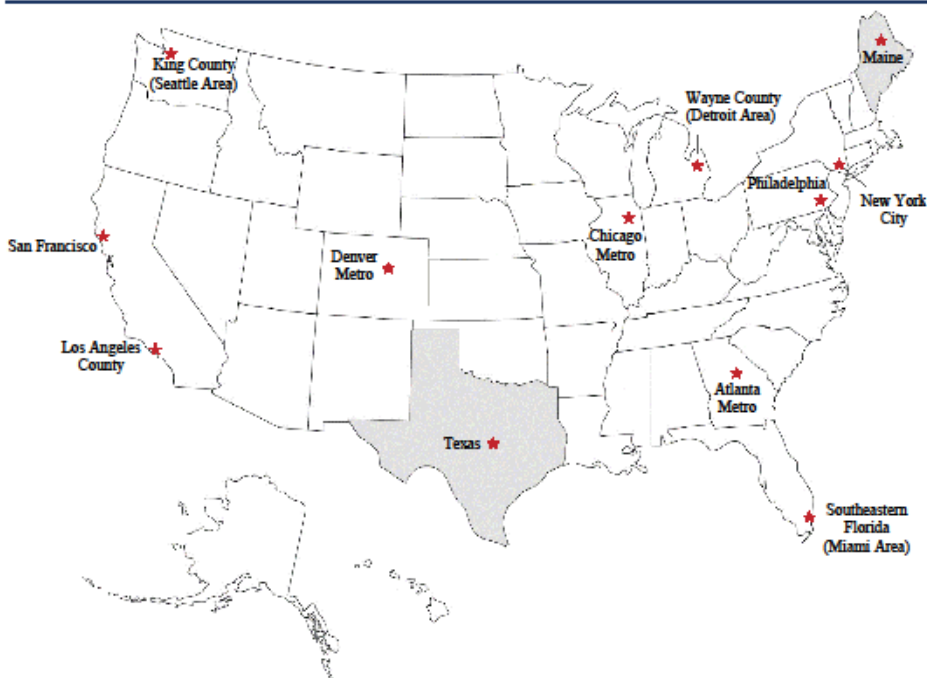**NDEWS** *National Drug Early Warning System*

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015: New York City

August 2015

NDEWS Coordinating Center

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National Drug Early Warning System (NDEWS) Sentinel Community Site Profile Overview

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. During 2015, 12 Sentinel Community Sites (SCS) were established, each with an expert Sentinel Community Epidemiologist (SCE). This inaugural Sentinel Community Site Profile contains three sections:

◊ The *Profile Snapshot* presents selected indicators of substance use, consequences, and availability;
◊ The *Drug Use Patterns and Trends* contains the SCE's review of important findings and trends; and
◊ The *Appendix Data Tables* contains a set of data tables prepared by Coordinating Center staff and disseminated to each SCE for review in preparing their profiles.

This entire Profile necessarily relies on using a variety of data sources produced by governmental and local agencies and these sources often measure geographic areas that differ from the intended catchment area of a Sentinel Site. For example, some surveys measure statewide patterns while others provide county level estimates. Wherever appropriate, a note is provided specifying the area covered by the findings presented.

The Annual Profiles for the 12 Sentinel Community Sites and detailed information about NDEWS can be found on the NDEWS website at www.ndews.org.

National Drug Early Warning System (NDEWS)
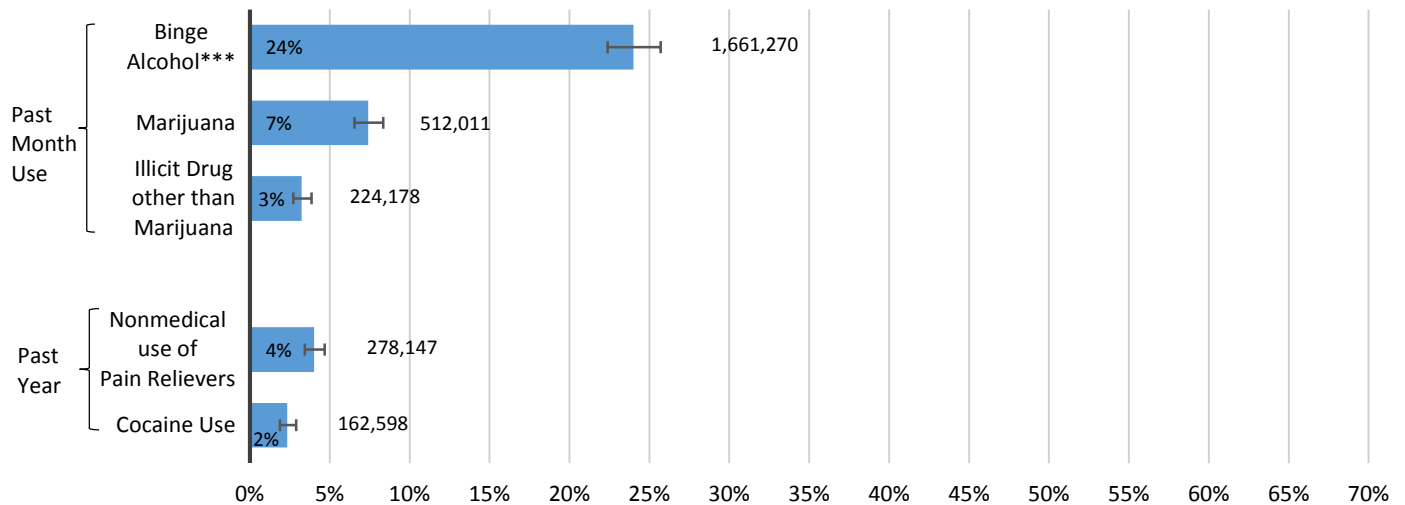# New York City Sentinel Community Site
Profile Snapshot, 2015

Substance Use

National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population*

Persons 12+ Years Reporting Selected Substance Use, New York City^, 2010-2012

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons**

Past Month Use
- Binge Alcohol***: 24% — 1,661,270
- Marijuana: 7% — 512,011
- Illicit Drug other than Marijuana: 3% — 224,178

Past Year
- Nonmedical use of Pain Relievers: 4% — 278,147
- Cocaine Use: 2% — 162,598

*U.S. Population: U.S. civilian non-institutionalized population. ^New York City: NSDUH Region A (Bronx, Kings, New York, Queens, & Richmond Counties). **Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (6,919,074) from Table C1 of the NSDUH Report.
***Binge Alcohol: Defined as drinking five or more drinks on the same occasion.
Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

Youth Risk Behavior Survey (YRBS): Survey of Student Population

Public High School Students Reporting Lifetime (LT) Use of Selected Substances, New York City, 2013

Estimated Percent and 95% Confidence Interval

- LT Cocaine Use: 5%
- LT MDMA Use: 5%
- LT Heroin Use: 3%
- LT Methamp. Use: 3%
- LT Injected Drug*: 3%
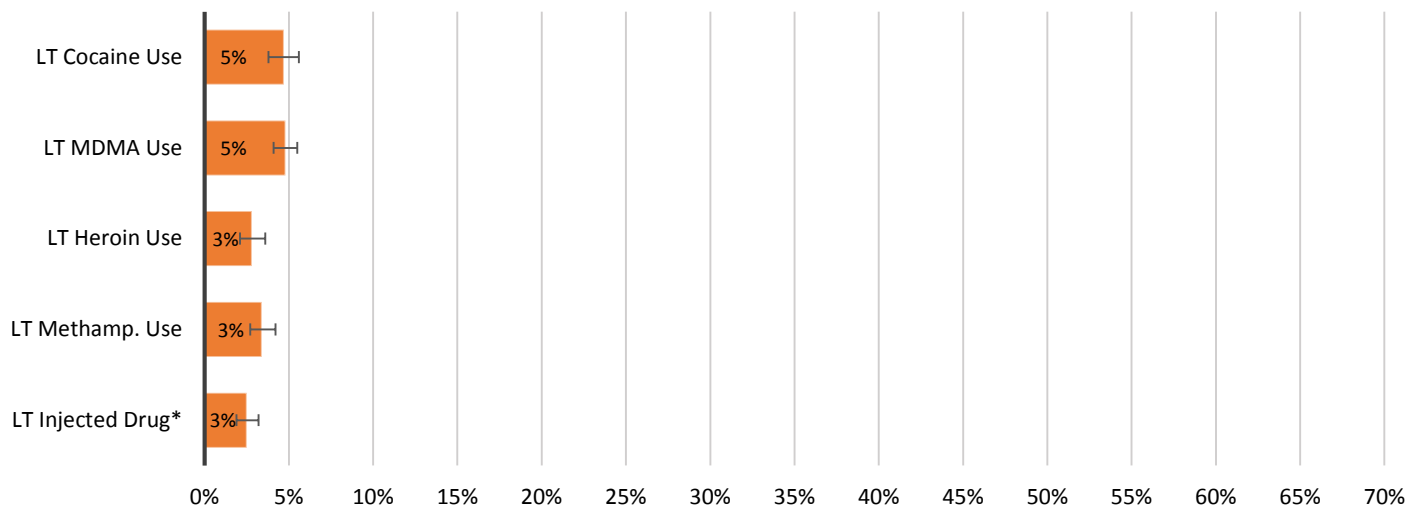
*LT Injected Drug: Ever injected any illegal drug (used a needle to inject any illegal drug into their body).
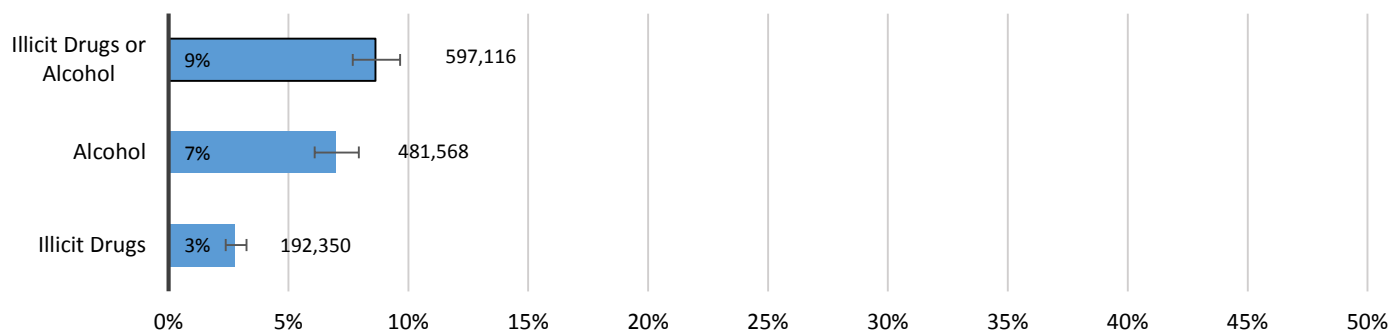**Source**: Adapted by the NDEWS Coordinating Center from data provided by CDC, 2001-2013 high school YRBS data.

