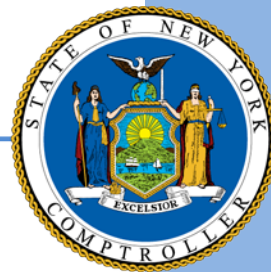


Prescription Opioid Abuse and Heroin Addiction in New York State

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller



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Message from the Comptroller



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It seems that every community in New York State is experiencing the heartbreak of lives lost to prescription opioid abuse and heroin addiction.

Drug abuse is not a new problem. But with both heroin and other opioids, developments in recent years are cause for special concern. Overdose deaths in New York related to heroin use reached a record high of 825 in 2014, a jump of more than 23 percent from the previous year and nearly 25 times the number of a decade earlier. Deaths in which prescription opioids were a contributing factor also reached a new peak in 2014, nearly four times the level in 2005. Comparing the death rates in 2005 and 2014 for both substances, New York's increased more than almost any other state for which such data were available.

Health experts point to key risk factors that make individuals particularly vulnerable to this crisis. With regard to opioids, such factors may include obtaining overlapping prescriptions from multiple providers and pharmacies. Addiction to prescription opioids, cocaine, marijuana or alcohol increases the risk of heroin addiction. While abuse of heroin and other opioids is more common among men than women, this problem strikes people of all ages and ethnic groups.

Compared to national averages, New Yorkers are significantly more likely to be admitted to treatment for heroin use or prescription opioid abuse. Factors in these trends may include New York's higher-than-average rate of health insurance coverage and the State's longstanding efforts to promote access to treatment.

New York State, the federal government, local officials, and organizations and individuals in the private sector are working hard to address the alarming realities of prescription opioid and heroin addiction. New investments of State resources will further expand options for treatment, recovery, prevention and other services. Drugs that can reverse the deadly effects of an opioid overdose are being made more widely available, and more school nurses, police and other professionals are being trained in saving lives with these medications. While drug abuse was once viewed as largely a matter for law enforcement, the increasing recognition that opioid abuse and heroin addiction should be regarded as public health and mental health challenges may help lead to more effective solutions.

Scientific understanding of addiction continues to grow. Yet the troubling findings of this report tell us that much more must be done to bring hope and long-term recovery to the many individuals and families affected by heroin and opioid addiction. Continued research into addiction and coordinated responses from government and the private sector should be among those steps. We believe the data presented here can enhance ongoing work to identify and implement effective solutions, and hope that policy makers will continue to track key indicators as part of their assessment of those efforts.

Thomas P. DiNapoli
State Comptroller

Table of Contents

I. Executive Summary	1
II. Prescription Opioid and Heroin Overdose Deaths	3
III. Heroin and Non-Medical Use of Prescription Opioids.....	6
IV. Admissions for Treatment of Heroin and Prescription Opioid Abuse	8
V. Actions Taken to Reduce Heroin and Prescription Opioid Abuse in New York.....	11
VI. Conclusion.....	14
VII. Appendix	15

I. Executive Summary

Heroin and prescription opioid abuse is a significant and growing public health concern across the United States. Key indicators point to an increasingly troubling picture in New York State.

Overdose deaths, one of the starkest signs of this problem, reached new peaks in New York in 2014, the last year for which data are available. The 825 overdose deaths in which heroin was a contributing cause represented an increase of nearly 24 percent over the previous year, and almost 25 times the number recorded in the State ten years earlier. Overdose deaths in which prescription opioids were a contributing cause totaled 1,008 in 2014, nearly quadruple the number recorded in 2005.

Among New York counties for which 2014 data were available, Suffolk County had the highest number of overdose deaths involving heroin, and was also the leader in overdose deaths where prescription opioids were a factor. The highest rate of heroin overdose deaths as a share of population was in Orange County, while Staten Island had the highest rate of prescription opioid overdose deaths in the State. Other counties with comparatively high death rates associated with opioids or heroin included Oneida, Erie and Monroe.

New York's heroin overdose death rate has equaled or exceeded the national rate every year since 2006, and ranked 19th in the nation in 2014 among the 43 states for which data were available. The State's prescription opioid overdose death rate has remained consistently below the national rate in each of the last ten years. Comparing rates for 2005 and 2014, both heroin and prescription opioid overdose death rates in New York increased faster than the corresponding rates in nearly all states for which data are available.

The rising death toll from heroin in the State reflects an increase in the estimated past-year use of the drug, including a sharp jump in average annual use during the two-year period from 2013 through 2014. Reported prevalence of heroin use in New York during that period exceeded the national rate by nearly 50 percent. Estimated prevalence of non-medical use of prescription opioids in New York has been trending downward and was consistently lower than the national rate over most of the past decade.

Treatment admissions rates for both heroin and prescription opioid abuse have increased over the past decade among all New Yorkers aged 12 and over. Among New York demographic groups tracked by federal data, whites, males and individuals in the 21 to 30 age range had the highest treatment admission rates for use of both substances.

The federal government, New York State and some local governments have taken important steps to reduce heroin addiction and prescription opioid misuse. At the State level, such efforts have included: new restrictions affecting prescriptions for opioids and other controlled substances; new penalties to help crack down on illegal drug distribution; initiatives to expand the use of the anti-opioid overdose drug naloxone (also known as Narcan); creation of a statewide campaign to educate New Yorkers about the risks of heroin and prescription opioid use; and new funding to combat heroin addiction,

prescription opioid misuse and abuse, and other substance use disorders. A statewide heroin task force launched in May 2016 is gathering information from across New York to develop a comprehensive plan for addressing the State's heroin and prescription opioid crisis. The purpose of this report is to inform, complement and support the ongoing efforts to address the crisis.

