

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

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

## New York City Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

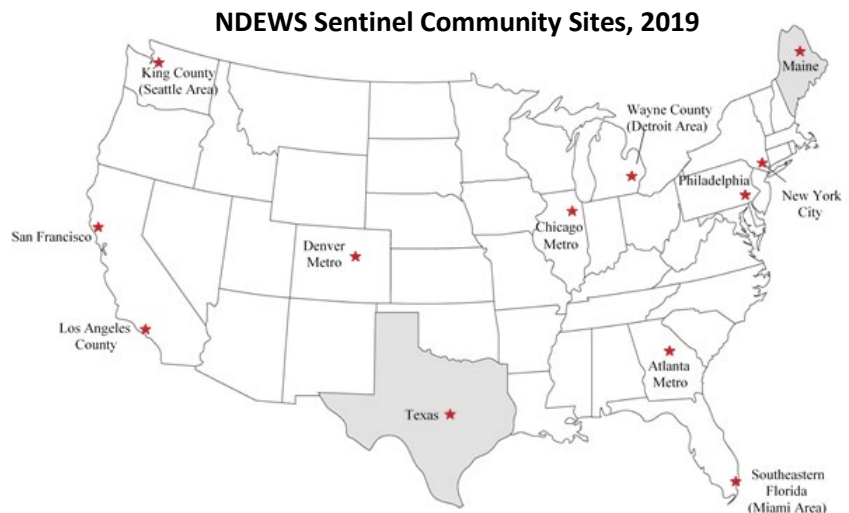
November 2019

NDEWS Coordinating Center

# NDEWS *National Drug Early Warning System*

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

A unique feature of NDEWS is its capability to describe and compare drug use patterns and trends in selected communities across the United States. The NDEWS Coordinating Center works closely with Sentinel Community Epidemiologists (SCEs) in 12 Sentinel Community Sites (SCSs) across the U.S. Emerging drugs and changing drug trends are monitored by each local SCE utilizing indicators such as drug overdose deaths, treatment admissions, hospital cases, poison center exposure calls, and law enforcement seizures. **In May 2019, each SCE was asked to review available indicators and identify up to five drugs they considered most important to summarize for their site and include in their 2019 annual *Drug Use Patterns and Trends Report*.**



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# **National Drug Early Warning System (NDEWS) New York City Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019**

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## **Highlights**

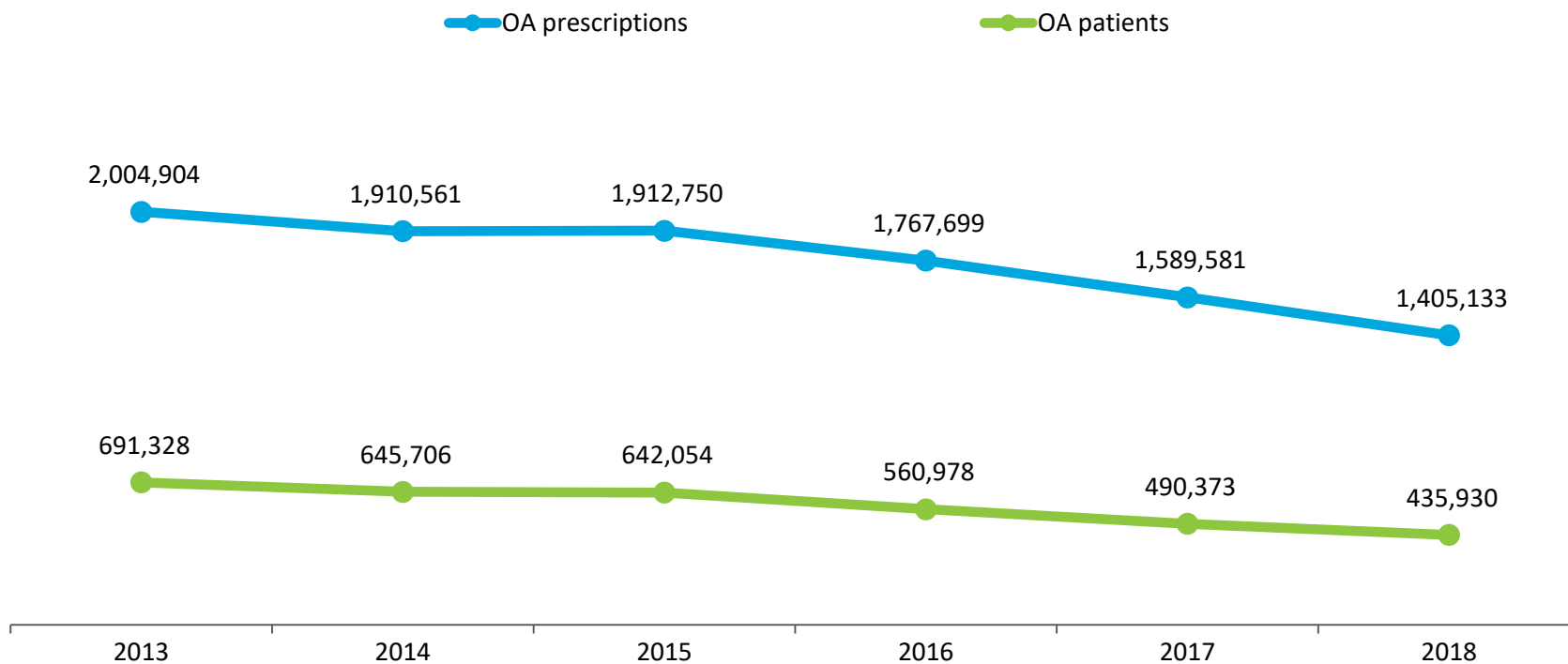
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- Prescription opioid analgesic continue to decline in NYC. In 2018 there were 1,405,133 opioid analgesic prescriptions filled in NYC, down from 1,589,581 opioid analgesic prescriptions in 2017.
- Lifetime heroin use increased among youth in NYC public high schools from 3% in 2015 to 4% in 2017. Use of other illicit drugs did not change significantly from 2015 to 2017.
- In 2017, there were 1,487 unintentional drug overdose deaths in NYC compared with 1,425 in 2016. The rate of unintentional drug overdose death increased for the seventh consecutive year.
- Fentanyl was involved in 57% of all overdose deaths in 2017, making it the most commonly involved substance in overdose deaths.
- Although rates of drug overdose death were similar in 2016 and 2017, there were some dramatic shifts in the demographics of individuals dying of drug overdose. For the first time in 11 years, rates of overdose death were highest among Black New Yorkers compared with White New Yorkers and Latino New Yorkers.
- Among younger New Yorkers in 2017, heroin and/or fentanyl overdose death rates were higher among White New Yorkers; among older New Yorkers, heroin and/or fentanyl overdose death rates were higher among Black New Yorkers. Fentanyl and cocaine are driving the increase in overdose rates from 2015 to 2017 among Black New Yorkers.
- Consistent with 2017 data, the most common primary substance reported by individuals entering treatment continues to be alcohol (35%), followed by heroin (28.2%).
- New York City's public health response to the opioid crisis is multi-pronged; it is comprised of Rapid Assessment and Response (RAR), naloxone expansion, judicious opioid prescribing, expanding access to MAT, Relay (a non-fatal overdose response system), and dissemination of public awareness campaigns.
- The RAR team continues to reach and engage community members outside of traditionally targeted settings, provide fentanyl awareness materials, and overdose response training and naloxone kits through the Enhanced Community Engagement (ECE) initiative.
- Relay, an intervention that involves Wellness Advocates being deployed to emergency departments and offering education, naloxone, linkage to care, and follow-up, will expand to 15 emergency departments by 2020.

