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

November 2019

NDEWS Coordinating Center
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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Highlights

- 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

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

**Number of non-crisis substance use treatment admissions among New York City residents by primary substance, 2014 - September 30, 2018**

- **Alcohol**
  - 2014: 28.2%
  - 2015: 28.2%
  - 2016: 28.2%
  - 2017: 28.2%
  - Q1-Q3 2018: 35.0%

- **Cocaine/Crack**
  - 2014: 11.6%
  - 2015: 11.6%
  - 2016: 11.6%
  - 2017: 11.6%
  - Q1-Q3 2018: 11.6%

- **Heroin**
  - 2014: 30.0%
  - 2015: 30.0%
  - 2016: 28.2%
  - 2017: 28.2%
  - Q1-Q3 2018: 28.2%

- **Prescription Opioids**
  - 2014: 2.5%
  - 2015: 2.5%
  - 2016: 2.5%
  - 2017: 2.5%
  - Q1-Q3 2018: 2.5%

- **Marijuana**
  - 2014: 17.6%
  - 2015: 17.6%
  - 2016: 17.6%
  - 2017: 17.6%
  - Q1-Q3 2018: 17.6%

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 05/29/2018. 2016 data are as of 05/24/2017. 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

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**Number of overdose deaths, and percentage of overdose deaths involving fentanyl — New York City, 2000–2017**

- 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.


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NDEWS New York City SCS Drug Use Patterns and Trends, 2019

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

Rates of unintentional drug poisoning deaths, New York City, 2000-2017*

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*

NDEWS New York City SCS Drug Use Patterns and Trends, 2019
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

<table>
<thead>
<tr>
<th></th>
<th>Non-Latino Black</th>
<th>Non-Latino White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin and/or Fentanyl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid Analgesics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-34</td>
<td></td>
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<tr>
<td>35-54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-84</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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.

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*

- 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
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)*

<table>
<thead>
<tr>
<th>Engagement by venue type*</th>
<th>Targeted</th>
<th>Successfully engaged*</th>
<th>Accepted materials</th>
<th>Completed assessment</th>
<th>Accepted communal naloxone kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbershops/beauty salons</td>
<td>39</td>
<td>14</td>
<td>11</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Bodegas/delis</td>
<td>65</td>
<td>31</td>
<td>23</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Check cashing</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>N/A**</td>
<td>N/A**</td>
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<tr>
<td>Laundry</td>
<td>16</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Liquor stores with lotto</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>134</strong></td>
<td><strong>58</strong></td>
<td><strong>44</strong></td>
<td><strong>30</strong></td>
<td><strong>20</strong></td>
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</tbody>
</table>

#### COMPLETED

**10454 & 10455**

*(November 7, 2018 – March 8, 2019)*

<table>
<thead>
<tr>
<th>Engagement by venue type*</th>
<th>Targeted</th>
<th>Successfully engaged*</th>
<th>Accepted materials</th>
<th>Completed assessment</th>
<th>Accepted communal naloxone kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbershops/beauty salons</td>
<td>62</td>
<td>58</td>
<td>44</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td>Bodegas/delis</td>
<td>82</td>
<td>76</td>
<td>61</td>
<td>42</td>
<td>20</td>
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<tr>
<td>Chain restaurants (includes all UHF ZIPS)</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>N/A</td>
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<tr>
<td>Check cashing</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>N/A**</td>
<td>N/A**</td>
</tr>
<tr>
<td>Laundry</td>
<td>24</td>
<td>21</td>
<td>17</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Liquor stores with lotto</td>
<td>13</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>204</strong></td>
<td><strong>187</strong></td>
<td><strong>152</strong></td>
<td><strong>105</strong></td>
<td><strong>51</strong></td>
</tr>
</tbody>
</table>

*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
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