The response by the Federal, State and local governments reflects an increasingly widespread recognition of heroin and opioid abuse as a top public health and mental health priority, in addition to a more longstanding concern regarding public safety. The State Fiscal Year (SFY) 2016-17 Enacted Budget provides additional State funding of \$25 million to help localities develop, expand and/or operate treatment, recovery, prevention and/or housing services for persons with heroin and opioid use and addiction disorders. The federal government has stepped up its efforts along those lines – for example, announcing recently that 21 community health centers in New York will receive a total of \$7.3 million in Substance Abuse Service Expansion awards to help them address the prescription opioid abuse and heroin epidemic in the State.

Amidst such initiatives, policy makers at all levels face a continuing need for improved understanding of the nature of addiction and of the effectiveness of various medical and policy responses. Some experts speculate, for example, that strengthening the State's prescription monitoring program may have the unintended result of leading some patients who become addicted to prescription opioids to switch to heroin because it is less expensive and sometimes easier to obtain. Policy makers and health insurers must continue to seek the ideal balance in funding effective treatments with limited resources – such as identifying when longer-term considerations show inpatient treatment to be more cost-efficient than less expensive outpatient treatment. As it continues to address the epidemic, New York must also balance access to opioids for appropriate medical purposes with its efforts to prevent opioid addiction. Concerns remain as well regarding adequacy of provider networks and health insurance coverage.

The consequences of heroin and prescription opioid abuse include new budgetary costs for government as well as untold human suffering and tragedy. These demand a coordinated and comprehensive response from all levels of government and the health care sector, and heightened attention throughout society to the problem of addiction in all its varied forms.

II. Prescription Opioid and Heroin Overdose Deaths

New York, like many states, is suffering the consequences of the twin epidemics of prescription drug misuse and heroin use. The President's 2015 National Drug Control Strategy links prescription drugs to heroin by referring to chronic users increasingly dependent on prescription opioids who "may be tempted for economic reasons to try these drugs intravenously or to try cheaper non-prescription opioids like heroin."¹

Opioids, also called opiates, are a class of drugs used to reduce pain, according to the federal Centers for Disease Control and Prevention (CDC).² Prescription opioids treat moderate to severe pain, but can also have serious side effects. Common types of prescription opioids include oxycodone, hydrocodone, morphine, and methadone. The National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), has identified several factors that have contributed to the nation's prescription opioid epidemic including the "drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and aggressive marketing by pharmaceutical companies."³

Heroin is an illegal opioid, the use of which has increased across the United States among men and women, most age groups, and all income levels.⁴ Troubling statistics on these growing epidemics are emblematic of a major public health and safety issue which, if not adequately addressed, inevitably contributes to addiction, disease, lower student academic performance, crime, unemployment and lost productivity in New York and the nation.⁵

Reported overdose deaths in New York in which heroin was a contributing cause reached a record high of 825 in 2014, the last year for which data are available from the CDC's National Center for Health Statistics (NCHS).⁶ This number represents a jump of 159 deaths, or 23.9 percent, over 2013; it is nearly twenty-five times the number recorded in New York ten years earlier. The number of overdose deaths in New York in which prescription opioids were a contributing cause also reached a new peak of 1,008 in 2014, up a fraction (0.9 percent) from 2013, and nearly quadruple the number of prescription opioid overdose fatalities recorded in 2005.

Among New York counties for which 2014 data were available, Suffolk County had the greatest number of overdose deaths in which heroin was a contributing cause (111 deaths), while Orange County had the highest rate of heroin overdose deaths in the State (12.5 per

¹ See 2015 National Drug Control Policy, page 87, available at https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_national_drug_control_strategy_0.pdf.

² See CDC On-Line Injury Center for "Opioid Basics", available at <http://www.cdc.gov/drugoverdose/opioids/index.html>.

³ See 2014 Congressional testimony presented by National Institute of Drug Abuse Director Nora Volkow, M.D., available at <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/prescription-opioid-heroin-abuse>.

⁴ See CDC On-Line Injury Center for "Opioid Basics", available at <http://www.cdc.gov/drugoverdose/opioids/index.html>.

⁵ See 2015 National Drug Control Policy, page 87, available at https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_national_drug_control_strategy_0.pdf.