# DRUG USE AND TREATMENT

## Opioid analgesic prescriptions filled in NYC continue to decrease

Number of Schedule II opioid analgesic prescriptions and patients, New York City, 2013-2018

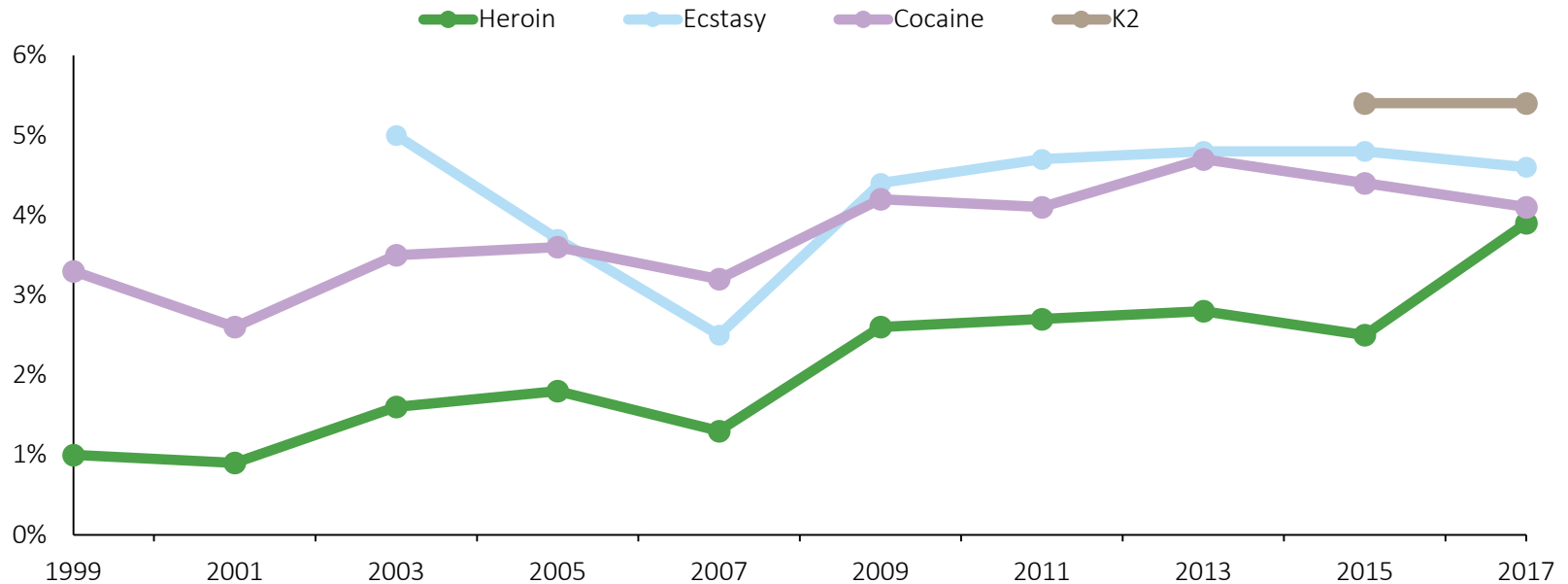


Source: New York State Department of Health Bureau of Narcotics Enforcement, 2013 – 2018. Analysis by NYC Department of Health and Mental Hygiene, Bureau of Alcohol and Drug Use Prevention, Care, and Treatment.

# DRUG USE AND TREATMENT

## Heroin use increased among youth in NYC public high schools from 2015 to 2017

Proportion of youth in NYC public high schools reporting lifetime illicit drug use by drug type, 1999-2017

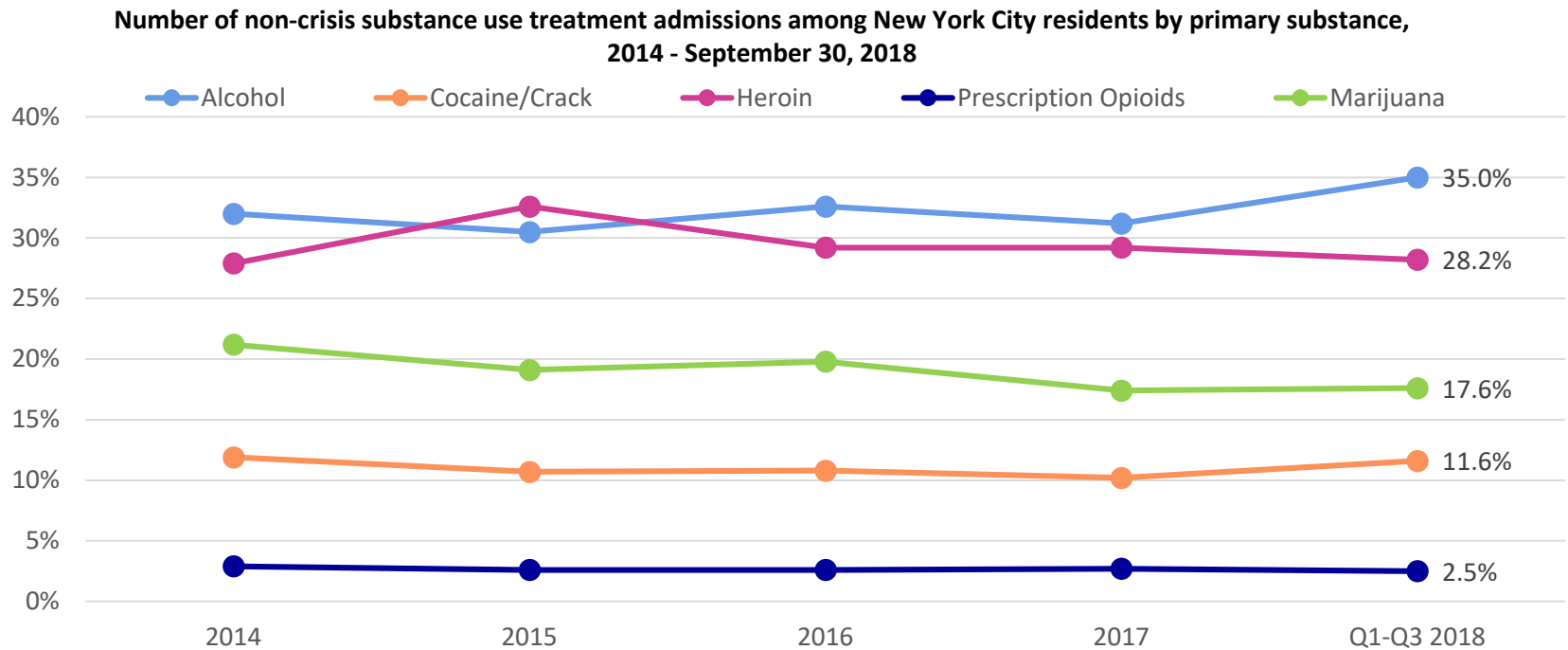


- In 2017, 4% of youth reported heroin use during their lifetime, a significant increase from 2015 (3%).
- The use of other illicit drugs did not change significantly from 2015-2017.
- It is too early to tell if young people are coming to heroin via opioid analgesic use as previously seen, or if we are seeing a change in trajectory straight to heroin.