Substance Use Disorders and Treatment

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Dependence or Abuse** in Past Year Among Persons 12+ Years, New York City^, 2010-2012
Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons***

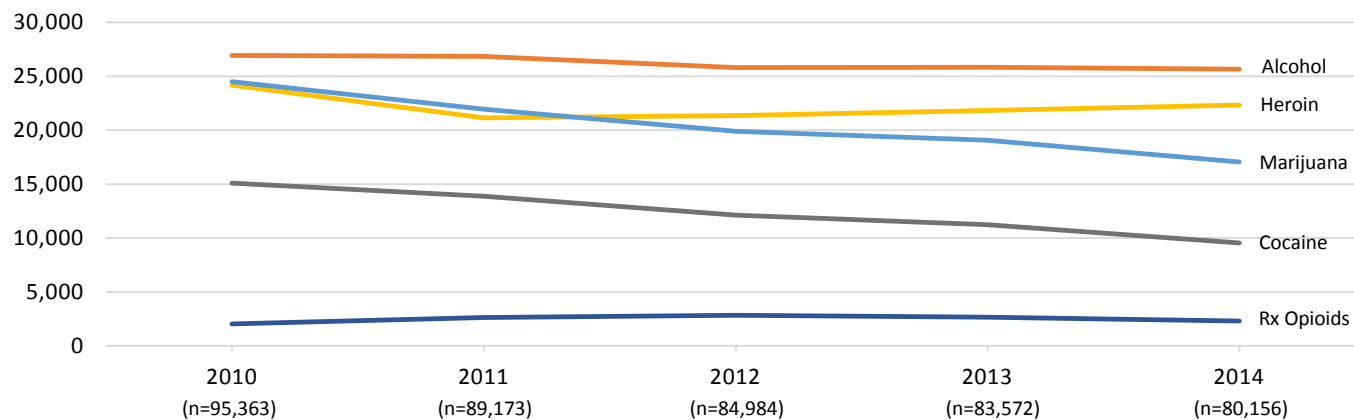| Category	Percent	Estimated Number
Illicit Drugs or Alcohol	9%	597,116
Alcohol	7%	481,568
Illicit Drugs	3%	192,350

*U.S. Population: U.S. civilian non-institutionalized population. **Dependence or Abuse: Based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. ^New York City: NSDUH Region A (Bronx, Kings, New York, Queens, & Richmond Counties). ***Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (6,919,074) from Table C1 of the NSDUH Report.
Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.
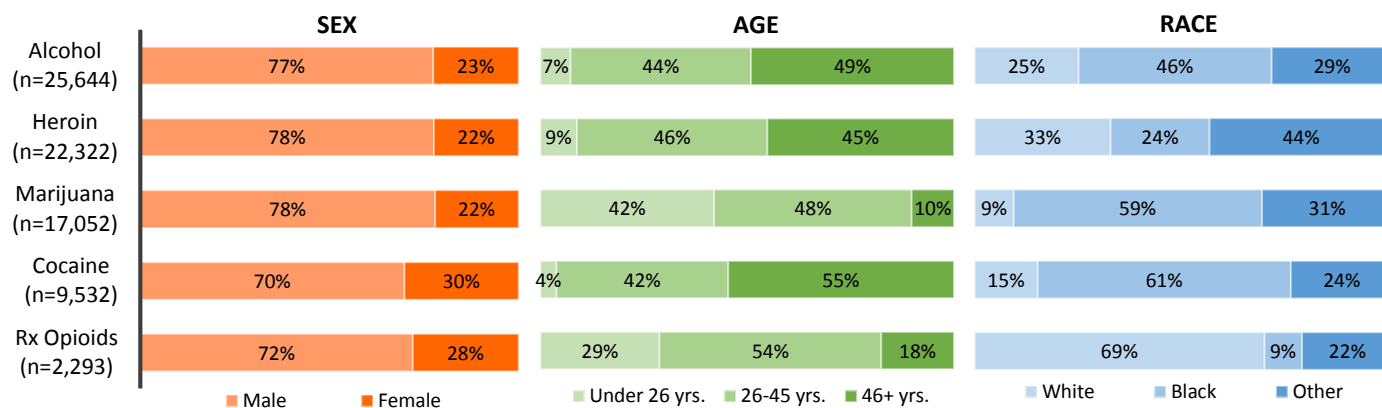
Treatment Admissions Data from Local Sources

Trends in Non-Crisis Treatment Admissions*, by Primary Substance of Abuse, New York City, 2010-2014
(n = Number of Treatment Admissions)

Year	2010	2011	2012	2013	2014
	(n=95,363)	(n=89,173)	(n=84,984)	(n=83,572)	(n=80,156)

Demographic Characteristics of Non-Crisis Treatment Admissions*, New York City, 2014

	SEX		AGE			RACE		
	Male	Female	Under 26 yrs.	26-45 yrs.	46+ yrs.	White	Black	Other
Alcohol (n=25,644)	77%	23%	7%	44%	49%	25%	46%	29%
Heroin (n=22,322)	78%	22%	9%	46%	45%	33%	24%	44%
Marijuana (n=17,052)	78%	22%	42%	48%	10%	9%	59%	31%
Cocaine (n=9,532)	70%	30%	4%	42%	55%	15%	61%	24%
Rx Opioids (n=2,293)	72%	28%	29%	54%	18%	69%	9%	22%

*Non-Crisis Admissions: Includes non-crisis admissions by New York City residents to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State. Percentages may not sum to 100 due to rounding.
Source: Data provided by the New York City NDEWS SCE and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System.

Law Enforcement Drug Seizures

National Forensic Laboratory Information System (NFLIS)

**Drug Reports* for Items Seized by Law Enforcement in New York City^ in 2014
National Forensic Laboratory Information System (NFLIS)**

Top 10 Drug Reports and Selected Drug Categories

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports	43,954	100%
Top 10 Drug Reports		
Cocaine	14,085	32.0%
Cannabis	13,909	31.6%
Heroin	6,189	14.1%
Alprazolam	1,880	4.3%
Oxycodone	1,783	4.1%
Buprenorphine	777	1.8%
Clonazepam	620	1.4%
Phencyclidine	613	1.4%
Methamphetamine	558	1.3%
Methadone	556	1.3%
Top 10 Total	**40,970**	**93.2%**
Selected Drug Categories		
Fentanyl & Fentanyl Analogs	59	0.1%
Synthetic Cannabinoids	55	0.1%
Synthetic Cathinones	23	0.1%
Piperazines	22	0.1%
Tryptamines	8	<0.1%
2C Phenethylamines	0	0.0%

Top 5 Drugs, by Selected Drug Category
(% of Category)**

Fentanyl & Fentanyl Analogs
(n=59)

Fentanyl (100%)

Synthetic Cannabinoids
(n=55)

FUB-PB-22 (46%)
AB-PINACA (24%)
AB-FUBINACA (9%)
XLR-11 (7%)
THJ 2201 (4%)
NM2201 (4%)
Other (7%)

Synthetic Cathinones
(n=23)

Methylone (52%)
Ethylone (26%)
Dimethylone (9%)
Alpha-PVP (9%)
MDPV (4%)

*Drug Reports: Drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database. The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

^New York City: Includes data from 5 boroughs in the New York City MSA and data from the New York City Police Department Laboratory.

**Percentages may not sum to 100 due to rounding.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit, May 2015.

National Drug Early Warning System (NDEWS)
New York City Sentinel Community Site
Drug Use Patterns and Trends, 2015

Denise Paone, Ed.D.

SCS Highlights

Prevalence (National Survey on Drug Use and Health):
In 2012-2013, one-fifth (20.1%, n=1,279,000) of New Yorkers aged 12 or older reported using any illicit drug, including marijuana, or misusing prescription drugs in the past year. Excluding marijuana, nearly one in ten (9.9%, n=626,000) New Yorkers reported using any illicit drug or misusing any prescription drug.

- Over the past ten years, the proportion of New Yorkers aged 12 or older reporting past year use of any illicit drug, excluding marijuana, has significantly increased from 6.9% (n=419,000) in 2002-2003 to 9.9% (n=626,000) in 2012-2013.
- White and Hispanic New Yorkers reported using illicit drugs in the past year (12.7% and 12%, respectively) at more than double the proportion of black New Yorkers (5.9%).

Cocaine: In 2012-2013, 2.4% (n=150,000) of New Yorkers aged 12 or older reported using cocaine within the past year, significantly lower than the proportion reporting cocaine use in 2006-2007 (3.9%; n=235,000).

Heroin: In 2012-2013, 0.1% (n=4,000) of New Yorkers aged 12 or older reported using heroin within the past year.

Opioid analgesics: In 2012-2013, almost 5% of New Yorkers aged 12 or older reported misusing opioid analgesics in the past year—a significant increase from 2002-2003 (3%).

Youth (Youth Risk Behavior Survey): In 2013, 16.2% (n=42,000) of NYC public high school students reported using marijuana in the past month, compared with 23.4% nationally. Lifetime heroin use among NYC youth increased almost threefold from 1.0% in (n=3,000) 1999 to 2.8% (n=7,000) in 2013. Ten percent (25,000) of students attending NYC public schools reported misusing prescription drugs in the past year; of those, 7.3% (19,000) misused prescription pain killers.

Morbidity: In NYC, nearly one in ten hospitalizations was drug-related in 2012.

- In 2012, 39,216 NYC residents aged 15 to 84 years had a drug-related hospitalization, resulting in over 58,000 drug-related hospital discharges
- While 26% of NYC residents lived in the highest poverty neighborhoods, they represented half of all New Yorkers hospitalized with a drug-related diagnosis.