<table>
<thead>
<tr>
<th>Substance Category</th>
<th>2014 (#)</th>
<th>2014 (%)</th>
<th>2015 (#)</th>
<th>2015 (%)</th>
<th>2016 (#)</th>
<th>2016 (%)</th>
<th>2017 (#)</th>
<th>2017 (%)</th>
<th>Q1-Q3 2018 (#)</th>
<th>Q1-Q3 2018 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Admissions (#)</td>
<td>80,447</td>
<td>100%</td>
<td>80,334</td>
<td>100%</td>
<td>71,242</td>
<td>100%</td>
<td>78,125</td>
<td>100%</td>
<td>53,571</td>
<td>100%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>25,762</td>
<td>32.0%</td>
<td>24,503</td>
<td>30.5%</td>
<td>23,213</td>
<td>32.6%</td>
<td>24,397</td>
<td>31.2%</td>
<td>18,742</td>
<td>35.0%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>9,553</td>
<td>11.9%</td>
<td>8,596</td>
<td>10.7%</td>
<td>7,698</td>
<td>10.8%</td>
<td>7,937</td>
<td>10.2%</td>
<td>6,203</td>
<td>11.6%</td>
</tr>
<tr>
<td>Heroin</td>
<td>22,409</td>
<td>27.9%</td>
<td>26,217</td>
<td>32.6%</td>
<td>20,768</td>
<td>29.2%</td>
<td>26,315</td>
<td>33.7%</td>
<td>15,109</td>
<td>28.2%</td>
</tr>
<tr>
<td>Prescription Opioids***</td>
<td>2,310</td>
<td>2.9%</td>
<td>2,115</td>
<td>2.6%</td>
<td>1,871</td>
<td>2.6%</td>
<td>2,115</td>
<td>2.7%</td>
<td>1,331</td>
<td>2.5%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>474</td>
<td>0.6%</td>
<td>471</td>
<td>0.6%</td>
<td>630</td>
<td>0.9%</td>
<td>733</td>
<td>0.9%</td>
<td>593</td>
<td>1.1%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>17,082</td>
<td>21.2%</td>
<td>15,347</td>
<td>19.1%</td>
<td>14,085</td>
<td>19.8%</td>
<td>13,628</td>
<td>17.4%</td>
<td>9,402</td>
<td>17.6%</td>
</tr>
<tr>
<td>Benzodiazepines***</td>
<td>778</td>
<td>1.0%</td>
<td>793</td>
<td>1.0%</td>
<td>1,033</td>
<td>1.4%</td>
<td>965</td>
<td>1.2%</td>
<td>638</td>
<td>1.2%</td>
</tr>
<tr>
<td>MDMA</td>
<td>75</td>
<td>0.1%</td>
<td>52</td>
<td>0.1%</td>
<td>70</td>
<td>0.1%</td>
<td>53</td>
<td>0.1%</td>
<td>51</td>
<td>0.1%</td>
</tr>
<tr>
<td>Synthetic Stimulants***</td>
<td>36</td>
<td>0.0%</td>
<td>35</td>
<td>0.0%</td>
<td>43</td>
<td>0.1%</td>
<td>92</td>
<td>0.1%</td>
<td>51</td>
<td>0.1%</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>50</td>
<td>0.1%</td>
<td>312</td>
<td>0.4%</td>
<td>142</td>
<td>0.2%</td>
<td>108</td>
<td>0.1%</td>
<td>80</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Drugs/Unknown</td>
<td>1,917</td>
<td>2.4%</td>
<td>1,893</td>
<td>2.4%</td>
<td>1,689</td>
<td>2.4%</td>
<td>1,782</td>
<td>2.3%</td>
<td>1,371</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Primary Substance</th>
<th>Number of Admissions (#)</th>
<th>Sex (%)</th>
<th>Race/Ethnicity*** (%)</th>
<th>Age Group*** (%)</th>
<th>Route of Administration (%)</th>
<th>Secondary Substance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18,742 100%</td>
<td>14,270 76.1%</td>
<td>8,395 44.8%</td>
<td>&lt;26 5.9%</td>
<td>Smoked</td>
<td>None 47.5%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>6,203 100%</td>
<td>4,383 70.7%</td>
<td>3,449 55.6%</td>
<td>8,213 43.8%</td>
<td>Inhaled</td>
<td>Alcohol 47.5%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>15,109 100%</td>
<td>11,697 77.4%</td>
<td>3,697 55.6%</td>
<td>7,029 46.5%</td>
<td>Injected</td>
<td>Cocaine/Crack 47.5%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1,331 100%</td>
<td>975 73.3%</td>
<td>184 13.8%</td>
<td>798 60.0%</td>
<td>Oral/Other/Unknown</td>
<td>Heroin 47.5%</td>
</tr>
<tr>
<td>Prescription Opioids**</td>
<td>593 100%</td>
<td>558 94.1%</td>
<td>165 27.8%</td>
<td>416 70.2%</td>
<td></td>
<td>Prescription Opioids** 47.5%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>9,402 100%</td>
<td>7,131 75.8%</td>
<td>5,369 57.1%</td>
<td>5,119 54.4%</td>
<td></td>
<td>Methamphetamine 47.5%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>638 100%</td>
<td>462 72.4%</td>
<td>61 9.6%</td>
<td>317 49.7%</td>
<td></td>
<td>Marijuana 47.5%</td>
</tr>
<tr>
<td>Benzodiazepines**</td>
<td>51 100%</td>
<td>nr</td>
<td>18 35.3%</td>
<td>33 64.7%</td>
<td></td>
<td>Benzodiazepines** 47.5%</td>
</tr>
<tr>
<td>Synthetic Stimulants**</td>
<td>80 100%</td>
<td>nr</td>
<td>38 47.5%</td>
<td>47 58.8%</td>
<td></td>
<td>Synthetic Stimulants** 47.5%</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>0 100%</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td></td>
<td>Synthetic Cannabinoids 47.5%</td>
</tr>
</tbody>
</table>