Source: NYC Youth Risk Behavior Survey, 1999-2017

# DRUG USE AND TREATMENT

## After alcohol, heroin continues to be the most common primary drug involved in non-crisis substance treatment admissions



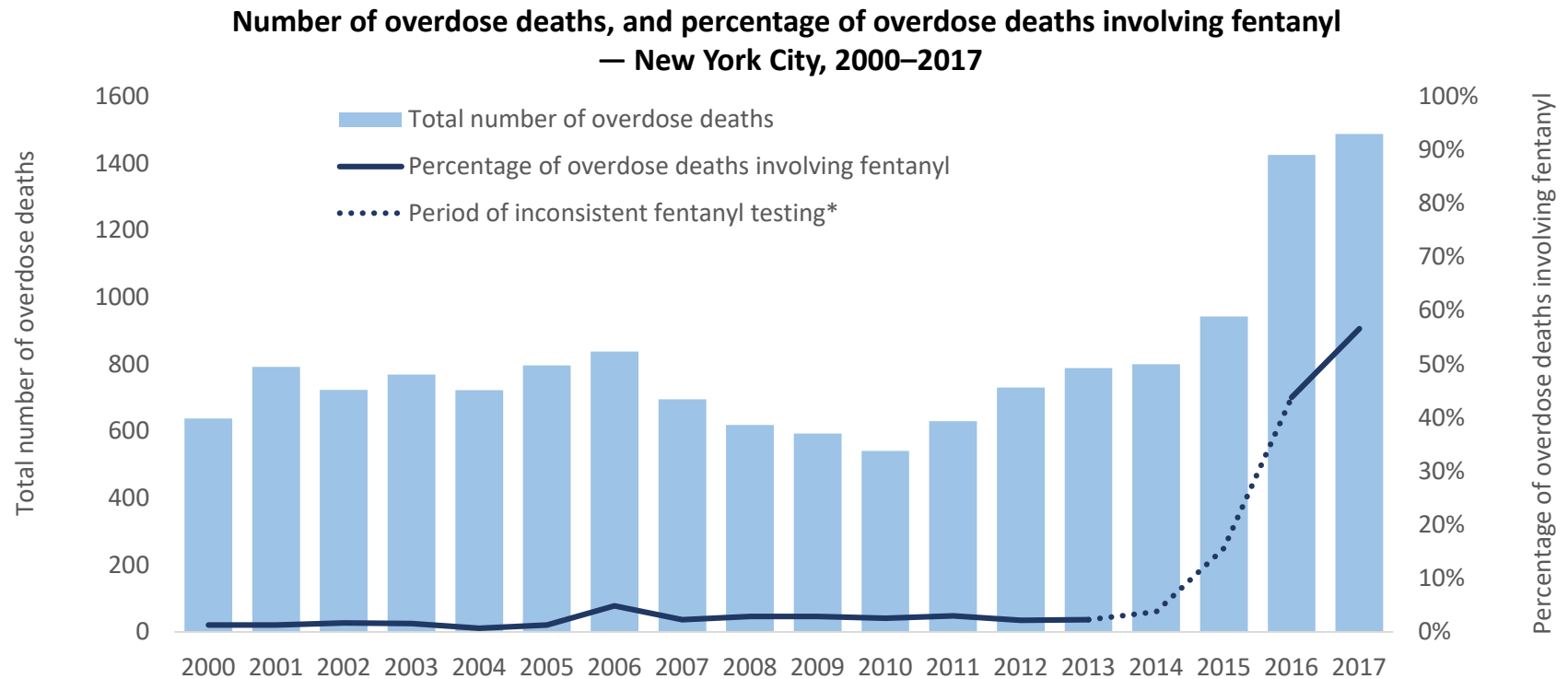
**Non-Crisis Admissions:** Includes non-crisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

**Substance Categories:** Prescription opioids includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin. 2018 data are as of 04/24/2019. 2017 data are as of 5/29/2018. 2016 data are as of 5/24/2017. 2015 data are as of May 2016. 2014 data are as of May 2015.

**SOURCE:** Data provided to the New York City NDEWS SCE by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed from Local Governmental Unit (LGU) Inquiry Reports.

# OVERDOSE DEATHS

## Increase in number of overdose deaths concurrent with increased fentanyl involvement



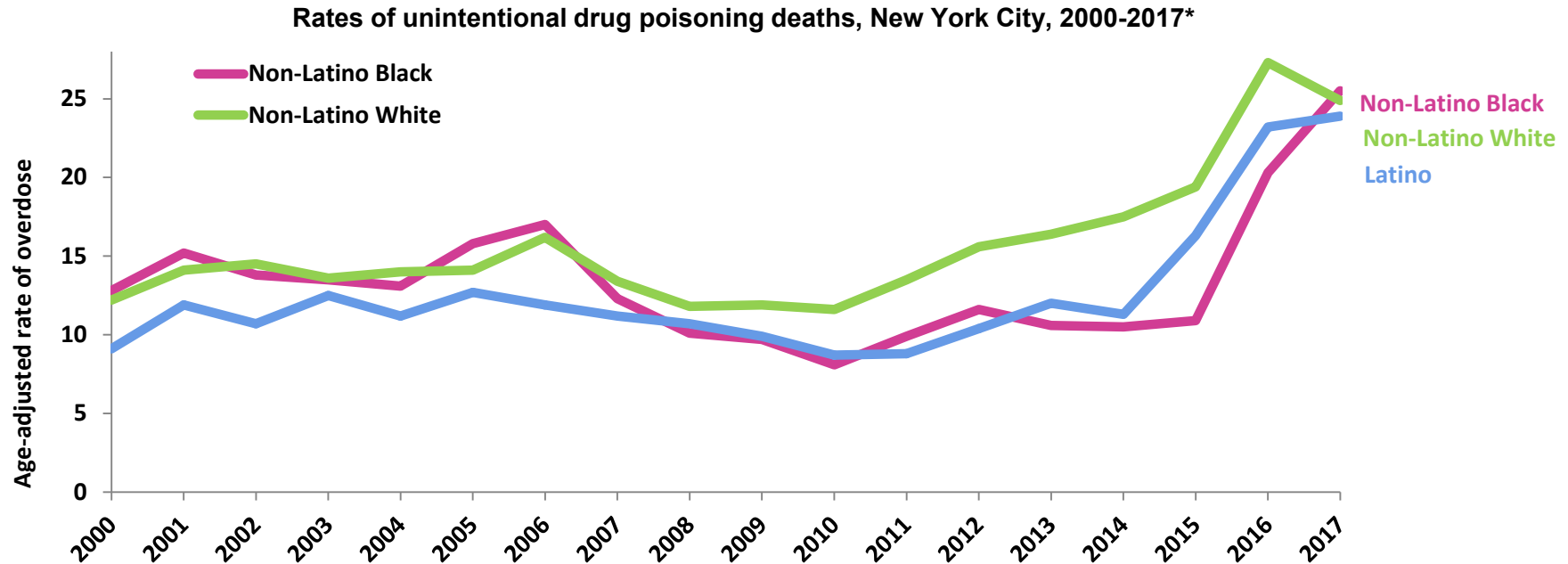
- Using toxicology data, New York City identified fentanyl in 2% of drug overdose deaths from 2000 to 2012.
- There was a spike in fentanyl involvement detected in 2016, prompting the return to universal fentanyl testing by OCME.
- By 2017, fentanyl was involved in 57% of all drug overdose deaths in New York City.