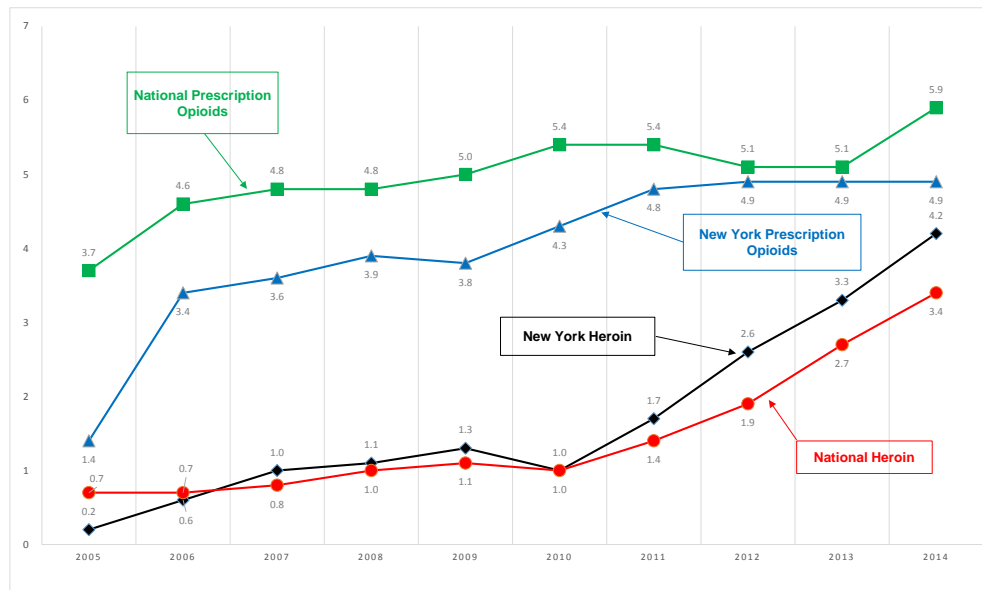
⁶ The source for all data on prescription opioid and heroin overdose deaths and death rates included in this report is the CDC, (NCHS). Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Accessed on December 9, 2015 at <http://wonder.cdc.gov/mcd-icd10.html>. The CDC notes certain limitations affecting its reported counts of drug overdose deaths. These include whether toxicological tests are included in death investigations, whether death certificates indicate specific types of drugs involved, and whether classification of specific drugs is made accurately.

100,000 population).⁷ Suffolk County also had the greatest number of overdose deaths in which prescription opioids were a contributing cause (96 deaths), while Staten Island had the highest rate of prescription opioids overdose deaths in the State (9.6 per 100,000).

As shown in Figure 1, New York’s heroin overdose death rate has been increasing, and has equaled or exceeded the corresponding national death rate every year since 2006. New York’s rate of heroin overdose deaths, while closely tracking the U.S. average from 2006 to 2010, pulled noticeably ahead of the national trend in the most recent years for which figures are available. The State’s prescription opioid overdose death rate remained below the corresponding national death rate in each of those years, although it moved much closer to the national average by the end of the period. From 2005 through 2014, the age-adjusted rate of prescription opioid overdose deaths in New York nearly tripled, while the age-adjusted rate of heroin overdose deaths in the State increased twenty-fold.

Figure 1

Prescription Opioid and Heroin Overdose Death Rates
(Per 100,000 population)



Source: CDC, NCHS, Multiple Cause of Death on CDC WONDER Online Database, released 2015. Accessed at <http://wonder.cdc.gov/mccd-icd10.html> on December 9, 2015. Rates are age-adjusted by NCHS to facilitate comparisons over time or among groups, such as those living in different geographic areas. This type of measure eliminates differences that would be expected due to variations in age, such as higher or lower rates of heroin or opioid use.

Deaths from heroin and prescription opioids rose over the decade, across the nation and in New York, which experienced increases in death rates that were higher than those in almost any other state for which CDC data were available. Comparing death rates for 2005 and 2014, only one state in each category (Massachusetts for heroin-related deaths, and Connecticut for prescription opioids) had higher rates of increase in overdose deaths than New York (Figure 2).

⁷ Of New York’s 62 counties, queries of the CDC WONDER Online Database returned heroin or prescription opioid overdose death data for only 21 counties; to protect personal privacy, the CDC suppressed death counts in counties when figures represented 0-9 persons. See the Appendix of this report for information on death counts and rates in counties for which CDC data are available.

While New York’s rate of increase in such deaths exceeded those of most other states from 2005 to 2014, its 2014 overdose death rates for both substances remained lower than those in many other states. For heroin, New York’s rate of 4.2 overdose deaths per 100,000 population was less than half the rate in Ohio, the state with the highest heroin overdose death rate, and ranked New York 19th among the states for which CDC data were available. For prescription opioids, New York’s 2014 rate of 4.9 overdose deaths per 100,000 population was only one-fifth that of West Virginia, the state with the highest prescription opioid overdose death rate, and ranked New York 34th among all 50 states.

Although comprehensive CDC data on overdose deaths are not available for 2015, some counties in New York have reported continued increases. Opioid-related deaths in Erie County more than doubled from 2014 to 2015, according to the County Health Department.⁸ The Onondaga County Health Department and Medical Examiner’s Office also reported significant increases in opioid deaths in 2015.⁹

Figure 2
Heroin and Prescription Opioid Deaths, Death Rates and Increases in Death Rates
In States with the Largest Increases and the U.S.

(Rankings by Rate of Increase per 100,000 Population comparing 2005 to 2014)

State	2014 Deaths	2014 Death Rate	Increase in Death Rate
Heroin			
Massachusetts	469	7.2	2,300%
New York	825	4.2	2,000
Illinois	711	5.6	1,300
Ohio	1,208	11.1	825
Wisconsin	270	4.9	717
United States	10,574	3.4	386
Prescription Opioids			
Connecticut	262	7.4	289%
New York	1,008	4.9	250
Delaware	79	8.8	238
New Hampshire	233	18.2	231
West Virginia	437	24.7	209
United States	18,893	5.9	60

Source: CDC National Center for Health Statistics. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Dec 10, 2015.

Notes: Rates are age-adjusted. CDC data comparing death rates in states for 2005 and 2014 were available for 22 states for heroin and 47 states for prescription opioids. Death rates were not available for states for which the CDC suppressed death counts representing 0-9 persons to protect personal privacy or when the CDC flagged death rates as unreliable when the rates were calculated with a numerator of 20 or less.

