRA clients at any point in time, as was the case in 2018 and 2019. CMS services include treatment referrals and intensive case management (field-based) to meet the complex and immediate needs of the clients. 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.

New York City Police Department

Naloxone Patrol Officer Expansion

Police officers in many incidents are the first on the scene following a call for service to an overdose event. In January 2014, the Department began to equip a select number of patrol officers with naloxone. Engaging patrol officers as overdose responders has proved to be an effective intervention. Efforts to equip patrol officers with naloxone originated through the NYC RxStat partnership in 2014; 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.

Co-Response Teams

The NYPD's Co-Response Teams, operated in partnership with The NYC Health Department, 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 the NYC Health Department, the NYPD, and ThriveNYC.

Expanded Overdose Response Squads

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

Expanded Drug Testing

To address the increases in opioid overdoses in New York City, the NYPD expanded laboratory testing operations, in part to meet the new demands following the introduction of fentanyl into the New York City drug market. The Police Lab grew its testing capacity to 50 criminalists 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.

Heroin Overdose Prevention and Education Program

The NYPD, in partnership with the Richmond County District Attorney's Office, The NYC Health Department and the Mayor's Office of Criminal Justice, launched the Heroin Overdose Prevention and Education (HOPE) Program in January 2017. The HOPE Program is a pre-arraignment diversion program that redirects low-level drug offenders to community-based health and treatment services, circumventing jail and prosecution. The HOPE Program is committed to: reducing overdoses; improving health outcomes by exposing those in need to treatment options and resources, including harm reduction services and peer mentors; and improving public safety by reducing the criminal activity of participants in the program and diverting persons with addiction from the criminal justice system. The HOPE Program is operated through the commitment of all involved government agencies to reduce overdose and associated harms.

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 four years. 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. The latest expanded opioids method includes simultaneous testing for 18 different drugs & their metabolites, including heroin, oxycodone, hydrocodone, methadone, buprenorphine, tramadol and desomorphine and also the ability to monitor administration of naloxone and use of naltrexone in drug-related deaths.

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.

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 F.

Community Services Board

The Community Services Board of the New York City Health Department is mandated in the New York City Charter and the State Mental Hygiene Law to advise the City Department of Health 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.

New York City Mental Health Council

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

Regional Planning Consortium/New York State Medicaid Redesign

As part of New York State's efforts to redesign Medicaid's funding structure, the NYC Health Department collaborates with OASAS to advise on issues specific to the substance use treatment system. As part of this collaborative redesign effort, the NYC Health Department 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. As part of the New York State Medicaid redesign process, full committee and subcommittee meetings occur monthly.

Certified Recovery Peer Advocate Training Program

The Certified Recovery Peer Advocate (CRPA) certification program provides professional training to unemployed or underemployed New Yorkers who have lived experience with substance use and recovery, to support, guide, and motivate others who are seeking or sustaining treatment for SUD. Program graduates are interviewed for full time roles at the program employer partners, which include H+H and Community Care of Brooklyn, the Maimonides Medical Center-led performing provider system, to provide support to individuals with SUD. Program graduates also receive college credits at Queensborough Community College. The CRPA program is the product of a partnership between the New York Alliance for Careers in Healthcare, the healthcare industry partnership at the NYC Department of Small Business Services, the City University of New York, the NYC Department of Health, and OASAS. From the launch of the CRPA program through December 2019, 62 graduates obtained full-time employment as CRPAs.

Department of Homeless Services Substance Use Disorder Directory

DHS is collaborating with the NYC Department of Health, OASAS, and the New York State AIDS Institute Office of Drug Users Health (ODUH) to create a directory of SUD 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 will be embedded into the Google Map program 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. DHS, OASAS, and ODUH meet monthly 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. This confluence of factors both increases the visibility of opioid use and the risk of overdose for people who use drugs. In the South Bronx and Washington Heights, neighborhoods heavily impacted by the epidemic, 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. This task force has recently expanded to take on wider issues surrounding public drug use and syringe litter in the Bronx, and includes representation from local stakeholders and elected officials, including Council Member Diana Ayala. In addition, a taskforce has recently been established to address similar issues in Washington Heights.

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. The NYC Health Department supports the Councils through consistent representation at each Council meeting, and Council chairs convene with the NYC Health Department leadership on a quarterly basis. Upon request, the NYC Health Department 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.

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.

CAMP initiative: Media Literacy Program

As part of CAMP and with funding from the Unity Project, the NYC Health Department is developing media literacy curricula for middle and high school aged youth which will be piloted in 2020 and evaluated the following year.^{xvii} The NYC Health Department aims to recruit organizations that serve LGBTQ+ youth for the pilot and will make the final curricula and facilitator's guide available to all youth-serving organizations. Agencies selected for the pilot program will work with the NYC Health Department staff to implement the program, conduct assessments, and provide feedback on lessons. Given the influence media has in the lives of young people, it is imperative that they are equipped with skills to critically analyze the messages they receive. Because LGBTQ+ youth have higher rates of substance use than their heterosexual- and/or cisgender-identified peers, normalizing conversations about sexual orientation and gender identity for all young people will result in more affirming and safer communities that act as a protective factor against substance use, particularly for LGBTQ+ youth.

Extended Hour Drop-In Centers at SSPs

The City is funding two extended-hours drop-in centers at SSPs: one at St. Ann's Corner of Harm Reduction (SACHR) in the Bronx, which extended its evening hours, added weekend hours, and has been serving an average of 30 participants during each of these periods; and the other at Family Services Network of New York (FSNNY) in Brooklyn, which provides services 24/7. The NYC Health Department funds these extended hours to provide increased access to support and services to people who use drugs. Lack of places to go during evening and weekends can be particularly burdensome for people who use drugs, whose presence in public may be met with unfavorable attitudes and stigma. People who use drugs also face increased risks of arrest, disease transmission, and overdose. Extended hour drop-in centers mitigate these risks while providing a physical space for the community to access services, such as syringe exchange, and to take care of basic needs, such as showering. These drop-in centers make critical services available during times when other service providers and public spaces are closed. SACHR reports an average of 35-45 participants during night hours and 25-35 on weekends. FSNNY reports that the extended-hours are well-utilized and that the program often reaches its full, extended-hours capacity of 25 people.

^{xvii} The pilot is delayed due to COVID-19. Pending the pandemic and related distancing requirements, the curricula will be piloted in late 2021 and evaluated in 2022.

Legislation and Policies to Improve Health and Safety

This section presents an overview of legislative and administrative policy actions at the City, State, and Federal levels to improve the health and safety of people who use drugs and reduce the harms 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

2019

Drug testing legislation

- Local Law 91 of 2019 prohibits New York City employers from requiring prospective employees to submit to testing for the presence of any tetrahydrocannabinols (THC), the active ingredient in cannabis (marijuana), as a condition of employment, effective May 2020. Exceptions are provided for safety and security sensitive jobs, and those tied to a federal or state contract or grant.
- Local Law 90 of 2019 prohibits the Department of Probation from requiring individuals on probation to submit to cannabis testing without a justification, which must account for the individual's history and personal circumstances.

Alcohol Advertising on City Property Ban/Executive Order

In April 2019, Mayor de Blasio announced an Executive Order banning all alcohol advertising on City property. Under the order, alcohol advertisements are banned from bus shelters, newsstands, phone booths, Wi-Fi LinkNYC kiosks and recycling kiosks. Existing ads in these spaces are allowed to remain until their contract terms end; however, alcohol advertisements will not be permitted in future contracts or contract renewals. Venues currently permitted to sell alcohol—such as restaurants, stadiums, and concerts halls—are exempt from the ban.

New York City Housing Authority (NYCHA) Policy Changes

New York City Housing Authority (NYCHA) reduced the wait time from five to two years for former residents who were permanently excluded for a drug conviction. On March 28, 2019 City Council passed a resolution directing NYCHA to stop denying applicants, as well as permanently excluding and evicting residents and their loved ones, for allegedly possessing marijuana in quantities of less than two ounces in non-public space, and between two and eight ounces in public space.

2018

Cannabis Legalization Task Force

In July 2018, the Mayor convened the Mayor's Task Force on Cannabis Legalization to identify the goals and challenges that should guide the City's preparations for potential legalization of cannabis for non-medical use. The Mayor's Office of Criminal Justice coordinated the Task Force which included representatives of relevant City agencies, including the Health Department. Five subcommittees comprised the Task Force: Licensing and Land Use; Economic Opportunity; Taxation and Finance; Law Enforcement and Social

Justice; and Public Health, Social Services, and Education. These subcommittee met regularly to develop the recommendations reflected in the final report. Members consulted with community groups and subject experts and studied jurisdictions that have legalized and regulated the adult use of cannabis. In December, the Task Force published its final report, which called for a strong, public health-focused regulatory framework and the empowerment of local government to prevent large corporate dominance, to foster small businesses, and to meet the demands of diverse New York City communities. The report also places great emphasis on the need to ensure that any cannabis industry in New York State redresses the impacts of past criminalization and drives economic opportunity to historically marginalized communities. For further information on the City's recommendations, please reference [the report](#).