\*Universal testing for fentanyl was stopped sometime during 2013 and restarted on July 1, 2016; fentanyl data during 2013–2016 were obtained from the Office of the Chief Medical Examiner but are known to be incomplete.

Source: Colon-Berezin C et al. (2019). “Overdose Deaths Involving Fentanyl and Fentanyl Analogs — New York City, 2000–2017.” *MMWR* 68(2);37–40

# OVERDOSE DEATHS

## Disparities in overdose rates by race/ethnicity have varied over time



## What's driving the increase in overdose rates from 2015-2017\* among Black New Yorkers?

- Fentanyl is part of the story:
  - Among Black New Yorkers, there were 185 more deaths involving fentanyl in 2017 compared to 2015.
- Cocaine is also part of the story:
  - Black New Yorkers have higher rates of overdose deaths involving cocaine; no opioids.
  - Among Black New Yorkers, there were 47 more deaths involving cocaine; no opioids in 2017 compared to 2015.

\*Data for 2017 are provisional and subject to change

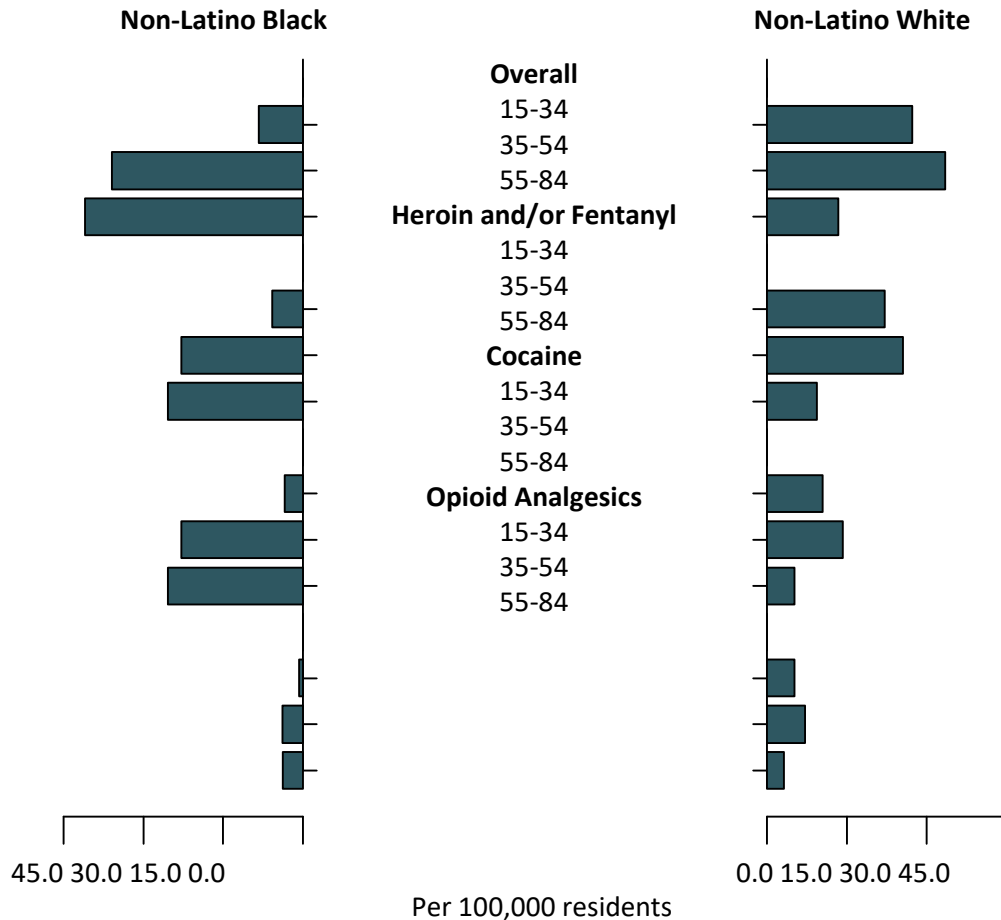
Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2017\*



# OVERDOSE DEATHS

## Two concurrent opioid overdose epidemics in New York City

Rates of unintentional drug poisoning (overdose) death for Non-Latino Blacks and Non-Latino Whites, New York City, 2017