From 2005 to 2014 (the latest year available), overall drug overdose deaths have risen sharply in New York – by 144 percent to 2,300 deaths – and the nation – by 58 percent to 47,055 deaths – with heroin a particularly significant factor. Heroin was a factor in only 3.6 percent of such deaths in the State in 2005, but nearly 36 percent in 2014. Prescription opioids were a factor in just less than 29 percent of drug overdose deaths in New York in 2005, rising to more than 43 percent in 2014.

⁸ See Erie County News Release, “2015 Sees Double the Opioid Overdoses; Fatalities Increase by 102% over 2014 Figures,” available at <http://www2.erie.gov/health/index.php?q=2015-sees-double-opioid-overdoses-fatalities-increase-102-over-2014-figures>.

⁹ See Onondaga County Health Department local data on opioid related deaths, available at <http://www.ongov.net/health/heroin/data.html>.

III. Heroin and Non-Medical Use of Prescription Opioids

While fatal overdoses of both heroin and prescription opioids in New York have risen sharply in recent years, statistics on their use show contrasting pictures. Estimated heroin use is on the rise in New York and is significantly more common here than throughout the nation, while the estimated non-medical use of prescription pain relievers in the State has been decreasing and is lower than the national rate, according to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).¹⁰ Estimated prevalence of heroin use rose sharply and estimated prescription opioid abuse fell in New York during the most recent periods for which data are available. These trends may be related; according to CDC, factors in the rising rate of heroin use include its increased availability and relatively low price compared to prescription opioids.

As shown in Figure 3, an average of about 75,000 New Yorkers a year are estimated to have used heroin in the two-year period from 2013 through 2014. This number reflects nearly 10 percent of all heroin users in the nation during this period, and is more than double the corresponding number of users in New York in each of the two-year periods dating back to 2007-08.

Figure 3
Estimates of Average Annual Use and Prevalence of Use of Heroin and Prescription Pain Relievers for Non-Medical Purposes

(Usage numbers in thousands of persons aged 12 or older;
 Prevalence numbers per 100,000 population aged 12 or older)

Years of Annual Average	Heroin				Prescription Pain Relievers			
	Usage		Prevalence		Usage		Prevalence	
	New York	U.S.	New York	U.S.	New York	U.S.	New York	U.S.
2013-14	75	798	444	298	582	10,710	3,443	3,998
2012-13	30	675	178	254	663	11,786	3,939	4,440
2011-12	22	645	131	245	682	11,816	4,075	4,493
2010-11	35	621	210	238	667	11,693	4,009	4,489
2009-10	34	612	205	238	714	12,309	4,301	4,778
2008-09	25	529	151	208	692	12,145	4,171	4,764
2007-08	23	410	139	162	654	12,176	3,957	4,819

Sources: SAMHSA Center for Behavioral Health Statistics and Quality for usage numbers; US Census Bureau civilian population estimates for calculation of prevalence rates.

Although New York’s population rose modestly over the period, the increase in heroin users primarily reflected higher prevalence of use. In 2013-14, an estimated 444 New Yorkers per 100,000 residents aged 12 or older used heroin, more than double the corresponding

¹⁰ Statistics used here reflect SAMHSA’s estimates of use in the previous year. In response to a request by the Office of the State Comptroller, the SAMHSA Center for Behavioral Health Statistics and Quality provided New York-specific estimates derived from SAMHSA’s National Survey on Drug Use and Health (NSDUH). This survey collects data on the use of illegal drugs, alcohol and tobacco by the U.S. civilian, non-institutionalized population aged 12 or older through face-to-face interviews with a representative sample of the population at the respondent’s place of residence. Given sample size constraints and to increase precision, all estimates reflect the averaging of two consecutive years of data. NSDUH data and additional information about the survey are available at <http://www.samhsa.gov/data/population-data-nsduh>.

prevalence in each of the two-year periods dating back to 2007-08. After lagging the national rate for most of the decade, the prevalence of heroin use in New York jumped, and exceeded the national rate by 49 percent in 2013-14.

Figure 3 also shows that an estimated 582,000 New Yorkers a year used prescription pain relievers for non-medical purposes in 2013-14.¹¹ This number is significantly lower than the corresponding number of New Yorkers misusing prescription pain relievers in each of the two-year periods dating back to 2007-08. Estimated prevalence data show a similar picture.

The CDC cites research showing that some risk factors make people particularly vulnerable to prescription opioid abuse and overdose. These include:

- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Taking high daily dosages of prescription pain relievers.
- Having mental illness or a history of alcohol or other substance abuse.
- Living in rural areas and having low income.¹²

According to the CDC, people most at risk of heroin addiction include:

- Those who are addicted to prescription opioids, cocaine, marijuana or alcohol.
- Those enrolled in Medicaid or without insurance.
- Non-Hispanic whites.
- Males.
- Those living in large metropolitan areas.
- 18 to 25 year olds.¹³

While overdose deaths are the most dramatic and wrenching index of a much larger problem, there are immense human, societal, and fiscal costs associated with this epidemic. These include short-term and long-term health consequences, strain on and destruction of families, missed work, unemployment, crime and incarceration, as well as direct medical spending for emergency care and treatment. Research published in 2014 estimated the U.S. societal costs of prescription opioid abuse, including direct medical costs and indirect costs for caregivers, the workplace and the criminal justice system, at \$55.7 billion in 2007, well before the nation's recent surge in prescription opioid abuse.¹⁴

¹¹ SAMHSA defines nonmedical use of prescription drugs as use of drugs that were not prescribed for the individual using them or were used only for the experience or feeling they caused.