Mortality: Unintentional drug overdose was the third leading cause of premature death (<65) in 2013. Unintentional drug overdoses killed more people in NYC in 2013 than firearm and motor vehicle accidents combined.

- In NYC, there were nearly 10,000 unintentional drug poisoning (overdose) deaths during the years 2000-2013, an average of 700 per year.
- From 2006-2010, the rate of overdose deaths decreased each consecutive year from 13.3 per 100,000 in 2006 to 8.2 in per 100,000 in 2010, a 38% decrease.
- From 2010-2013, the rate of overdose deaths increased three consecutive years, from 8.2 per 100,00 in 2010 to 11.6 per 100,000 in 2013.
- The rate of overdose deaths involving opioid analgesics increased by 256% from 2000-2013.
- The rate of overdose deaths in involving heroin increased for three consecutive years, from 3.1 per 100,000 (209 deaths) in 2010 to 6.2 per 100,000 in 2013 (420 deaths).
- More white New Yorkers (n=358) died of a drug overdose than Hispanic New Yorkers (222) or Black New Yorkers (172).
- Rates were highest among residents of very high poverty neighborhoods (15.9 versus 10.6 per 100,000 in low poverty neighborhoods).
- Opioids (heroin, opioid analgesic, and methadone) were the most common drugs involved in overdose deaths, involved in three-quarters of deaths in 2013.

Other: There were two **synthetic cannabinoid outbreaks** in New York City in July 2014 and April 2015.

Area Description

New York City, with more than 8.4 million people, is the largest city in the United States. It is situated in the southeastern corner of the State on the Atlantic coast and encompasses an area of more than 300 square miles. New York City has nearly 600 miles of waterfront and one of the world's largest harbors.

According to U.S. Census Bureau population estimates, New York City's population increased from 8,175,133 in April of 2010 to 8,491,079 in July 2014. This is an increase of 315,900 residents or about 3.9% over the 2010 mark. Among the five boroughs, Brooklyn had the largest percentage change (4.7% or 117,100 persons), followed by Queens (4.1% or 90,900 persons), the Bronx (3.8% or 53,100 persons), and Manhattan (3.2% or 50,400 persons). Staten Island had the smallest gain (1.0% or 4,500 persons). If the five New York City boroughs were compared with other cities, 4 out of the 5 would rank among the top 10 U.S. cities in population, with Brooklyn ranking 4th, Queens ranking 5th, Manhattan ranking 7th, and the Bronx ranking 10th. Historically, New York City has been home to a large multiracial, multiethnic population. New York City is one of the most racially/ethnically diverse cities in the country. As has been true throughout its history, immigration continues to shape the character of New York City. It has contributed to a substantial shift in the racial/ethnic composition of New York. Findings from the 2010 census show that the population diversity continues: 33% are White non-Hispanic; 25% are Black/African American non-Hispanic; 29% are Hispanic; and 13% are Asian non-Hispanic.

According to the New York City Department of City Planning, approximately 1 in every 38 people living in the United States resides in New York City. New York City has the highest population density of any major city in the United States, with more than 27,000 people per square mile. New York City's population increase since April of 2010 represented 85.8% of the total increase in New York State, which slightly raised the city's share of the State's population, from 42.2% to 43.0%. Approximately two-thirds of New York City dwellings are renter-occupied, more than twice the national average. More than 3 million New York City residents are foreign born, and more than one-quarter arrived in 2000 or later.

The average commute for New Yorkers is just under 40 minutes, about 15 minutes longer than the national average. New York City has the largest Chinese population outside of Asia and the largest Puerto Rican population of any U.S. city. Among Latinos in New York City, however, Puerto Ricans currently rank second after Dominicans. An estimated 200 languages are spoken in New York City, and half of all New Yorkers speak a language other than English at home.

New York City remains the economic hub of the Northeast. Its main industries include financial services, publishing and media, insurance, health care, and real estate. The unemployment rate in New York City for February 2015 was 7.2%; the rate for New York State was 5.8%. The unemployment rate for the Nation was 5.5%. The unemployment figures for December 2013 were 7.8% for New York City, 7.0% for New York State, and 6.7% for the Nation. According to the U.S. Census Bureau, American Community Survey, the median household income in New York City in 2013 was $52,223,

with 20.3% living below the Federal poverty level.

Changes in Legislation

Two key policies have been enacted over the past two years that are relevant to the landscape of drug use prevalence, morbidity, and mortality in New York City. First, the Internet System for Tracking Over-Prescribing/Prescription Monitoring Program law became effective in August, 2013. This requires prescribers to consult the Prescription Monitoring Program Registry when writing prescriptions for Schedule II, III, and IV controlled substances. The passage of this legislation casts implications on the prescribing patterns of opioid analgesics in New York City. Second, New York passed Standing Orders legislation in 2014 that allows for the dispersal of naloxone without the presence of a doctor to write a prescription. This makes it much easier for community groups to distribute naloxone to communities in need.

Drug Use Patterns and Trends

OVERVIEW

Prevalence of Drug Use

In 2012-2013, a fifth (20.1%, n=1,279,000) of New Yorkers aged 12 and older reported using any illicit drug, including marijuana, or misusing prescription drugs in the past year. Nearly one in ten (9.9%, n=626,000) New Yorkers reported using any illicit drug excluding marijuana, or misusing any prescription drug. Over the past ten years, the proportion of New Yorkers aged 12 or older reporting past year use of any illicit drug, excluding marijuana, has significantly increased from 6.9% (n=419,000) in 2002-2003 to 9.9% (n=626,000) in 2012-2013. More male New Yorkers reported using illicit drugs in the past year than female New Yorkers (11.1%, n=327,000 vs 8.8%, n=288,000; respectively). White and Hispanic New Yorkers reported using illicit drugs in the past year (12.7% and 12%, respectively) at more than double the proportion of black New Yorkers (5.9%).

Any self-reported past-year substance use among persons aged 12 or older in New York City (NYC), and United States (US), 2012-2013

Source: The National Survey on Drug Use and Health, SAMHSA, 2012-2013.

|	NYC 2012–2013		US 2013	
	N	%	N	%
Any Drug[1]	1,279,000	20.1	41,591,000	15.9
Marijuana	1,043,000	16.4	32,952,000	12.6
Cocaine	150,000	2.4	4,182,000	1.6
Heroin	4,000	0.1	681,000	0.3
Opioid Analgesics[2]	290,000	4.6	11,082,000	4.2
Benzodiazepines[2]	168,000	2.6	5,269,000	2.0
Any Drug Except Marijuana[3]	626,000	9.9	19,868,000	7.6

[1]Any Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

[2]Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

[3]Any Drug Except Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Self-reported past-year substance use among persons aged 12 or older in New York City by drug type, 2002-2013

Source: The National Survey on Drug Use and Health, SAMHSA, 2002-2013.
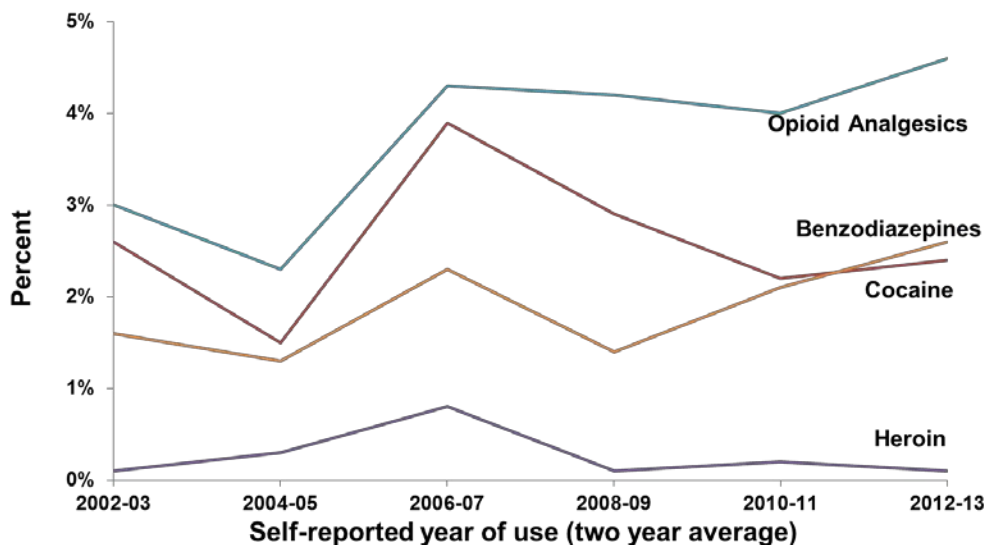
Morbidity

In New York City (NYC), one in ten hospital discharges are drug-related, and one in eleven hospital inpatients have a drug-related diagnosis. These rates have persisted for the past ten years. In 2012, 39,216 NYC residents aged 15-84 years accounted for 58,665 drug-related hospital discharges. Nearly a quarter (24%) of these inpatients had multiple hospitalizations.

While only 26% of NYC residents lived in the highest poverty neighborhoods, they represented half of all NYC inpatients with a drug-related diagnosis and had twice the inpatient rate of drug-related hospitalizations citywide (1,167.4 vs. 585.0 per 100,000).

Mortality

In New York City (NYC) there were nearly 10,000 unintentional drug poisoning (overdose) deaths during the years 2000-2013, an average of 700 unintentional overdose deaths per year. From 2006-2010 the rate of overdose deaths decreased each consecutive year from 13.3 per 100,000 New Yorkers in 2006 to 8.2 per 100,000 New Yorkers in 2010, a 38% decrease. From 2010-2013, the rate of overdose deaths increased three years consecutively, from 8.2 per 100,000 in 2010 to 11.6 per 100,000 New Yorkers in 2013, a 41% increase.

In 2013, there were 788 unintentional drug overdose deaths in New York City, with a rate of 11.6 per 100,000 New Yorkers. Unintentional drug poisoning overdose rates are highest among White New Yorkers, 45-54 year old New Yorkers, and Staten Island and Bronx residents. Rates of unintentional drug poisoning (overdose) death increased by 138% in Staten Island from 2000 to 2013.