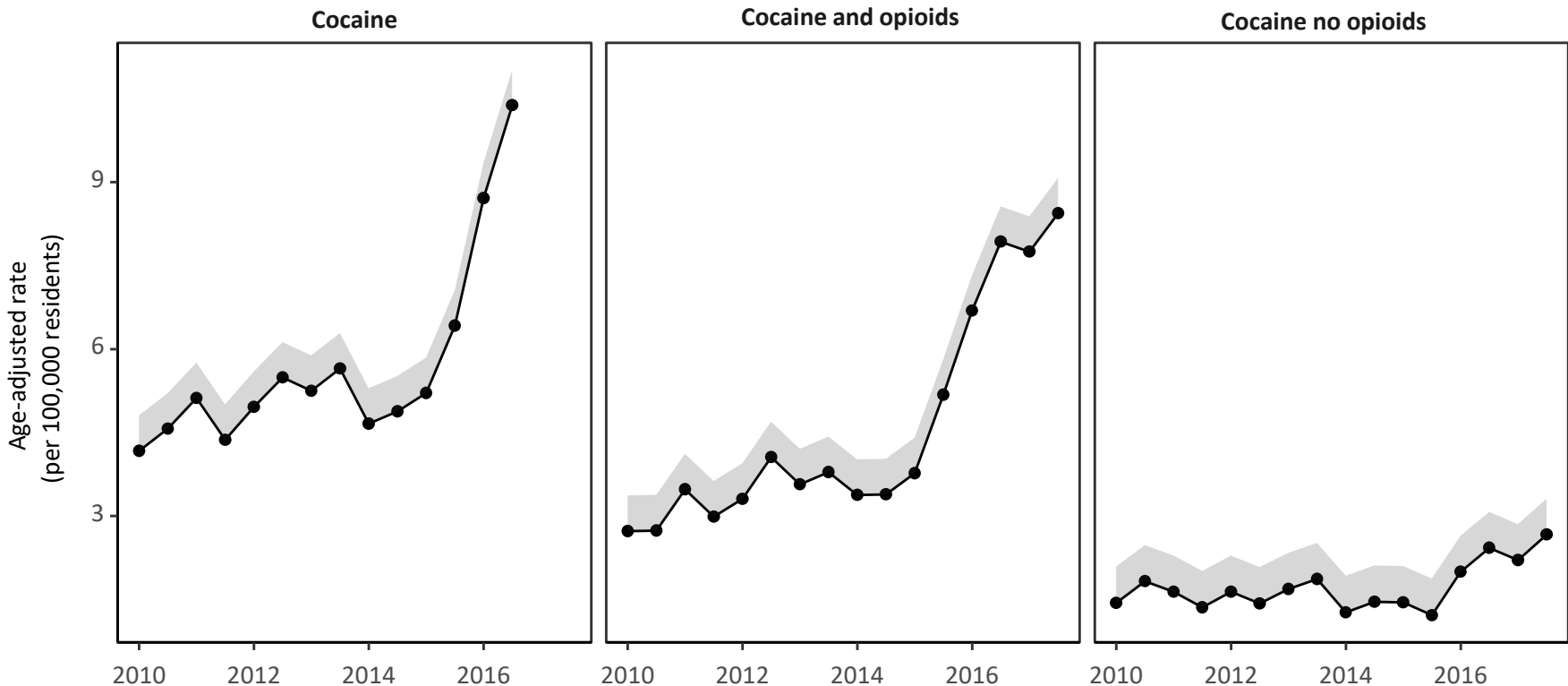
- There were significant differences in age distribution by race/ethnicity.
- Among younger persons (age 15-34 years), heroin and/or fentanyl overdose death rates were higher among whites.
- Heroin and/or fentanyl overdose death rates among older persons (age 55-84 years) were higher among blacks .

Source: Allen B, Nolan ML, Kunins HK, Paone D. (2019). "Racial Differences in Opioid Overdose Deaths in New York City, 2017." *JAMA Intern Med.* 179(4):576-578.

# OVERDOSE DEATHS

## Increase in cocaine-involved overdose deaths driven by opioids

Age-adjusted rate and 95% confidence interval of unintentional drug poisoning death, by selected substances involved, New York City, 2010 - 2017



Note: Other substances may be present unless otherwise specified.

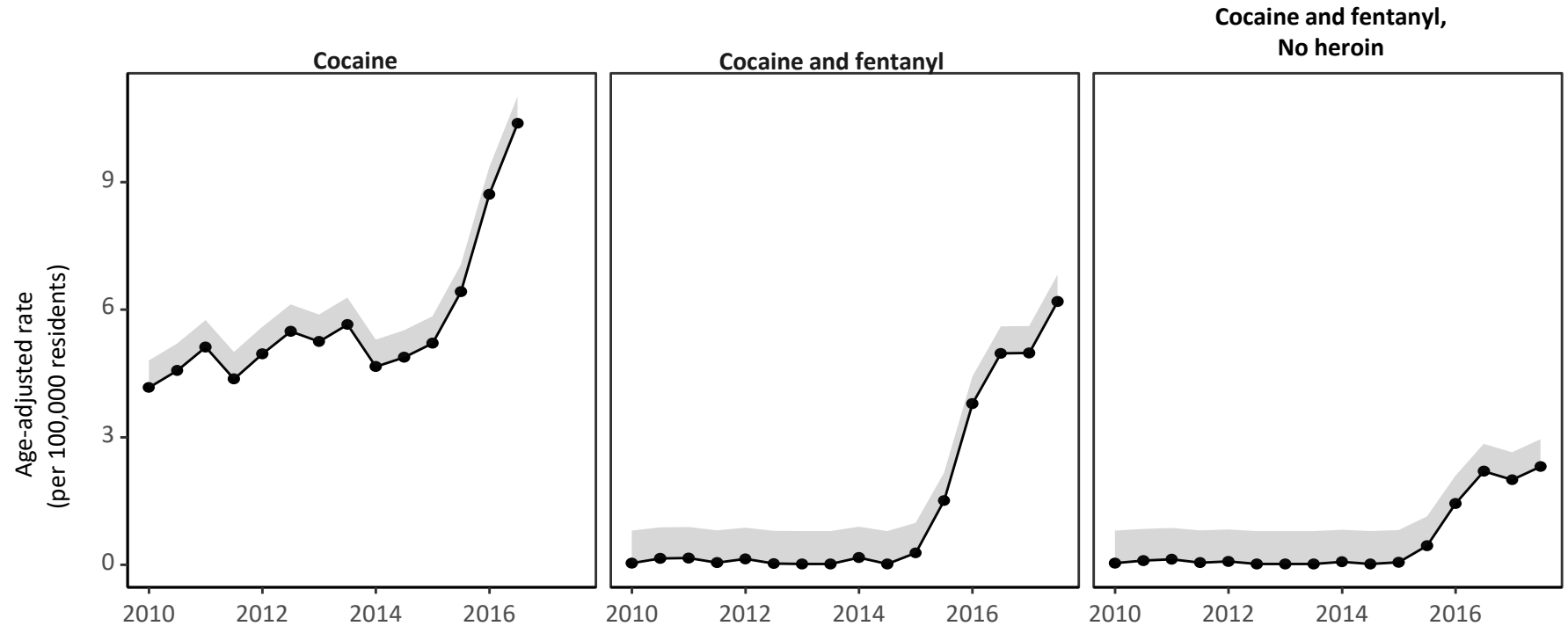
\*Data for 2017 are provisional and subject to change

Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene, 2010-2017

# OVERDOSE DEATHS

## Fentanyl accounts for 97% of the increase in cocaine-involved overdose deaths from 2015-2017

Age-adjusted rate and 95% confidence interval of unintentional drug poisoning death, by selected substances involved, New York City, 2010 - 2017\*



Other substances may be present unless otherwise specified.

- There were 329 additional cocaine overdose deaths in 2017 compared to 2015.
- There were 322 additional cocaine overdose deaths involving fentanyl in 2017 compared to 2015.
- Based on the above two statements: **Almost all (97%) of the 329 additional cocaine overdose deaths which occurred in 2017 compared to 2015 involved fentanyl.**

\*Data for 2017 are provisional and subject to change

Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene, 2010-2017

# NYC PUBLIC HEALTH RESPONSES

## Cocaine in the fentanyl supply poses three challenges for public health

1. People who use cocaine only are disproportionately susceptible to the risks associated with fentanyl.
  - Lack tolerance, high risk of overdose
2. People who use only cocaine may not be targeted by opioid-focused prevention strategies.
  - May not intersect with SSPs or drug treatment
3. People who use cocaine intermittently may not be reached by any drug-focused prevention strategies or messages.
  - Physical dependence less pronounced, may not intersect with services that specifically target people who use drugs

## Multi-pronged public health response to the opioid epidemic

1. Rapid Assessment and Response (RAR)

2. Naloxone expansion

3. Judicious opioid prescribing

4. Access to MAT

5. Non-fatal overdose response system

6. Public awareness campaign

# NYC PUBLIC HEALTH RESPONSES

## Rapid Assessment and Response (RAR): Enhanced Community Engagement (ECE)

### *Intention and reach*

- The aim is to increase community awareness of and ability to respond to overdose.
- RAR team focuses on neighborhoods with endemically high overdose rates.
- In an effort to reach community members outside of traditionally targeted settings, such as harm reduction programs, drug treatment programs, and ESAP pharmacies, we are currently engaging staff at bodegas/delis, laundromats, barber shops/beauty salons, chain restaurants, check cashing venues, and liquor stores that sell lottery tickets.
- Additionally, we are visiting NYCHA facilities, DHS shelters, faith-based organizations, libraries, and veterans-affiliated organizations.

