NEW YORK STATE

OVERDOSE | RESPONSE | STRATEGY

ENVIRONMENTAL SCAN

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This report provides an overview of some of the overdose issues, best practices and resources in NYS as well as input from a diverse cross-sector of stakeholders. It includes key findings and evidence-based recommendations for community collaboration with the ORS Team to reduce overdose deaths. The findings and recommendations are solely those of the NY ORS Team.

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Acknowledgements

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General Acknowledgement Statement

The contents of this report do not necessarily represent the official views or endorsement of all of the individuals, programs and/or organizations and agencies that are referenced in and/or contributed to the report, its findings and/or recommendations.

thank you

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Executive Summary

The New York (NY) Overdose Response Strategy (ORS) Team began developing the NYS ORS Environmental Scan in 2023 with the goal of enhancing understanding of overdose prevention work occurring across the continuum of responses in NYS as well as strengths and opportunities for improvement. It also includes a detailed analysis of Overdose Detection Mapping Application Program (ODMAP) utilization in NYS in the subreport, ODMAP - A NYS Briefing. This in-depth, multi-faceted and multi-sector analysis of community responses will inform the NYS ORS Team's Action Plan with specific strategies to reduce overdose deaths in collaboration with state and local partners.

The development of this report involved a comprehensive approach, which included analyzing and distilling overdose and drug trend data for the state, gathering feedback and insights from a diverse range of stakeholders through key informant interviews, requests for feedback, and surveys. These stakeholders included individuals with lived experience, harm reduction experts, public and behavioral health professionals, law enforcement, EMS, academia, school-based programs, and other relevant organizations. Additionally, the report involved researching New York State laws, policies, and other factors influencing the overdose crisis. The environmental scan offers an overview of the state's overdose crisis, examining 13 key areas of overdose response and showcasing examples of best practices at the local level.

- PUBLIC HEALTH OVERDOSE AND SURVEILLANCE
- OTHER OVERDOSE AND DRUG USE DATA
- OVERDOSE DEATH INVESTIGATIONS
- TREATMENT AND RECOVERY SERVICES
- LINKAGES TO CARE
- HARM REDUCTION
- PRIMARY PREVENTION
- FIRST RESPONDER RESPONSES
- OVERDOSE FATALITY REVIEW
- PUBLIC HEALTH AND PUBLIC SAFETY COLLABORATIONS
- NYS DRUG LAWS AND POLICIES
- OPIOID SETTLEMENT FUNDS
- STIGMA

Some highlights and themes include:

- **Substances:** Substance trends of concern including fentanyl and other synthetic opioids and other emerging trends related to nitazines, xylazine, counterfeit pills, benzodiazepines, stimulants (i.e., cocaine and methamphetamine) and counterfeit pills.
- **Populations at Risk:** Significant increase in overdose deaths for Black and Hispanic communities and complexities in addressing needs of people who use drugs who lack the social determinants of health.
- **Real-time Data:** Growing call for both aggregate and individual-level, real-time overdose and drug trend data that can support "actionable" local responses.
- **Low-threshold and Nonjudgemental Care:** The need for low-barrier treatment and adoption of harm reduction, patient-centered and stigma-free policies and practices across all sectors.
- **Addiction Prevention:** Identifying and implementing evidence-based, stigma-free primary prevention interventions targeted at youths.

The report concludes with 6 strategic recommendations or "quick-win" strategies that can be implemented with limited and/or existing resources that the NY ORS Team will promote, support and advance in collaboration with state and local partners (see details on pg. 82). These include:

- Strategy 1: Enhance Real-time Overdose and Drug Trend Surveillance
- Strategy 2: Promote Multi-Disciplined Public Health and Public Safety Partnerships with Meaningful Engagement of People with Lived/Living Experience
- Strategy 3: Promote Peer Linkages to Low-Barrier and Evidence-Based Care
- Strategy 4: Expand Access to Naloxone
- Strategy 5: Expand Implementation of Overdose Fatality Reviews
- Strategy 6: Implement Evidence-Based Primary Prevention Initiatives Targeting Youth

This report is not intended to be an exhaustive summary of all of the overdose prevention programs and initiatives in the state or all of the issues (e.g., cross-cutting workforce shortages impact responses across all sectors) impacting NYS communities' efforts to reduce overdose deaths. However, it is hoped that with broad dissemination, it will provide a snapshot of some of the key issues, resources and strategies being implemented at the state and local level; foster meaningful discussions and collaborative, evidence-based and data-driven responses and increase awareness of and opportunities to collaborate with the NY ORS Team and its partners.

SECTION 1

Introduction and Background

> Public safety officials, first responders, public health officials and people who use drugs intersect naturally.
>
> - CDC Foundation

The purpose of this environmental scan is to provide a snapshot of the overdose epidemic and overdose response landscape in New York State (NYS) based on research, data and feedback from a cross-section of stakeholders across the state. Findings will inform the Overdose Response Strategy (ORS) activities for the NY ORS Team. The ORS is an unprecedented and unique collaboration between public health and public safety funded by the Centers for Disease Control and Prevention (CDC) and the Office of National Drug Control Policy (ONDCP) to help reduce drug overdose deaths by assigning a joint team of a Drug Intelligence Officer (DIO) and Public Health Analyst (PHA) to each state/territory to work together to support their local communities.

The NY ORS Team consists of a CDC Foundation Public Health Analyst (PHA) and a NY/NJ High Intensity Drug Trafficking Agency (HIDTA) Drug Intelligence Officer (DIO). The NY ORS Team partners with staff from the CDC Foundation; NYSDOH OHEHR, AI Office of Drug User Health (ODUH); NY/NJ HIDTA (High Intensity Drug Trafficking Area); NYS Department of Justice Crime Analysis Centers and other state and local partners to implement its overdose prevention action plan for NYS.

NYS ORS Partners

The NY ORS PHA and DIO Team is supported by three key partner organizations: CDC Foundation, NYSDOH AI Office of Drug User Health and the NY/NJ HIDTA (High Intensity Drug Trafficking Area) in addition to a host of other state and local partners. These partners recognize that despite the sometimes differing perspectives and approaches of public health and public safety, they have a common goal of health and safety, and the ORS program provides a unique opportunity to identify, leverage and combine resources and expertise to advance overdose prevention activities where the two missions intersect.

CDC FOUNDATION

The Centers for Disease Control (CDC) Foundation is an independent non-profit created by Congress to mobilize resources to support CDC's critical health protection work. The NYS ORS PHA position is funded by the CDC Foundation which provides direct supervision, administrative, technical and program management support for the PHA.

NYSDOH AI OFFICE OF DRUG USER HEALTH

The NYSDOH, OHEHR, AI, Office of Drug User Health (ODUH) is the public health site lead for the ORS PHA. ODUH is a unit under the NYSDOH OHEHR AI; the mission of OHEHR is to address inequities and disparities experienced by communities. Its AI division is committed to eliminating new infections, improving the health and well-being of persons living with HIV, AIDS, sexually transmitted diseases, and viral hepatitis and improving LGBT and drug user health. ODUH has an established and long history as a trusted leader in advancing evidence-based harm reduction interventions and advocating for systemic changes to improve the health and quality of life for people who use drugs (PWUD) in NYS. ODUH programs include programs such as Harm Reduction and Syringe Service Programs, Drug Overdose Surveillance and Epidemiology and Drug Checking Services to name a few.

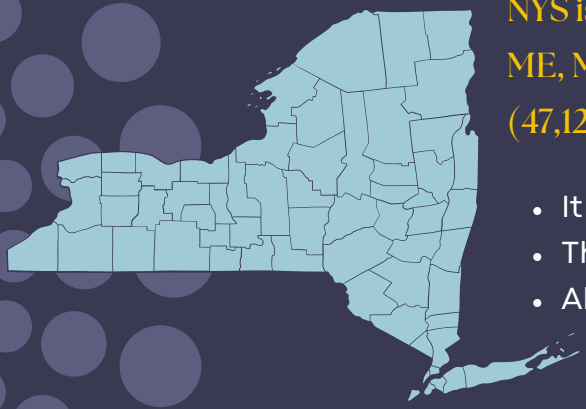
NY/NJ HIDTA

NY/NJ HIDTA is the public safety site lead for the NYS ORS Team, which includes assigning the DIO position to the ORS Team. The Office of National Drug Control Policy (ONDCP) can designate any area in the U.S. a High Intensity Drug Trafficking Area (HIDTA) to provide additional assistance to the most important drug trafficking and gun violence areas in the U.S. in support of the "north star" goal of reducing deaths in communities. The NY/NJ HIDTA also has a Drug Intelligence Officer (DIO) assigned to 10 regions in NYS; they are positioned in regional NYS DCJS Crime Analysis Centers (CACs) and support the NYS ORS Team local communities in implementing collaborative public health and public safety initiatives.

About New York State

NYS has 2 diverse sides:

- New York City (NYC) with its five boroughs (Bronx, Brooklyn, Manhattan, Queens and Staten Island) is the most populous city in the U.S. where about half the state's population lives.
- Much of upstate NY is rural, agricultural and less densely populated with picturesque mountains, hills, forests, streams, lakes and large agricultural regions.



NYS is the largest of the northeast states (CT, ME, MA, NH, NJ, NY, PA, RI and VT) in both area (47,123 square miles) and population:

- It borders NJ, PA, CT, MA, VT, RI and Canada.
- The state is divided into 62 counties.
- Albany is the state capital.

NYS is the 4th populous state in the U.S. with a population of ~20 million with a diverse demographic (Source: 2022 Census Bureau Estimates):

- 68.6% White alone
- 19.7% Hispanic or Latino
- 17.7% Black or African American alone
- 9.6% Asian alone
- 2.8% Two or More Races
- 1.0% American Indian and Alaska Native alone
- 0.1% Native Hawaiian and Other Pacific Islander alone

SECTION 2

The Overdose Crisis in NYS

According to the 2022 NYS Comptroller's Report, Continuing Crisis Drug Overdose Deaths in New York, after trending upwards for over 10 years, drug overdose deaths and death rates started to decrease following the declaration of a public health emergency by the federal government in October 2017. However, fatalities surged during the COVID-19 pandemic due to a sharp increase in deaths from opioids, largely from illicit fentanyl and similar synthetic opioids. In 2022, NYS ranked 24th (rate of 31.6 per 100,000) in Drug Overdose Mortality by State (50 states and DC); the lowest rate was 11.3 in South Dakota and highest in West Virginia at 80.9. A 2024 Siena Research Institute poll revealed that 68% of New Yorkers are touched by the opioid crisis; this is up from 59% in 2020. Majorities across each region of NYS say that opioid misuse is a serious problem in their area, including NYC (81%), the downstate suburbs (68%), upstate (81%) and the Capital Region (79%). Thirty-six percent (36%) of NYS residents know someone who has died from an opioid overdose.

