

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

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SCS Highlights

Prevalence (National Survey on Drug Use and Health):

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

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

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

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

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

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

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

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

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

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

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

Area Description

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

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

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

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

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

with 20.3% living below the Federal poverty level.

Changes in Legislation

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

Drug Use Patterns and Trends

OVERVIEW

Prevalence of Drug Use

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

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

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

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

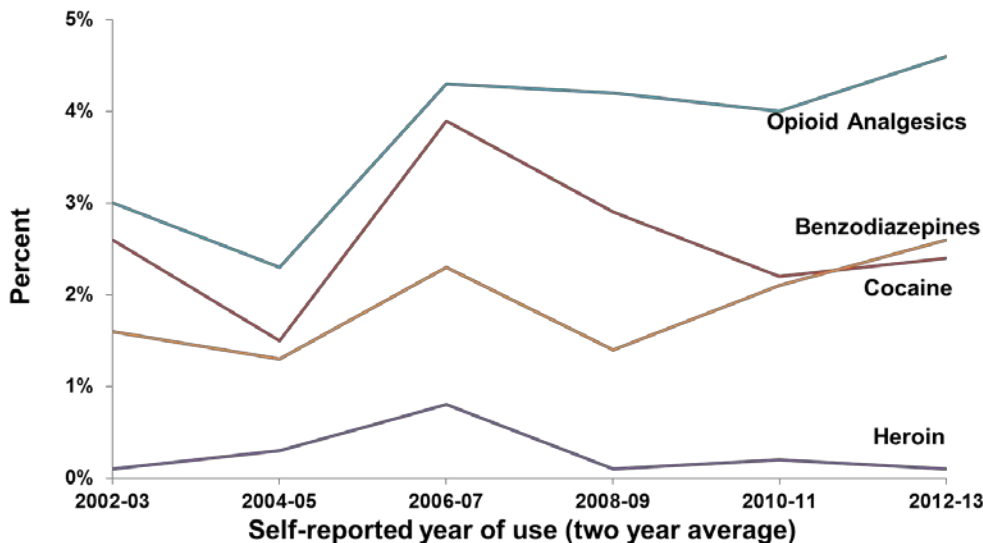
¹Any Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

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

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

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

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



Morbidity

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

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

Mortality

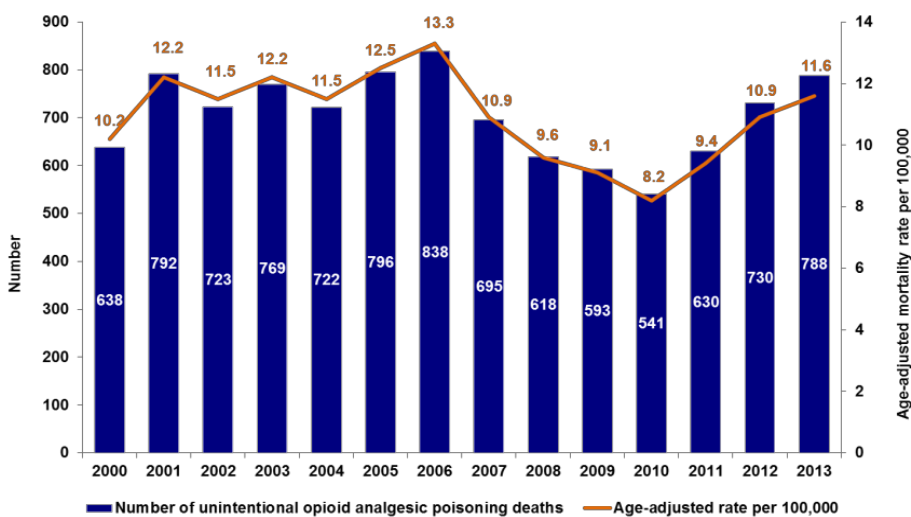
In New York City (NYC) there were nearly 10,000 unintentional drug poisoning (overdose) deaths during the years 2000-2013, an average of 700 unintentional overdose deaths per year. From 2006-2010 the rate of overdose deaths decreased each consecutive year from 13.3 per 100,000 New Yorkers in 2006 to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

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

While the rate of unintentional drug overdose death has historically been the highest among residents of the highest poverty neighborhoods, the rate more than doubled in lowest poverty (wealthiest) neighborhoods from 2000 to 2013 (from 5.1 to 10.6 per 100,000 people).