### *Visit components*

- Engagement consists of conducting a brief assessment with staff of each establishment type, providing/posting fentanyl awareness flyers/posters, and providing opioid overdose response training and naloxone kits to business owners/staff (for both individual use and as communal kits to be kept onsite in case of emergency).
- If staff are unable or declines to engage, materials are still offered.

### *Challenges*

- The neighborhoods engaged by ECE have long experienced the emotional burden of the opioid epidemic and the stigma associated with substance use. At times, this has meant that community members are resistant to discussing these issues or “getting involved” with PWUD.
- While RAR staff members are able to conduct assessments in English, Arabic, and Spanish, the team occasionally encounters language barriers.
- ECE is conducted during normal business hours and business owners/staff are often too busy to meaningfully engage with the RAR team.

### *Successes*

- Despite the fact that a majority of respondents (52%) have witnessed drug use in or around the vicinity of their business, only 35% of respondents said they were aware that their neighborhood has one of the highest rates of overdose mortality in New York City. As part of the ECE visit, RAR staff are able to provide relevant data and contextualize the experiences of business owners/staff.
- While only 18% of respondents have “heard of a medication called naloxone/Narcan,” 56% of respondents accepted communal naloxone kits on behalf of their business and received overdose prevention education.

# NYC PUBLIC HEALTH RESPONSES

## Health alerts displayed in commercial establishments following RAR visit



# NYC PUBLIC HEALTH RESPONSES

## RELAY: non-fatal overdose response system expanding to 15 EDs by 2020

- Wellness Advocates (peers) deployed to EDs after patient presents for overdose, 24/7
- Offer overdose education, naloxone, linkage to care (treatment, harm reduction, other) and follow up to 90 days
- Operational in 10 NYC emergency departments
- June 2017-March 2019:
  - 74% of referrals agreed to Relay services (n=777)
  - 1,221 Naloxone kits distributed
    - 61% of participants said it was their first time receiving a kit



# NYC PUBLIC HEALTH RESPONSES

## RAR: Enhanced Community Engagement

IN PROCESS 10459 (March 15, 2019 – present)					
Engagement by venue type*	Targeted	Successfully engaged*	Accepted materials	Completed assessment	Accepted communal naloxone kit
Barbershops/beauty salons	39	14	11	8	9
Bodegas/delis	65	31	23	18	8
Check cashing	7	4	3	N/A**	N/A**
Laundry	16	5	3	2	1
Liquor stores with lotto	7	4	4	2	2
<b>TOTAL</b>	<b>134</b>	<b>58</b>	<b>44</b>	<b>30</b>	<b>20</b>

COMPLETED 10454 & 10455 (November 7, 2018 – March 8, 2019)					
Engagement by venue type*	Targeted	Successfully engaged*	Accepted materials	Completed assessment	Accepted communal naloxone kit
Barbershops/beauty salons	62	58	44	37	23
Bodegas/delis	82	76	61	42	20
Chain restaurants (includes all UHF ZIPs)	13	12	12	12	N/A
Check cashing	10	9	9	N/A**	N/A**
Laundry	24	21	17	11	7
Liquor stores with lotto	13	11	9	3	1
<b>TOTAL</b>	<b>204</b>	<b>187</b>	<b>152</b>	<b>105</b>	<b>51</b>

\*Excludes venues that are visited and decline engagement or are confirmed to be incorrect business types/duplicate sites

\*\*Because check-cashing venues are consistently busy, there is not sufficient time to conduct an assessment/provide a naloxone training



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## Treatment Tables

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**Table 1a: Trends in Non-Crisis Admissions\* to Programs Treating Substance Use Disorders, New York City Residents, 2014-2018\*\***  
**Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance**

	Calendar Year									
	2014		2015		2016		2017		Q1-Q3 2018	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
<b>Total Admissions (#)</b>	<b>80,447</b>	<b>100%</b>	<b>80,334</b>	<b>100%</b>	<b>71,242</b>	<b>100%</b>	<b>78,125</b>	<b>100%</b>	<b>53,571</b>	<b>100%</b>
<b>Primary Substance of Abuse (%)</b>										
Alcohol	25,762	32.0%	24,503	30.5%	23,213	32.6%	24,397	31.2%	18,742	35.0%
Cocaine/Crack	9,553	11.9%	8,596	10.7%	7,698	10.8%	7,937	10.2%	6,203	11.6%
Heroin	22,409	27.9%	26,217	32.6%	20,768	29.2%	26,315	33.7%	15,109	28.2%
Prescription Opioids***	2,310	2.9%	2,115	2.6%	1,871	2.6%	2,115	2.7%	1,331	2.5%
Methamphetamine	474	0.6%	471	0.6%	630	0.9%	733	0.9%	593	1.1%
Marijuana	17,082	21.2%	15,347	19.1%	14,085	19.8%	13,628	17.4%	9,402	17.6%
Benzodiazepines***	778	1.0%	793	1.0%	1,033	1.4%	965	1.2%	638	1.2%
MDMA	76	0.1%	52	0.1%	70	0.1%	53	0.1%	51	0.1%
Synthetic Stimulants***	36	0.0%	35	0.0%	43	0.1%	92	0.1%	51	0.1%
Synthetic Cannabinoids	50	0.1%	312	0.4%	142	0.2%	108	0.1%	80	0.1%
Other Drugs/Unknown	1,917	2.4%	1,893	2.4%	1,689	2.4%	1,782	2.3%	1,371	2.6%

**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 because some individuals are admitted to treatment more than once in a given period.

**\*\*2018:** Based on data from Q1-Q3 (i.e., January 1 to September 30, 2018).

**\*\*\*Substance Categories:** **Prescription opioids** includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin. **Benzodiazepines** includes benzodiazepines and alprazolam—prior to 2018, this category also included rohypnol. **Synthetic Stimulants** includes other stimulants and synthetic stimulants.

**unavail:** Data not available; **nr:** Data not reported—cells with fewer than 10 admissions, or where fewer than 10 admissions could be calculated have been suppressed.

2018 data are as of 04/24/2019. 2017 data are as of 5/29/2018. 2016 data are as of 5/24/2017. 2015 data are as of May 2016. 2014 data are as of May 2015.