Opioid Overdose Awareness and Prevention Legislation

The following local bills were signed into law by Mayor de Blasio in June 2018:

- Local Law 124 of 2018 mandates the NYC Health Department to provide opioid overdose reversal drugs, such as naloxone, to all SSPs operating in the City.
- Local Law 125 of 2018 requires the NYC Health Department to develop and the DOE and Department of Youth and Community Development to distribute age appropriate educational materials on drug and opioid awareness and prevention to all students in grades 6-12.
- Local Law 126 of 2018 requires the Fire Department of New York to report on the number of opioid antagonists the department has available, the number of emergency medical technicians (EMTs) and other department employees trained to administer opioid antagonists, and the number of opioid overdose reversal drugs administered by EMTs.
- Local Law 130 of 2018 requires the NYPD to report quarterly on the number of opioid antagonists the department has available, the number of officers trained to administer opioid antagonists, and the number of opioid overdose reversal drugs administered by NYPD Officers.
- Local Law 127 of 2018 requires the Department of Social Services to refer individuals residing in DHS shelters or HASA facilities that suffered a non-fatal overdose to additional services.
- Local Law 128 of 2018 requires the NYC Health Department to provide opioid overdose prevention and reversal training to the public.
- Local Law 129 of 2019 requires the MDSC, a council established by Local Law 48 of 2017 and comprised of health care professionals, advocates, and persons with SUD, to include in its biennial report the number of opioid overdose reversal drugs that are distributed to City agencies.

2017

Office of Nightlife Legislation

Local Law 178 established the Office of Nightlife and the Nightlife Advisory Board. The Office of Nightlife serves as a liaison between nightlife establishments, residents, and government; assists nightlife establishments navigating city licensing and other requirements; and advises the Mayor and other City agencies on trends in the nightlife industry and makes policy recommendations.

2015

Synthetic Cannabinoid Legislation

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

State

2019

Second-tier syringe exchange

In November 2019, the NYS Department of Health (DOH) issued an emergency rule (effective immediately through February 9, 2020) to amend sections 80.135 and 80.137 of Title 10 of the NYCRR (statutory authority: Public Health Law, sections 3308 and 3381) to allow not-for-profit organizations and government entities who provide other services to people who use drugs (outside of those receiving DOH funding to operate a syringe exchange program) to furnish sterile syringes and injecting equipment, and overdose prevention education to people who use drugs. The aim is to allow these second-tier syringe programs to augment their services and enhance the ability to reduce the spread of blood-borne pathogens and drug overdose through distributing hygienic injecting and overdose prevention tools where they're needed. The NYS Health Department has also issued a proposed rule to make these amendments permanent that, as of this writing, is still in the rulemaking process.

A7347/S6591

This legislation renamed the NYS Office of Alcoholism and Substance Abuse Services to the NYS Office of Addiction Services and Supports.

A1068/S4650

This legislation requires OASAS to report publicly on the status and outcomes of initiatives created in response to the heroin and opioid epidemic.

A7277/S4660

This legislation mandates that the NYS Health Department add Good Samaritan protections to the list of information on the card that accompanies opioid antagonists.

A8420A/S6579

This legislation changes the penal law by reducing misdemeanor possession of small amounts of cannabis (less than two ounces) to a criminal violation and changing public cannabis smoking from a criminal offense to a civil violation.

A8432/S6614

This legislation creates a legal mechanism for expunging prior records for certain cannabis offenses. As of September 2020, the State has sealed over convictions for low-level cannabis possession, and has established a process for destroying those sealed records upon application to the court.

2018

Medical Cannabis Treatment for Substance Use Disorder and Pain

In June 2018, NYS amended the Compassionate Care Act by adding more conditions to the list of eligible medical diagnoses for treatment with medical cannabis. Of note was the allowance of cannabis treatment as an alternative to opioids for the treatment of addiction or pain.

Federal

2018

Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

In 2018, the Trump Administration signed into law a package of over 60 bills amounting to \$8 billion in funding authorizations to address the opioid crisis. Among these provisions are amendments to Medicaid regulations that require state programs to cover all FDA-approved MOUD and to end the policy of terminating Medicaid coverage for youth when they are incarcerated (instead, coverage may be suspended and must be restored upon release). Other provisions reauthorize and expand law enforcement programs like the Department of Justice (DOJ) Comprehensive Opioid Abuse Grant program (COAP) and ONDCP programs. The SUPPORT ACT also aims to expand access to buprenorphine through the following reforms:

- Eliminated the sunset date for nurse practitioners' and physician assistants' prescribing authority for buprenorphine;
- Temporarily expanded the definition of "qualifying practitioner" to prescribe buprenorphine to include nurse anesthetists, clinical nurse specialists, and nurse midwives;
- Increased the initial capacity limit on patient panels for certain waived practitioners from the initial 30 patient cap to 100; and
- Codified the 2016 United States Department of Health and Human Services (HHS) rule allowing certain practitioners to apply to a higher limit of 275 patients at a time.

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.

Service integration and collaboration

The City's collaborative efforts, including services across government and communities, have established effective partnerships and required new services of 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.

Equity and inclusion

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 is marked by a legacy that inequitably distributes resources and unfairly penalizes people who use drugs and who have SUDs. 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.

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 the NYC Health Department supported by ThriveNYC, 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 justice system, and to expand non-punitive outcomes for people who use drugs and individuals with behavioral health needs.

Recommendations

The MDSC identified gaps in the current landscape of City programs, policies, collaborations, and pilots aiming to prevent and reduce harms related to substance use and associated policy and enforcement. We have developed new recommendations, as well as continued with recommendations from the prior report. The recommendations provide a structure for guiding future work to address identified gaps. While many of the recommendations from the 2018 report remain integral to advancing City goals, new recommendations have been added to respond to emerging needs and build on a growing foundation of work. We provide updates to those recommendations made in 2018 to reflect changes in substance use epidemiology, policy, and programming. These include suggestions to narrow or shift the focus of recommended activities, all of which aim to leverage the MDSC's multidisciplinary expertise.

Continuation of 2018 recommendations

Include the perspectives and identify the needs of historically and currently oppressed groups in all future MDSC work

Following the MDSC's charge to address the City's past drug policies, we will include throughout all our work the voices and perspectives of communities that in the past have been ignored, including, but not limited to: communities of color that have borne the brunt of prior drug war policies in both criminal justice and child welfare; LGBTQ+ populations that have been denied access to care and services; people who use drugs, who remain stigmatized throughout society; women with histories of substance use, who may live at the intersections of addiction and violence; and undocumented people who use drugs, who may be reticent to seek treatment or prevention services. Appointing individuals to the MDSC with histories of drug use and incarceration was a first step. 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, inclusion of new pathways to channel community input into the City's research agenda, special projects, and ongoing work is a central tenet of these recommendations. Empowering communities to be full partners in shaping this work serves to facilitate a more holistic approach and helps to counter mistrust, support community healing, and effectively address the overdose crisis. Community advisory boards (CABs) convene representatives of the general public to work in partnership with government agencies or non-profits to inform their work. CABs can enable substantive engagement and inclusion of perspectives in policy and program planning. The City should use CABs in their ongoing policy and program planning, as they are a mechanism to encourage equity and representation in City activities.

Promote integrated thinking and action at all levels of policy and delivery of care

The health and social impact of substance use on New Yorkers cannot be addressed adequately if 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. (1) 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. (2) The integration of substance use services into the mainstream healthcare system also expands points of connection to care in routinely visited settings. The NYC Health Department'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 the best care possible 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.

Investigate and recommend best practices for fostering supportive relationships between communities and local treatment and harm reduction service programs.

There is an urgent need for treatment and harm reduction programs to provide services that help reduce overdose risk and overdose death for people who use drugs. However, program siting and poor community relations continue to pose barriers to successful service delivery. These challenges limit client 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, tenuous relationships between service providers and communities 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. However, 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 distribution by community-based organizations and other providers granted by a recent NYS Health Department regulatory change, it is especially important to foster stronger relationships between service providers and community stakeholders.

Develop best practices for the prevention, care, and treatment of substance use beyond opioids

Although the ongoing opioid overdose epidemic demands the City's full attention and response, an increase in cocaine-involved overdose deaths indicates the urgent need to development messaging and harm reduction strategies for people who use cocaine. Cocaine use should receive more specialized attention across sectors that serve people who use drugs, including in clinical settings. We, the MDSC, will leverage our 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 and benzodiazepines. 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.