While the rate of unintentional drug overdose death has historically been the highest among residents of the highest poverty neighborhoods, the rate more than doubled in lowest poverty (wealthiest) neighborhoods from 2000 to 2013 (from 5.1 to 10.6 per 100,000 people).
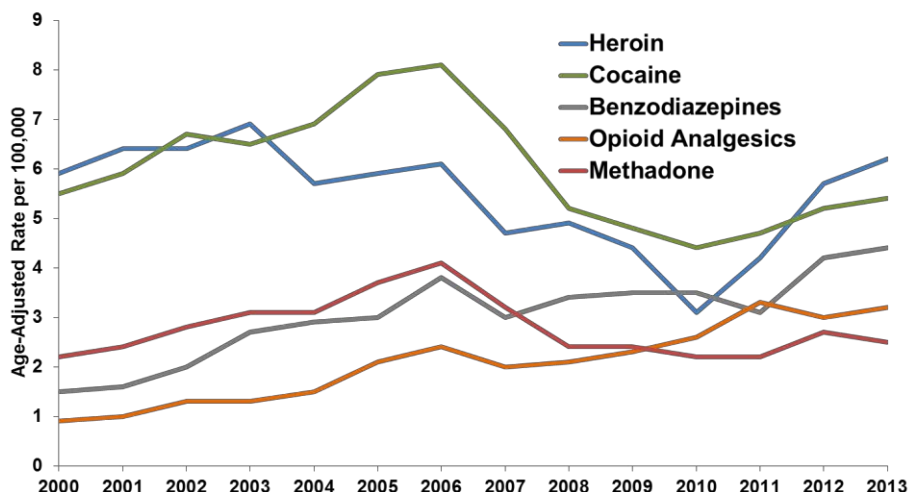
Unintentional drug poisoning deaths, NYC, 2000-2013.
Source: NYC Office of the Chief Medical Examiner; NYC Department of Health and Mental Hygiene 2000-2013
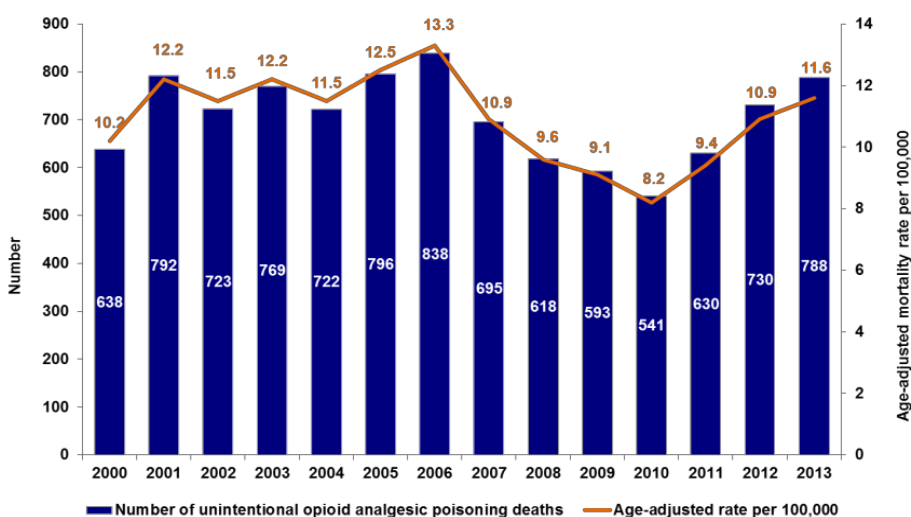
Rate of unintentional drug poisoning deaths by drug type, NYC 2000-2013.

Source: NYC Office of the Chief Medical Examiner; NYC Department of Health and Mental Hygiene 2000-2013

BENZODIAZEPINES

In 2012-2013, 2.6% of New Yorkers (n=168,000) reported misusing benzodiazepines in the past year. Male New Yorkers reported benzodiazepine misuse at higher proportions (3.1%, n= 93,000) than female New Yorkers (2.2%, n=75,000). More than 12 times as many Hispanic New Yorkers and 16 times as many White New Yorkers reported benzodiazepine misuse in the past year as Black New Yorkers.

There were 298 unintentional benzodiazepine-involved overdose deaths in 2013 (4.4 per 100,000 residents). The rate of unintentional benzodiazepine-involved overdose deaths nearly tripled from 2000 to 2013, increasing by 193% during this time period. Benzodiazepines were found in 60% of overdose deaths involving opioid analgesics, 36% of deaths involving heroin, and 58% of deaths involving methadone in 2013. White New Yorkers, New Yorkers aged 45-54, Staten Island residents, and residents of the lowest poverty (wealthiest) neighborhoods had the highest rates of unintentional benzodiazepine involved overdose death in 2013.

In 2014, benzodiazepines (n=2,209) were the primary drug in less than 2% of all treatment admissions. Benzodiazepines were more likely reported as the secondary drug upon admission. Benzodiazepines were reported as the secondary drug in 19% (n=625) of admissions when prescription opioids were the primary, and 10% (n=3,430) of admissions when heroin was the primary.

COCAINE

Prevalence

In 2012-2013, 2.4% (n=150,000) of New Yorkers aged 12 or older reported using cocaine within the past year, which is significantly less than the proportion reporting cocaine use in 2006-2007 (3.9%; n=235,000).

Males, White New Yorkers, and New Yorkers aged 18 to 25 reported using cocaine at the highest proportions. More male New Yorkers reported using cocaine in the past year than female New Yorkers (2.9% vs 1.9%). The proportion of male New Yorkers reporting past year cocaine use decreased significantly from 5.6% in 2006-2007, while the proportion of female New Yorkers reporting cocaine use remained relatively unchanged. White New Yorkers reported using cocaine in the past year at more than four times the proportions of both Black and Hispanic New Yorkers (4.5% vs 1.1% and 1%, respectively).

New Yorkers aged 18 to 25 reported using cocaine at the highest proportion (5.2%), followed by New Yorkers aged 26 to 34 (3.5%).

Morbidity

In 2011, there were nearly 80,000 drug-related ED visits (960.0 per 100,000 New Yorkers); cocaine represented more than a third (27,752) of all drug-related ED visits (336.6 per 100,00 New Yorkers). New Yorkers aged 45 to 54 had the highest rate of cocaine-related ED visits (901.7 per 100,000), followed by 35 to 44 year olds (723.9 per 100,000) in 2011.

In 2012, there were an estimated 59,000 drug-related hospitalizations (876.1 per 100,000); more than one-third (21,637) were cocaine-related (328.8 per 100,000). Black New Yorkers had the highest rate of cocaine-related hospitalizations in 2012 (727.3 per 100,000), nearly seven times higher than White New Yorkers (108.6 per 100,000).

Mortality

In 2013, there were 364 unintentional cocaine-involved overdose deaths in New York City. The rate of unintentional overdose deaths involving cocaine was the highest in 2006 (a total of 508 deaths; 8.1 per 100,000 New Yorkers). Beginning in 2007, the rate of cocaine-involved overdose deaths decreased for four consecutive years (from 6.8 per 100,000 in 2007 to 4.4 per 100,000 in 2010, a 35% decrease). Since 2010, the rate of cocaine-involved overdoses increased by 25%, from 4.4 to 5.5 per 100,000 in 2013.

In 2013, New Yorkers aged 45 to 54 had the highest rate of cocaine-involved deaths (12.0 per 100,000). From 2000 to 2013, the rate of cocaine-involved overdoses among individuals aged 55 to 64 increased 209% (from 2.2 per 100,000 in 2000 to 6.8 per 100,000 in 2013).

In 2006, Black New Yorkers had the highest rates of cocaine-involved deaths (12.5 per 100,000 residents). From 2006 to 2013, racial disparities in cocaine overdose mortality rates narrowed, and,

in 2013, rates of cocaine-involved mortality were similar among black, white, and Hispanic New Yorkers.

Since 2000, residents of very high poverty neighborhoods had the highest rate of cocaine-involved deaths; in 2013 the rate was 7.7 per 100,000 residents. Since 2000, the disparity between rates in high poverty and low poverty neighborhoods narrowed as the rate of cocaine-involved deaths decreased in high poverty neighborhoods by 27%, from 10.5 in 2000 to 7.7 per 100,000 residents in 2013, and increased in low poverty neighborhoods by 150% during the same time period, from 1.8 to 4.5 per 100,000.

Treatment

In 2014, almost one in ten treatment admissions reported crack/cocaine as the primary substance (9.3%, n=11,759). When alcohol was the primary substance (n=52,294), crack/cocaine was the secondary in 28.6% (n=14,962) of admissions.

HEROIN

Prevalence

In 2012-2013, 0.1% (n=4,000) of New Yorkers aged 12 or older reported using heroin within the past year. The number of New Yorkers reporting heroin use was too small to report demographic breakdowns.

Mortality

In 2013, there were 423 unintentional heroin-involved overdose deaths in New York City. The rate of overdose deaths involving heroin increased for three consecutive years, doubling from 3.1 per 100,000 New Yorkers (209 deaths) in 2010 to 6.2 per 100,000 New Yorkers (423 deaths) in 2013.

White New Yorkers, New Yorkers aged 45-54 years old, and residents of the Bronx and Staten Island had the highest rates of unintentional heroin-involved overdose mortality in 2013. New Yorkers 45-54 years have historically had the highest rates of unintentional heroin-involved overdose (11.2 per 100,000 residents in 2013); however, from 2010 to 2013, the rate doubled among 25-34 year old New Yorkers (from 3.1 to 6.2 per 100,000 residents) and nearly tripled among 15-24 year old New Yorkers (from 1.0 to 2.9 per 100,000 residents).

The rate of unintentional heroin-involved overdose has historically been the highest in highest poverty neighborhoods (9.7 per 100,000 residents in 2013); the rate in lowest poverty (wealthiest) neighborhoods tripled from 2010 to 2013, from 1.9 to 5.7 per 100,000 residents.

Treatment

In 2014, heroin was the most common primary drug reported upon admission to treatment (28.5%, n=36,079).

METHAMPHETAMINE

Unlike other regions in the country, in New York City, methamphetamine use remains confined to select populations. Health related harms of methamphetamine use are not widespread.