**SOURCE:** Data provided to the New York City NDEWS SCE by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed from Local Governmental Unit (LGU) Inquiry Reports.

**Table 2a: Demographic and Drug Use Characteristics of Non-Crisis Treatment Admissions\* for Select Primary Substances, New York City Residents, January 1 to September 30, 2018†**

Number of Admissions, by Primary Substance and Percentage of Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids**		Methamphetamine		Marijuana		Benzo-diazepines**		Synthetic Stimulants**		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>Number of Admissions (#)</b>	<b>18,742</b>	<b>100%</b>	<b>6,203</b>	<b>100%</b>	<b>15,109</b>	<b>100%</b>	<b>1,331</b>	<b>100%</b>	<b>593</b>	<b>100%</b>	<b>9,402</b>	<b>100%</b>	<b>638</b>	<b>100%</b>	<b>51</b>	<b>100%</b>	<b>80</b>	<b>100%</b>
<b>Sex (%)</b>																		
Male	14,270	76.1%	4,383	70.7%	11,697	77.4%	975	73.3%	558	94.1%	7,131	75.8%	462	72.4%	nr	nr	nr	nr
Female	4,472	23.9%	1,820	29.3%	3,412	22.6%	356	26.7%	35	5.9%	2,271	24.2%	176	27.6%	nr	nr	nr	nr
<b>Race/Ethnicity*** (%)</b>																		
Black	8,395	44.8%	3,449	55.6%	3,697	24.5%	184	13.8%	165	27.8%	5,369	57.1%	61	9.6%	18	35.3%	38	47.5%
White	4,822	25.7%	1,065	17.2%	5,221	34.6%	741	55.7%	251	42.3%	869	9.2%	370	58.0%	20	39.2%	11	13.8%
Other	5,525	29.5%	1,689	27.2%	6,191	41.0%	406	30.5%	177	29.8%	3,164	33.7%	207	32.4%	13	25.5%	31	38.8%
<b>Age Group*** (%)</b>																		
<26	1,110	5.9%	241	3.9%	879	5.8%	210	15.8%	65	11.0%	3,181	33.8%	146	22.9%	nr	nr	21	26.3%
26-45	8,213	43.8%	2,397	38.6%	7,029	46.5%	798	60.0%	416	70.2%	5,119	54.4%	317	49.7%	33	64.7%	47	58.8%
46+	9,419	50.3%	3,565	57.5%	7,201	47.7%	323	24.3%	112	18.9%	1,102	11.7%	175	27.4%	nr	nr	12	15.0%
<b>Route of Administration (%)</b>																		
Smoked	nr	nr	3,628	58.5%	122	0.8%	30	2.3%	365	61.6%	9,020	95.9%	nr	nr	20	39.2%	71	88.8%
Inhaled	16	0.1%	2,293	37.0%	8,760	58.0%	222	16.7%	49	8.3%	134	1.4%	nr	nr	nr	nr	nr	nr
Injected	33	0.2%	160	2.6%	6,038	40.0%	33	2.5%	154	26.0%	nr	nr	nr	nr	nr	nr	nr	nr
Oral/Other/Unknown	18,693	99.7%	122	2.0%	189	1.3%	1,046	78.6%	25	4.2%	248	2.6%	628	98.4%	17	33.3%	nr	nr
<b>Secondary Substance (%)</b>																		
None	8,907	47.5%	1,572	25.3%	4,159	27.5%	419	31.5%	230	38.8%	5,180	55.1%	108	16.9%	21	41.2%	28	35.0%
Alcohol	n/a	n/a	2,014	32.5%	1,665	11.0%	132	9.9%	87	14.7%	2,594	27.6%	94	14.7%	nr	nr	13	16.3%
Cocaine/Crack	4,344	23.2%	n/a	n/a	5,966	39.5%	157	11.8%	49	8.3%	805	8.6%	80	12.5%	nr	nr	12	15.0%
Heroin	1,061	5.7%	652	10.5%	n/a	n/a	122	9.2%	12	2.0%	145	1.5%	147	23.0%	nr	nr	nr	nr
Prescription Opioids**	176	0.9%	71	1.1%	555	3.7%	n/a	n/a	nr	nr	161	1.7%	66	10.3%	nr	nr	nr	nr
Methamphetamine	35	0.2%	32	0.5%	58	0.4%	nr	nr	n/a	n/a	33	0.4%	nr	nr	nr	nr	nr	nr
Marijuana	3,549	18.9%	1,429	23.0%	1,634	10.8%	262	19.7%	101	17.0%	n/a	n/a	103	16.1%	11	21.6%	16	20.0%
Benzodiazepines**	370	2.0%	85	1.4%	948	6.3%	142	10.7%	11	1.9%	154	1.6%	n/a	n/a	nr	nr	nr	nr
Synthetic Stimulants**	12	0.1%	11	0.2%	nr	nr	nr	nr	nr	nr	17	0.2%	nr	nr	n/a	n/a	nr	nr
Synthetic Cannabinoids	37	0.2%	25	0.4%	nr	nr	nr	nr	nr	nr	42	0.4%	nr	nr	nr	nr	n/a	n/a

**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 because 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 and alprazolam. Prior to 2018, this category also included rohypnol. **Synthetic Stimulants** includes other stimulants and synthetic stimulants.

**\*\*\*Race/Ethnicity and Age:** Categories for New York City are not the same categories presented for other NDEWS sites.

**n/a:** Not applicable; **nr:** Data not reported—cells with fewer than 10 admissions, or where fewer than 10 admissions could be calculated have been suppressed; **Percentages** may not sum to 100 due to missing data, percentages that are suppressed for categories with small numbers, rounding, and/or because not all possible categories are presented in the table. Category frequencies may not sum to drug total due to missing data, suppressed data, and/or not all possible categories are presented in the table.

**†2018 Data:** based on data from Q1-Q3 (i.e., January 1 to September 30, 2018) as of 4/24/2019.

**SOURCE:** Data provided to the New York City NDEWS SCE by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed 05/29/2018 from Local Governmental Unit (LGU) Inquiry Reports.