Explore expanded criminal justice diversion for people who use drugs and pursue policy and programs that effectively alleviate the collateral consequences of criminal justice involvement

The City has made meaningful progress in utilizing the resources of the criminal justice 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)). Most recently, the City has expanded support for people who use drugs through the development of new Support and Connection Centers (formerly known as diversion centers). These centers will offer short-term stabilizing services for individuals with mental health and substance use needs brought in by the police, as an alternative to arrest or hospitalization. Lastly, the City has 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.

Additionally, the City has called for full expungement of past cannabis offenses as part of any potential framework for the legalization of cannabis. The MDSC recommends the City explore ways to expand eligibility for existing diversion programs to engage more people at risk of overdose. 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 justice system and face substance use challenges. As the State Legislature debates the potential legalization of cannabis for recreational use, the City should work to redress the harms associated with past criminalization as well as promote public health measures within a new legal cannabis framework.

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

Given the sustained high rates of overdose deaths 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 further 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, MOUD, overdose prevention, and mental health services more holistically throughout the homeless

service system. The City should continue to explore additional avenues for integration of services for this highly marginalized population.

Identify areas for expanded or revised Medicaid payment and reimbursement

Federal- and State-level Medicaid expansion and redesign processes, beginning in 2014, 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. The MDSC will identify new and emerging areas for expanded or revised coverage, particularly for community-based services and interventions that in the past did not fall within the Medicaid payment architecture. The City supports the removal of NYS's prior authorization law for Medicaid, which requires individuals to receive approval from their insurance provider before they can begin MOUD treatment. 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.

Determine best practices for collaborative work with voluntary health care systems

Given the breadth of reach of the voluntary health care system in New York City, these institutions are key partners in advancing the City's health and safety agenda. It is crucial that the City work to integrate its innovative health care programs with the work of these institutions—for example, the City's Relay initiative and other ED-based buprenorphine expansion efforts. Likewise, the cutting edge work these institutions have established to reduce substance use-related harms and meet the needs of people who use drugs should be reviewed and adapted as fits into the City's portfolio. The health needs of New Yorkers are best met collaboratively. The MDSC recommends the expanded adoption of the NYC Health Department's guidelines for the care of people who have experienced a non-fatal overdose. This will support the continued systemization of quality standards of care for people who use drugs.

Advance the evolution of a diverse continuum of care that includes treatment, harm reduction, 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 identify funding vulnerabilities in the current treatment and health care systems and refer to evidence-based practice to begin the process of reimagining the continuum of care to meet a broader set of needs. The City continues to expand successful hospital- and community-based models. In addition to these services, a holistic continuum of care should be robust in low-threshold and harm reduction programs that serve people who use drugs by enhancing connections to supports, such as housing, public benefits, education, or workforce programs. Additionally, trauma-informed care should be integrated throughout the continuum. While the principles of trauma-informed care are central to harm reduction, they are also integral to quality care for people who use drugs across all service settings. The City's increasing support of SSPs has enhanced the already strong offering of services for New Yorkers who use drugs. The ability to reduce overdose deaths would be further strengthened by comprehensive drug testing for program participants and mass spectrometry testing of residue to facilitate monitoring of the drug

supply. 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 above), criminal justice, and workforce development. Further, we recommend that the City continue to advocate for NYS Health Department approval of an overdose prevention center (OPC) pilot program, as outlined in the 2017 NYC Health Department feasibility [report](#). Research shows that OPCs reduce overdose deaths, infectious disease transmission, and public drug use. The City should also advocate for the passage of State legislation to authorize this pilot program, which would prevent overdose and create a new entry point to support and treatment for people who use drugs.

Additional recommendations

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 disproportionate burden of the War on Drugs and advancing racial equity. The City combats stigma through wide-ranging strategies, which are described throughout this report. Changing 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, who may internalize public stigma. 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 and the establishment of OPCs. In addition to changing policies and institutional practices, the City should look beyond education to effective methods for behavior change, prioritizing key workforces that engage with people who use drugs, such as medical providers and law enforcement.

Develop tailored portfolios of messaging and programs for populations with unique needs which have not historically been included in drug strategy discourse or practices

The City should invest in identifying and providing effective responses for women, older Black New Yorkers, and immigrants who use drugs. Current initiatives, such as the Bronx Action Plan, illustrate the City's ability to identify population needs and shape responses based on the rigorous research and surveillance system discussed earlier in this report. Certain populations, while included in the scope of existing services, require enhanced responses that specifically account for complex factors impacting health and connection to care.

Women who use drugs may experience unique challenges, including risk for physical and sexual violence, barriers to quality, non-stigmatizing prenatal care, and potential child removals, which disproportionately impact women of color. The City should explore ways to improve training procedures and reporting requirements for maternal health providers, to ensure that they can best support mothers and protect children. The City should also

review data on child welfare and substance use and promote best practices that support families and avoid unnecessary child removals. Additionally, it is critical that the City work to increase MOUD access for pregnant women.

Older Black New Yorkers have a higher than average risk of overdose death and decades of interaction with structural racism, both of which must be better understood in order to adequately serve this group. Lastly, language and documentation concerns may pose barriers to care and health information access for foreign-born New Yorkers. Meeting the needs of all New Yorkers requires cross-sector participation to understand a diverse array of barriers and develop responses that improve outcomes for populations with intersecting needs.

Addendum: COVID-19 Pandemic Response

Background

[On March 7, 2020](#) Governor Andrew Cuomo declared a state of emergency in New York State in response to the growing number of cases of COVID-19, the majority of which were in NYC. This was [followed on March 22, 2020](#) by the implementation of NY PAUSE, New York's policy ordering all personnel of non-essential businesses to work from home, which exempted essential health care operations and providers of basic necessities to economically disadvantaged populations.

COVID-19 and NY PAUSE pose unique challenges related to alcohol and substance use, fostering conditions conducive to increased consumption and the risk of associated health consequences. First, many New Yorkers have experienced increased stress and uncertainty, including the threat of COVID-19 illness, sudden loss of income, or the death of a loved one.³⁴ COVID-19 illness and mortality disproportionately impact Black and Latinx New Yorkers,³⁵ increasing the mental and emotional burden of the pandemic on those communities that have historically borne the weight of pervasive housing discrimination, inequitable economic policy, biased policing, and mass incarceration related to the War on Drugs.^{36,37} Stressful events, as well as social isolation, may potentially lead to increased alcohol and drug use.

Additionally, the risk of overdose and other drug-related health consequences might be higher during COVID-19.^{38,39} Using substances alone increases the risk of overdose and is counter to overdose prevention strategies; however, physical distancing is a core COVID-19 prevention message. Furthermore, decreases in use due to changes to the drug supply may result in lower tolerance, increasing the risk of overdose. NY PAUSE protocols may also interrupt drug use patterns and disrupt access to drug treatment, overdose prevention, and harm reduction services, potentially increasing the risk of withdrawal and overdose.^{40,41}

Some people who use drugs may be particularly vulnerable to COVID-19 for a variety of reasons related to poverty, systemic racism, and high rates of co-morbidities, which increases risk of severe illness. For example, people who use drugs and who are homeless or living in congregate settings will have a difficult time following COVID-19 prevention measures due to environmental factors.⁴²

At the time that COVID-19 emerged, NYC was still working to reduce the rate of overdose deaths in neighborhoods experiencing the highest burden of fatal overdose. COVID-19 and the overdose epidemic have the potential to exacerbate each other if people who use drugs do not receive the support they need.

With the heightened need for substance use resources, the City has modified existing programs; implemented modes of service delivery; and developed new initiatives to

support the health and wellbeing of all New Yorkers during the evolving COVID-19 pandemic.

State and Federal 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 G).
- [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.

Key changes to state regulations were also made by OASAS to allow for expanded take-home medication and the remote provision of MOUD services during COVID-19, by expanding the types of eligible service providers and technology, i.e. via video-conference and audio-only telephone. This includes [changing Medicaid billing codes](#) to close the gap between telehealth and on-site services delivered by unlicensed CASAC-Ts and limited permit holders, and removing financial disincentives for the provision of take-home methadone doses by changing the Medicaid payment structure to allow for bundled payments. In addition, certain privacy requirements were waived to allow for the provision of services over telehealth. Although certain Medicaid telehealth policy changes may expire with the end of the public health emergency, states may consider making permanent some changes initiated in response to the COVID-19 crisis.

NYC COVID-19 Response Efforts

Department of Health and Mental Hygiene

Naloxone Distribution

The COVID-19 pandemic poses a number of barriers to routine naloxone dispensing strategies, which generally occur during overdose prevention and response trainings or other in-person engagements. To ensure adequate naloxone distribution city-wide, the NYC Health Department employed a variety of strategies, including authorizing and providing guidance to OOPPs to mail naloxone kits, encouraging OOPPs to distribute multiple kits per interaction to promote naloxone redistribution within social networks, and creating an overdose response education video that can be offered in lieu of an in-person training.