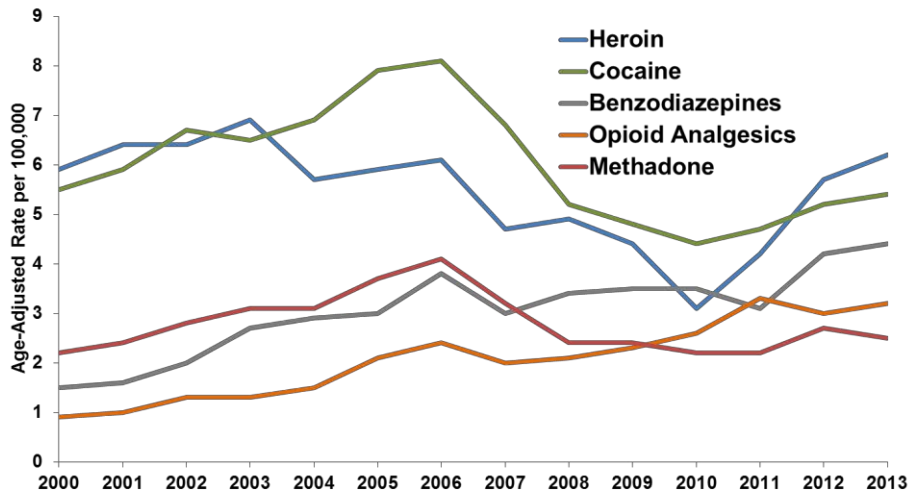
Unintentional drug poisoning deaths, NYC, 2000-2013.

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



Rate of unintentional drug poisoning deaths by drug type, NYC 2000-2013.

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



BENZODIAZEPINES

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

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

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

COCAINE

Prevalence

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

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

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

Morbidity

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

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

Mortality

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

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

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

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

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

Treatment

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

HEROIN

Prevalence

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

Mortality

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

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

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

Treatment

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

METHAMPHETAMINE

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

PRESCRIPTION OPIOIDS

Prevalence of Misuse

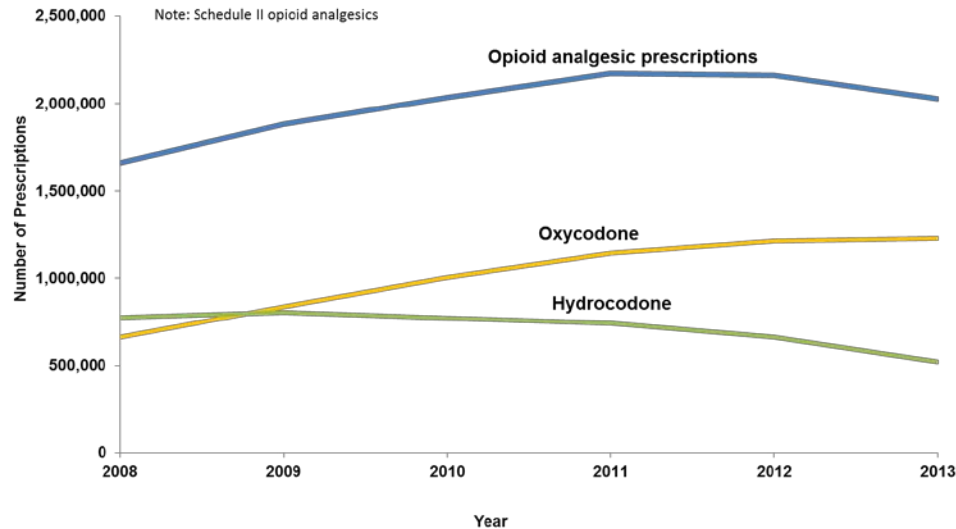
In 2012-2013, almost 5% of New Yorkers aged 12 and older reported misusing opioid analgesics in the past year—a significant increase from 2002-2003 (3%). Unlike the prevalence of use for other drugs, males and females reported misusing opioid analgesics at similar proportions—around 5%. While the proportion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

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

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

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

Source: New York State Department of Health, Bureau of Narcotic Enforcement, Prescription Drug Monitoring Program, 2008- 2013.



In 2013, there were over 2 million opioid analgesic prescriptions filled in New York City, with a rate of 232 prescriptions filled by NYC residents per 100,000 residents. Oxycodone was the most common opioid analgesic, with over one million prescriptions filled in 2013. The median day supply in New York City was 20-days in 2013.

Mortality

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

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

SYNTHETIC CANNABINOIDS

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

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

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

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

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

NEW AND NOTABLE: QUALITATIVE STUDY DATA

Possible increase in the number of new injectors

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

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

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

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

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

Additional Information on Drug Use Trends

YOUTH AND DRUGS

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

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

Data Sources

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

Prevalence Data:

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

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

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

Morbidity Data:

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

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

Mortality Data:

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

Treatment Data:

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

Qualitative Information:

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

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

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