¹² See CDC Opioid Basics for risk factors for prescription opioid abuse and overdose, available at <http://www.cdc.gov/drugoverdose/opioids/prescribed.html>.

¹³ See CDC Opioid Basics for heroin risk factors, available at <http://www.cdc.gov/drugoverdose/opioids/heroin.html>.

¹⁴ See "Societal Economic Benefits Associated with an Extended-Release Opioid with Abuse-Deterrent Technology in the United States," available at <http://onlinelibrary.wiley.com/doi/10.1111/pme.12489/epdf>.

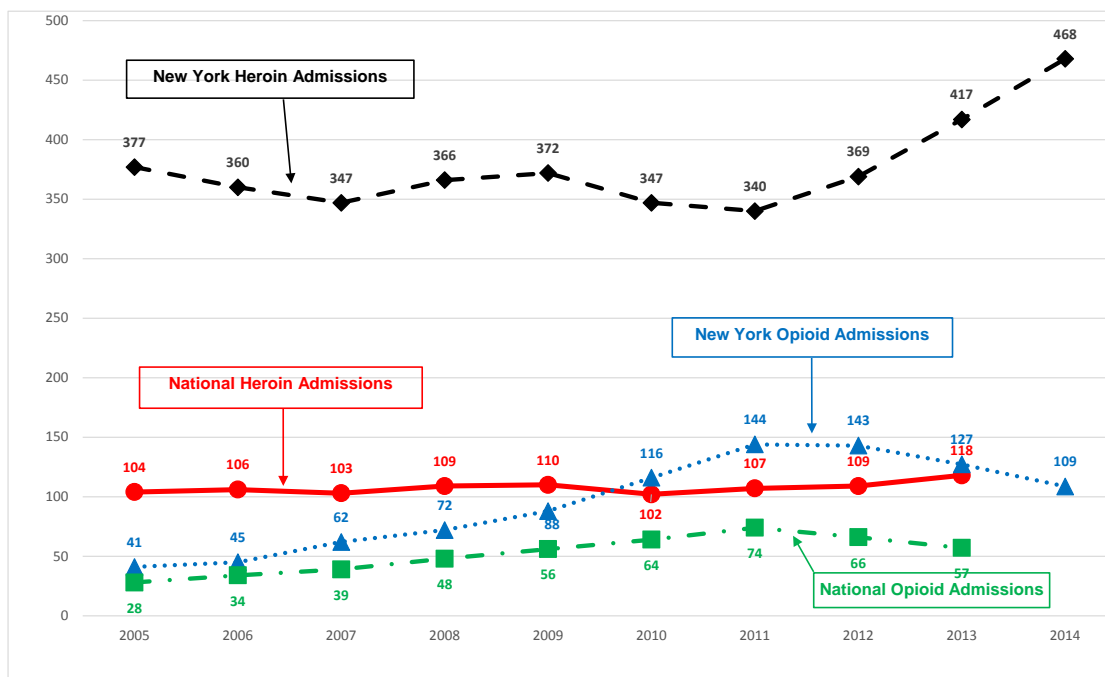
IV. Admissions for Treatment of Heroin and Prescription Opioid Abuse

Over the decade ending in 2014, the number and rate of treatment admissions for heroin use among New Yorkers aged 12 and older increased by over 20 percent. The number and rate of treatment admissions for prescription opioid abuse in New York nearly doubled over the period.

Compared to national averages, treatment admission rates for heroin use or prescription opioid abuse in New York are significantly higher, as shown in Figure 4.

Figure 4

Treatment Admission Rates for Heroin and Prescription Opioids, New York and U.S.
(Individuals Aged 12 and Older, per 100,000 population)



Sources: Rates are per 100,000 population aged 12 and older. Substance Abuse and Mental Health Services Administration (SAMHSA) 2014 Treatment Episode Data Set Substance Abuse Treatment Admissions Tables as of the 2nd Quarter of 2015 Quarter, available at http://www.samhsa.gov/data/sites/default/files/2014_TEDS_Substance_Abuse_Treatment_Admissions_Tables_as_of_2015_Q2/2014_TEDS_Substance_Abuse_Treatment_Admissions_Tables_as_of_2015_Q2.html, accessed on Dec. 3, 2015. Also see the SAMHSA Treatment Episode Data Set 2003-2013, available at http://www.dasis.samhsa.gov/dasis2/teds_pubs/2013_teds_rpt_st.pdf. National data are not available for 2014.

It is unclear why New York treatment admission rates for heroin and prescription opioid abuse are so much higher than national averages. More research is needed to understand the reasons for these trends. Relevant factors may include New York's higher-than-

average rates of insurance coverage¹⁵ and the State’s efforts to provide access to treatment.¹⁶

Comparisons of New York’s 2014 data with national-level treatment admissions and rates are not possible because not all states have reported their data to SAMHSA. However, of the 29 states, the District of Columbia and Puerto Rico reporting their 2014 data, New York ranks among the top five for rates of treatment admissions for both heroin and prescription opioids, as shown in Figure 5.