The NYC Health Department also implemented strategies to increase access to naloxone during COVID-19. In June 2020, the NYC Health Department launched a pharmacy pilot to

make free naloxone kits available at 16 pharmacies in neighborhoods with the highest rates and/or numbers of overdose mortality. The NYC Health Department provided naloxone to hotels that provided isolation for New Yorkers with or exposed to COVID-19 and encouraged hotels to dispense kits onsite when possible and provided guidance on keeping naloxone and responding to overdoses onsite. To leverage the NYC Health Department's Methadone Delivery System's daily engagement with people enrolled in methadone treatment, the NYC Health Department worked with OTPs, which are registered OOPPs, to distribute naloxone kits to methadone delivery recipients. The NYC Health Department mailed emergency kits to non-OOPP organizations in need of naloxone and provided overdose response trainings virtually for organizations and community members, mailing kits as needed to training participants. Naloxone dispensing decreased from March through May 2020 and began to increase in June 2020. Compared to the same month in 2019, March 2020 saw a 31% decrease in orders, April 2020 saw a 72% decrease in orders (note: distribution in April 2019 was higher than average), May 2020 saw a 54% decrease in orders, and June 2020 saw a 5% decrease in orders.

Support for Contracted OASAS Providers

The NYC Health Department 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 Health Department 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.

Support for Buprenorphine Treatment Providers

The NYC Health Department implemented a number of strategies to support continued access to buprenorphine treatment during COVID-19, including disseminating resources to the public and treatment providers, monitoring potential medication shortages, and supporting buprenorphine providers at SSPs and safety-net primary care facilities.

The NYC Health Department also created resource materials for the public and medical providers with information about where people with OUD can access buprenorphine treatment with telemedicine. In addition, the NYC Health Department monitored federal, state, and local regulation changes related to SUD treatment and disseminated this information to health care facilities, syringe service programs, and other partners. Finally, the NYC Health Department regularly monitored the United States Food and Drug Administration website and a health systems pharmacy website for information related to potential shortages of opioid pain medications or medications used to treat SUD.

The NYC Health Department also regularly assessed capacity and needs of SSPs providing buprenorphine services to help them restore services and continue treatment to participants with OUD. Of the NYC SSPs prescribing buprenorphine prior to the emergency, all but one were able to continue with some level of service at the regular site or by

telemedicine. Technical assistance to programs included identifying alternative treatment providers as necessary, providing information on regulatory changes, and training staff.

The NYC Health Department funds and provides technical support to 27 safety-net primary care clinics in NYC to operate the Buprenorphine Nurse Care Manager Initiative. This initiative expands the capacity of primary care providers to offer buprenorphine treatment by utilizing Nurse Care Managers to facilitate screening, patient coordination, pharmacy and medication navigation, and care management for patients being prescribed buprenorphine. The NYC Health Department monitored capacity and need for assistance during the pandemic and coordinated discussion of strategy among the participating clinics.

Support for SSPs

In March 2020, the NYS Health Department designated SSPs as essential service providers in the categories of essential health care operations and providers of basic necessities to economically disadvantaged populations, which were exempt from COVID-19 service restrictions under [EO 202.6](#) (March 18, 2020). NYC's 14 SSPs play a critical role in harm reduction for people who use drugs, including HIV and hepatitis C prevention and distribution of naloxone to people likely to experience or witness an overdose. They reach a highly marginalized population, including people who are unhoused, through low threshold services and peer supports. Many participants and staff are immunocompromised²², making SSP services even more vital during the COVID-19 pandemic and posing additional barriers to safe provision of these services. Around the peak of COVID-19 cases in NYC, twelve out of fourteen SSPs had reduced the number of weekly service hours and all had modified operations to reduce risk of COVID-19 for participants and staff, including increasing the amount of supplies distributed to participants during a single interaction. Most SSPs with established buprenorphine programs continued these services, made possible because of regulation changes facilitating the use of telemedicine to prescribe medications for OUD.

The NYC Health Department has supported SSPs to continue provision of services through frequent communication to monitor and address program and participant needs. "[COVID-19: Essential Guidance for Syringe Service Programs](#)" was released on May 23, 2020 and includes recommendations for: distribution of safer use supplies, food, and hygiene materials while complying with physical distancing; dispensing larger volumes of supplies to support participants to stay indoors or physically distance; and maintaining adequate staffing while mitigating COVID-19 transmission among staff. Continued operations were also supported by providing programs with masks, gloves and hygiene supplies (see *Guidance and Communications* and *Supply Distribution* sections).

Supporting SSP operations is integral to addressing potential increases in overdose as a result of the COVID-19 pandemic, its impact on how people use drugs, and its strain on the capacity of the emergency medical system. In addition to disseminating guidance, the NYC Health Department hosted a webinar for SSP outreach workers, to prepare SSPs to support participants during a time of increased overdose risk and reinforce the need for community care, as these programs are now strained by both the overdose epidemic and COVID-19.

The NYC Health Department will continue to work closely with SSPs to monitor barriers to service delivery, identify emerging needs of SSP participants, and to ensure people who use drugs are supported over the course of the pandemic.

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 to less stable patients, and DEA regulations allowing for the provision of "doorstep" deliveries of methadone (please see COVID-19 Emergency policy changes for additional detail). In response, the NYC Health Department 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 is to prevent treatment disruptions among patients who have to isolate or quarantine because they have COVID-19, COVID-like illness (CLI), or comorbidities that place them at high risk of experiencing serious illness if they develop COVID-19. In addition, MDS plays an important role in mitigating the spread of COVID-19 by reducing the frequency of clinic visits among patients. MDS launched on April 20, 2020 with delivery to NYC DHS isolation hotels and has since launched delivery to homes and other hotels, including NYC Office of Emergency Management and NYC H+H isolation hotels and Mayor's Office Criminal Justice reentry hotels. From launch on April 20, 2020 to September 30, 2020, MDS made 1,755 deliveries.

Supply Distribution

From April through July 2020, the NYC Health Department supported continued access to substance use services by securing and distributing COVID-19-prevention supplies to NYC substance use providers, including 76 residential treatment programs, 33 OTPs, and 14 SSPs. Supply distribution included the delivery of approximately 8,650 face shields, 3,800 gowns, 233,000 pairs of gloves, 2,500 canisters of disinfection wipes, 700 bottles of hand sanitizer, and 170,000 masks. Centralized mask donations received and delivered by the NYC Health Department to contracted providers are not reflected in this count. These distributions were intended to bridge the time until programs could purchase adequate protective and disinfectant supplies directly. Printed guidance on how to use a face mask and gloves was delivered with supplies.

NYC Isolation Hotels Program

In April 2020, NYC agencies, including NYCEM and DHS, contracted with hotels to create safe spaces for people to isolate or quarantine. Initially under NYCEM, and now run by H+H, isolation hotels house individuals who have COVID-19 or COVID-like illness, do not require hospitalization, and are not able to safely separate at their place of residence. The isolation hotels program is part of the "Take Care" component of the H+H contact tracing initiative, Test + Trace. The NYC Health Department works with our colleague City and State agencies to ensure that behavioral health-related congregate care organizations are connected to the H+H isolation hotel program to support the use of these hotels for congregate care residents as needed. Individuals staying at SUD residential treatment and supportive

housing programs with shared bathrooms or kitchens are eligible for placement in the hotel program to mitigate the spread of COVID-19 in congregate care settings.

In addition, the Health Department also leads the Congregate Settings Investigation and Response Unit (CSIRU) of NYC H+H Test and Trace. CSIRU conducts contact tracing and isolation/quarantine efforts within congregate settings, including SUD residential treatment and supportive housing programs, adult care homes, senior centers and long-term care facilities.

Lastly, the NYC Health Department has worked collaboratively with other City agencies to develop guidance for NYC isolation and quarantine hotels to support residents who have behavioral health or intellectual or developmental disabilities to safely and comfortably remain indoors and away from others. The guidance covers drug and alcohol issues, including: protocols to support people who currently use drugs or alcohol, the process for initiating and supporting maintenance of medications for SUD for those who choose, guidance for developing overdose prevention plans, and other mechanisms to prevent withdrawal symptoms while in isolation or quarantine. Meeting these needs is critical to people's ability to successfully isolate and mitigate the spread of COVID-19.

Health Assessment and Engagement Team

The HEAT program (see *Health Assessment and Engagement Team*, page 37) worked remotely beginning March 18, 2020, due to COVID-19. HEAT pairs a behavioral health professional and a health navigator (defined as a person with lived experience with mental health, SUD, homelessness, and/or criminal justice history) together to support individuals in the community presenting with a behavioral health challenge or health concern. Since in-person services were paused, HEAT behavioral health professionals provide telephonic support, which includes but is 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. NYC Health Department HEAT staff also served in emergency roles to support the City's response to the COVID-19 pandemic.