68%
Of New Yorkers are affected by the opioid crisis

-8.63%
Percent change in reported 12 month-ending count of drug overdose deaths, in NYS from January 2023 to January 2024****

300%
Increase in opioid-related deaths between 2010 and 2020

43,199
Opioid use related and overdose events in 2021*. Counties with the highest rates for overdose deaths involving opioids and nonfatal opioid related hospital events, listed in descending order included:

Bronx
Chautauqua
Ulster
Sullivan
Dutchess
New York
Niagara
Greene
Suffolk
Broome
Richmond
Orange
Chemung
Erie
Columbia
Monroe

5,181
New Yorkers died from opioid overdoses in 2022**

92.3%
Of opioid overdose deaths involved fentanyl and other synthetic opioids in 2022**

192%
Increase in overdose deaths for Black New Yorkers from 2018-2022 and 118% for Hispanic or Latino New Yorkers***

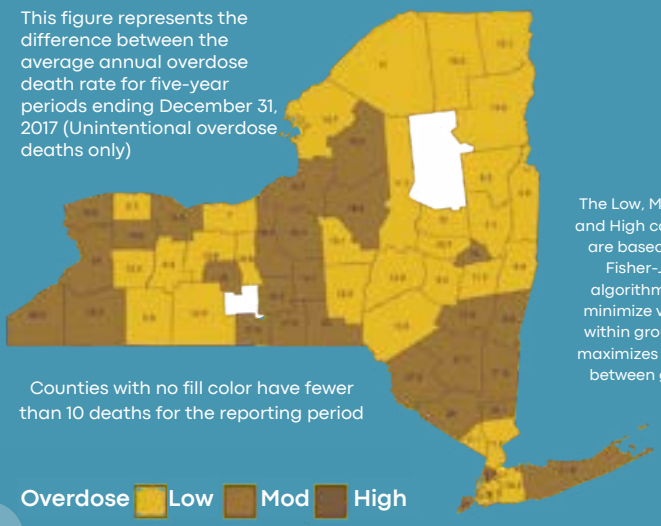
3,026
Overdose deaths in New York City in 2022, the highest since 2000

*New York State Opioid Annual Report 2023
**NYSDOH October 2023 Opioid Quarterly Report (data is provisional)
***NYS OASAS Overdose Death Dashboard (data is provisional)
****CDC Provisional Drug Overdose Death Counts

NYS Overdose Deaths

PERIOD 1
Average Annual Overdose Death Rate for NYS Calendar Years 2013-2017

This figure represents the difference between the average annual overdose death rate for five-year periods ending December 31, 2017 (Unintentional overdose deaths only)



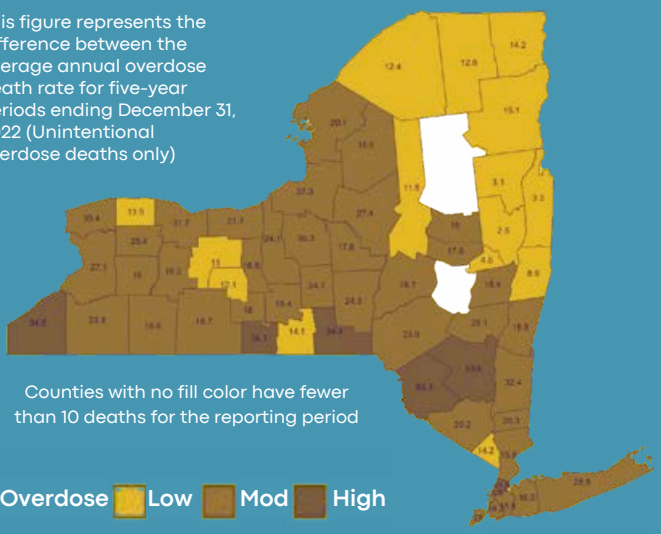
Counties with no fill color have fewer than 10 deaths for the reporting period

Overdose Low Mod High

The Low, Moderate, and High categories are based on the Fisher-Jenks algorithm which minimize variance within groups and maximizes variance between groups.

PERIOD 2
Average Annual Overdose Death Rate for NYS Calendar Years 2018-2022

This figure represents the difference between the average annual overdose death rate for five-year periods ending December 31, 2022 (Unintentional overdose deaths only)

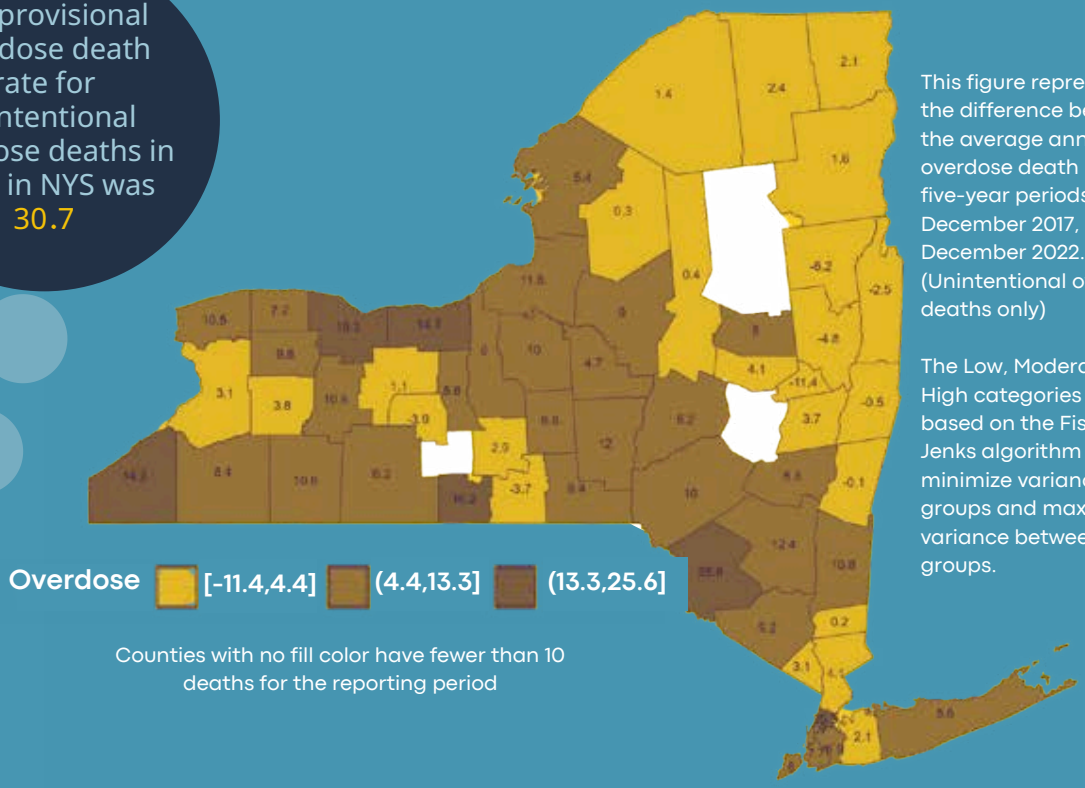


Counties with no fill color have fewer than 10 deaths for the reporting period

Overdose Low Mod High

NYS Overdose Death Rate per 100,000 Difference Between Period 1 and Period 2

The provisional overdose death rate for unintentional overdose deaths in 2022 in NYS was 30.7



Overdose [-11.4,4.4] (4.4,13.3] (13.3,25.6]

Counties with no fill color have fewer than 10 deaths for the reporting period

This figure represents the difference between the average annual overdose death rate for five-year periods ending December 2017, and December 2022. (Unintentional overdose deaths only)

The Low, Moderate, and High categories are based on the Fisher-Jenks algorithm which minimize variance within groups and maximizes variance between groups.

Source: A Longitudinal Analysis of Unintentional Overdose Deaths of the United States & New York, November 2023 - Prepared by The National Emerging Threats Initiative, J. David Hamby, National Coordinator; Data Source: National Vital Statistics System, Mortality 1999-2022, CDC WONDER Online Database

NYS Overdose Deaths

January -September Year-to-Date (YTD) Comparison of Overdose Deaths Involving Opioids in New York State (excl. NYC)

Source: New York State County Opioid Quarterly Reports, April 2024 Edition (provisional data)

NYS (EXCLUDING NYC) OPIOID-RELATED OVERDOSE DEATHS

DECREASED BY 15%

in a comparison of provisional data for the Jan.-Sep. time periods for 2021 (2,192) and 2023 (1,873)*

***Note:** 2023 overdose fatality data is preliminary

NYC OVERDOSE DEATHS

INCREASED BY 12%

from 2,696 in 2021, to 3,026 in 2022**

**NYC DOHMH Epi Data Brief, September 2023, No. 137- Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2022

NOTABLE UPDATE:

NYS Governor Announces Progress in Addressing Overdose Epidemic

In August of 2024, Governor Kathy Hochul issued a press release providing an update on New York's ongoing efforts to combat the opioid and overdose epidemic:

- Estimated overdose deaths in areas of New York State outside New York City declined 9 percent in the 12-month period ending March 2024 compared to the prior 12-month period, according to new provisional data released by the CDC.
- Estimated overdose deaths in NYC declined 3.1 percent in the same period.

The Governor highlighted that NY is continuing to take aggressive action to reduce overdose deaths statewide - including new, innovative approaches to deliver supportive services to New Yorkers struggling with addiction

Source: https://oasas.ny.gov/news/progress-addressing-opioid-and-overdose-epidemic

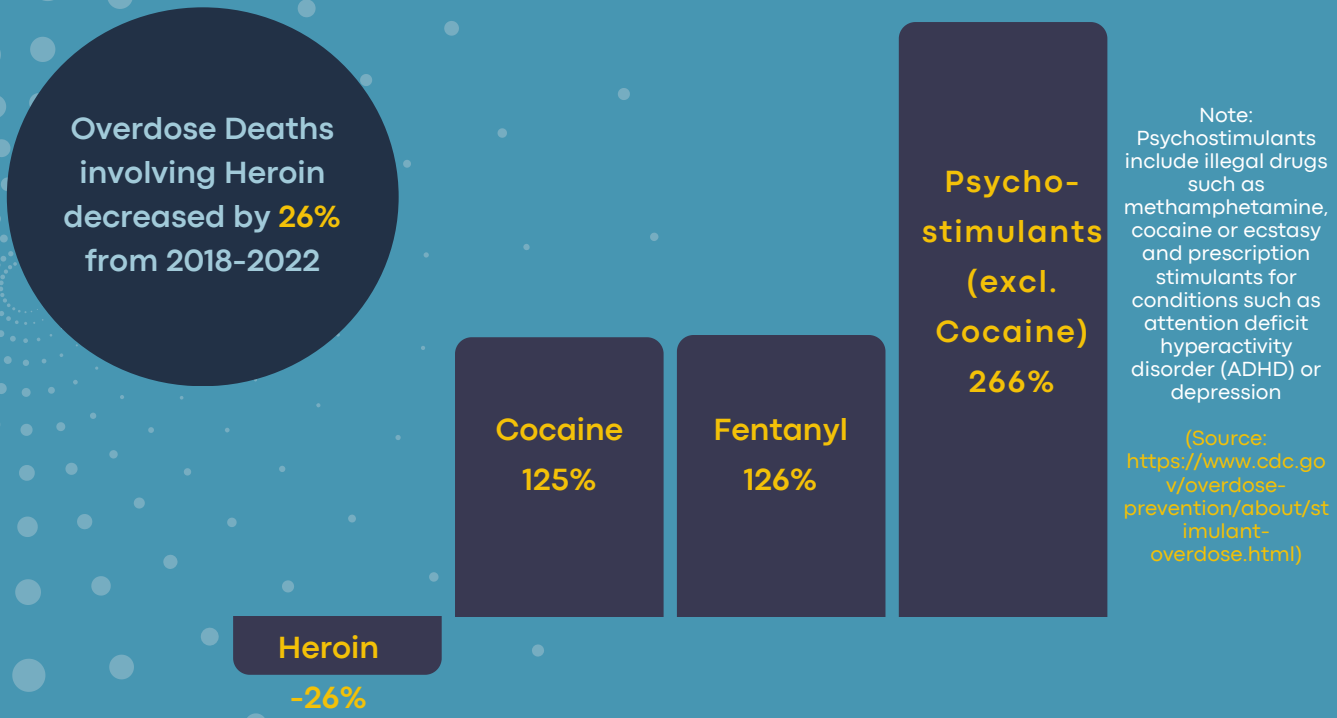
NYS Drug Trends

In recent years, the increase in overdose deaths in NYS has been spurred by what the 2022 NYS Comptroller's Report: Continuing Crisis Drug Overdose Deaths in New York describes as a rise in fentanyl, a cheap and potent synthetic opioid that traffickers are mixing with other illegal drugs to drive addiction and increase their profits with users often unaware they are taking fentanyl until it is too late. This dangerous combination of factors is leading to devastating results and rising overdose death rates. The state's largest city, New York, is a hub for drug cartels and the I-95 corridor allows for distribution networks to move their product into mills for further distribution throughout the Northeast. This section will highlight six drug trends of concern in NYS: fentanyl and synthetic opioids, polysubstance use, methamphetamine, cocaine, counterfeit prescription pills and xylazine.

1. FENTANYL AND OTHER SYNTHETIC OPIOIDS
2. COUNTERFEIT PILLS
3. POLYSUBSTANCE
4. COCAINE
5. METHAMPHETAMINE
6. XYLAZINE

Percent of Change in NYS Overdose Deaths by Drug or Drug Class from 2018-2022

(Source: NYS OASAS Overdose Dashboard—*2022 Data is provisional)



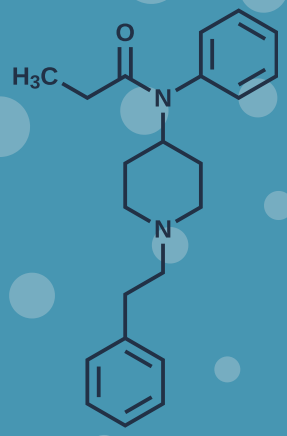
Note: Psychostimulants include illegal drugs such as methamphetamine, cocaine or ecstasy and prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression

(Source: https://www.cdc.gov/overdose-prevention/about/stimulant-overdose.html)

1. Fentanyl and Other Synthetic Opioids

Fentanyl: The drug environment in NYS mirrors the shift that is seen nationwide: deaths involving heroin have decreased, yet overdose deaths have increased due to illicitly manufactured synthetic (manmade) opioids like fentanyl. NYSDOH OHEHR, Al Office of Drug User Health (ODUH) Drug Checking Service has identified fentanyl as a noteworthy drug trend, which includes drugs that are (i)linked to overdose or other adverse effects, (ii)are highly potent or related to highly potent drugs or (iii)may not be desired by some service users. Noteworthy drugs are flagged when they are unexpectedly found in checked samples. Fentanyl continues to drive the increase in overdose deaths in NYS. This shift is primarily considered to be economic— fentanyl can be manufactured in clandestine labs with less labor and cheaper fentanyl or precursor chemicals as opposed to heroin which requires more time to grow, harvest, refine and ship. According to the Drug Enforcement Administration (DEA), most of the illegal fentanyl found in the US is trafficked from Mexico using chemicals sourced from China. NYC, Albany and Buffalo are major drug trafficking hubs in the northeast. According to the NYSDOH April 2024 Opioid Quarterly Report, among 5,308 opioid overdose deaths in 2022, 92.3% (4,900) involved synthetic opioids other than methadone (includes illicitly produced opioids such as fentanyl).