PRESCRIPTION OPIOIDS

Prevalence of Misuse

In 2012-2013, almost 5% of New Yorkers aged 12 and older reported misusing opioid analgesics in the past year—a significant increase from 2002-2003 (3%). Unlike the prevalence of use for other drugs, males and females reported misusing opioid analgesics at similar proportions—around 5%. While the proportion of males reporting opioid analgesic misuse has remained relatively unchanged, the proportion of females reporting misuse has increased significantly, from 1.6% in 2004-2005 to 4.5% in 2012-2013.

White and Hispanic New Yorkers reported misusing opioid analgesics at the highest proportions compared to Black New Yorkers (5.1% and 5.8% vs. 3.5%, respectively). While White New Yorkers have consistently reported opioid analgesic misuse at the highest proportions, Hispanic New Yorkers had the greatest increase in reported opioid analgesic misuse, from 2.2% in 2010-2011 to 5.8% in 2012-2013.

New Yorkers 26-34 years old reported misusing opioid analgesics at the highest proportion (8.7%, n=105,000). This is a significant increase from the proportion reporting opioid analgesic misuse in 2010-2011 (3.3%, n=39,000).

Number of opioid analgesic prescriptions filled in New York City, 2008-2013.

Source: New York State Department of Health, Bureau of Narcotic Enforcement, Prescription Drug Monitoring Program, 2008- 2013.
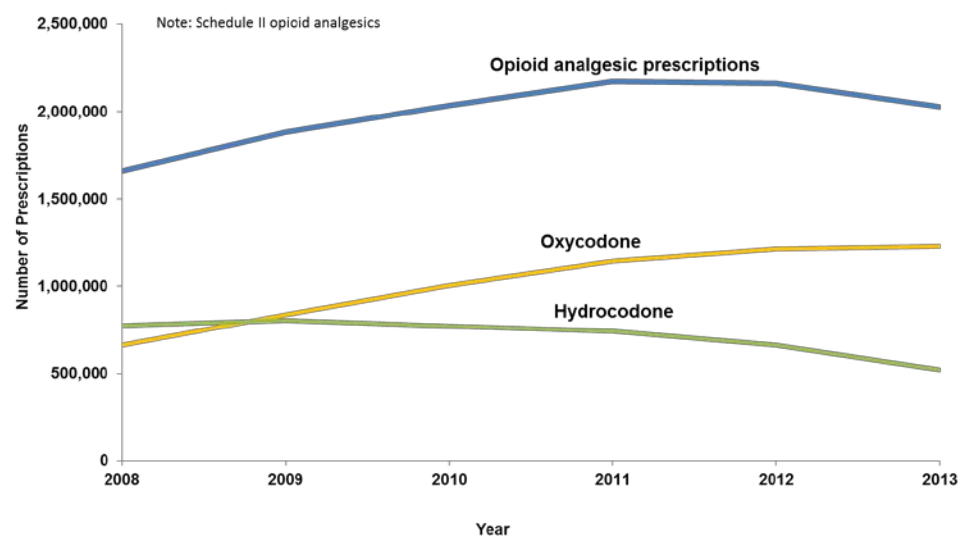
In 2013, there were over 2 million opioid analgesic prescriptions filled in New York City, with a rate of 232 prescriptions filled by NYC residents per 100,000 residents. Oxycodone was the most common opioid analgesic, with over one million prescriptions filled in 2013. The median day supply in New York City was 20-days in 2013.

Mortality

In 2013, the rate of opioid analgesic-involved overdose deaths increased by 256% from 2000 to 2013, from 0.9 to 3.2 per 100,000 residents. In 2013 there were 220 unintentional opioid analgesic-involved overdose deaths. Rates were highest among White New Yorkers and residents aged 45-54. Lowest poverty (wealthiest) neighborhoods have the highest rate of unintentional opioid analgesic-involved overdose (4.1 per 100,000 residents), followed by the highest poverty neighborhoods (3.3 per 100,000 residents).

The rate of overdose deaths involving heroin increased for three consecutive years, from 3.1 per 100,000 residents (209 deaths) in 2010 to 6.2 per 100,000 (420 deaths) in 2013. Rates of unintentional heroin involved overdose are highest among White New Yorkers (5.8 per 100,000 residents), and New Yorkers aged 45-54 years old (6.6 per 100,000 residents).

SYNTHETIC CANNABINOIDS

During the summer of 2014, the New York City Department of Health and Mental Hygiene detected an increase in the number of emergency department visits related to synthetic cannabinoids. In response, the Health Department issued a Health Advisory alerting emergency room providers to the increase and provided clinical information on symptoms and treatment. The Health Department conducted an epidemiologic investigation consisting of medical chart review and qualitative interviews. Medical chart reviews revealed that the symptoms were mostly mild and patients generally recovered within a couple of hours. Qualitative interviews were conducted with individuals who experienced adverse health effects after ingestion of synthetic cannabinoids. Almost all of the individuals who used synthetic cannabinoids expressed a preference for marijuana; however, individuals reported using synthetic cannabinoids to avoid detection on urine screens.

Since peaking in the fall of 2014, emergency department visits related to synthetic cannabinoids decreased through February 2015. During the second week of April, the Health Department detected a dramatic increase in synthetic cannabinoid-related emergency department visits. From April 8th– April 15th, the Health Department detected more than 120 synthetic cannabinoid–related emergency department visits—more than six times the number of average weekly visits in 2015. Compared to the increase during the summer of 2014, the April 2015 increase was much more dramatic. Although an epidemiologic investigation is still underway, preliminary findings suggest that a subset of patients experienced more serious adverse health consequences following suspected synthetic cannabinoid ingestion. Approximately 10% of the emergency department visits resulted in admission to the hospital.

Although prevalence data on synthetic cannabinoids is lacking, daily synthetic cannabinoid use does not appear to be widespread among New York City residents. In New York City, daily synthetic

cannabinoid use appears to be confined to a subpopulation of individuals subjected to urine screening through either the criminal justice system or drug treatment programs. For these individuals, synthetic cannabinoids provide an inexpensive high that usually goes undetected on standard urine screens.

The Health Department does not believe the most recent increase was as a result of an increase in the prevalence of synthetic cannabinoid use, but rather a change in the chemical composition of products. The Health Department is currently working to identify the specific compounds associated with the most recent increase in synthetic cannabinoid-related emergency department visits and to describe symptoms associated with specific synthetic cannabinoid compounds.

NEW AND NOTABLE: QUALITATIVE STUDY DATA

Possible increase in the number of new injectors

Between August 2013 and January 2015, the Bureau of Alcohol and Drug Use Prevention, Care, and Treatment (BADUPCT) conducted in-depth interviews (n=93) with individuals aged 18 years and older with a history of opioid analgesic misuse. "Misuse" was defined as: using opioid analgesics (OAs) for the experience or feeling they caused; taking more than prescribed; or, taking OAs to self-medicate for a different injury/health condition. Participants were recruited through ethnographic street recruitment and community health agencies, including outpatient drug treatment and harm reduction programs, and through snowball sampling.

Findings identified three primary typologies of OA initiation including: recreational initiates, who tended to be younger and followed a pattern of initiation facilitated through peer use and drug experimentation; medical initiates, who followed a pattern of opioid initiation that was facilitated via warranted treatment from a medical professional; and a third group that initiated OA use following a history of heroin use. Notably, a cohort of OA misusers was identified as beyond the reach of traditional harm reduction and drug treatment services. Some members of this cohort have transitioned to heroin use and/or injection and may engage in risky drug use behaviors, such as unsafe injection practices. These users were primarily younger, more affluent, and more predominately Caucasian than those identified in previous samples of street-based drug users. Further findings have identified varying levels of opioid prescribing ranging from physicians who follow judicious prescribing guidelines to those whose practices may be construed as a "pill mill."

Preliminary qualitative data, as well as data from our syndromic surveillance, suggest some neighborhoods in New York City are experiencing an increase in the number of new injectors, particularly heroin injectors. New injectors are at an increased risk of overdose as well as acquiring blood borne diseases, Hepatitis C (HCV) in particular. New injectors also reported sharing both needles and paraphernalia with members of their social-sexual network who were assumed to be HIV-negative. While new injectors reported knowing HIV was transmitted through sharing needles, they had limited knowledge of HCV transmission.

New injectors tend to be younger (under age 35), White, and often not connected to harm reduction or syringe exchange programs. New injectors reported purchasing syringes from pharmacies and many, but

not all, previously used, or continued to use opioid analgesics. Young injectors also reported concurrent use of benzodiazepines and opioids, which increases the risk of overdose.

Additional Information on Drug Use Trends

YOUTH AND DRUGS

In 2013, 8.0% of NYC public high school students in grades nine to twelve reported use of any illicit drug (cocaine, heroin, methamphetamines, or ecstasy) within their lifetimes; 4.7% reported cocaine use and 2.8% reported use of heroin within their lifetimes. The proportion of NYC public high school students reporting lifetime heroin use increased almost threefold from 1.0% in 1999 to 2.8% in 2013. By demographics, male NYC public high school students were nearly three times as likely to report lifetime heroin use (3.9%) and twice as likely to report lifetime cocaine use (6.2%) as female NYC public high school students (1.5% and 2.9%, respectively).

Nearly 10% of NYC public high school youth reported any prescription drug misuse within the past year, with 7.3% reporting opioid analgesic misuse within the past year. Youth who reported any prescription drug misuse in the past year (n=25,000) were fifty times as likely to report lifetime heroin use (23.9%, n=6,000) as youth who did not report any misuse (0.5%, n=1,000).

Data Sources

Data for this report were drawn from the Appendix tables and the following sources:

Prevalence Data:

NSDUH: The National Survey on Drug Use and Health (NSDUH) conducted annually by Substance Abuse and Mental Health Services Administration (SAMHSA) includes a representative sample of NYC residents aged 12 years and older. Two-year averages are presented.

NYC YRBS: The NYC Youth Risk Behavior Survey (YRBS), conducted by the NYC Departments of Health and Education, is an anonymous, self-administered biennial study of NYC public high school students in grades 9 to 12.

NYS PDMP: The Prescription Drug Monitoring Program (PDMP) managed by the New York State Department of Health, collects data from drug dispenses on schedule II-IV controlled substances.

Morbidity Data:

DAWN: The Drug Abuse Warning Network (DAWN), managed by SAMHSA, is a database of drug-related visits to hospital emergency departments (EDs), including 61 NYC EDs. Data were weighted to produce citywide estimates of drug-related ED visits for 2004-2011.