Guidance and Communications

The NYC Health Department 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 Health Department 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 are 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, the NYC Health Department 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 H). As the pandemic progresses, the NYC Health Department continues to produce guidance and public awareness materials to meet emerging community and provider needs.

As of July 17, 2020, the NYC Health Department has produced the below guidance to reduce substance-use related harms during COVID-19:

- ["COVID-19: Guidance for People Who Use Drugs"](#) (3/26/20, updated 7/7/20 to reflect clinical guidance changes) (see Appendix I)
- ["COVID-19: Guidance for Congregate Care Settings"](#) (4/8/20)
- ["Alcohol Use During the COVID-19 Pandemic"](#) (5/7/20, updated 6/30/20 to reflect clinical guidance changes)
- ["Guidance on Safe Storage of Medications and Substances for Recreational Use During COVID-19"](#) (5/7/20)
- ["Naloxone \(Narcan\) Guidance for New York City Isolation and Quarantine Hotels During the COVID-19 Pandemic"](#) (5/12/20)
- ["How to Get Opioid Use Disorder Treatment At Home During the COVID-19 Pandemic"](#) (6/20)
- ["Responding to an Overdose During the COVID-19 Pandemic"](#) (6/11/20)
- ["Safer Drug and Alcohol Use While in Isolation or Quarantine Settings"](#) (7/11/20) (see Appendix J)
- ["Drug Tolerance and Risk of Overdose"](#) (7/16/20)

Health + Hospitals

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, which has allowed the clinic to treat over 100 patients as of July 17, 2020 over half of whom are new to the H+H system. 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.

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, addresses mild to moderately acute withdrawal and provides services including MAT engagement, induction, maintenance, and early stabilization. Importantly, the service does not require a hospital stay, therefore limiting exposure to COVID-19 during the pandemic.

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 phone and video visits, up from only a handful in the prior months.

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 the NYC Health Department’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

Key Extended Entry Program

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 maintenance 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.

Human Resources Administration (HRA)

HRA Opioid Overdose Prevention Program (OOPP)

HRA's OOPP has provided opioid overdose prevention training and naloxone distribution to clients, staff, and vendors since 2018. During the COVID-19 pandemic, 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. During the pandemic, from March 23, 2020 to July 21, 2020, 77 naloxone kits were shipped to HASA.
3. Referring those who have not received naloxone training to NYC pharmacies that can provide free naloxone.
4. Coordination with community-based OOPPs to provide online naloxone training.

During the COVID-19 pandemic, in-person opioid overdose prevention training had to be suspended as per NYS and NYC guidelines. As a result, the HRA OOPP has developed a remote naloxone training program that will use WebEx to provide training during the pandemic. HRA sites and programs are notified of available dates and times for the trainings and can register via the web. Naloxone will then be mailed to training participants.

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 are 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. From March 18, 2020 to July 10, 2020, a total of 3,794 substance use assessments have been conducted telephonically, a 79% average completion rate. CMS has made 2,332 referrals to treatment in the same time period.

Outreach to Outpatient Substance Use Clients

HRA Customized Assistance Services, which oversees substance use services for HRA clients, implemented an outreach program starting on April 29, 2020. All clients enrolled in outpatient substance use treatment were called regarding SUD treatment, general health concerns, and COVID-19 related health concerns. Those needing additional assistance were

referred to CMS. From April 29, 2020 to June 18, 2020, there were a total of 3,403 clients enrolled in outpatient substance use treatment. During this time, 47% were reached by Customized Assistance Services and 6% were referred to CMS.

Department of Homeless Services

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 the NYC Health Department 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 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. From April 2, 2020 to July 7, 2020, these services have been activated 76 times for methadone (with some clients receiving deliveries 2 times or more) and 12 times for buprenorphine.

DHS Opioid Overdose Prevention Program (OOPP)

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 Health Department training video. OOPP staff is on site once a week to dispense kits to DHS sites and Peace Officers. Additionally, OOPP staff dispensed kits to the isolation hotels to ensure a kit is available in each room. From January to the end of June 2020, 7,615 naloxone kits were dispensed and naloxone was administered 404 times.

New York City Police Department

Co-Response Teams and Triage Desk

The Co-Response Program is a collaboration between the NYPD and the NYC Health Department, with a mission of serving individuals presenting with behavioral health challenges (mental health or substance use) and an elevated risk of harm to themselves or others (see *Co-Response Teams*, page 44). CRT partners two NYPD officers with a DOHMH Behavioral Health professional to create a Co-Response team. Due to COVID-19, the NYC Health Department 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 hours a day/7 days a week, 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 September, 2020.

Patrol Officers Equipped with 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% increase from the same period in 2019.

Heroin Overdose Prevention and Education and Collaborative Legal Engagement Assistance Response Program

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, allowing 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 has only been available in the 40, 42, 46, and 48 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, 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.

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 the increase of prescription drug misuse. The pilot program was implemented so that individuals may 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 as a means to help reduce access to unused prescription drugs during the COVID-19 pandemic.

Department of Probation

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. Borough Clinical Advisors are in contact with BHU on a weekly and as-needed basis to assist with current issues in well-being and behavioral health. 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 which resources remain available to people on probation and whether those services are currently being delivered remotely, including treatment for SUD.

Naloxone Distribution and Training for Client Intake

Naloxone kits are available for officers to provide during field work and home visits during normal operations. Since most DOP services are currently delivered remotely, no offers of naloxone kits have been made to new adult DOP clients since March 15, 2020. During this time, DOP worked with the NYC Health Department to modify the content of the naloxone demonstration provided to new probation clients to include protocols such as mask wearing and physical distancing. As in-person court operations and probation intakes increase, naloxone distribution will resume.

Peer-Driven Naloxone Training Pilot

Just before NYS Pause went into effect, DOP and the NYC Health Department had begun preliminary work with the NYU School of Medicine to design a pilot intervention where respondent driven sampling (a technique where identity-protected DOP clients will recruit other participating peers) would be used to offer naloxone training to persons in community supervision who are struggling with OUD. The draft work scope has since been revised to incorporate appropriate COVID-19 protocols into all aspects of the intervention (e.g., using remote rather than in-person techniques to recruit participants; having naloxone training over Skype or other virtual media rather than in a classroom setting).

Administration for Children Services

Case Reports and Client Assessments

During the period of March to April 2020, ACS experienced approximately a 50% decrease in New York State Central Registry (SCR) reports compared to the same time period in 2019. There was a notable increase in the proportion of cases where substance use was alleged as creating a risk to child safety, from 24% to 33% 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% of all investigations in 2019 to 20% of all investigations during the comparative period in 2020. Manhattan cases involving substance use and mental health increased from 4% of all investigations in 2019 to 10% in the same period in 2020. From the period of April 1, 2020 to June 30, 2020, ACS-affiliated Credentialed Alcoholism and Substance Abuse Counselors (CASACs), both community-based as well as contracted, engaged 508 clients for assessments and conducted 2,608 follow-ups to ensure clients individual needs for recovery were 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 procedures were confirmed and contact information verified. All of the 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 of 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 client access. Admission to rehabs, detoxes and residential programs increased as the City began phased reopening. Patients who were relying solely on telephonic treatment began to have expanded access to evaluations for mental health services, higher levels of care and/or medication as needed. As reopening progressed, patients who engaged in telephonic and telehealth, in some cases, began to re-engage with face-to-face treatment while maintaining social distancing precautions.

Department of Education

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

Recommendations

Advocate for the permanence of emergency regulation changes that alleviate barriers to methadone and buprenorphine access

Due to COVID-19, 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, including 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 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, potentially facilitating 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. 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 incentive longer take-homes.
- Codify emergency regulations through legislation or regulatory action to allow for the buprenorphine induction and treatment provision through telehealth.
- Codify emergency regulations through legislation or regulatory action to allow for verbal confidentiality agreement for the provision of telephonic services and improved reimbursable rates for telephonic and telehealth substance use treatment services to be reimbursed at comparable rates to in-person treatment services.

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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; and

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

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

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

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

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

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

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

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

Appendix B

New York City Substance Use Data Sources

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

Unintentional drug poisoning (overdose) death data

This data source contains all unintentional drug poisoning deaths in New York City.

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

Prescription Drug Monitoring Program (PDMP) 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 PDMP, 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 PDMP. 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

New York City Youth Risk Behavior Survey (YRBS)

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.

National Survey on Drug Use and Health (NSDUH)

This survey is administered to monitor substance use and associated health outcomes among non-military, non-institutionalized United States adults age 12 and older.