**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—e.g., 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

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Q1-Q3 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(#)</td>
<td>(%)</td>
<td>(#)</td>
<td>(%)</td>
<td>(#)</td>
</tr>
<tr>
<td><strong>Total Admissions (#)</strong></td>
<td>46,483</td>
<td>100%</td>
<td>45,018</td>
<td>100%</td>
<td>42,109</td>
</tr>
<tr>
<td><strong>Primary Substance of Abuse (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>26,733</td>
<td>57.5%</td>
<td>25,205</td>
<td>56.0%</td>
<td>22,689</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>2,230</td>
<td>4.8%</td>
<td>2,038</td>
<td>4.5%</td>
<td>2,024</td>
</tr>
<tr>
<td>Heroin</td>
<td>13,825</td>
<td>29.7%</td>
<td>14,439</td>
<td>32.1%</td>
<td>14,425</td>
</tr>
<tr>
<td>Prescription Opioids***</td>
<td>1,086</td>
<td>2.3%</td>
<td>939</td>
<td>2.1%</td>
<td>846</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>21</td>
<td>0.0%</td>
<td>23</td>
<td>0.1%</td>
<td>28</td>
</tr>
<tr>
<td>Marijuana</td>
<td>615</td>
<td>1.3%</td>
<td>538</td>
<td>1.2%</td>
<td>452</td>
</tr>
<tr>
<td>Benzodiazepines***</td>
<td>1,448</td>
<td>3.1%</td>
<td>1,234</td>
<td>2.7%</td>
<td>1,137</td>
</tr>
<tr>
<td>MDMA**</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td>Synthetic Stimulants***</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>30</td>
<td>0.1%</td>
<td>114</td>
<td>0.3%</td>
<td>50</td>
</tr>
<tr>
<td>Other Drugs/Unknown</td>
<td>491</td>
<td>1.1%</td>
<td>477</td>
<td>1.1%</td>
<td>452</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>Alcohol</th>
<th>Cocaine/Crack</th>
<th>Heroin</th>
<th>Prescription Opioids**</th>
<th>Methamphetamine</th>
<th>Marijuana</th>
<th>Benzodiazepines**</th>
<th>Synthetic Stimulants**</th>
<th>Synthetic Cannabinoids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Admissions (#)</td>
<td>19,314 100%</td>
<td>806 100%</td>
<td>9,521 100%</td>
<td>543 100%</td>
<td>18 100%</td>
<td>195 100%</td>
<td>784 100%</td>
<td>&lt;10 nr</td>
<td>15 100%</td>
</tr>
<tr>
<td>Sex (%)</td>
<td>Male</td>
<td>16,294 84.4%</td>
<td>649 80.5%</td>
<td>7,936 83.4%</td>
<td>419 77.2%</td>
<td>170 87.2%</td>
<td>595 75.9%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3,020 15.6%</td>
<td>157 19.5%</td>
<td>1,585 16.6%</td>
<td>124 22.8%</td>
<td>25 12.8%</td>
<td>189 24.1%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td>Race/Ethnicity*** (%)</td>
<td>Black</td>
<td>10,485 54.3%</td>
<td>529 65.6%</td>
<td>2,514 26.4%</td>
<td>103 19.0%</td>
<td>110 56.4%</td>
<td>73 9.3%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>3,793 19.6%</td>
<td>96 11.9%</td>
<td>3,112 32.7%</td>
<td>262 48.3%</td>
<td>18 9.2%</td>
<td>437 55.7%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>5,036 26.1%</td>
<td>181 22.5%</td>
<td>3,895 40.9%</td>
<td>178 32.8%</td>
<td>67 34.4%</td>
<td>274 34.9%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td>Age Group*** (%)</td>
<td>&lt;26</td>
<td>293 1.5%</td>
<td>13 1.6%</td>
<td>630 6.6%</td>
<td>78 14.4%</td>
<td>24 12.3%</td>
<td>63 8.0%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>26-45</td>