SPARCS: The Statewide Planning and Research Cooperative System currently collects patient-level detail for each hospital inpatient stay and outpatient emergency department visits. Data on inpatient hospital stays are presented.

Mortality Data:

Bureau of Vital Statistics/Office of the Chief Medical Examiner: Mortality data were collected through an in-depth review of data and charts from the Health Department's Bureau of Vital Statistics and the Office of the Chief Medical Examiner for 2000-2013. Methadone is reported separately and not included in opioid analgesic analyses.

Treatment Data:

The New York State Office of Alcoholism and Substance Abuse Services (OASAS): Treatment admissions data were collected through the Client Data System for 2010-2014.

Qualitative Information:

Harocopos, A. & Allen, B. *Routes into opioid analgesic misuse: Emergent typologies of initiation.* Manuscript submitted for review.

Harocopos, A., Allen, B. & Paone, D. *Heroin initiation among opioid analgesic misusers in New York City.* Unpublished

Contact Information: For additional information about the drugs and drug use patterns discussed in this report, please contact Denise Paone, Ed.D., Director of Research and Surveillance, Bureau of Alcohol and Drug Use Prevention, Care and Treatment, New York City Department of Health and Mental Hygiene, 42-09 28th Street, 19th Floor, CN-14, Long Island City, New York, Phone: 347–396–7015, E-mail: dpaone@nyc.health.gov.

National Drug Early Warning System (NDEWS)
New York City Sentinel Community Site
Appendix Data Tables, 2015

NDEWS Coordinating Center

- Table 1: Demographic and Socio-Economic Characteristics, 2009-2013, ACS

- Table 2a: Self-Reported Substance Abuse Behaviors Among Persons 12+ Years, 2010-2012, NSDUH

- Table 2b: Self-Reported Substance Abuse Behaviors, By Age Group, 2010-2012, NSDUH

- Table 3: Self-Reported Substance Abuse Behaviors Among Public High School Students, 2013, YRBS

- Table 4a1: Trends in Non-Crisis Admissions to Substance Abuse Treatment Programs, 2010-2014, from local data sources

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- Table 5: Drug Poisoning Deaths, by Demographic Characteristics, 2009-2012, NVSS-M, NCHS

- Table 6: HIV/AIDS and Viral Hepatitis Cases, Various Years, CDC

- Table 7a: Drug Reports for Items Seized by Law Enforcement, 2014, NFLIS

- Table 7b: Drug Reports for Selected Categories of New Psychoactive Substances, 2014, NFLIS

Table 1: Demographic and Socio-Economic Characteristics
New York City
2009-2013 ACS Five-Year Estimates

	Estimate	Margin of Error
Total Population (#)	**8,268,999**	**
Age (%)		
18 years and over	78.5%	+/-0.1
21 years and over	74.4%	+/-0.1
65 years and over	12.4%	+/-0.1
Median Age	35.6	
Race (%)		
White, Not Hisp.	33.1%	+/-0.1
Black/African American, Not Hisp.	22.7%	+/-0.1
Hispanic/Latino	28.7%	**
American Indian/Alaska Native	0.2%	+/-0.1
Asian	12.9%	+/-0.1
Native Hawaiian/Pacific Islander	0.0%	+/-0.1
Some Other Race	0.8%	+/-0.1
Two or More Races	1.6%	+/-0.1
Sex (%)		
Male	47.6%	+/-0.1
Female	52.4%	+/-0.1
Educational Attainment (*Among Population Aged 25+ Years*) (%)		
High School Graduate or Higher	79.8%	+/-0.2
Bachelor's Degree or Higher	34.5%	+/-0.2
Unemployment (*Among Civilian Labor Force Pop Aged 16+ Years*) (%)		
Percent Unemployed	6.7%	+/-0.1
Income		
Median Household Income (in 2013 inflation-adjusted dollars)	$52,259	+/-253
Poverty (%)		
People Whose Income in Past Year is Below Poverty Level	20.3%	+/-0.2

NOTES:

Margin of Error: can be interpreted roughly as providing a 90% probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.

**The estimate is controlled; a statistical test for sampling variability is not appropriate.

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Census Bureau, 2009-2013 5-Year American Community Survey (ACS).

Table 2a: Self-Reported Substance Use Behaviors
Among Persons 12+ Years in *New York City^*, 2010-2012
Estimated Percent, 95% Confidence Interval, and Estimated Number
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Substate Region: New York City^	
	Estimated % (95% CI)	Estimated #*
Used in Past Month		
Alcohol	53.27 (51.20 - 55.32)	3,685,791
Binge Alcohol**	24.01 (22.39 - 25.71)	1,661,270
Marijuana	7.40 (6.54 - 8.35)	512,011
Use of Illicit Drug Other Than Marijuana	3.24 (2.72 - 3.87)	224,178
Used in Past Year		
Cocaine	2.35 (1.89 - 2.90)	162,598
Nonmedical Use of Pain Relievers	4.02 (3.45 - 4.68)	278,147
Dependence or Abuse in Past Year*		
Illicit Drugs or Alcohol	**8.63 (7.69 - 9.66)**	**597,116**
Alcohol	6.96 (6.09 - 7.94)	481,568
Illicit Drugs	2.78 (2.38 - 3.25)	192,350

NOTE:

95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

^New York City: includes NSDUH Substate Region A. **Region A** comprises Bronx, Kings, New York, Queens, and Richmond Counties.

*Estimated #: the estimated number of persons aged 12 or older who used the specified drug or are dependent/abuse a substance was calculated by multiplying the prevalence rate and the population estimate from Table C1 of the NSDUH report. The population estimate is the simple average of the 2010, 2011, and 2012 population counts for persons aged 12 or older

**Binge Alcohol: defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

***Dependence or Abuse in Past Year: based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at:
http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 2b: Self-Reported Substance Use Behaviors Among Persons in *New York City^*, by Age Group, 2010-2012
Estimated Percent and 95% Confidence Interval (CI),
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Substate Region: New York City^					
	12-17		18-25		26+	
	Estimated Percent (95% CI)		Estimated Percent (95% CI)		Estimated Percent (95% CI)	
Used in Past Month						
Binge Alcohol*	7.6	(6.6 - 8.9)	39.0	(36.6 - 41.5)	23.0	(21.1 - 25.1)
Marijuana	7.3	(6.2 - 8.6)	17.9	(16.1 - 19.9)	5.5	(4.6 - 6.6)
Use of Illicit Drug Other Than Marijuana	3.4	(2.7 - 4.2)	5.5	(4.6 - 6.5)	2.8	(2.2 - 3.6)
Used in Past Year						
Marijuana	12.9	(11.4 - 14.7)	29.9	(27.6 - 32.3)	9.8	(8.6 - 11.3)
Cocaine	0.7	(0.5 - 1.0)	4.6	(3.8 - 5.7)	2.1	(1.6 - 2.8)
Nonmedical Use of Pain Relievers	3.9	(3.1 - 4.8)	7.2	(6.2 - 8.4)	3.5	(2.8 - 4.2)
Dependence or Abuse in Past Year**						
Illicit Drugs or Alcohol	7.0	(5.9 - 8.3)	17.5	(15.8 - 19.4)	7.2	(6.1 - 8.4)
Alcohol	3.9	(3.1 - 4.8)	12.7	(11.3 - 14.3)	6.2	(5.2 - 7.4)
Illicit Drugs	4.1	(3.3 - 5.0)	7.4	(6.3 - 8.6)	1.8	(1.4 - 2.4)

NOTE:

95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

^New York City: includes NSDUH Substate Region A. Region A comprises Bronx, Kings, New York, Queens, and Richmond Counties.

*Binge Alcohol: defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

**Dependence or Abuse in Past Year: based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 3: Self-Reported Substance Use-Related Behaviors Among *New York City*^ Public High School Students, 2013
Estimated Percent and 95% Confidence Interval (CI)
2011 and 2013 YRBS*

Substance Use Behaviors	2013 vs 2011			2013 by Sex			2013 by Race			
	2013	2011	p-value	Male	Female	p-value	White	Black	Hispanic	Asian
	Percent			Percent			Percent			
	Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)
Used in Past Month										
Alcohol	24.7 (23.1 - 26.3)	30.6 (28.8 - 32.5)	**0.00**	22.7 (20.7 - 24.9)	26.5 (24.2 - 28.9)	**0.02**	31.8 (27.3 - 36.7)	23.5 (20.1 -27.2)	29.9 (27.2 - 32.8)	11.3 (8.3 - 15.3)
Binge Alcohol**	10.8 (9.8 - 11.8)	12.7 (11.7 - 13.9)	**0.01**	11.0 (9.6 - 12.5)	10.4 (9.1 - 12.0)	0.62	14.1 (10.5 - 18.7)	8.0 (6.1 - 10.5)	14.7 (12.7 - 16.8)	3.9 (2.3 - 6.5)
Marijuana	16.2 (14.5 - 18.0)	17.7 (16.6 - 19.0)	0.14	17.3 (15.1 - 19.8)	14.8 (12.9 - 16.8)	0.05	18.5 (15.2 - 22.4)	16.8 (14.1 -19.8)	19.0 (16.9 - 21.3)	6.0 (4.5 - 7.8)
Ever Used in Lifetime										
Alcohol	—	—	~	—	—	~	—	—	—	—
Marijuana	—	—	~	—	—	~	—	—	—	—
Cocaine	4.7 (3.8 - 5.6)	4.1 (3.5 - 4.8)	0.29	6.2 (5.0 - 7.6)	2.9 (2.3 - 3.6)	0.00	5.9 (3.8 - 9.2)	2.5 (1.6 - 3.7)	5.9 (4.9 - 7.3)	3.0 (1.7 - 5.0)
Hallucinogenic Drugs	—	—	~	—	—	~	—	—	—	—
Inhalants	—	10.0 (8.9 - 11.1)	~	—	—	~	—	—	—	—
Ecstasy also called "MDMA"	4.8 (4.1 - 5.5)	4.7 (4.1 - 5.4)	0.95	5.9 (4.8 - 7.2)	3.3 (2.5 - 4.4)	0.00	6.1 (4.3 - 8.6)	3.3 (2.3 - 4.8)	5.3 (4.4 - 6.5)	3.3 (2.0 - 5.3)
Heroin	2.8 (2.1 - 3.6)	2.7 (2.3 - 3.2)	0.84	3.9 (2.9 - 5.2)	1.4 (1.0 - 2.1)	0.00	2.9 (2.0 - 4.0)	2.2 (1.4 - 3.4)	3.2 (2.3 - 4.4)	1.5 (0.8 - 2.9)
Methamphetamine	3.4 (2.7 - 4.2)	2.8 (2.3 - 3.4)	0.20	4.7 (3.7 - 5.9)	1.8 (1.3 - 2.5)	0.00	3.2 (2.4 - 4.4)	2.5 (1.7 - 3.8)	3.6 (2.6 - 5.1)	2.4 (1.3 - 4.4)
Rx Drugs without a Doctors Prescription	—	—	~	—	—	~	—	—	—	—
Injected Any Illegal Drug	2.5 (1.9 - 3.2)	2.5 (1.9 - 3.2)	0.99	3.1 (2.4 - 4.1)	1.6 (1.2 - 2.2)	0.00	2.7 (1.9 - 3.9)	1.9 (1.1 - 3.1)	2.7 (1.9 - 3.9)	2.3 (1.1 - 4.7)

NOTES:

'—' = Data not available; ~ = P-value not available; **N/A** = < 100 respondents for the subgroup.