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

Appendix C: HealingNYC expansion, March 2018



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

FOR IMMEDIATE RELEASE: March 19, 2018

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

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

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

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

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

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

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

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

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

- **Expand Emergency Department Peer-Based Interventions:** New York City Health + Hospitals will expand its peer advocate program from three to all 11 of its emergency departments by the end of 2018. DOHMH will complete expansion of the Relay peer intervention program to 15 private hospitals by June 2020, up from the 10 sites currently slated for funding. With the expansion of these two programs, New Yorkers with an opioid use disorder will have access to peer support at the 26 hospitals that provide nearly 75% of all emergency services for overdose.
- **Expand Inpatient Hospital Interventions at Health + Hospitals:** NYC Health + Hospitals will expand plans for its Consult for Addiction Treatment and Care in Hospitals (CATCH) program from four to six sites, with four to be launched in Fall 2018 and the other two by the end of 2019. CATCH teams will connect inpatients admitted with substance abuse disorder to medically assisted treatment and outpatient care. The six sites will be NYC Health + Hospitals/Bellevue, /Lincoln, /Metropolitan, /Coney Island, /Elmhurst, and /Woodhull. These sites were chosen because their neighborhoods are some of the hardest hit by the opioid epidemic.
- **Launch “Leave Behind” Naloxone Program:** FDNY EMS will distribute 5,000 naloxone kits annually at homes they visit in response to an overdose call. The leave behind program will launch by the end of summer 2018.
- **Establish End Overdose Training Institute:** DOHMH will launch the End Overdose Training Institute by spring 2018 to teach 25,000 New Yorkers annually, including front line city workers, how to administer and distribute naloxone.
- **Expand HOPE Program:** The City will expand the HOPE program which diverts people arrested on low-level drug offenses into treatment rather than the criminal justice system. The City will fund peer workers in Staten Island, and launch

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Appendix D: Bronx Action Plan, November 2018

Mayor de Blasio, First Lady Mccray Announce Plan to Fight Opioid Epidemic in South Bronx

November 28, 2018

Bronx Action Plan reinforces commitment to connect New Yorkers who struggle with substance misuse to treatment, care, community support

NEW YORK—Mayor Bill de Blasio and First Lady Chirlane McCray today announced the Bronx Action Plan to tackle the opioid epidemic in the South Bronx, an area disproportionately affected by fatal drug overdoses. While overdose deaths citywide began to flatten in 2017 – a mark of the city’s successful prevention and treatment programs – overdose deaths rates in the Bronx increased nine percent from 2016 to 2017, compared to two percent across the City. This plan will dedicate \$8 million solely for programs in the borough to increase health staff who assist first responders, a \$1 million in ad campaigns warning about the dangers of fentanyl, more life-saving naloxone kits, and funding for Bronx-based support groups who connect people to treatment.

“We’re starting to see progress in our fight against the opioid crisis, but we won’t stop until every New Yorker is free from this addiction,” said **Mayor de Blasio**. “We’re increasing resources in the Bronx to make sure one of the hardest-hit boroughs has the resources it needs to turn the tide on this devastating epidemic.”

“Today New York City takes new actions to double down on the opioid epidemic in the Bronx,” said **First Lady Chirlane McCray**, who leads the City’s mental health and substance misuse efforts. “With this effort, we will work with trusted community partners to embed services into the fabric of the hardest-hit communities of the Bronx, so there is no wrong door and people can find help wherever they are. And they will have support through every step of the recovery process to treat the **WHOLE** person, not just their addiction.”

The City has taken aggressive steps to reduce drug overdose deaths citywide and connect people to care and treatment since launching HealingNYC in 2017. Recent data from the Health Department show the increase in overdose fatalities began to slow down in 2017, compared to the previous year. In particular, overdose deaths have begun to decrease in Staten Island and Manhattan, as well as among White New Yorkers. However, the Bronx continued experiencing increases in overdose deaths, and the South Bronx in particular has rates of overdose death more than double the citywide average.

In an effort to ensure no borough is left behind, the de Blasio Administration is bringing attention to neighborhoods in the Bronx. The borough surpassed Staten Island in 2017 as the borough with the highest rate of overdose deaths last year, according to Health Department data. Using a data-driven approach, the City is maximizing its resources to focus on identifying, engaging, and connecting people who use drugs to care. The City's total investment will be \$8 million through HealingNYC and ThriveNYC, which will now be directed specifically to the Bronx.

“The Bronx needs more support to reduce drug overdoses and the City is ready to provide that support,” said **Deputy Mayor for Health and Human Services Dr. Herminia Palacio**. “HealingNYC has allowed us to analyze mortality data much faster and know where drug overdoses are occurring much sooner — that information is guiding our strategies. We are doubling down our commitment to Bronx, creating innovative ways to connect people who use drugs to addiction treatment and partnering with communities to develop more support groups for people at risk.”

“Overdose is preventable, and opioid addiction is treatable,” said **Acting Health Commissioner Dr. Oxiris Barbot**. “Health Department staffs are in the Bronx every day to share life-saving information about harm reduction and naloxone and to connect people to services. We are also proud to support the essential Bronx community organizations that do this work, such as primary care practices and emergency departments, substance use disorder treatment programs, syringe service programs and other opioid overdose prevention programs. Together, we will help more people have the tools and information to reduce their risk of overdose and improve their health.”

Details of the plan:

1. **Increase Innovative Programs to Directly Connect People Who Use Drugs to Care and Services**
 - **Health Engagement and Assessment Teams (HEAT):** The City is launching two HEAT teams in the Bronx to support first responders in substance use related calls. HEAT teams work in pairs (one social worker, one peer advocate) to help first responders engage and connect with people who have substance use disorders. The teams will target neighborhoods where overdoses are highest and will offer a “health only” response options for agencies. Teams will operate from 7 a.m. to 11 p.m., seven days a week.
 - **Innovative Programs to Connect People at Risk to Treatment:** The City will expand three proven programs to connect people who use drugs and are at risk of overdose with treatment:
 - **Expansion of CATCH team to H+H/Lincoln:** NYC Health + Hospital/Lincoln launched CATCH (Consult for Addiction Treatment and Care in Hospitals) in September to connect patients admitted with substance use disorder to medications for addiction treatment and other substance use outpatient care.

- **Expansion of Relay to BronxCare:** Relay dispatches peer Wellness Advocates to people who go to emergency departments after a nonfatal overdose. The advocates provide education on overdose risk reduction education, and help connect patients to care. Relay will expand to BronxCare (Bronx Lebanon) by early January, placing the program in the emergency department of the largest voluntary hospital in the Bronx. Relay currently operates 24/7 at six hospitals across NYC, including two hospitals in the Bronx (Montefiore Medical Center and Saint Barnabas Medical Center).
- **Expansion of Buprenorphine Nurse Care Managers:** This plan will allow Buprenorphine Nurse Care managers to be added at two additional Bronx clinics, bringing the total number of clinics with nurse care managers to eight locations in the Bronx. The Family Health Center and Williamsbridge Family Practice Center will integrate buprenorphine treatment for opioid addiction, increasing access to buprenorphine treatment for people receiving primary health care services.
- **More naloxone kits:** The City aims to double capacity to reverse overdoses by distributing 15,000 naloxone kits to Bronx Opioid Overdose Prevention Programs by the end of 2018. This would put about 8,000 more naloxone kits in the Bronx community this year, compared to 2017. The Health Department will recruit more Bronx organizations to distribute naloxone and provide overdose response trainings to educate community members on how to respond to an opioid overdose.
- **Launch Rapid Assessments and Response (RAR) Teams:** Overdose death rates in Hunts Point, Mott Haven and Highbridge-Morrisania are double the citywide rate. To target overdose prevention and education resources, RAR teams are surveying these neighborhoods, speaking with community members and people who use drugs, and providing educational materials and naloxone. They are present in locations frequented by individuals who use drugs and do not access services, such as barbershops, bodegas, and houses of worship.

2. Expanding Community Partnerships and Support Groups to Increase “Points of Connection” with People Who Use Drugs

- The Health Department will partner with “Radical Health,” a Latina-run, South Bronx-based organization that takes a grassroots, community-organizing approach to improving health in communities of color. Radical Health will organize 16 community sessions in Mott Haven to strategize with community members around solutions to serving populations that are difficult to reach. Critically, these sessions will include people who are interested in addressing opioids in their community, including friends and families of people who use drugs and who are directly affected by the crisis.
- The City will also launch a community engagement plan to marshal stakeholders in the Bronx to address the crisis and connect community members to resources.
 - The City is supporting the newly launched **Faith in Harm Reduction initiative**, which will partner with about 25 Bronx faith leaders to distribute naloxone, address stigma around drug use and promote harm reduction services.
 - Latinx Thrive, part of ThriveNYC’s effort to reach Latinos, will host 15 Thrive Talks (roundtables) with local leaders and NYCHA resident leaders starting next month.

- Thrive will also host events focused for this community. On Nov. 29, the Thrive will host a Day of Action with a focus on the Bronx Opioid crisis. In January, Thrive will host a Bronx Opioid Awareness Day of Action.