Nitazenes: NYSDOH OHEHR, Al Office of Drug User Health (ODUH) Drug Checking Service has also identified nitazines as a noteworthy drug trend. Nitazenes are 1,000 times more potent than morphine and ten times more powerful than fentanyl. Substances within the nitazene class include butonitazene, etodesnitazine, flunitazene, isotonitazene (Iso), metonitazene, and N-pyrrolidino etonitazene (Pyro), many are already found in the drug supply. The article, Old Drugs and New Challenges: A Narrative Review of Nitazenes, states that in the past few years, several nitazenes, including "designer analogs," have been detected in the illicit drug supply and have been implicated in overdose mortality, primarily due to their exceptionally high potency. In the street drug supply, nitazenes are often found mixed with fentanyl or other agents but their presence is not always disclosed to drug buyers, who may not be familiar with nitazenes. It concludes that public health efforts are needed to better inform street drug consumers, first responders, healthcare professionals and the general public about these "new old drugs" that are infiltrating the recreational drug supply. Public health and public safety officials in NYS are also concerned about and monitoring emerging reports of nitazenes in the drug supply.



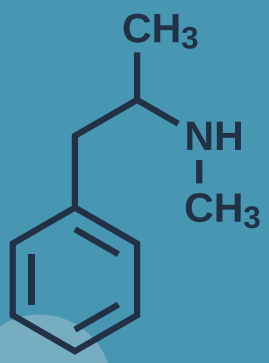
95%

of New Yorkers say that the growing prevalence of synthetic opioids such as fentanyl is either a 'very' (70%) or 'somewhat' (25%) serious public health issue

–2024 Sienna Poll

92%

OF OPIOID OVERDOSE DEATHS INVOLVED SYNTHETIC OPIOIDS

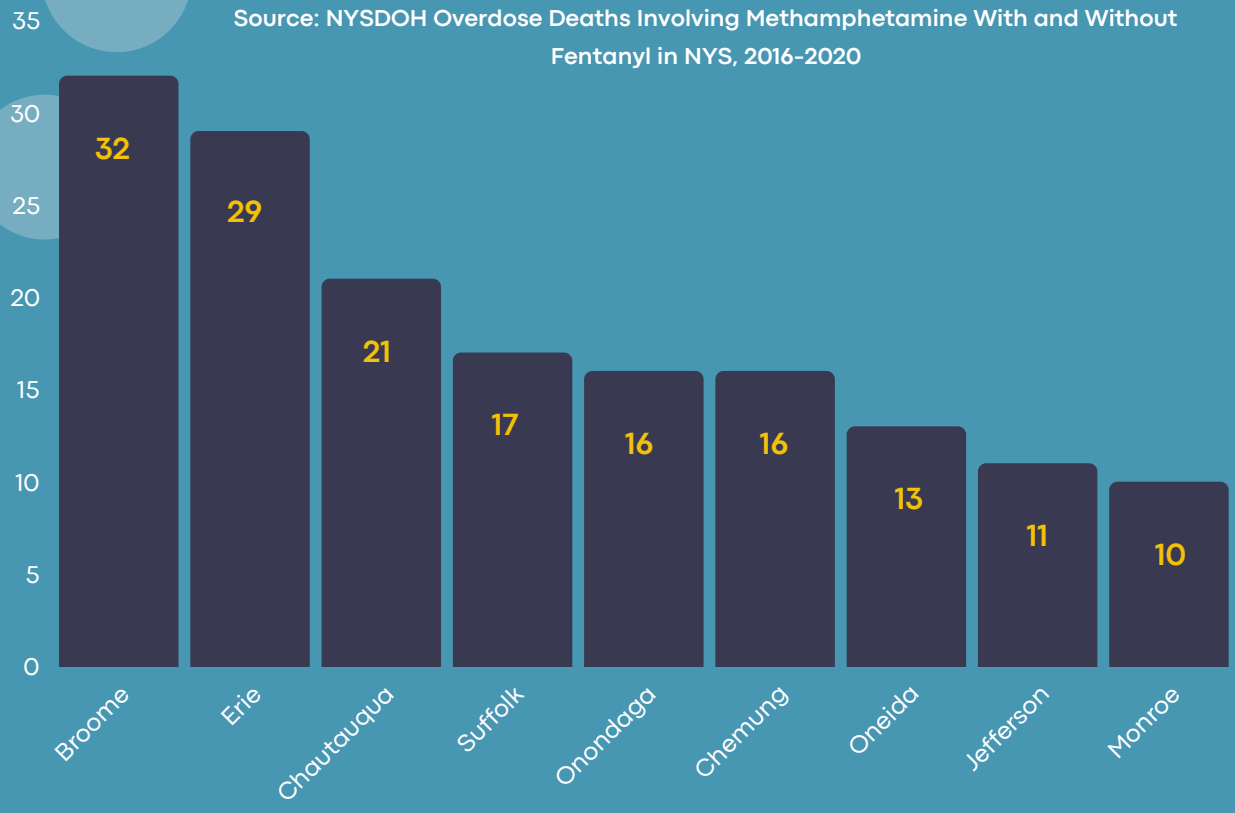


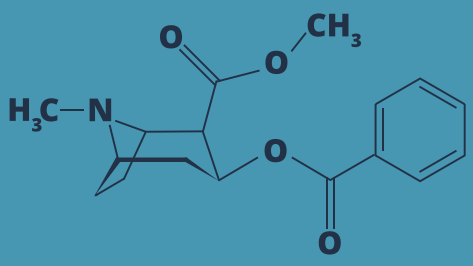
2. Methamphetamine

The NYSDOH Report, Opioid Prevention Program: Data to Action Overdose Deaths Involving Methamphetamine With and Without Fentanyl in New York State, 2016-2020, stated that there is emerging evidence that adulteration of methamphetamine with fentanyl may be present in the current illicit drug supply. Individuals may also intentionally combine methamphetamine with an opioid (e.g., fentanyl or heroin), sometimes referred to as "speed-balling" or "goof-balling". This combination increases the risk of overdose and adverse effects, specifically from respiratory depression. Risk is especially increased among methamphetamine users who have not taken opiates prior to their exposure to fentanyl, due to their absence of opioid tolerance. Psychostimulant-related deaths in NYS increased by 266% from 2018 to 2022. In 2022, the DEA's New York Division reported seizing nearly 30,000 pounds of cocaine, over 700 pounds of heroin and 1,800 pounds of methamphetamine.

NYS Counties with Highest Overdose Deaths Involving Methamphetamine, 2019-2020

Source: NYSDOH Overdose Deaths Involving Methamphetamine With and Without Fentanyl in NYS, 2016-2020





In 2022, 2,880 drug overdose deaths involved cocaine and 664 involved psychostimulants, representing **significant increases of 125.7% and 268.9%,** respectively, since 2018

NYS OASAS Stimulant Use and Stimulant Use Disorder In New York State, Feb. 2024 Bulletin

NYS Counties with the highest rates of psychostimulant involved overdose deaths were clustered near the New York Pennsylvania border. These counties had significantly higher psychostimulant-involved overdose death rates than the overall rate for NY.

- NYS OASAS Stimulant Use and Stimulant Use Disorder In New York State, Feb. 2024

*Source: A Longitudinal Analysis of Unintentional Overdose Deaths of the United States & New York, November 2023 - Prepared by The National Emerging Threats Initiative, J. David Hamby, National Coordinator; Data Source: National Vital Statistics System, Mortality 1999-2022, CDC WONDER Online Database

3. Cocaine

Cocaine overdose fatalities in NYS increased 3.3% from 2021 to 2022 *. The NYSDOH Opioid Prevention Program Report Data to Action Overdose Deaths Involving Cocaine With and Without Opioids in New York State, 2010-2019, states that the number of overdose deaths involving cocaine without synthetic opioids other than methadone (SOOTM) remained stable from 2014 to 2019. However, during the same time period, the number of deaths involving cocaine with SOOTM (mostly illicit fentanyl) increased by more than 2,000 percent, from 38 deaths in 2014 to 858 deaths in 2019. The provisional cocaine overdose death rate in NYS was 15.0 in 2022*. The increase in overdose deaths involving cocaine has clearly been driven by the presence of opioids, specifically fentanyl, in combination with stimulants.

4. Polysubstance Use

Polysubstance use (i.e., using more than one type of substance, either consecutively or in combination) and related overdose have become more common in NYS, particularly involving opioids such as illicitly-manufactured fentanyl, and stimulants such as cocaine and methamphetamine. Polysubstance use may involve both intentional and unintentional (unknown) exposure to multiple substances. The research article, Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021, concluded that "by 2021 stimulants were the most common drug class found in fentanyl-involved overdoses in every state in the US. The rise of deaths involving cocaine and methamphetamine must be understood in the context of a drug market dominated by illicit fentanyls, which have made polysubstance use more sought-after and commonplace. The widespread concurrent use of fentanyl and stimulants, as well as other polysubstance formulations, presents novel health risks and public health challenges."

5. Counterfeit Prescription Pills

According to the DEA's New York Division, 1.9 million fentanyl laced, fake prescription pills (a 152% increase from 2021) and 1,958 pounds of fentanyl was seized in 2022. The DEA reported that throughout 2022 they seized enough deadly doses of fentanyl in NYS for more than three times the population of the state. A deadly dose is just two milligrams of fentanyl and laboratory analysis shows that six out of ten fentanyl-laced, fake prescription pills are lethal. New York has always been a hub for drug trafficking organizations feeding NYC and the Northeast. The National Emerging Threats Initiative (NETI) report, Fentanyl Pill Seizures in the United States, 2020 – 2023, states that in the areas of response for the New York-New Jersey HIDTA, there were minimal fentanyl pill seizure activity up until Q2 2022, with 2023 seeing significant increases in seizures compared to previous years. A peak was reached at 632,017 doses in Q1 2023.

1.9 MILLION

FENTANYL-LACED COUNTERFEIT PILLS SEIZED IN NYS IN 2022

6. Xylazine

Xylazine (also known as "tranq") is a non-opioid central nervous system depressant approved for use in animals as a tranquilizer, sedative and pain reliever and is not approved for use in humans. It is increasingly an adulterant in heroin and other opioids, primarily in the Northeastern United States. Xylazine is a potent sedative and can amplify the effects of opioids, but it also increases the risk of overdose and other health complications. Its presence in street drugs has raised concerns among public health officials due to its unpredictable and dangerous effect. According to the NYSDOH report, Opioid Prevention Program – Data to Action Xylazine Awareness in New York State, 2021, xylazine has been increasingly detected in the illicit drug market and opioid overdose deaths in New York State. It noted that, while some might intentionally combine xylazine with heroin and fentanyl ("tranq dope") to prolong the euphoric effects of the opioids, many are unaware of xylazine's presence as an adulterant. Acute effects of xylazine include heavy sedation, slowed heart rate, respiratory and central nervous system depression, low blood pressure and irregular heartbeat. Therefore, when xylazine is used with heroin or fentanyl, the risk of a fatal overdose may increase due to an intensification of the respiratory depressant effects from any present opioids. The report highlighted 2021 data on xylazine in NYS:

- Starting in 2021, xylazine was tested for in all overdose deaths involving opioids in NYC. Data showed that during 2021, approximately 1 in 5 overdose deaths involving opioids also involved xylazine. All xylazine-involved overdose deaths in NYC also involved fentanyl.
- In NYS outside of NYC, data for 2021 showed that 1 in 20 opioid-involved overdose deaths also involved xylazine. Fentanyl was found in all xylazine-involved overdose deaths. Due to variations in toxicology testing practices in the areas outside NYC, the number of xylazine-involved overdose deaths is likely underreported.