Figure 5

2014 Heroin and Prescription Opioid Treatment Admissions and Rates
(State Rankings by Rate per 100,000 Population Aged 12 and Over)

Top Five States	Admissions	Rate
Heroin		
Massachusetts	46,394	794
Connecticut	21,773	701
Vermont	3,139	571
New York	79,342	468
Delaware	3,394	424
All Reporting States	281,626	158
Prescription Opioids		
Vermont	2,550	464
Maine	3,391	288
Rhode Island	1,116	122
New York	18,424	109
Kentucky	3,889	104
All Reporting States	94,599	53

Source: Substance Abuse and Mental Health Services Administration 2014 Treatment Episode Data Set Substance Abuse Treatment Admissions Tables as of the 2nd Quarter of 2015, at http://www.samhsa.gov/data/sites/default/files/2014_TEDS_Substance_Abuse_Treatment_Admissions_Tables_as_of_2015_Q2/2014_TEDS_Substance_Abuse_Treatment_Admissions_Tables_as_of_2015_Q2.html, accessed on March 29, 2016. Rates are unadjusted.

Men accounted for majorities of heroin treatment admissions both in New York and nationally, including nearly three-quarters of those in the State during 2014, according to the most recent data.¹⁷ Younger individuals are disproportionately represented in the group, with those aged 21-25 representing nearly 20 percent of the New York total and those aged 26-30, the next largest cohort. Still, heroin addiction strikes all ages, and racial and ethnic groups, as shown in Figure 6.

While men also accounted for well over half of treatment admissions related to prescription opioids, the gender disparity was smaller than that involving heroin. Combining treatment admissions for heroin and prescription opioids, whites accounted for about two-thirds of all

¹⁵ See page A18 of CDC report, “Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2015,” available at <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf>.

¹⁶ See New York Attorney General Eric T. Schneiderman press release, “A.G. Schneiderman Offers Assistance for Individuals and Families Seeking Substance Abuse and Mental Health Treatment,” available at <http://www.ag.ny.gov/press-release/ag-schneiderman-offers-assistance-individuals-and-families-seeking-substance-abuse-and-mental-health-treatment>.

¹⁷ Figures are based on administrative data reported by States to TEDS through July 6, 2015, accessed at http://www.samhsa.gov/data/sites/default/files/2014_TEDS_Substance_Abuse_Treatment_Admissions_Tables_as_of_2015_Q2/2014_TEDS_Substance_Abuse_Treatment_Admissions_Tables_as_of_2015_Q2.html. Comparable national data for 2014 are not available.

opioid treatment admissions, slightly less than their representation in the State's population during 2014, 70.4 percent.¹⁸

Figure 6

**2014 New York Substance Abuse Treatment Admissions
for Heroin and Prescription Opioids**
(By Sex, Age Group, Race and Ethnicity)

Category by percentage	Heroin	Prescription Opioids	Heroin and Prescription Opioids
Sex			
Male	72.0	62.1	70.1
Female	28.0	37.9	29.9
Age at Admission			
12-20 years	4.6	5.6	4.8
21-25 years	19.9	23.6	20.6
26-30 years	18.9	23.1	19.7
31-35 years	13.6	17.4	14.3
36-45 years	18.8	16.3	18.3
46-55 years	17.8	9.6	16.3
56 years and over	6.4	4.4	6.0
Race			
White	62.9	85.8	67.2
Black or African-American	13.8	5.0	12.1
American Indian or Alaska Native	0.5	0.9	0.6
Asian or Native Hawaiian or other Pacific Islander	0.6	0.7	0.6
Other	22.2	7.6	19.5
Ethnicity			
Hispanic or Latino	24.6	8.0	21.5
Not Hispanic or Latino	75.4	92.0	78.5

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).

¹⁸ See U.S. Census Bureau Quick Facts for New York State, available at <http://www.census.gov/quickfacts/table/PST045215/36>.

V. Actions Taken to Reduce Heroin and Prescription Opioid Abuse in New York

New York has taken numerous steps, including the allocation of substantial State and federal funds, to reduce heroin addiction and the misuse of prescription opioids in the State.

Among recent initiatives, the SFY 2016-17 Enacted Budget provides additional State appropriations of \$25 million in local assistance and \$10 million in capital projects to develop, expand and/or operate treatment, recovery, prevention and/or housing services for persons with heroin and opiate use and addiction disorders. However, combined spending from the two appropriations may not exceed \$25 million.¹⁹ Both appropriations allow the Office of Alcoholism and Substance Abuse Services (OASAS) to distribute funds without competitive bidding, a request for proposal process, or contract review by the Office of the State Comptroller, bypassing important transparency, accountability and oversight requirements.

A new State-funded treatment facility expected to open in 2017 in Schuyler Falls, southwest of Plattsburgh, will bring detoxification and outpatient substance use disorder services to Clinton, Essex and Franklin counties.²⁰ OASAS is also providing up to \$2 million for 50 new residential treatment beds in the Southern Tier, the Finger Lakes region or Western New York for New Yorkers with substance use disorders,²¹ and has awarded \$1.6 million in annual funding to create adolescent substance use disorder clubhouses in seven regions across the State.²²

OASAS recently unveiled a new Internet-based tool that collects bed availability information from State-certified alcohol and substance use disorder treatment providers on a daily basis and makes it available in real-time on the OASAS website,²³ and is providing \$1 million to support a new, 35-bed community residential treatment facility for substance abuse disorders on Staten Island.²⁴

In March 2016, the federal government announced \$7.3 million in grant awards to 21 community health centers in New York to help them increase access to medication-assisted treatment for opioid abuse.²⁵ Thirteen of the awards go to community health centers in underserved communities in New York City, and the rest to community health centers in Albany, Chautauqua, Onondaga, Orange, Warren, Westchester and Yates counties.²⁶ The federal CDC recently published a new guideline intended to prevent

¹⁹ The \$10 million capital appropriation language specifies that, “Expenditures made from this appropriation shall reduce appropriations for grants from the OASAS general fund local assistance account for the same purpose by an equivalent amount, and such appropriation authority in such account shall then be deemed to have lapsed to the extent of such reduction.” See Chapter 55 of the Laws of 2016.