3. **Increasing Awareness about the Dangers of Fentanyl and the Availability of Medications to Treat Addiction**

- The Health Department will launch a public awareness campaign to educate New Yorkers about the critical dangers of fentanyl and its presence in cocaine, crack cocaine, and heroin. The Department will place advertisements at Bronx bus shelters, subway stations, billboards, bodegas, barbershops, and laundromats, among other venues. The Health Department will also relaunch its “Living Proof” public awareness campaign about methadone and buprenorphine treatment featuring Bronx residents of color.

4. **Expanding Ongoing Syringe and Needle Clean Up**

- In last six months, the City’s Parks Department has collected about 70,000 syringes from parks in the Bronx, but more help is needed. Through this plan, Parks will expand its program to reduce syringe waste by dedicating six new City Parks workers to routinely canvass and clean high-volume litter areas in South Bronx parks. The Department of Sanitation will address issues in surrounding areas outside parks. New Yorkers looking to report conditions can call 311 for assistance.
- In addition, the Health Department will invest in three South Bronx Syringe Service Programs to expand efforts to engage in harm reduction in parks and areas of public drug use.

“We want to be sure New Yorkers are aware of life-saving resources like free Naloxone kits and trainings, NYC Well, and Mental Health First Aid,” said **ThriveNYC Executive Director Alexis Confer**. “Our ThriveNYC outreach team will continue its work in all five boroughs to accomplish this goal.”

Bronx District Attorney Darcel D. Clark said, “The Bronx has been underserved for many years in terms of prevention efforts and treatment options for those addicted to opioids. I welcome these new programs and resources from the Mayor’s office that will help us fight this scourge that has damaged the Bronx since the 1970s. My office is on the frontlines of providing treatment instead of jail time for long-term substance abusers. The Bronx Action plan will compliment our efforts in this struggle to save lives and communities.”

“The Bronx Action Plan comprehensively addresses the South Bronx’s opioid epidemic. Access to life-changing medications such as buprenorphine will be expanded, drug users will be connected to essential services, and syringe waste will be reduced,” said **Council Member Diana Ayala**. “As the Chair of Committee on Mental Health, Disabilities, and Addiction, I would like to thank Mayor de Blasio, First Lady McCray, Deputy Mayor Palacio, and Commissioner Barbot for working collectively to create a holistic and responsible plan.

The Bronx cannot afford to lose any more lives to overdose and I am hopeful this strategy will improve our borough's circumstances.”

“For decades, the South Bronx community I represent has been battling issues surrounding rampant opioid use, especially in The Hub corridor in my district. Over the past few months, we’ve made great strides, from the Bronx Opioid Collective Impact Project I launched with Acacia Network and the Third Avenue BID to the \$500,000 I fought for in the City Council, allocated to St Ann's Corner of Harm Reduction and Acacia to combat the opioid crisis here in the South Bronx,” said **Council Member Rafael Salamanca Jr.** “We need a multi-pronged approach to address this issue that includes an education component, preventative measures and life-saving services, which is why I commend the Mayor and First Lady for launching the Bronx Action Plan today. Lives are at stake. Today is a step in the right direction towards fighting the opioid crisis in the South Bronx.”

"I cannot thank the Mayor and First Lady enough for stepping in to combat what has truly become an epidemic - and a deadly one - in the South Bronx, which a large part of my Senate District encompasses. We ALL need to work together - private and public agencies and the community to help solve this problem and help those ensnared in its grip. Call on me for anything you need to help," said **Senator Luis Sepulveda.**

“The Bronx Action Plan represents our City's commitment to address the serious opioid crisis that has devastated so many families in our borough for decades,” said **State Senator Gustavo Rivera.** “This comprehensive, community-focused plan will provide Bronx residents increased access to opioid services and resources to treat this harmful addiction and prevent overdose deaths.”

State Senator Jose Serrano: "The opioid epidemic has devastated communities across the country, and the Bronx has been disproportionately impacted by this public health crisis. Addressing this issue will require a comprehensive response by local leaders, healthcare professionals and educators. By emphasizing prevention, treatment, and recovery, HealingNYC has been effective at removing the stigma, and connecting at-risk New Yorkers and their families with the support they need to lead fulfilling, healthy lives. I applaud Mayor de Blasio and First Lady Chirlane McCray for expanding the program and for their commitment to the health and safety of the people of the Bronx."

“Community based organizations are on the front line against the opioid epidemic,” said **Assembly Member Richard N. Gottfried, Chair of the Health Committee.** “The Bronx Action Plan will connect patients and service providers across areas – health care, substance use, and social services – in order to ensure holistic, coordinated care.”

“I am thankful for this strong effort to help combat the opioid crisis. This issue has deeply affected our community and our city. As elected officials we must come together and

continue tackling this crisis together. The comprehensive nature of this announcement shows that we cannot approach this in only one way but that we must pool together all the resources available for it to be effective. I am grateful to the de Blasio administration for bringing forth this aggressive plan and I look forward to assisting in any way I can," said **Assemblywoman Carmen E. Arroyo**.

"I applaud the Mayor and the First Lady for this effort to tackle the opioid crisis head-on. For years, families in the Bronx have been devastated by addiction, unable to seek the services they so desperately needed and falling prey to the criminal justice system," said **Assembly Member Michael Blake**. "It is through compassionate leadership, not criminalization, that we will rid our communities of the scourge of addiction and promote healthy and safe alternatives to opioid abuse."

"The opioid epidemic has reached a tipping point in the Bronx," said **Assembly Member Nathalia Fernandez**. "Overdose levels in the Bronx are higher than any borough in NYC. It's important that Mayor de Blasio's Bronx Action Plan be successful so that we can keep our residents safe, rehabilitate opioid abusers, and remove unwanted syringes from the streets."

About HealingNYC:

Since the launch of HealingNYC in March 2017, the Health Department has:

- Distributed over 152,000 naloxone kits to opioid overdose prevention programs citywide.
- Launched Relay, a new peer-based program, in six hospital emergency departments for people who experience an overdose.
- Trained more than 1,000 clinicians to prescribe buprenorphine.
- Conducted 1:1 education with more than 1,000 clinicians about judicious opioid prescribing and more than 1,100 pharmacists about naloxone distribution.
- Raised public awareness about overdose prevention and effective addiction treatment through three citywide media campaigns — "Overdose is Preventable," "I Saved a Life," and "Living Proof" — as well as a pilot public awareness campaign in Lower East Side bars to alert New Yorkers to the presence of fentanyl in the cocaine supply.
- Launched a free mobile app, "Stop OD NYC," to teach New Yorkers how to recognize and reverse an overdose with naloxone. The app also links individuals to nearby community-based programs and pharmacies where naloxone is available without a prescription.

About ThriveNYC:

In November 2015, the City launched ThriveNYC, a program with dozens of initiatives aimed at changing the conversation and stigma surrounding mental illness and providing greater access to mental health care. In addition, anyone can take a free Mental Health First Aid course to learn how to identify, understand and respond to signs of mental health challenges, including depression.

New Yorkers seeking mental health help, or who want to learn more about treatment options, can contact NYC Well by calling 1-888-NYC-WELL, texting “WELL” to 65173 or going to nyc.gov/nycwell. Free, confidential support is available at any hour of the day in over 200 languages.

If you witness an overdose, **call 911** immediately.

Media Contact

pressoffice@cityhall.nyc.gov
(212) 788-2958

**Appendix E:
Fentanyl Public Awareness Poster**

**FENTANYL IS CAUSING
OVERDOSE DEATHS**

**ANYONE USING
HEROIN, COCAINE,
OR CRACK, EVEN
OCCASIONALLY,
IS AT RISK.**

Prevent opioid overdose:

- **Carry naloxone.** Naloxone can reverse an opioid overdose.
- **Avoid mixing drugs.** Mixing opioids with alcohol and Xanax, Valium and Klonopin increases the risk of overdose.
- **Avoid using alone.** If you do, have someone check on you.

The best way to prevent an overdose is to not use drugs.

For help, call **888-NYC-WELL** (888-692-9355).
Visit nyc.gov/health and search **overdose**.

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Appendix F: 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 Alcoholism and Substance Abuse Services
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 G: 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 H: Postcard: How to Get Opioid Use Disorder Treatment at Home During the COVID-19 Pandemic

How to Get Opioid Use Disorder Treatment at Home During the COVID-19 Pandemic



Buprenorphine

- You can schedule a telehealth appointment to start or continue treatment. Contact your current provider or call **212-562-2665** for Health + Hospital's virtual buprenorphine clinic.

Methadone

- You can receive as much as a 28-day supply of methadone from an Opioid Treatment Center. Speak to your provider about how you can reduce daily visits.