Other Drug Trends

Heroin: Heroin-related overdose deaths decreased by 26% from 2018 to 2022 with an increase in synthetic opioid-related drug-related deaths (https://oasas.ny.gov/overdose-death-dashboard); overdose deaths involving heroin decreased by 12.5% from 2021 to 2022 (NYSDOH April 2024 Opioid Quarterly Report). However, some communities have reported an emergence of heroin in the drug supply in some areas of the state. The NYSDOH OHEHR, AI Office of Drug User Health (ODUH) operates community drug checking services in select areas in the state to provide PWUD with detailed information on the contents of their drugs. The number of samples tested through 4/23/2024 was 892. The most common drug that participants expected their sample to be, was heroin; however, 64% of the times the substance was fentanyl and/or a fentanyl analog with no heroin (Source: NYSDOH Drug Checking Data).

Synthetic Cannabinoids: NYS also faces growing reports of contaminated synthetic cannabinoids, which are on the list of noteworthy drug trends identified by the NYSDOH OHEHR, AI Office of Drug User Health (ODUH) Drug Checking Services. Synthetic cannabinoids, such K2 and Spice, also called "synthetic marijuana," are man-made drugs that can be life-threatening and can cause agitation, severe anxiety, psychotic symptoms and a host of physical symptoms including seizures, cardiovascular problems and death. Synthetic cannabinoid use has been increasingly affecting vulnerable populations in New York, such as individuals experiencing homelessness and persons with serious mental illnesses. In 2023, NYSDOH issued a public warning about synthetic cannabinoids sold in the Mohawk Valley found to contain opioids that can dramatically increase the risk of overdose and death. Lab toxicology confirmed that two samples of synthetic cannabinoids, often known as K2, Spice and by other names, purchased at a local convenience store, were contaminated with five novel psychoactive substances (NPS), including two potent novel synthetic opioids.

Benzodiazepines: NYSDOH OHEHR, AI Office of Drug User Health (ODUH) Drug Checking Service has also identified benzodiazepines as a noteworthy drug trend. From 2014 to 2017, total deaths in NYS involving benzodiazepines increased 56% and those with an opioid present increased 62%, while those without an opioid present increased by 10%. In 2017, 91% of benzodiazepine-involved deaths also involved opioids (OASAS Statewide Comprehensive Plan 2020 - 2024). Benzodiazepines work to calm or sedate a person, by increasing the activity of the inhibitory neurotransmitter GABA in the brain. Common benzodiazepines include diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin), among others. Misuse of benzodiazepines can lead to fatal overdoses especially when combined with opioids.

High Risk Populations

In NYS, several populations are at elevated risk for overdose death due to various factors such as:

- Males of all ages (75% of overdose deaths) and Black men aged 50-80 are at higher risk for overdose death. In recent years, there has been increasing recognition of the need to address racial disparities in opioid overdose deaths, as data shows that black individuals, particularly black males, are disproportionately affected by opioid overdoses in NYS.
- Overdose deaths among Hispanic and Latino populations increased 118% from 2018 to 2022 (NYS OASAS Overdose Death Dashboard).
- Overdose death data also shows more deaths with individuals with underlying comorbidities (i.e., heart disease, COPD), however more data and research are necessary to understand the reasons for this and the relationship. between substance use disorder (SUD) and chronic disease as well as other factors related to the social determinants of health.
- Many NYS communities are experiencing a concerning and growing trend of individuals with SUD living in homelessness which exacerbates their conditions and creates barriers to treatment, harm reduction resources, health care, stable housing and other social supports. NYC drug-related deaths among persons experiencing homelessness increased by 53% from 131 in 2020 to 380 in 2024**.
- Rural areas in NYS face challenges related to limited access to health care, including SUD treatment and harm reduction resources placing some at higher risks for overdose death.

The above-referenced list is not inclusive of all of the vulnerable populations in NYS, such as individuals involved with the criminal justice system, LGBTQ+ communities, pregnant women, youth and younger adults, older adults, veterans, Native Americans and individuals with co-occurring mental health and substance use disorders. These populations overlap, and addressing overdose deaths often requires multifaceted approaches and targeted interventions to address the underlying social determinants of health.

Rates of overdose death among Black NYC residents were the highest among males and people ages 55 to 84*

NYC Drug-related Deaths among persons experiencing homelessness increased by

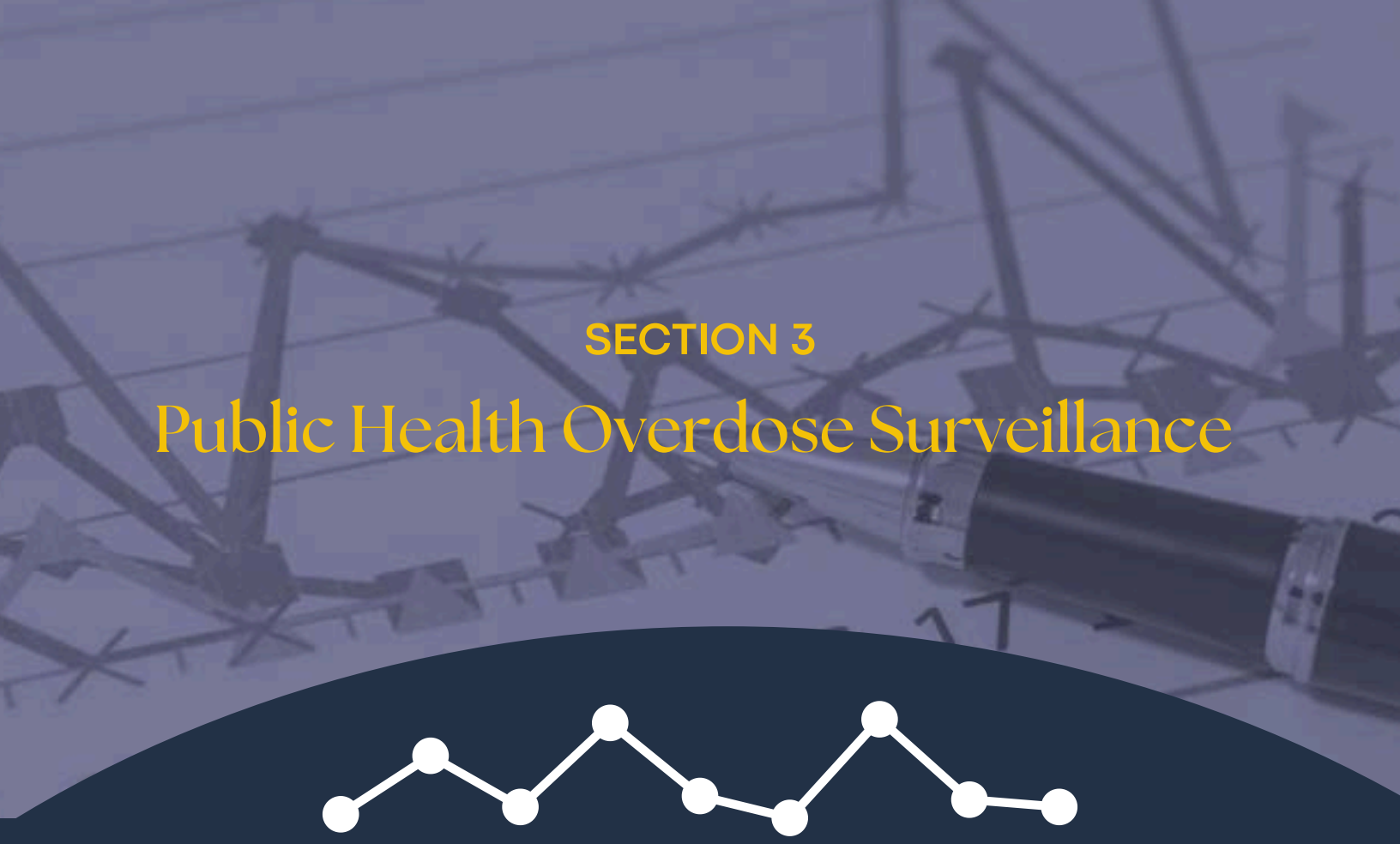
53%

from 131 in 2020 to 380 in 2024**

The NYS Opioid Advisory Board identified the following overarching themes for the state to use as the lens for consideration and implementation of its recommendations:

- Service integration to best treat co-occurring SUD and mental health disorders;
- Service equity and meaningful evaluation that demonstrates reduced suffering and positive impacts on the social determinants of health.

*Source: https://home.nyc.gov/assets/doh/downloads/pdf/basas/overdose-deaths-among-black-new-yorkers-2021.pdf
**Eighteenth Annual Report on Deaths Among Persons Experiencing Homelessn{ess, (July 1, 2022 – June 30, 2023), NYC Department of Health and Mental Hygiene, NYC Department of Homeless Services



SECTION 3

Public Health Overdose Surveillance

- **New York State Department of Health (NYSDOH)** collects and analyzes data on drug overdoses through various programs and initiatives and maintain databases on overdose deaths, emergency department visits related to overdoses and other relevant statistics.
- **New York City Department of Health and Mental Hygiene (DOHMH)** plays a key role in collecting and analyzing overdose data for NYC. They maintain the NYC Overdose Data to Action (OD2A) platform providing real-time surveillance of fatal and non-fatal overdoses, as well as other related indicators.
- **NYS Office of Addiction Services and Supports (OASAS)** maintains an interactive dashboard with data on drug overdose deaths in NYS by year, substance type, county and race/ethnicity.

*The meaning of the term 'real-time' data can vary and is subjective depending on specific context and the objective of its use (e.g., some communities consider the ideal target for reporting overdoses as within 24-72 hours while consider weekly as acceptable). It often refers to reporting that occurs as closely as possible to the incident. It is a general reference to preliminary data that is considered "actionable" in that it is detailed and timely enough to both detect local overdose and drug trends, spikes, anomalies, etc. and to drive timely and locally relevant overdose prevention and response actions to these.

Collaboration between government agencies, healthcare providers and community organizations is essential for gathering comprehensive data and implementing effective strategies to address substance use and the overdose epidemic. Real-time* overdose reporting plays a vital role in understanding the scope of overdose and drug trend issues and how effectively communities can respond to them.

Public health overdose surveillance data is a critical tool in promoting situational awareness on overdoses and overdose fatalities, understanding the current drug environment and informing data driven responses to reduce overdose deaths. NYSDOH is the leading state agency for public health overdose surveillance in NYS with multiple programs that collect, analyze and share data from a variety of sources. This section highlights some of the key state and local opioid and overdose-related data that is made available to the public and community stakeholders and features some examples of other key sources of overdose surveillance data in NYS. Although not detailed in this report, it's worth noting that several local communities have opioid and overdose dashboards utilizing varying sources of data such as NYC, Monroe and Oneida Counties to highlight a few.

Drug Overdose Surveillance and Epidemiology Unit (DOSE)

In 2023, the NYSDOH OHEHR, AI Office of Drug User Health (ODUH) established the Drug Overdose Surveillance and Epidemiology Unit (DOSE). The unit aims to further develop ODUH's capacity related to drug overdose morbidity and mortality and 'real-time' surveillance and epidemiology data. The objective of DOSE is to generate high-quality 'real-time' surveillance epidemiology data to contextualize drug overdose events and assist staff in utilizing and interpreting available data to inform program planning and implementation. DOSE applies AI ODUH principles of respect and compassion by prioritizing and promoting responsible, confidential and deidentified use of drug overdose morbidity and mortality information. A function of DOSE is to consolidate information on fatal and non-fatal drug overdose from multiple data sources across NYSDOH data systems, programs and external public safety partners.

State Unintentional Drug Overdose Reporting System (SUDORS)

CDC's Overdose Data to Action for States (OD2A-S) program supports 49 states and the District of Columbia to provide comprehensive data to the State Unintentional Drug Overdose Reporting System (SUDORS). As one of the 49 funded jurisdictions, NYSDOH collects and abstracts data for drug overdose deaths from death certificates and medical examiner/coroner reports for entry into a web-based CDC platform that is shared with the National Violent Death Reporting System (NVDRS). State and local jurisdictions are increasingly better informed by systems like SUDORS, which presents comprehensive information on the characteristics and circumstances surrounding drug overdose deaths to inform prevention and response efforts.

CDC requires NYSDOH to collect drug overdose death data from all NYS counties. As a part of the CDC's OD2A-S grant, the DOSE Unit is seeking to collect at least 75% of all the Coroner/Medical Examiner (C/ME) data from autopsy, forensic investigative and toxicology reports for entry into the CDC's SUDORS platform. DOSE has direct access to overdose mortality data for NYC through a data sharing relationship with the NYC Office of the Chief Medical Examiner that covers death investigations for all five NYC boroughs; since NYS is a decentralized state with a county-based C/ME system, for the rest of the state, overdose death data reporting relies on the responsiveness of C/MEs to routine requests for this data. OD2A-S funding will increase opportunities for more counties to participate in SUDORS, thereby enhancing responsiveness and quality of reporting.