^**New York City:** weighted data were available for New York City in 2011 and 2013; Weighted results mean that the overall response rate was at least 60%. The overall response rate is calculated by multiplying the school response rate times the student response rate. Weighted results are representative of all students in grades 9–12 attending public schools in each jurisdiction.

*****Sample Frame for the 2011 and 2013 YRBS:** sampling frame consisted of public schools with students in at least one of grades 9-12. The sample size for 2011 was 11,570 with an overall response rate of 73%; the 2013 sample size was 9,439 with a 71% overall response rate.

****Binge Alcohol:** defined as had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

Source: Adapted by the NDEWS Coordinating Center from data provided by the Centers for Disease Control and Prevention (CDC), 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on [3/12/2015].

Table 4a1: Trends in Non-Crisis Admissions* to Substance Abuse Treatment Programs,
***New York City* Residents, 2010-2014**
Number of Admissions and Percent of Admissions with Selected Substances
Cited as Primary Substance of Abuse at Admission, by Year and Substance

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**95,363**	100%	**89,173**	100%	**84,984**	100%	**83,572**	100%	**80,156**	100%
Primary Substance of Abuse** (%)										
Alcohol	26,920	28.2%	26,825	30.1%	25,794	30.4%	25,820	30.9%	25,644	32.0%
Cocaine/Crack	15,091	15.8%	13,874	15.6%	12,126	14.3%	11,225	13.4%	9,532	11.9%
Heroin	24,178	25.4%	21,133	23.7%	21,345	25.1%	21,819	26.1%	22,322	27.8%
Prescription Opioids**	2,048	2.1%	2,638	3.0%	2,838	3.3%	2,670	3.2%	2,293	2.9%
Methamphetamine	277	<1%	323	<1%	381	<1%	422	<1%	462	<1%
Marijuana	24,483	25.7%	21,954	24.6%	19,893	23.4%	19,053	22.8%	17,052	21.3%
Benzodiazepines**	747	<1%	751	<1%	764	<1%	702	<1%	776	1.0%
MDMA	105	<1%	95	<1%	118	<1%	74	<1%	76	<1%
Synthetic Stimulants**	14	<1%	19	<1%	11	<1%	19	<1%	36	<1%
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	49	<1%
Other Drugs/Unknown	1,500	1.6%	1,561	1.8%	1,714	2.0%	1,768	2.1%	1,914	2.4%

NOTES:
*Non-Crisis Admissions: includes non-crisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State. Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.
Substance Categories: prescription opioids includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin; **Benzodiazepines includes benzodiazepines, alprazolam, and rohypnol. **Synthetic stimulants** includes other stimulants and a newly created category, synthetic stimulants (created in 2014).
unavail: unavailable.

SOURCE: Data provided by the New York City NDEWS SCE and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed May 2015.

Table 4a2: Trends in Crisis (Detox) Admissions* to Substance Abuse Treatment Programs,
***New York City* Residents, 2010-2014**
Number of Admissions and Percent of Admissions with Selected Substances
Cited as Primary Substance of Abuse at Admission, by Year and Substance

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**57,901**	100%	**58,327**	100%	**54,710**	100%	**47,110**	100%	**46,308**	100%
Primary Substance of Abuse** (%)										
Alcohol	37,561	64.9%	37,088	63.6%	33,555	61.3%	27,639	58.7%	26,650	57.5%
Cocaine/Crack	3,823	6.6%	3,826	6.6%	4,019	7.3%	2,956	6.3%	2,227	4.8%
Heroin	12,662	21.9%	12,995	22.3%	12,968	23.7%	12,925	27.4%	13,757	29.7%
Prescription Opioids**	1,249	2.2%	1,680	2.9%	1,570	2.9%	1,231	2.6%	1,082	2.3%
Methamphetamine	10	<1%	24	<1%	15	<1%	18	<1%	21	<1%
Marijuana	955	1.6%	963	1.7%	1,009	1.8%	693	1.5%	614	1.3%
Benzodiazepines**	1,464	2.5%	1,540	2.6%	1,401	2.6%	1,272	2.7%	1,433	3.1%
MDMA	6	<1%	9	<1%	6	<1%	0	<1%	2	<1%
Synthetic Stimulants**	8	<1%	1	<1%	1	<1%	5	<1%	2	<1%
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	30	<1%
Other Drugs/Unknown	163	<1%	201	<1%	166	<1%	371	<1%	490	1.1%

NOTES:
*Crisis Admissions: includes detox admissions to all licensed treatment programs in the State. Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.
Substance Categories: prescription opioids includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin; **Benzodiazepines includes benzodiazepines, alprazolam, and rohypnol. **Synthetic stimulants** includes other stimulants and a newly created category, synthetic stimulants (created in 2014).
unavail: unavailable.

SOURCE: Data provided by the New York City NDEWS SCE and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed May 2015.

Table 4b1: Demographic and Drug Use Characteristics of Non-Crisis Treament Admissions*
for Select Primary Substances of Abuse, *New York City* Residents, 2014
Number of Admissions, by Primary Substance of Abuse and
Percent of Selected Primary Treatment Admissions, by Demographic and Drug Use Characteristics

	Primary Substance of Abuse								
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth- amphetamine	Marijuana	Benzo- diazepines	Synthetic Stimulants	Synthetic Cannabinoids
Number of Admissions (#)	25,644	9,532	22,322	2,293	462	17,052	776	36	49
Sex (%)									
Male	77.5%	69.8%	77.6%	72.0%	93.3%	77.9%	70.5%	86.1%	87.8%
Female	22.5%	30.2%	22.4%	28.0%	6.7%	22.1%	29.5%	13.9%	12.2%
Race/Ethnicity (%)									
White, Non-Hisp.	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Hispanic/Latino	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Asian	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Age Group (%)									
Under 18	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
18-25	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
26-44	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
45+	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Route of Administration (%)									
Smoked	0.0%	62.1%	<1%	2.5%	50.6%	97.3%	0.0%	50.0%	85.7%
Inhaled	<1%	34.7%	55.6%	17.5%	10.8%	1.0%	<1%	5.6%	2.0%
Injected	<1%	1.7%	42.8%	2.7%	30.3%	0.0%	<1%	2.8%	0.0%
Oral/Other/Unknown	99.8%	1.5%	1.0%	77.2%	8.2%	1.7%	99.1%	41.7%	12.2%
Secondary Substance (%)									
None	45.5%	25.7%	30.3%	28.0%	39.4%	52.5%	18.4%	50.0%	26.5%
Alcohol	0.0%	36.0%	11.8%	11.2%	16.9%	30.9%	16.6%	19.4%	14.3%
Cocaine/Crack	24.5%	4.4%	34.2%	8.8%	11.0%	9.1%	12.4%	11.1%	10.2%
Heroin	4.6%	9.3%	0.0%	10.5%	1.5%	1.5%	18.6%	0.0%	2.0%
Prescription Opioids**	1.1%	1.1%	6.5%	3.3%	1.5%	1.1%	14.0%	2.8%	0.0%
Methamphetamine	<1%	<1%	<1%	<1%	0.0%	<1%	<1%	0.0%	0.0%
Marijuana	20.4%	20.5%	10.2%	19.1%	18.2%	0.0%	11.2%	11.1%	46.9%

NOTES:
*Non-Crisis Admissions: includes non-crisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State. Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.
Substance Categories: prescription opioids includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin. **Synthetic stimulants includes other stimulants and a newly created category, synthetic stimulants (created in 2014).
unavail: unavailable; **percentages** may not sum to 100 due to either rounding and/or because not all possible categories are presented in the table.

SOURCE: Data provided by the New York City NDEWS SCE and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed May 2015.