²⁰ See <https://www.governor.ny.gov/news/governor-cuomo-announces-new-addiction-treatment-facility-north-country>.

²¹ See the OASAS Request for Proposals, OASAS 2016 Planning Supplement for Residential Services, January 19, 2016, available at <https://www.oasas.ny.gov/procurements/documents/2016ResSvcsRFP.pdf>.

²² See <https://www.governor.ny.gov/news/governor-cuomo-awards-16-million-support-new-clubhouses-teens-and-young-adults-battling>.

²³ See <http://www.governor.ny.gov/news/governor-cuomo-unveils-new-tool-guide-new-yorkers-addiction-treatment>.

²⁴ See <http://www.oasas.ny.gov/pio/press/20160107NewtrtmCtr.cfm>.

²⁵ See <http://www.hhs.gov/about/news/2016/03/11/hhs-awards-94-million-to-health-centers.html#>.

²⁶ *Ibid.*

prescription opioid overdose deaths by improving prescribing practices for patients with chronic pain. The CDC says the new guideline was developed to support primary care physicians, who prescribe about half of all opioid pain medications.²⁷

In March 2016, another tool intended to combat prescription opioid abuse – electronic prescribing of both controlled and non-controlled substances – became mandatory in New York. Electronic prescribing requires most prescribers and pharmacists to maintain a secure (encrypted or encoded) system for transmitting prescriptions from computer to computer²⁸ and is expected to help eliminate the diversion of drugs resulting from the alteration, forgery or theft of paper prescription pads.²⁹

Other efforts have included steps to provide communities across the State with assistance in reducing drug abuse among younger New Yorkers,³⁰ doubling the number of troopers working to arrest heroin traffickers and confiscate their drugs,³¹ providing free supplies of naloxone to law enforcement,³² enacting legislation to improve insurance coverage for substance abuse treatment and dependency services, requiring most prescribers to check an online registry before prescribing opioids and other controlled substances,³³ and expanding public education campaigns to prevent heroin addiction and prescription opioid abuse. A statewide heroin task force launched in May 2016 has been holding “public listening sessions” across New York to develop a comprehensive plan for ending the State’s heroin and prescription opioid crisis.³⁴

Many local governments in New York are also making heroin and prescription opioid abuse a top public safety, public health and mental health priority in their local communities. The Albany County Sheriff’s Office, for example, is taking a three-pronged approach to addressing the epidemic that prioritizes the arrest of mid- and high-level drug dealers, but – in a reflection of law enforcement’s changing perspective on drug addiction – also emphasizes substance abuse prevention and treatment. The county jail recently opened a new wing where inmates addicted to heroin receive professional addiction counseling, as well as access to naltrexone (also known as Vivitrol), an extended-release injectable medication that blocks the effects of opioids, including heroin or opioid pain medicines.³⁵

²⁷ See CDC transcript of telebriefing on the new guideline for prescribing opioids for chronic pain, available at <http://www.cdc.gov/media/releases/2016/t0315-prescribing-opioids-guidelines.html>.

²⁸ See New York State Education Department, Office of the Professions, Frequently Asked Questions, Electronic Transmittal of Prescriptions in New York State, available at <http://www.op.nysed.gov/prof/pharm/pharmelectrans.htm>.

²⁹ Ibid.

³⁰ According to OASAS, the organizations include Alliance for Better Communities, Watertown, Jefferson County; Community Coalition for Family Wellness, South Glens Falls, Saratoga County; Cortland Area Communities That Care, Cortland County; HOPE Chautauqua, Jamestown, Chautauqua County; Massapequa Takes Action, Massapequa, Nassau County; Partnership for Ontario County, Canandaigua, Ontario County; Putnam County Communities That Care, Carmel, Putnam County; Tackling Youth Substance Abuse, Staten Island, Richmond County; TEAM Newburgh, Newburgh, Orange County; and West Side Youth Development, Buffalo, Erie County.

³¹ See <https://www.governor.ny.gov/news/governor-cuomo-announces-statewide-initiative-combat-heroin-use>.

³² See http://www.criminaljustice.ny.gov/pio/press_releases/2014-04-30-pressrelease.html.

³³ See DOH webpage for the PMP Registry, available at http://www.health.ny.gov/professionals/narcotic/prescription_monitoring/.

³⁴ See the press release, “Governor Cuomo Announces Statewide Task Force to Combat Heroin and Prescription Opioid Crisis,” available at <http://www.governor.ny.gov/news/governor-cuomo-announces-statewide-task-force-combat-heroin-and-prescription-opioid-crisis>.

³⁵ See “News from the Nation’s Counties,” available from the National Association of Counties at <http://www.naco.org/articles/news-nation%E2%80%99s-counties-oct-19-2015>.