The NYSDOH Bureau of Vital Records (BVR) manages vital records data and reports all death certificate data to DOSE on a monthly basis; the reports are based on records with drug overdose poisoning ICD-10 codes. NYC reports vital record data on a quarterly basis. All vital records death certificate data is imported into the SUDORS platform. Once the data is uploaded into the SUDORS platform, it becomes a unique data set that consists of a combination of data from multiple sources that is maintained by DOSE and CDC.

SUDORS Toxicology Reimbursement Program

Starting in 2023, the program provides a financial incentive for participating counties to submit toxicology reports as requested by the SUDORS program to partially offset toxicology costs. The reimbursement program has been incredibly successful the total number of SUDORS participating counties more doubled from 21 to 45; the percent of fatal drug overdose cases with a toxicology and a coroner/ medical examiner report increased from 64% to 83%.

SUDORS reporting platform can also collect other decedent information such as law enforcement, medical records and Prescription Drug Monitoring Program (PDMP) data to provide a more complete profile of the decedent's death and history. A key objective of SUDORS is to become a one-stop, standardized source for all drug overdoses death data reporting. As a part of OD2A-S, the DOSE Unit is targeted to develop and issue two data products a year based on SUDORS data.

The C/ME is responsible for classifying and coding deaths as accidental, suicide, homicide or natural; a registrar at the local level issues the death certificate, the data goes to the CDC's National Center for Health Statistics for coding and then to the NYSDOH BVR. This process is not linear and may involve back and forth discussions on different interpretations or variables related to cause of death before cause of death is confirmed and finalized (i.e., individual expired in a hospital setting and there is a discrepancy on cause of death determination between the physician and C/ME). CDC's OD2A-S has prioritized timely reporting of death record data and has a robust quality assurance process that allows for updating and improving the quality of the data over time.

CDC issues a final cumulative data set of overdose death data records to ODUH every six months. Challenges related to reporting overdose death in a timely manner include the de-centralized medical investigation system and delayed toxicology testing that can create a six-to-eight-month lag in finalizing death data; as a result, most overdose death reporting must be considered provisional or "suspected". However, currently, final and confirmed vital statistics overdose death record data can be accessed on the NYSDOH Opioid Dashboard, where there is typically a two-to-three-year lag in the data that is reported. As a part of the OD2A-S initiative, DOSE anticipates generating at least two regular SUDORS data products a year to support data-driven responses to the overdose epidemic. Other limitations related to overdose death reporting is the variation in the quality and completeness of the data submitted by the C/ME.

SUDORS will enhance death data reporting processes statewide, thereby improving understanding of the context of overdose deaths throughout the state. SUDORS data can be used for action and lend themselves to multiple types of analyses because of the richness of the data and the variation in types of information that are collected. Analyses might focus on trends in deaths involving specific drugs over time, comparison of circumstances surrounding overdoses between time periods or across decedent demographics or qualitative assessments of overdose context using incident narrative text data.

SUDORS data can be used for action in the following ways:

- Educating partners about location-specific circumstances and risk factors
- Alerting health providers, public health professionals, medical examiner and coroner offices and other partners of newly emerging drug threats
- Informing drug overdose prevention and response planning and strategies using toxicology and circumstance data
- Evaluating the impact of overdose prevention and response efforts

Syndromic Surveillance Systems

NYSDOH manages the Electronic Syndromic Surveillance System (ESSS) that is comprised of data feeds from all NYS hospital emergency departments (ED) outside of the five boroughs of New York City (NYC). The objective of syndromic surveillance is to identify illness clusters early, before diagnoses are confirmed and reported to public health agencies and to mobilize a rapid response to reduce morbidity and mortality. The ESSS provides a nearly real-time method of categorizing visits from EDs into disease or illness syndromes based on patient's chief complaint upon admission to ED. It includes ED syndromic characteristics for several diseases and medical conditions including categories for Drug Overdose, Heroin Overdose, Opioid Overdose and Stimulant Overdose.

NYSDOH staff review the data daily to capture overdose spikes and investigate, if needed. Case level counts, graphs and signals are available by syndrome, hospital, county and region. Public health agencies are able to access their county's data via the NYSDOH's secure Health Commerce System web-based platform. ESS alerts are another tool to assist local communities in assessing risk and responding to heightened risks in their areas. When the NYSDOH ESSS detects a spike or a cluster of opioid overdose activity, public health agencies receive an alert with a map displaying the cluster, information on the zip codes, number of patients involved and a case listing. Cluster alerts are based on both location (at the patient's residential zip code level) and time. The cluster detection parameters are set to identify any grouping of overdose cases that are significantly larger than expected in a maximum geographic radius of 20 kilometers and a maximum time span of 21 days.

Public health agencies receive a NYSDOH resource guide with suggestions for overdose prevention evidence-based activities they may undertake if it is determined that there is a confirmed and significant increase in overdoses in their community. Public health agencies are encouraged to work with community partners including syringe exchange programs, drug user health hubs, and public safety partners to review and assess the level of risk in their community. NYSDOH also provides a resource guide with suggestions of activities that can be undertaken if communities confirm that there is a significant increase in overdoses.

Public Health Information Group (PHIG)

The Public Health Information Group (PHIG) is a unit under the NYSDOH's Office of Science that analyzes and makes a variety of public health data available to partners and stakeholders throughout NYS, including local health departments, healthcare providers, academic researchers and the public. PHIG produces a number of overdose and opioid-related data products including the Opioid Data Dashboard which presents surveillance data with state, county and zip code breakdowns as well as demographic breakdowns at the state level, opioid annual reports that provide a comprehensive review of opioid-related data for the year, and the County Opioid Quarterly Reports that provide more timely provisional data on several opioid-related indicators by county for situational awareness. PHIG also produces ad hoc specialty topic reports called Data to Action Reports. All of these data products are made available at a "one-stop" location on the state's website at Opioid-related Data in New York State (ny.gov)

NYS Prescription Monitoring Program (PMP) Data

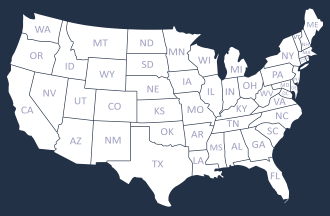
PMPs collect data on prescription medications dispensed to patients, including controlled substances such as opioids. Analysis of PDMP data can help identify patterns of opioid prescribing, monitor prescription drug misuse and detect potential cases of diversion. The NYSDOH Bureau of Narcotic Enforcement (BNE) monitors and regulates controlled substances through its issuance of licenses to manufacturers, distributors, hospitals, nursing homes and researchers. BNE narcotic investigators investigate suspected drug diversion or illegal sales involving theft, forgery and fraudulent visits to practitioners' offices and work closely with local, state and federal law enforcement. BNE also prevents prescription drug misuse through educational materials and presentations for parents, educators and healthcare professionals. PMP data is available on the NYSDOH Opioid Data Dashboard and Opioid Annual Report and the data is provided to ODUH to support responses to patient care disruption events (i.e., DEA revokes prescriber license, provider retires) and to local health departments to support local prevention efforts.

EMS Overdose Surveillance Data

Emergency medical services (EMS) agencies play a crucial role in collecting data on opioid overdoses and related incidents in NYS. The providers document overdose events, including demographics, locations and outcomes, which can help identify trends, inform public health interventions and allocate resources effectively. This data is often shared in aggregated format with public health departments, law enforcement agencies and other stakeholders to inform overdose prevention strategies.

The NYSDOH Division of State Emergency Medical Systems (DSEMS) is responsible for collecting all EMS data across the state via electronic patient care reports (ePCRs) with approximately four million ePCRs annually. DSEMS works with the NYSDOH Public Health Information Group (PHIG) to analyze the statewide EMS data by ensuring data quality and completeness. At time of this drafting, there are 17 NYSDOH engaged EMS software vendors in NYS that each agency may select from; however, all records are transmitted to the ImageTrend ePCR repository for data analysis.

In terms of overdose data collected, EMS providers document primary impressions, medication administrations (including naloxone dosage, administration routes and outcomes), procedures performed, patient identifying information (such as name, date of birth and address when available), incident location and responder details. DSEMS employs Biospatial software to analyze overdose data in near real-time, facilitating geospatial mapping and historical trend analysis. While currently accessible to NYSDOH DSEMS, this platform is undergoing pilot testing for sharing with select local public health departments. Additionally, some EMS demographic and encounter-specific data is available through the National Emergency Medical Services Information System (NEMSIS), the national system used to collect, store and share EMS data from the U.S. States and Territories.



The NEMSIS Nonfatal Drug Overdose Surveillance Dashboard was developed by the Office of National Drug Control Policy (ONDCP) to track suspected nonfatal drug overdose events in the pre-hospital care setting using nationally submitted emergency medical services (EMS) data. State and county level comparisons to the national average are available for rate of non-fatal overdose, percent of patients receiving naloxone, average EMS time and percent not transported to a medical facility.

EMS Data Challenges and Barriers

- Ensuring EMS agency and software vendor compliance with state and national documentation standards for EMS providers.
- Ensuring timely and complete reporting and/or submitting more data in the narrative fields instead of the standardized checkbox options, which makes it more challenging to trace and track certain information. This may occur due to overburdened EMS staff with limited time for documentation and reporting or to the ease in user interfaces developed by the software vendors. DSEMS is in the process of identifying ways to better analyze narrative data in open-text fields as well as providing trainings for EMS providers to enhance reporting and understanding of documentation standards and the NEMSIS field and values definitions.

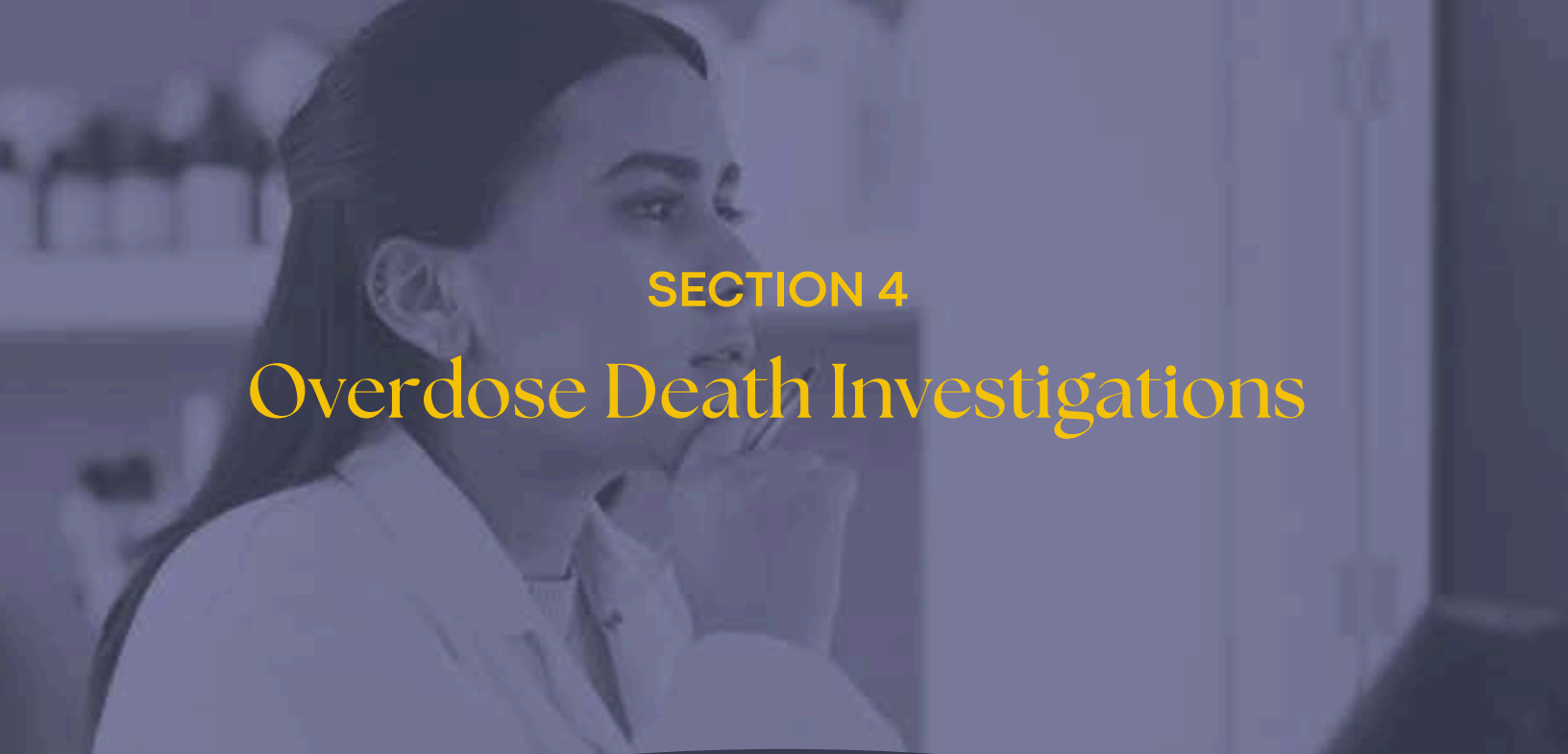
- EMS providers are HIPAA covered entities and need to ensure that any data sharing, including overdose data sharing is done in a HIPAA compliant and patient privacy protection manner. However, deidentified aggregate data can be shared to support public health surveillance and community responses to address the overdose crisis. Some communities use deidentified EMS data as the source of their API data entry into ODMAP and/or other surveillance systems (See sub report ODMAP – A NYS Briefing).