NYC
Health

Appendix I:

COVID-19 Guidance for People Who Use Drugs



COVID-19 Guidance for People Who Use Drugs

COVID-19 continues to spread in our communities and there are risks any time you gather with others outside your home. As the city reopens, we must continue to take steps to prevent transmission of COVID-19.

Prevent COVID-19

Keep in mind these core four tips to reduce the risk of spreading COVID-19:

- **Stay home if you do not feel well or are [at higher risk of COVID-19 complications](#).**
 - Follow updates on planned reopening.
 - Until there is a vaccine, staying home as often as possible (if your job allows) is still the safest option to protect yourself and others from COVID-19.
 - Monitor your health more closely than usual for [COVID-19 related symptoms](#). If you have mild to moderate symptoms, stay home. Do not leave home except to get essential medical care (including [testing for COVID-19](#)) or to get basic needs such as groceries, if someone can't get them for you.
- **Wear a face covering.** Even if you feel well and have no symptoms, wear a [face covering](#) when you are outside your home and to stay at least 6 feet away from others.
- **Practice healthy hand hygiene.** Wash hands often with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water are not available.
 - For people who use drugs, these items may not be easy to access. Check with [syringe service providers](#) (SSPs), medical clinics or drop-in centers for supplies,
 - Cover your mouth and nose with a tissue or your sleeve when sneezing or coughing. Do not use your hands.
 - Do not touch your eyes, nose or mouth with unwashed hands.
 - Do not shake hands with others. Instead, wave.
- **Keep physical distance from others.**
 - Stay at least 6 feet away from others any time you are outside your home.
 - If you do not have a stable place to live, try to stay at least 6 feet away from other people and wear a face covering.

Tips for Safer Drug Use

- Wipe down drug packaging, supplies and surfaces before use with disinfecting products, diluted bleach, or products with at least 60% alcohol.
- Prepare your drugs yourself.
- Avoid using alone but maintain physical distance with people you are with.
- Try to limit the number of people you interact with. For anyone you do not live with, maintain a distance of at least 6 feet.

- Carry naloxone. Naloxone is a safe medication that can reverse the effects of an opioid overdose.
- Create an overdose safety plan with someone who knows you are going to use.
- If you are going to use alone, call the “Never Use Alone” hotline at 800-484-3731 before using.
- Contact an SSP to see if they are delivering sterile drug use supplies and naloxone.
- **Be prepared for potential shortages or changes in the drug supply.**

If you inject:

- Avoid sharing.
 - If you have to share or reuse syringes (and other equipment), rinse thoroughly with clean water between uses.
 - If using bleach, leave in the barrel for at least 30 seconds. Rinse barrel thoroughly by flushing with clean water after bleaching.
- If possible, prepare and administer your own injection.
- Do not lick the needle.

If you use pipes, bongs, straws or e-cigarettes:

- Avoid sharing. Wipe down the parts that you touch with your lips, nose or hands with an alcohol swab between uses.

Additional Guidance

- If you take any medications, talk to your health care provider about getting extra medication to reduce trips to the pharmacy.
- If you are on medication for opioid use disorder such as methadone or buprenorphine:
 - Contact your opioid treatment provider to discuss your options for telemedicine appointments.
 - Talk to your opioid treatment provider about your options for take-home medication.

Resources

- SSPs are programs that provide services and sterile drug equipment to people who use drugs. Call your local SSPs to find out what services are being provided during the COVID-19 pandemic. Visit nyc.gov/health and search for **syringe service programs**.
- **To find naloxone near you**, visit nyc.gov/nycwell or call 888-NYC-WELL (888-692-9355). Contact community-based programs and pharmacies about naloxone availability before visiting their locations, as hours and availability may have changed.
- **NYC Well:** NYC Well staff are available 24/7 and can provide free brief counseling and referrals to care in over 200 languages. For support, call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or chat online by visiting nyc.gov/nycwell.
- For additional resources that address issues such as financial help, food, health care or insurance coverage, and more, see the [Comprehensive Resource Guide](#). Visit nyc.gov/health/coronavirus and look for **Community Services**.
- For general information on COVID-19, visit nyc.gov/health/coronavirus. For real-time updates, text “COVID” to 692-692. Message and data rates may apply.

The NYC Health Department may change recommendations as the situation evolves. 7.7.20

Appendix J: Safer Drug and Alcohol Use While in Isolation or Quarantine Setting (COVID-19 guidance)



Safer Drug and Alcohol Use While in Isolation or Quarantine Settings

Being in isolation or quarantine due to possible COVID-19 infection can be very stressful. We recognize that people cope with challenges in a variety of ways and we do not judge your choices when it comes to how you manage your stress or grief. If you use drugs or alcohol while in isolation or quarantine, here are some tips on how to do so more safely.

Safer Drug Use While in Isolation or Quarantine

- Avoid using alone. **Using drugs alone increases the risk of overdose.** Call a friend, another trusted person or the Never Use Alone hotline at 800-484-3731 before you start using. A hotline operator will stay on the phone with you and call for help if you stop responding. For more information, visit [neverusealone.com](https://www.neverusealone.com).
- Consider your current tolerance level. **Think about how much you have been using recently and whether your tolerance might be lower than usual.** Tolerance refers to how a person's body adapts to using a drug on a regular basis over time and **can be** affected by factors such as being sick, being stressed or being in a new environment. If your tolerance is lower than usual, you are at increased risk of overdose.
- Use less than you normally would and go slow.
 - **If you have bought a supply of drugs to last a few days, you might be tempted to use more than usual. Try to space out what you use.**
- **Be aware of fentanyl.** Due to the pandemic, drug quality, purity and strength might be more unpredictable. Be aware that many drugs, including cocaine, crack, heroin, methamphetamines and counterfeit pills, such as Xanax and oxycodone, have been found to contain fentanyl, a strong opioid that can result in overdose.
- **Avoid mixing drugs.** Using different drugs together, including alcohol, increases your risk of overdose. If you do mix, go slow.
- **Have a naloxone kit nearby.** Naloxone is a safe medication that can reverse the effects of an opioid overdose. If you have a naloxone kit, leave it in a visible place so someone can access it if needed. If you are staying at a hotel during your isolation or quarantine, ask if naloxone is available.
 - For more information, visit [nyc.gov/health](https://www.nyc.gov/health) and search for **naloxone**.
- **Consider getting on buprenorphine.** If you use opioids, think about getting on buprenorphine, or Suboxone (a common brand of buprenorphine), either long-term or just for the duration of your quarantine or isolation. Call Health + Hospitals' virtual buprenorphine clinic at 212-562-2665.

Safer Alcohol Use While in Isolation or Quarantine

- **Set a drink limit.** If you have a supply of alcohol to last a few days, you might be tempted to drink more than usual. Set a limit for how many drinks you want to have in a day and write it down.
- **Space your drinks and drink water.** Space your drinks out over time and drink non-alcoholic drinks, such as seltzer or water, in between alcoholic drinks. Non-alcoholic drinks help to counteract alcohol's dehydrating effects and can slow your body's alcohol absorption.
- **Identify alternative stress-relieving activities.** Try to find other ways to relieve stress that do not center around drinking alcohol; take breaks from social media and the news, and reach out to talk with loved ones.
- **Eat food while you drink.** Food can slow your body's alcohol absorption and lowers the risk of digestive irritation the next day.
- **Be prepared for possible withdrawal symptoms if you stop drinking suddenly.** Be aware that if you have drunk heavily for a long period of time, and then reduce or stop drinking, you might experience withdrawal symptoms including nausea, tremors, anxiety, hallucinations, seizures and death. Talk with a health care provider before you stop drinking alcohol to figure out if you need medical supervision. If you experience any of these symptoms and you are quarantining or isolating in a hotel, notify staff immediately. If you are at home, call your health care provider.

Additional Guidance

- If you take any medications, make sure you have a 14-day supply.
 - If you are staying at an isolation or quarantine hotel and think you might run out, talk to hotel staff about arranging for pharmacy delivery.
- If you are on medication for opioid use disorder such as methadone or buprenorphine:
 - Contact your opioid treatment provider to discuss your options for telemedicine appointments.
 - Talk with your opioid treatment provider about your options for methadone or buprenorphine delivery.

Resources

- Syringe Service Programs (SSPs) are programs that provide services and sterile drug equipment to people who use drugs. Call your local SSPs **to see if they are delivering sterile drug use supplies and naloxone**. Visit nyc.gov/health and search for **syringe service programs**.
- NYC Well: NYC Well staff are available 24/7 and can provide brief counseling and referrals to care in over 200 languages. For support, call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or chat online by visiting nyc.gov/nycwell.
- For additional resources that address issues such as financial help, food, health care or insurance coverage, and more, see the Comprehensive Resource Guide. Visit nyc.gov/health/coronavirus, click on the "Community Services" tab on the left, and look for "Comprehensive Resource Guide."