Suffolk County, home to one of the highest rates of heroin-related overdose fatalities in New York in the five-year period from 2009 through 2013,³⁶ recently partnered with Nassau County to create a task force to leverage the resources of both counties' police departments to "conduct investigations, take down drug dealers through the sharing of intelligence and slow the flow of narcotics into our neighborhoods."³⁷ Like Albany County, the Suffolk-Nassau task force also recognizes the need to "continue to invest in public outreach, treatment programs, as well as anti-opioid overdose drugs like Narcan which can save lives and Vivitrol, which can help stem addiction."³⁸

Reflecting another example of local effort, the Erie County Department of Health sponsored a "Heroin Summit" in 2014 with officials from law enforcement, other governmental entities and healthcare organizations to develop common strategies against abuse of heroin and other opioids.³⁹ An Opiate Epidemic Task Force coordinates ongoing efforts by seven work groups in areas including education of providers and members of the community, support for those who suffer from addiction and their families, and expansion of access to naloxone.⁴⁰

Certain steps taken in New York and elsewhere have prompted debate about their likelihood of success. For example, some experts speculate that strong prescription monitoring programs such as New York's may be worsening the epidemic, as many patients who become addicted to prescription opioids may switch to heroin because it is less expensive and easier to obtain.⁴¹ A recent *New England Journal of Medicine* article found no clear link between "increases in heroin trends" and "changes in policies and practices regarding prescription opioids."⁴²

³⁶ See 2015 New York State Opioid Poisoning, Overdose and Prevention Report to the Governor and the NYS Legislature, available at http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.

³⁷ See the press release, "Mangano and Bellone Create Long Island Joint Heroin Task Force," available at <https://www.nassaucountyny.gov/CivicAlerts.aspx?AID=3056>.

³⁸ Ibid.

³⁹ See Erie County Department of Health press release, "Groundbreaking Heroin Summit Encourages Collaboration," available at <http://www2.erie.gov/health/index.php?q=groundbreaking-heroin-summit-encourages-collaboration-0>.

⁴⁰ See Erie County Department of Health website for information on the county's opioid epidemic task force, available at <http://www2.erie.gov/health/index.php?q=opioid-epidemic-task-force>.

⁴¹ <http://archpsyc.jamanetwork.com/article.aspx?articleid=1874575>.

⁴² See January 14, 2016 issue of the *New England Journal of Medicine*, available at <http://www.nejm.org/doi/pdf/10.1056/NEJMra1508490>.

VI. Conclusion

In the last few years, New York has stepped up efforts to contain the State’s “growing heroin and prescription opioid epidemic.”⁴³ Despite these efforts, New York – like many other states – faces a rising tide of tragedy due to heroin and prescription opioid addiction and abuse. Scientific understanding of addiction continues to grow yet remains incomplete, contributing to uncertainty as to the best methods to address the increasingly troubling crisis. This report is intended to inform, complement and support ongoing efforts at the federal, State and local levels to address this crisis.

As work continues, New York must balance access to prescription opioids for appropriate medical purposes with efforts to prevent misuse and addiction and also determine the best use of available resources to identify and fund effective treatment.⁴⁴ The consequences of heroin and prescription opioid abuse are significant and growing and demand a coordinated and comprehensive response from all levels of government, as well as the private and nonprofit sectors in the health care industry – including drug manufacturers, pharmacists and health care practitioners.⁴⁵

Improving understanding of addiction, for opiates as well as other substances, requires continued research, much of which depends on funding from the federal government. Continuing and intensified attention to the impact of heroin and other opioids, and careful analysis of ongoing efforts to address the crisis, remain essential steps toward effective solutions.

⁴³ See <http://www.combatheroin.ny.gov/about>.

⁴⁴ See <http://www.nga.org/files/live/sites/NGA/files/pdf/2016/1602PrioritiesOpioidCrisis.pdf>.

⁴⁵ Ibid.

VII. Appendix

Heroin and Prescription Opioid Overdose Deaths and Death Rates for 2014

County	Deaths		Rates	
	Heroin	Prescription Opioids	Heroin	Prescription Opioids
Albany	14	NA	NA	NA
Bronx	56	49	4.0	3.3
Broome	10	12	NA	NA
Dutchess	21	20	7.4	8.1
Erie	39	82	4.2	8.8
Kings	81	91	3.1	3.4
Monroe	54	63	7.5	8.2
Nassau	58	90	4.8	6.8
New York	55	60	3.0	3.4
Niagara	10	17	NA	NA
Oneida	22	20	11.2	8.6
Onondaga	27	34	6.2	6.7
Orange	43	33	12.5	8.5
Oswego	NA	14	NA	NA
Queens	49	63	2.0	2.5
Richmond	33	45	6.8	9.6
Saratoga	15	NA	NA	NA
Suffolk	111	96	8.1	6.7
Sullivan	NA	14	NA	NA
Ulster	12	12	NA	NA
Westchester	38	39	4.1	3.9
Total	825	1,008	4.2	4.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Accessed on December 9, 2015 at <http://wonder.cdc.gov/mcd-icd10.html>.

Note: Data marked as not available (NA) for certain counties shown, as well as data for the remaining 41 New York counties not shown, reflect data that were suppressed by the CDC to protect personal privacy when death counts represent 0-9 persons or flagged as unreliable by the CDC when the rates are calculated with a numerator of 20 or less. Rates are age-adjusted. Total figures reflect all county level death counts.

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