Opportunities for Enhancement

- Collecting and sharing EMS overdose data is a vital to understanding the overdose landscape in NYS, however it has its limitations and does not capture all overdoses (i.e. as when a 911 response is not requested, an individual is personally transported to a healthcare facility through other means) and needs to be a part of variety of data sources analyzed to understand the scope of the overdose issue in the state.
- EMS at the state and local level are key partners in the overdose crisis that can provide frontline insights and understanding on the various different impacts of current drug trends (i.e., cocaine cut with fentanyl, xylazine). EMS providers also need to be more effectively engaged in local partnerships and receive timely overdose and drug trend identifying information from other sectors that can help inform the way they provide and document emergency medical care and administer life-saving interventions and assessments. In many communities, EMS providers are frequently trusted providers who can bridge individuals with SUD to care including harm reduction resources (i.e., Leave Behind Naloxone), peer recovery support and/or treatment services.
- Proposed legislation in New York State aims to empower paramedics to administer buprenorphine to eligible patients after overdose reversal with naloxone. This strategy has been implemented in other states such as New Jersey (NJ) and would provide a unique opportunity to engage patients in NYS who may not otherwise receive medication for opioid use disorder and/or other recovery support services.

"I like it when we (EMS) have the ability to help someone and not just resolve the current medical crisis or the current emergent crisis, but help individuals transition to care and find ways we can locally support them."

- Peter L. Brodie, AEMT, BS, Branch Chief, Data and Informatics Branch, NYSDOH Division of State Emergency Medical Systems.



SECTION 4

Overdose Death Investigations

Overdose death investigations typically involve multiple agencies and professionals working collaboratively to determine the cause and circumstances of a death. The specific individuals and entities involved may vary depending on jurisdiction and local protocols. Overall, overdose death investigations are typically multi-disciplinary efforts involving law enforcement, medical examiner or coroner's offices, forensic toxicologists, EMS providers, public health agencies and other relevant stakeholders. This section will highlight the death investigation system and processes for some of the key stakeholders involved in overdose death investigations in NYS, specifically, medical examiner/coroner and law enforcement organizations.

NYS Medical Examiner Death Investigation System

A state's medical death investigation system greatly impacts how overdose mortality data is collected and analyzed. The NYS medical death investigation system is not centralized, but county-based and consists of both coroners (elected for four-year term) and medical examiners (appointed). There is no state medical examiner. The medical examiner must be a physician duly licensed to practice in NYS and qualified to perform an autopsy and dissect dead bodies of human beings. State law does not require that pathologists perform the autopsies.

Coroner/Medical Examiner (C/ME) laws in NYS are limited in scope and fall under county law and not law enforcement or public health authority. C/MEs have been deemed an optional service by the NYS which means that services are not eligible for Article 6 reimbursement funding from the NYSDOH. According to NYS Law, Chapter 11, Article 17-A, § 673, deaths concerning which a coroner, coroner and coroner's physician or medical examiner has jurisdiction to investigate states, "1. A coroner or medical examiner has jurisdiction and authority to investigate the death of every person dying within his county, or whose body is found within the county, which is or appears to be: (a) A violent death, whether by criminal violence, suicide or casualty; (b) A death caused by unlawful act or criminal neglect; (c) A death occurring in a suspicious, unusual or unexplained manner; (d) A death while unattended by a physician, so far as can be discovered, or where no physician is able to certify the cause of death as provided in the public health law and in form as prescribed by the commissioner of health can be found; (e) A death of a person confined in a public institution other than a hospital, infirmary or nursing home."

Death Investigation System	Types of Death Investigations	Autopsy Authority
• County-based system • Consists of both coroners and medical examiners • Non-physician coroners must appoint physician(s) as a coroner's physician • No state medical examiner	• Criminal violence, suicide or casualty; • Unlawful act or criminal neglect; • Suspicious, unusual or unexplained manner; • Unattended by a physician; • Confined in a public institution other than a hospital, infirmary or nursing home	• Coroner or Medical examiner may make or cause to be made an autopsy, as in his or their opinion is necessary to establish the cause of death, or to determine the means or manner of death • Autopsy report shall include a toxicological report and any report of any examination or inquiry

Source: New York - Coroner/ME Laws | CDC

The law requires coroners to have 8 hours of Coroner 101 training and pursuing additional and ongoing training is not a requirement. This creates variations in how individual coroners throughout the state may manage a death investigation due to inconsistencies in understanding and applying the comprehensive and up-to-date death investigation standards, as wells as awareness of important trends of concern that could inform the death investigation. It should be noted that some coroners do seek to excel in their practice and voluntarily pursue more extensive training to become medicolegal death investigators, maintain their 3-year certification and pursue other learning opportunities to enhance their skills in the field. For example, Robert Lemieux, Coroner in Washington County (small county with a population of ~60,000) is trained as a medical death investigator and invests a significant amount of time on scene preparing detailed and extensive documentation to support determination of cause of death by the forensic pathologist. In counties where coroners don't have strong death investigation training, more seasoned law enforcement officers may assume this role or support the coroner, however, law enforcement officers are not obligated to do any type of education in medical death investigation. In rare circumstances, an officer in this situation may pursue medical death investigation certification. Perceived challenges associated with coroner-based systems have moved some more populous counties in NYS to apply home rule and abolish their coroner programs in favor of a medical examiner system.

The role of the C/ME places them in a unique position to possess information that community organizations seek for public health benefit; however, this can present challenges because the information is not collected for these purposes. C/MEs see themselves working primarily to memorialize the decedent by determining why and how they died and then to certify their death. Pertinent laws outline a finite list of agencies entitled to receive C/ME data (i.e., state public health agencies, corrections, Office of Children and Family Services, mental health), therefore any perceived reluctance to share decedent data outside of these requirements may be rooted in a strong belief that their primary responsibility is toward the decedent and families members sharing information in confidence; some are concerned that a laxer approach to data sharing could negatively impact this open and trustful communication and information gathering process.

New incentives from NYSDOH and CDC to monetarily incentivize C/ME reporting will be a helpful resource, however due to the national shortage of forensic pathologists, some C/MEs may continue to face challenges in timely overdose reporting. Currently there are ~1,200 positions for forensic pathologists in the U.S. with only 800 physicians to fill them, which translates into an overburdened system with heavy caseloads and delayed reporting. The issue is further exacerbated by fewer people entering into the field and the disparity in the educational requirements and salary for a clinical pathologist vs. a forensic pathologist; the path to forensic pathology requires more education and therefore, more financial debt but forensic pathologists earn ~$100,000 less in compensation. Robert Zerby, Chief Medical Investigator for the Monroe County Office of the Medical Examiner (MCOME) feels that if there is a silver lining in this situation, it is that the few who pursue the field of forensic pathology are highly dedicated and deeply passionate about their work.

Medical Death Investigation Protocols

NYS law requires an investigation for all suspected drug overdose, accident and suicide deaths. The criteria used to determine whether an autopsy should be performed is based on circumstantial evidence found on scene (i.e., drugs or drug paraphernalia), findings from an examination of the body and/or a history of substance use. C/ME's evaluate the decedent's medical history, health immediately preceding the time of death and the scene of the death to determine if the case is within their jurisdiction. C/ME's don't report to all death scene investigations; however, when it's determined that a case is an unnatural death with some kind of trauma or other external factor involved, the C/ME's office must issue the death certificate. Any death reported to the medical examiner's office generates a case, however, the key factor is determining if the death meets criteria that places it under their jurisdiction. If someone dies at home, it's essentially considered an unattended death and C/ME will respond to the scene; the only exception is for a person documented to be in a recognized end of life program, unless there's a question of concern about the manner of death. If the death occurs in a hospital, these are also reported to the ME's office.

"As a Coroner, my role is to gather as much evidence as possible to try to paint a picture in detail for the forensic pathologist so that he has a good basic baseline going into the autopsy."

- Robert Lemieux, Coroner, Washington County

Some ME offices, such as the MCOME, deploy staff to every scene, however, other counties without the staffing resources to sustain the same response may triage this function and rely on others on scene to make a determination there is a death and whether or not to go on scene. There is also variation in the death registration process in the state; for example, Monroe County is one of a few counties in the state that have a central registry for death records, while in other counties death certificates are filed with each individual municipality. A benefit of the centralized death registry office is the allowance for checks and balances to prevent oversights in reporting of deaths that should be handled by the ME's office.

The role of the C/ME forensic investigator is to gather as much evidence as possible to provide a solid baseline of information to support the autopsy examination. This can involve collecting information about the scene via interviews, photographs, examination of the decedent's body and prescription (i.e., medication personal information sheets) and medical history. It has been described as not just a scan of the scene, but an "aggressive" search and evaluation to identify information that can inform the death investigation. C/MEs are alerted to suspicious deaths by law enforcement on scene, which will vary depending on the agency that responded to the call. EMS is not usually on scene during a death investigation as they typically leave the scene once it's verified that an individual is deceased. Washington County Coroner, Robert Lemieux, has a standard protocol that EMS leave on scene any medical information from EMS response (EKG readings, provider contacted at the hospital, person calling time of death, etc.) for his review.

NYS law requires that any portable object associated with the death be returned with the body to the medical examiner's office; however, if drugs and/or drug paraphernalia are found on scene, they are typically handled and retained by law enforcement and may be sent to a crime lab for testing. Other personal property found on the decedent is retained by the C/ME's office. Some medical examiners are also able access decedent's medical history via electronic health records systems.

Next of Kin (NOK) Interviews

NOK interviews involve collecting information from family members at the scene with probative questions, ideally when the information is fresh in mind about the decedent and circumstances surrounding their death; at times an investigator will follow up with NOK with additional questions. If it's determined that an individual is under the care of a primary care provider, the provider is contacted to assess any current or underlying medical conditions. An autopsy is almost always performed for deaths with drugs or drug paraphernalia on scene or if there's suspected substance use. The decedent's body is released to transport to a morgue by a funeral home provider after the medical death investigation is completed. MCOME reports that in addition to their duties as forensic investigators, they also make their own scene removals.

Ideally, every suspected overdose death gets some measure of toxicology screening either in-house and/or through an independent provider

The C/ME who handles the death investigation is based on the location of the death (not decedent's place of residency). The length of an overdose death scene investigation can vary (two-three hours) depending on the scene, level of detail of information collected and other logistical factors. Typically, the coroner or ME forensic investigator does not leave the scene until the body is released for transport to a morgue.

Toxicology Testing

Ideally, every suspected overdose death gets some measure of toxicology screening. The screening may be done through an in-house lab or offsite through a lab such as NMS Labs, a national independent provider of professional laboratory testing services. MCOME reported that standard "full-toxicology" screening for their in-house lab is for ~325 different substances; however, testing is not limited to this number as various factors may warrant additional analysis. A urine drug screening may also be done to provide more timely results; however, these can only conclude that a substance was present in urine at time of death and although it may be a precursor for overdose, can never presume overdose death or cause of death (i.e., individual positive urine screen for fentanyl could have resulted from recently administered medication in a hospital). Several counties also contract with an outside lab such as, NMS Labs for expanded testing. NMS Labs screens for over 300 substances and test based on the orders of the C/ME, however, if something out of scope is detected in the screen they may recommend additional testing. Electrolyte and microbiology testing may also be conducted to evaluate for other contributory factors such as a virus.

Toxicology testing may take one-two months and can cost between $300-1,000 per test depending on the substances screened and the lab. Expanded access to outside lab services as well as enhanced capabilities has led to more timely toxicology results in the state; in the past, toxicology testing could take up to seven months.