<td>6,486 33.6%</td>
<td>267 33.1%</td>
<td>4,711 49.5%</td>
<td>293 54.0%</td>
<td>18 9.2%</td>
<td>456 55.7%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>46+</td>
<td>12,535 64.9%</td>
<td>526 65.3%</td>
<td>4,180 43.9%</td>
<td>172 31.7%</td>
<td>58 29.7%</td>
<td>265 33.8%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td>Route of Administration (%)</td>
<td>Smoked</td>
<td>nr</td>
<td>nr</td>
<td>566 70.2%</td>
<td>60 6.5%</td>
<td>17 3.1%</td>
<td>90 9.7%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Inhaled</td>
<td>nr</td>
<td>nr</td>
<td>180 23.3%</td>
<td>3,182 45.4%</td>
<td>47 8.7%</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Injected</td>
<td>29 0.2%</td>
<td>33 4.1%</td>
<td>4,178 43.9%</td>
<td>15 2.8%</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Oral/Other/Unknown</td>
<td>19,252 99.7%</td>
<td>27 3.3%</td>
<td>101 1.1%</td>
<td>464 85.5%</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>780 99.5%</td>
</tr>
<tr>
<td>Secondary Substance (%)</td>
<td>None</td>
<td>8,957 46.4%</td>
<td>117 14.5%</td>
<td>2,222 23.3%</td>
<td>172 31.7%</td>
<td>25 12.8%</td>
<td>157 20.0%</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
<td>n/a</td>
<td>n/a</td>
<td>377 46.8%</td>
<td>2,227 23.4%</td>
<td>54 9.9%</td>
<td>73 37.4%</td>
<td>172 21.9%</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Cocaine/Crack</td>
<td>5,348 27.7%</td>
<td>n/a</td>
<td>n/a</td>
<td>2,894 30.4%</td>
<td>57 10.5%</td>
<td>nr</td>
<td>49 25.1%</td>
<td>113 14.4%</td>
</tr>
<tr>
<td></td>
<td>Heroin</td>
<td>2,313 12.0%</td>
<td>117 14.5%</td>
<td>n/a</td>
<td>n/a</td>
<td>47 8.7%</td>
<td>nr</td>
<td>10 5.1%</td>
<td>187 23.9%</td>
</tr>
<tr>
<td></td>
<td>Prescription Opioids**</td>
<td>174 0.9%</td>
<td>11 1.4%</td>
<td>255 2.7%</td>
<td>n/a</td>
<td>n/a</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Methamphetamine</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>16 0.2%</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
<tr>
<td></td>
<td>Marijuana</td>
<td>1,542 8.0%</td>
<td>112 13.9%</td>
<td>641 6.7%</td>
<td>72 13.3%</td>
<td>nr</td>
<td>nr</td>
<td>n/a</td>
<td>56 7.1%</td>
</tr>
<tr>
<td></td>
<td>Benzodiazepines**</td>
<td>791 4.1%</td>
<td>24 3.0%</td>
<td>1,196 12.6%</td>
<td>83 15.3%</td>
<td>nr</td>
<td>nr</td>
<td>16 8.2%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Synthetic Stimulants**</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Synthetic Cannabinoids</td>
<td>41 0.2%</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
<td>nr</td>
</tr>
</tbody>
</table>

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.
** Substance Categories: Prescription opioids includes non-prescription methadone, buprenorphine, other synthetic opioids, 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.
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*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 5/29/2018 from Local Governmental Unit (LGU) Inquiry Reports.
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.

Mortality

- 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 28th St, Long Island City, NY, Phone: (347) 396-7015, E-mail: dpaone@health.nyc.gov.