**Table 1b: Trends in Crisis (Detox) Admissions\* to Programs Treating Substance Use Disorders, New York City Residents, 2014-2018\*\***  
**Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance**

	Calendar Year									
	2014		2015		2016		2017		Q1-Q3 2018	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
<b>Total Admissions (#)</b>	<b>46,483</b>	<b>100%</b>	<b>45,018</b>	<b>100%</b>	<b>42,109</b>	<b>100%</b>	<b>40,907</b>	<b>100%</b>	<b>31,497</b>	<b>100%</b>
<b>Primary Substance of Abuse (%)</b>										
Alcohol	26,733	57.5%	25,205	56.0%	22,689	53.9%	22,767	55.7%	19,314	61.3%
Cocaine/Crack	2,230	4.8%	2,038	4.5%	2,024	4.8%	1,478	3.6%	806	2.6%
Heroin	13,825	29.7%	14,439	32.1%	14,425	34.3%	13,921	34.0%	9,521	30.2%
Prescription Opioids***	1,086	2.3%	939	2.1%	846	2.0%	764	1.9%	543	1.7%
Methamphetamine	21	0.0%	23	0.1%	28	0.1%	20	0.0%	18	0.1%
Marijuana	615	1.3%	538	1.2%	452	1.1%	348	0.9%	195	0.6%
Benzodiazepines***	1,448	3.1%	1,234	2.7%	1,137	2.7%	1,134	2.8%	784	2.5%
MDMA	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr
Synthetic Stimulants***	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr
Synthetic Cannabinoids	30	0.1%	114	0.3%	50	0.1%	42	0.1%	15	0.0%
Other Drugs/Unknown	491	1.1%	477	1.1%	452	1.1%	430	1.1%	293	0.9%

**NOTES:**

**\*Crisis Admissions:** Includes detox admissions to all licensed treatment programs in the State. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

**\*\*2018:** Based on data from Q1-Q3 (i.e., January 1 to September 30, 2018).

**\*\*\*Substance Categories:** **Prescription** opioids includes non-prescription methadone, buprenorphine, other synthetic opiates, and OxyContin. **Benzodiazepines** includes benzodiazepines and alprazolam—prior to 2018, this category also included rohypnol. **Synthetic Stimulants** includes other stimulants and synthetic stimulants.

**unavail:** Data not available; **nr: Data not reported**—cells with fewer than 10 admissions, or where fewer than 10 admissions could be calculated have been suppressed.

2018 data are as of 04/24/2019. 2017 data are as of 5/29/2018. 2016 data are as of 5/24/2017. 2015 data are as of May 2016. 2014 data are as of May 2015.

**SOURCE:** Data provided to the New York City NDEWS SCE by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed from Local Governmental Unit (LGU) Inquiry Reports.

**Table 2b: Demographic and Drug Use Characteristics of Crisis (Detox) Treatment Admissions\* for Select Primary Substances, New York City Residents, January 1 to September 30, 2018**  
Number of Admissions, by Primary Substance and Percentage of Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids**		Methamphetamine		Marijuana		Benzo-diazepines**		Synthetic Stimulants**		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Admissions (#)	19,314	100%	806	100%	9,521	100%	543	100%	18	100%	195	100%	784	100%	<10	nr	15	100%
Sex (%)																		
Male	16,294	84.4%	649	80.5%	7,936	83.4%	419	77.2%	nr	nr	170	87.2%	595	75.9%	nr	nr	nr	nr
Female	3,020	15.6%	157	19.5%	1,585	16.6%	124	22.8%	nr	nr	25	12.8%	189	24.1%	nr	nr	nr	nr
Race/Ethnicity*** (%)																		
Black	10,485	54.3%	529	65.6%	2,514	26.4%	103	19.0%	nr	nr	110	56.4%	73	9.3%	nr	nr	nr	nr
White	3,793	19.6%	96	11.9%	3,112	32.7%	262	48.3%	nr	nr	18	9.2%	437	55.7%	nr	nr	nr	nr
Other	5,036	26.1%	181	22.5%	3,895	40.9%	178	32.8%	nr	nr	67	34.4%	274	34.9%	nr	nr	nr	nr
Age Group*** (%)																		
<26	293	1.5%	13	1.6%	630	6.6%	78	14.4%	nr	nr	24	12.3%	63	8.0%	nr	nr	nr	nr
26-45	6,486	33.6%	267	33.1%	4,711	49.5%	293	54.0%	14	77.8%	113	57.9%	456	58.2%	nr	nr	nr	nr
46+	12,535	64.9%	526	65.3%	4,180	43.9%	172	31.7%	nr	nr	58	29.7%	265	33.8%	nr	nr	nr	nr
Route of Administration (%)																		
Smoked	nr	nr	566	70.2%	60	0.6%	17	3.1%	nr	nr	190	97.4%	nr	nr	nr	nr	nr	nr
Inhaled	nr	nr	180	22.3%	5,182	54.4%	47	8.7%	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr
Injected	29	0.2%	33	4.1%	4,178	43.9%	15	2.8%	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr
Oral/Other/Unknown	19,252	99.7%	27	3.3%	101	1.1%	464	85.5%	nr	nr	nr	nr	780	99.5%	nr	nr	nr	nr
Secondary Substance (%)																		
None	8,957	46.4%	117	14.5%	2,222	23.3%	172	31.7%	nr	nr	25	12.8%	157	20.0%	nr	nr	nr	nr
Alcohol	n/a	n/a	377	46.8%	2,227	23.4%	54	9.9%	nr	nr	73	37.4%	172	21.9%	nr	nr	nr	nr
Cocaine/Crack	5,348	27.7%	n/a	n/a	2,894	30.4%	57	10.5%	nr	nr	49	25.1%	113	14.4%	nr	nr	nr	nr
Heroin	2,313	12.0%	117	14.5%	n/a	n/a	47	8.7%	nr	nr	10	5.1%	187	23.9%	nr	nr	nr	nr
Prescription Opioids**	174	0.9%	11	1.4%	255	2.7%	n/a	n/a	nr	nr	nr	nr	64	8.2%	nr	nr	nr	nr
Methamphetamine	nr	nr	nr	nr	16	0.2%	nr	nr	n/a	n/a	nr	nr	nr	nr	nr	nr	nr	nr
Marijuana	1,542	8.0%	112	13.9%	641	6.7%	72	13.3%	nr	nr	n/a	n/a	56	7.1%	nr	nr	nr	nr
Benzodiazepines**	791	4.1%	24	3.0%	1,196	12.6%	83	15.3%	nr	nr	16	8.2%	n/a	n/a	nr	nr	nr	nr
Synthetic Stimulants**	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	n/a	n/a	nr	nr
Synthetic Cannabinoids	41	0.2%	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	n/a	n/a

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## Sources

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### DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

#### Prevalence

- NYC YRBS: The 2017 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.
- New York State Department of Health Bureau of Narcotics Enforcement, 2013 – 2018. Analysis by NYC Department of Health and Mental Hygiene, Bureau of Alcohol and Drug Use Prevention, Care, and Treatment.

#### Mortality

- Colon-Berezin C et al. (2019). “Overdose Deaths Involving Fentanyl and Fentanyl Analogs — New York City, 2000–2017.” MMWR 68(2);37–40
- Allen B, Nolan ML, Kunins HK, Paone D. (2019). “Racial Differences in Opioid Overdose Deaths in New York City, 2017.” JAMA Intern Med. 179(4):576-578.
- New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene, 2010-2017

#### Treatment

- The New York State Office of Alcoholism and Substance Abuse Services (OASAS): Treatment admissions data were collected through the Client Data System for 2010–3rd quarter 2018.

*For additional information about the substances and substance use patterns discussed in this report, please contact Denise Paone, Ed.D., Senior Director of Research & Surveillance, Bureau of Alcohol and Drug Use Prevention, Care and Treatment, NYC Department of Health and Mental Hygiene, 42-09 28<sup>th</sup> St, Long Island City, NY, Phone: (347) 396-7015, E-mail: [dpaone@health.nyc.gov](mailto:dpaone@health.nyc.gov).*