Death Certificates

The final death certificate generally cannot be issued until after the toxicology testing and autopsy report are completed. A death certificate is required to be issued within 72 hours of a death and can be amended after toxicology testing identifies a positive screen for a drug that may be related to cause of death. The process for determining which substances to screen for is dynamic, circumstantial and based on expertise regarding local overdose deaths and drug trend environments, information about the decedent's history of substance use and/or or signs and symptoms from the medical death investigation that may be indicative of a drug-related overdose. Forensic pathologists are responsible for interpreting the results of toxicology testing in relation to determining cause of death, however the process is very collaborative and they work closely with the toxicologist to determine which drugs are most likely to be related to the decedent's death. It can take up to 12-14 months before the death certificate is finalized.

C/ME Challenges/Barriers

One of the biggest challenges to timely overdose death information in the state is the shortage of forensic pathologists. The National Association of Medical Examiners says that pathologists should optimally do no more than 250 cases annually and in no case do more than 325 per year; however, most are carrying much heavier caseloads that exceed those ratios. Cases are generally processed in the order they are received, which can create some frustration for law enforcement looking for reports for criminal investigative purposes. Also, in some cases, C/ME's investigators both conduct the medical death investigation and transport the decedent which means that more than one investigator may need to be dispatched to a scene. Some communities may use a removal service but exorbitant costs can be prohibitive. Additionally, many coroners are part time positions with limited time and resources to meet demands and/or to participate in continuing education trainings in medical death investigation.

"The pathologist reviews the scene findings documented by the medical investigator, law enforcement and any other sources such as medical records. They're like an orchestra conductor bringing in all these 'instruments' and playing it all together to come up with the best answer."

– Robert Zerby, Chief Medical Investigator, Monroe County Office of the Medical Examiner

With the increase in drug-related deaths, C/MEs nonetheless recognize their role as partners in the broader public health issue in addressing overdose deaths. They are challenged by an environment where they are backlogged and lack adequate resources to do their work, while facing increasing requests for data and information that can be used to inform the way communities address overdose prevention activities and other issues of public health concern (e.g., child fatality reviews, suicide prevention). Their limited time and resources inhibit ability to collect more extensive and detailed information to meet all of the growing demands for C/ME data. As a result, C/MEs are challenged with finding middle ground in data and information collection and sharing that can benefit as many stakeholders as possible, as well as time to lend their expertise to partnerships engaged in overdose prevention activities.

Opportunities for Enhancement

Technologies to support more efficient and timesaving methods to meet reporting requirements to state officials would ease the burden on C/MEs by expediting and streamline processes. Some communities such as Washington County, are exploring regional medical examiner systems to share resources across jurisdictions, ease the workload and attract additional forensic pathologists.

C/MEs may benefit from additional support using innovative approaches. For example, MCOME reported substantial benefit from having a peer recovery support specialist assigned from the local health department provide support that led to their providing assistance in identifying local drug trends, enhancing understanding of the decedent's circumstances and history and/or linking next of kin to grief, recovery and/or other social support services. This was especially invaluable in death investigation identifications of individuals living in homelessness. Individuals with lived experience can lend their expertise in conducting boots on the ground outreach and providing information and context to the decedent's life; in turn, information about trends from the C/ME can inform peer engagement work. This was an informal, short-term staff sharing project, however, its benefits merits further exploration for expansion or replication in other communities.

"Our people are really good at knowing what's wrong and where the need is. People will call the morgue for support and we'll do our best to help them, but it's not the right place to call. We need be able to send someone to help them… [People experiencing grief] need a shoulder; they need something besides the information that comes in the little package left with them."

– Robert Zerby, Chief Medical Investigator, Monroe County Office of the Medical Examiner

Law Enforcement Overdose Death Investigation

ABOUT NYS 911 GOOD SAMARITAN LAW

(Source: New York State's 911 Good Samaritan Law Protects YOU (ny.gov)

WHO IS PROTECTED BY THE LAW?

- Everyone - regardless of age - who seeks medical help for themselves or someone else during an overdose.
- The person who has overdosed.

THE LAW PROTECTS FROM CHARGES AND PROSECUTIONS FOR:

- Possessing controlled substances up to and including A2 felony offenses (anything under 8 ounces);
- Possessing alcohol, where underage drinking is involved;
- Possessing marijuana (any quantity);
- Possessing drug paraphernalia; and
- Sharing drugs.

THE LAW DOES NOT PROTECT FROM:

- A1 felony possession of a controlled substance (8 ounces or more);
- Sale or intent to sell controlled substances;
- Open warrants for your arrest; and
- Violation of probation or parole.

Law enforcement plays a critical role at the scene of a death, including suspected overdoses, by gathering evidence to understand the cause and manner of death and investigating any suspicious circumstances that may warrant criminal inquiry. Typically, when such incidents occur, a patrol unit is dispatched as well as an investigator from the criminal investigation division; this excludes cases clearly attributable to natural causes. While there are no standardized requirements for law enforcement death investigations in NYS, jurisdictions may vary in their processes, though best practices for standard operating procedures exist. The number of overdose death investigations also varies, with the Utica Police Department (UPD) in Utica, NY reporting that approximately 30% of the death investigations they responded to in 2023 were suspected overdose deaths.

The growing number of overdose deaths has made overdose death investigations commonplace for law enforcement agencies in the state. Especially in jurisdictions with a larger volume of deaths and/or staffing shortages, there can challenges in maintaining a high level of thoroughness in conducting the investigation including documenting and collecting scene findings and ensuring that no evidence or accounts, even what may be seemingly peripheral, is not overlooked.

Captain Stanley Fernalld, UPD, a key informant interviewee for this report, emphasized the importance of law enforcement following the comprehensive and consistent steps involved in death investigations, not only just for criminal cases, but also for suspected overdose deaths as detailed law enforcement reports have proven to be valuable in providing insights for and informing recommendations that come out of overdose fatality reviews (OFR) as well as for other community overdose prevention strategies.

Understandably, due to fear of prosecution and/or issues of mistrust, law enforcement may encounter challenges in obtaining information from individuals at the scene of an overdose death; some individuals may not fully understand or trust the protections of the NYS Good Samaritan Law which allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing. The law protects an individual from charges and prosecutions for possessing controlled substances, however, the law is nuanced and will not protect an individual in certain circumstances (See About NYS 911 Good Samaritan Law).

Some law enforcement agencies use newer technologies and investigative tools in the death investigation process. The law enforcement agency may use in-house or outside mobile forensic lab services that can evaluate and glean digital information from cellular devices. There is a cost for this service, which may mean that this tool is primarily reserved for investigations involving homicides or other criminal investigations.

Additionally, an investigator from the special investigation unit (SIU), who's main responsibility is narcotics investigations, is co-assigned on all overdose death investigations. The investigator's objective is to gather information on the manner in which the overdose victim obtained the narcotics that ultimately caused their death. This is often done through an evaluation of digital evidence collected at the scene or through interviews of associates to obtain an understanding of the responsible narcotic sale and distribution network.

Law enforcement overdose death investigations may lead to finding peripheral information about individuals that may have an SUD and are in need of care and other support services; this could be an unique opportunity for public health and public safety agencies to explore developing a deflection program in which law enforcement refers the names and contact information of individuals incidentally identified in a death investigation and for which there will be no criminal investigation, to harm reduction providers to reach out to them to offer linkages to care.

A general assignment investigator typically maintains in contact with a decedent's next of kin until a case is closed with confirmation on cause and manner from the medical examiner. Family members seeking answer and resolutions for any death may make ongoing inquiries with the local law enforcement agency. Captain Fernalld, UPD, reported that his agency has found that transparency, ongoing communication and an openness to convene one-on-one discussions with the next of kin can go a long way in alleviating concerns for individuals that might be struggling with the investigation process and/or the findings for final cause and manner of death.

Law enforcement agencies operate in close cooperation with the medical examiner's office for death investigations and will typically call the C/ME's office to report and relay information regarding a death. As referenced in the Medical Death Investigation section of this report, typically the C/ME's office will make the decision as to whether circumstances dictate that a case that falls under their jurisdiction. Law enforcement will collect drugs and drug paraphernalia and other evidence not collected by the C/ME.

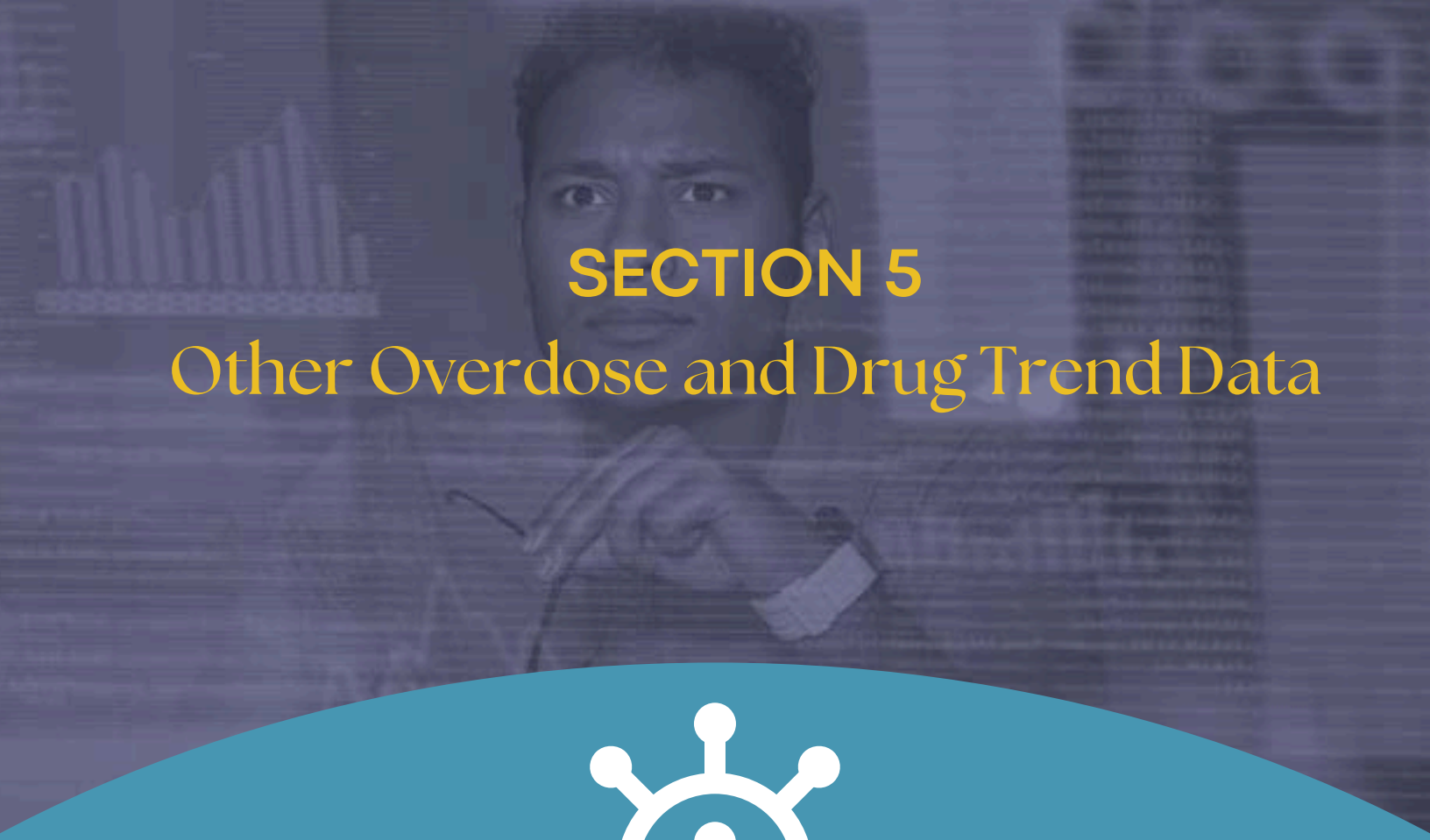
Law enforcement overdose death investigations may lead to finding peripheral information about individuals that may have a SUD and are in need of care and other support services; this could be a unique opportunity for public health and public safety agencies to explore developing a deflection program.

In the course of a death investigation, law enforcement and the coroner/medical examiner regularly exchange and share pertinent information to their respective inquiries both on scene and afterwards. Law enforcement typically awaits a preliminary report, usually within a day or two, before there is further engagement which tends to resume upon receipt of the toxicology and/or autopsy report. Occasionally, law enforcement may also aid in locating the next of kin or gather further information to furnish additional details for the coroner/medical examiner's investigation. The lead law enforcement investigator will hold the case until they receive a final determination of cause and manner of death from the C/ME.