Table 4b2: Demographic and Drug Use Characteristics of Crisis (Detox) Treament Admissions*
for Select Primary Substances of Abuse, *New York City* Residents, 2014
Number of Admissions, by Primary Substance of Abuse and
Percent of Selected Primary Treatment Admissions, by Demographic and Drug Use Characteristics

	Primary Substance of Abuse								
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth- amphetamine	Marijuana	Benzo- diazepines	Synthetic Stimulants	Synthetic Cannabinoids
Number of Admissions (#)	26,650	2,227	13,757	1,082	21	614	1,433	2	30
Sex (%)									
Male	85.3%	80.1%	84.5%	73.2%	95.2%	88.1%	76.9%	100.0%	83.3%
Female	14.7%	19.9%	15.5%	26.8%	4.8%	11.9%	23.1%	0.0%	16.7%
Race/Ethnicity (%)									
White, Non-Hisp.	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Hispanic/Latino	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Asian	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Age Group (%)									
Under 18	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
18-25	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
26-44	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
45+	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Route of Administration (%)									
Smoked	0.0%	68.9%	<1%	2.0%	23.8%	97.6%	0.0%	0.0%	90.0%
Inhaled	0.0%	25.4%	50.2%	12.7%	4.8%	1.5%	<1%	0.0%	3.3%
Injected	<1%	3.8%	48.8%	<1%	47.6%	0.0%	<1%	0.0%	6.7%
Oral/Other/Unknown	99.6%	1.9%	<1%	84.4%	23.8%	1.0%	99.8%	100.0%	0.0%
Secondary Substance (%)									
None	38.0%	10.2%	21.2%	22.2%	19.0%	14.3%	17.4%	0.0%	30.0%
Alcohol	0.0%	54.2%	28.2%	16.6%	33.3%	42.7%	23.6%	50.0%	20.0%
Cocaine/Crack	32.6%	4.6%	23.4%	5.3%	4.8%	25.9%	10.3%	0.0%	20.0%
Heroin	13.0%	13.9%	0.0%	9.9%	9.5%	8.8%	26.7%	50.0%	0.0%
Prescription Opioids**	1.2%	<1%	5.0%	6.7%	4.8%	2.0%	8.6%	0.0%	0.0%
Methamphetamine	<1%	<1%	<1%	<1%	0.0%	<1%	<1%	0.0%	0.0%
Marijuana	9.6%	11.9%	5.9%	10.0%	14.3%	0.0%	5.0%	0.0%	26.7%

NOTES:

***Crisis Admissions:** includes detox admissions to all licensed treatment programs in the State. Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.
****Substance Categories: prescription opioids** includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin. **Synthetic stimulants** includes other stimulants and a newly created category, synthetic stimulants (created in 2014).
unavail: data not available; **percentages** may not sum to 100 due to either rounding and/or because not all possible categories are presented in the table.

SOURCE: Data provided by the New York City NDEWS SCE and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed May 2015.

Table 5: Drug Poisoning Deaths*, by Demographic Characteristics, *New York City Counties*^, 2010-2012
Rate per 100,000 of deaths with underlying causes of drug related poisonings and 95% Confidence Interval (CI)

	Bronx County	Kings County	New York County	Queens County	Richmond County
	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
Total (Age-Adjusted**)	10.0 (9.0 - 11.0)	7.5 (6.9 - 8.1)	8.0 (7.2 - 8.8)	5.7 (5.1 - 6.2)	16.1 (14.0 - 18.2)
Sex (Age-Adjusted**)					
Male	15.6 (13.8 - 17.4)	11.4 (10.3 - 12.5)	11.3 (9.9 - 12.6)	8.4 (7.4 - 9.3)	21.1 (17.7 - 24.6)
Female	5.3 (4.3 - 6.3)	4.0 (3.4 - 4.6)	4.9 (4.1 - 5.8)	3.1 (2.5 - 3.7)	11.3 (9.1 - 13.9)
Race/Ethnicity (Age-Adjusted**)					
White, Non-Hisp.	20.0 (15.9 - 24.8)	9.8 (8.5 - 11.0)	8.1 (7.0 - 9.3)	12.3 (10.7 - 13.9)	18.5 (15.6 - 21.3)
African-American/Black, Non-Hisp.	8.6 (7.1 - 10.2)	5.5 (4.6 - 6.4)	10.7 (8.5 - 13.4)	5.2 (4.1 - 6.6)	DSU
Hispanic	9.2 (7.9 - 10.5)	8.1 (6.6 - 9.6)	6.8 (5.4 - 8.4)	3.9 (3.0 - 4.9)	11.6 (7.6 - 16.9)
Asian	DSU	DSU	DSU	DSU	DSU
American Indian/Alaska Native	DSU	DSU	DSU	DSU	DSU
Age Group					
<18	DSU	DSU	DSU	DSU	DSU
18-44	10.1 (8.6 - 11.6)	8.8 (7.8 - 9.8)	7.2 (6.1 - 8.3)	6.9 (5.9 - 7.9)	22.1 (18.0 - 26.2)
45-64	23.4 (20.3 - 26.4)	15.3 (13.5 - 17.2)	18.4 (15.9 - 20.8)	11.4 (9.8 - 12.9)	28.9 (23.6 - 34.2)
65+	DSU	2.5 (1.6 - 3.8)	5.2 (3.6 - 7.2)	DSU	DSU

NOTES:

^Data from the Health Indicators Warehouse are available by State and County; data were not available for New York City as a whole.

*Deaths due to drug poisoning, ICD-10 codes X40-44, X60-64, X85, Y10-14. Please see the *Overview & Limitations* section (pgs.8-9) for the ICD-10 definitions.

**Age Adjusted Rate: the rate is adjusted based on the age distribution of a standard population allowing for comparison of rates across different sites.

unavail: data not available for geographic area; **DSU:** data statistically unreliable.

SOURCE: Adapted by the NDEWS Coordinating Center from National Vital Statistics System-Mortality (NVSS-M) data provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from Health Indicators Warehouse. www.healthindicators.gov. [3/19/15].

Table 6: HIV/AIDS and Viral Hepatistis Cases, *New York City* * and *State of New York*

Number of Cases and Rate per 100,000 Population, Various Years

Type of Disease	New York City*		New York	
	#	Rate per 100,000	#	Rate per 100,000
HIV				
Diagnosis of HIV Infection, 2012[a]	3,105	44.2	4,161	25.2
Persons Living with Diagnosed HIV Infection (Prevalence), Year-End 2011[a]	99,555	1,426.4	126,873	770.6
Hepatitis B, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	113	0.6
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail
Hepatitis C, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	93	0.5
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail

NOTES:

*Counts and populations were available so county-level data could be aggregated for New York City as a whole.

unavail: data not available.

Sources: Adapted by the NDEWS Coordinating Center from data provided by:

[a]Centers for Disease Control and Prevention (CDC). NCHHSTP Atlas. Accessed on [3/20/15]. Available at: http://www.cdc.gov/nchhstp/atlas/.

[b]Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Viral Hepatitis, *Surveillance for Viral Hepatitis — United States, 2012.*

Table 7a: Drug Reports for Items Seized by Law Enforcement in *New York City^* in 2014
National Forensic Laboratory Information System (NFLIS)
Top 10 Drug Reports* and Select Drugs/Drug Categories of Interest,
Number of Drug-Specific Reports and Percent of Total Analyzed Drug Reports

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports*	**43,954**	**100%**
Top 10 Drug Reports		
Cocaine	14,085	32.0%
Cannabis	13,909	31.6%
Heroin	6,189	14.1%
Alprazolam	1,880	4.3%
Oxycodone	1,783	4.1%
Buprenorphine	777	1.8%
Clonazepam	620	1.4%
Phencyclidine	613	1.4%
Methamphetamine	558	1.3%
Methadone	556	1.3%
Top 10 Total	**40,970**	**93.2%**
Selected Drugs/Drug Categories**		
Fentanyl & Fentanyl Analogs	59	0.1%
Synthetic Cannabinoids	55	0.1%
Synthetic Cathinones	23	0.1%
2C Phenethylamines	0	0.0%
Piperazines	22	0.1%
Tryptamines	8	<0.1%

NOTES:
^New York City: includes data from 5 boroughs in the New York City MSA and data from the New York City Police Department Laboratory.
*Drug Report: drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
**Selected Drugs/Drug Categories: Fentanyl & Fentanyl Analogs and Synthetic Cannabinoids, Synthetic Cathinones, 2C Phenethylamines, Piperazines, and Tryptamines are drug categories of current interest to the NDEWS Project because of the recent increase in their numbers, types, and availability. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each category that were reported to NFLIS during the January to December 2014 timeframe.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.

Table 7b: Drug Reports* for Selected Categories of New Psychoactive Substances (NPS) among Items Seized by Law Enforcement in *New York City^ in 2014,* National Forensic Laboratory Information System (NFLIS),
Number of NPS Drug-Specific Reports and Percent of NPS Category

NPS Category Drug Identified	Number (#)	Percent of NPS Category (%)
Top 5 *Synthetic Cannabinoid* Drug Reports**		
FUB-PB-22 (QUINOLIN-8-YL-1-(4-FLUOROBENZYL)-1H-INDOLE-3-CARBOXYLATE)	25	45.5%
AB-PINACA	13	23.6%
AB-FUBINACA	5	9.1%
XLR-11 (1-(5-FLUOROPENTYL-1H-3-YL)(2,2,3,3-TETRAMETHYLCYCLOPROPYL)METHANONE)	4	7.3%
THJ 2201(1-(5-FLUOROPENTYL)-1H-INDAZOL-3-YL)(NAPHTHALEN-1-YL)METHANONE	2	3.6%
NM2201 (NAPHTHALEN-1-YL 1-(5-FLUOROPENTYL)-1H-INDOLE-3-CARBOXYLATE)	2	3.6%
Other Synthetic Cannabinoids	4	7.3%
Total *Synthetic Cannabinoid* Reports	**55**	**100.0%**
Top 5 *Synthetic Cathinone* Drug Reports**		
N-METHYL-3,4-METHYLENEDIOXYCATHINONE (METHYLONE)	12	52.2%
3,4-METHYLENEDIOXYETHYLCATHINONE (ETHYLONE)	6	26.1%
DIMETHYLONE (3,4-METHYLENEDIOXYDIMETHYLCATHINONE; bk-MDDMA)	2	8.7%
ALPHA-PYRROLIDINOPENTIOPHENONE (ALPHA-PVP)	2	8.7%
METHYLENEDIOXYPYROVALERONE (MDPV)	1	4.3%
Total *Synthetic Cathinone* Reports	**23**	**100.0%**
Top 5 *2C Phenethylamine* Drug Reports**		
Total *2C Phenethylamine* Reports	**0**	**0.0%**
Top 5 *Piperazine* Drug Reports**		
N-BENZYLPIPERAZINE (BZP)	22	100.0%
Total *Piperazine* Reports	**22**	**100.0%**
Top 5 *Tryptamine* Drug Reports**		
DIMETHYLTRYPTAMINE (DMT)	8	100.0%
Total *Tryptamine* Reports	**8**	**100.0%**

NOTES:

^**New York City:** includes data from 5 boroughs in the New York City MSA and data from the New York City Police Department Laboratory.
***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
****Top 5 NPS Category Drug Reports**: fewer than 5 drug types for a specific NPS category may have been seized in the catchment area during the reporting period. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each NPS category that were reported to NFLIS during the January to December 2014 timeframe.

NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.