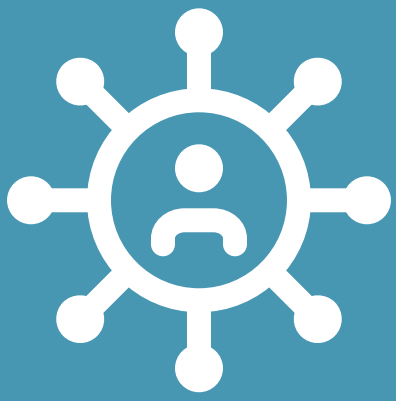
In certain jurisdictions, coordination with the C/ME's office may present greater challenges, particularly when offices are geographically distant from each other. This geographical separation can result in prolonged wait times for law enforcement, as they await the arrival of the C/ME. Additionally, like other stakeholders, law enforcement may encounter challenges due to long turnaround times for receiving toxicology reports. The heavy caseloads and limited staffing and resources most C/ME's offices are experiencing as discussed in the previous section of this report is a major contributor to delays and backlogs.

"It's crucial that regardless of the initial assumptions made by an officer regarding the cause of death, they must thoroughly document and record the scene. This ensures that pertinent details are preserved, should there be any changes in understanding the individual's cause of death later on. I know that in a couple of overdose fatality case reviews, the thoroughness of our police reports proved invaluable; the insights gleaned from the officers' narrative played an important role in identifying lessons learned and informing recommendations for overdose prevention, and these were not cases involving any type of criminal prosecution. Ultimately, careful documentation aids in our collective efforts to reduce fatalities in the future."

– Captain Stanley Fernalld,
Utica Police Department



SECTION 5
Other Overdose and Drug Trend Data



Currently, there is no single centralized program that aggregates all overdose data into a single comprehensive system in NYS. State and local stakeholders leverage multiple data sources, methods and systems for collecting overdose surveillance data to obtain a comprehensive understanding of the overdose epidemic to implement targeted interventions to reduce overdoses and save lives.

There are several sources and methods for collecting overdose surveillance data at the state and local level, each serving different purposes and providing valuable insights into the overdose epidemic. This section highlights some, but not all of the other overdose data collection and surveillance methods and tools being used or collected at the local level in NYS.

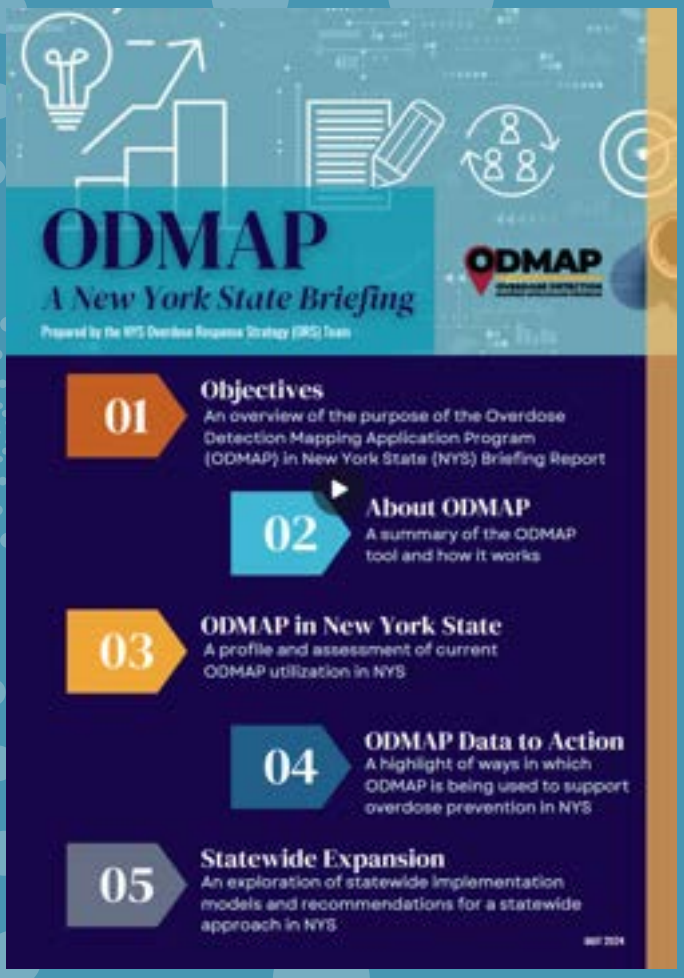
Local Overdose Data Sources

Local stakeholders seek timely and actionable data to comprehend the overdose and drug trends impacting their communities. They often gather and utilize local data from various sources to complement the information provided by state systems outlined in this report. Below is a compilation of some of these locality-specific data sources used to guide local initiatives*:

- **Hospital Emergency Department (ED) Visits**: Local hospitals collect data on patients presenting to the emergency department for drug overdoses or related complications. This data includes demographics, substances involved, clinical presentations and outcomes. Some local hospitals work with their community partners to develop hospital data surveillance programs.
- **Poison Control Center Calls:** Poison control centers receive calls related to drug overdoses and poisoning incidents. These calls provide real-time data on overdose events, including substances ingested, symptoms experienced and interventions provided.
- **Death Certificates and Medical Examiner Reports:** Medical examiner or coroner offices collect data on overdose deaths, including cause and manner of death, toxicology results and demographic information. Death certificate data provides valuable information on overdose mortality rates, demographics of decedents and trends over time.
- **Emergency Medical Services (EMS) Reports:** EMS agencies document data on overdose incidents they respond to, including patient demographics, substances involved, interventions performed and naloxone administrations and outcomes.
- **Surveys and Surveillance Systems:** Local public health agencies may conduct surveys or establish their own surveillance systems to monitor drug use behaviors, attitudes and outcomes related to overdoses. These may include population-based surveys or targeted data collection efforts among specific populations.
- **Law Enforcement Data:** Law enforcement agencies collect data on drug-related arrests, seizures and investigations. Analysis of law enforcement data can provide insights into drug trafficking patterns, illicit drug markets and emerging drug trends that may contribute to overdose risk. The Overdose Detection and Mapping Application Program (ODMAP) is a popular overdose reporting tools used by many law enforcement agencies (See ODMAP - A NYS Briefing).
- **Community Reporting:** Local agencies, especially harm reduction and syringe services programs (SSPs) may establish reporting systems for individuals to report overdose events or emerging drug trends. These systems can provide timely data on overdose events, including locations and circumstances.

*Artificial Intelligence (AI) was used to identify and research potential sources of overdose surveillance data.

ODMAP Utilization in NYS



As a component of the overall ORS Environmental Scan assessment, the NY ORS Team conducted a comprehensive analysis of Overdose Detection and Mapping Application Program (ODMAP) utilization in NYS. The team agreed that the prolific and growing use of ODMAP in the state, merited a separate and detailed analysis as a compliment to this full environmental scan. The report entitled, **ODMAP - A NYS Briefing**, determined that many communities in the state have opted to take advantage of ODMAP as a real-time overdose surveillance tool to increase situational awareness of the local overdose and drug trend landscape, develop spike alert messages and to support timely responses to increases in overdoses. The report assesses ODMAP utilization in the state by reviewing quantitative reporting and qualitative data and feedback from over 100 ODMAP users in NYS. It provides a detailed assessment of the types of agencies using ODMAP, the quality and completeness of the data by jurisdiction, and ways in which communities are putting the data into action and a recommended strategy for statewide expansion.

See the full report and recommendations for statewide enhancement at ODMAP - A NYS Briefing

Data Collection and Sharing Challenges

Collecting and sharing timely overdose data for action is a challenge for many NYS stakeholders for a variety of reasons including*:

- **Fragmented Data Sources:** Overdose data comes from various sources and each of these entities may use different data collection systems, formats and reporting mechanisms, leading to fragmentation of data.
- **Privacy Concerns:** Overdose data often contains sensitive information, such as patient demographics, medical histories and substance use behaviors. Real and perceive concerns about protecting the privacy and confidentiality and maintaining compliance with regulations that govern the collection, storage and sharing of health-related data.
- **Legal and Jurisdictional Issues:** Different agencies and organizations may have jurisdictional boundaries or legal mandates that govern their data collection and sharing practices. Coordinating data sharing agreements and overcoming legal barriers can be complex and time-consuming.
- **Technical Challenges:** Integrating data from disparate sources with varying formats, standards and quality levels can present technical challenges. Ensuring interoperability and data compatibility between different systems may require significant investment in resources and expertise.
- **Resource Constraints:** Developing and maintaining a centralized overdose data program requires substantial financial resources, technical expertise and organizational capacity. Many public health agencies and organizations may lack the necessary funding, staff or infrastructure to implement and sustain such a program.

Despite these challenges, efforts are underway to improve data sharing and coordination among stakeholders involved in overdose prevention and surveillance and many NYS stakeholders have adopted innovative strategies in addressing the overdose crisis in their communities.

*Artificial Intelligence (AI) was used to identify and summarize common barriers to data sharing.

SECTION 6
Treatment and Recovery Services

The 2021 National Survey on Drug Use and Health (NSDUH) estimates that 2.8 million New Yorkers aged 12 years and older had a Substance Use Disorder (SUD) in the past year. The New York State Office of Addiction Services and Supports (OASAS) oversees approximately 1,700 prevention, treatment and recovery programs serving over 730,000 individuals per year. OASAS is the single designated state agency responsible for the coordination of state-federal relations in the area of addiction services. SUD treatment is also available through other providers including primary care providers and community health centers. According to the OASAS September 2023 Addiction Data Bulletin, OASAS certifies 908 SUD treatment programs which are categorized into five broad service and program categories:

- Crisis services deliver a variety of treatment options to provide immediate care for individuals who are intoxicated or impaired by their use of alcohol or other substances. The primary goal is to manage withdrawal from substances, as well as medical and psychiatric complications during withdrawal.
- Inpatient services include intensive management of symptoms related to addiction and monitoring of the physical and psychological complications resulting from substance use. Inpatient programs provide a safe and supportive setting for the evaluation, treatment and rehabilitation of individuals with SUDs.
- Residential services are designed for individuals who need support with their SUD and may not be able to participate in treatment without a 24-hour residential setting.
- Outpatient programs provide clinical services for individuals with SUD and their families. Outpatient services may be delivered at different levels of intensity according to the needs of the patient. These services include counseling, education and connections to community services.
- Opioid Treatment Programs (OTPs) are sites where medication to treat opioid use disorder (OUD) is administered. These medications can include methadone, buprenorphine or naltrexone. In addition to medications, these facilities also offer counseling and educational services.

OASAS 2024 Strategies

The following items are highlighted in the Governor's 2024 Executive Budget for OASAS as follows:

- **Public Health Approach:** Implementation of a statewide harm reduction strategy, in collaboration with the NYSDOH. In 2023, OASAS established a new Division of Harm Reduction to coordinate the implementation of low-threshold, patient-centered approaches around the state.
- **Opioid Settlement Fund Investments:** Since 2021, NY reached settlement agreements with several of the pharmaceutical companies expected to provide more than $2 billion to the State and municipal governments through 2040. OASAS is working with NYSDOH and the Office of Mental Health to implement a range of initiatives to address the opioid crisis guided by recommendations issued by the Opioid Settlement Fund Advisory Board. Board members issued their first recommendations in November 2022, identifying the expansion of harm reduction services, treatment and investments across the service continuum as top priorities.
- **Opioid Stewardship Funds:** These funds will be used to pursue harm reduction initiatives, including equipping street outreach teams with cutting-edge equipment to test drugs for fentanyl, establish 15 community-based harm reduction programs and the development of a training program to help police departments, jails and other elements of the criminal justice system implement harm reduction strategies.

Other Treatment Access Points

Individuals in NYS may also access SUD treatment through other community providers including hospital-based programs, community health centers and primary care providers. Syringe service programs also have providers who prescribe buprenorphine. Telehealth addiction services are also an access point for treatment for New Yorkers. Treatment modalities may include individual counseling, group and/or family therapy, cognitive-behavioral therapy and/or medications (methadone, buprenorphine, naltrexone) for OUD.

There are also integrated care models that seek to address the complex needs of individuals with SUD by integrating treatment with primary care, mental health and other healthcare for individuals with co-occurring conditions. Some offer specialized services for populations with unique needs, such as adolescents, pregnant women, veterans, individuals involved in the criminal justice system and those experiencing homelessness. Services may include specialized treatment programs, supportive housing and targeted outreach.

Treatment Services and Race and Ethnicity

In 2022, 48.6% of individuals admitted to SUD treatment identified as White, followed by Black (24.5%) and Hispanic (21.8%). The number and percent of admissions by race and ethnicity vary by region of residence. Most NYC residents admitted during 2022 for treatment were either Black (38.0%) or Hispanic (35.0%). In contrast, over half of the population admitted for treatment who resided outside of NYC were White with 66.4% of admissions in Upstate NY regions among White residents.

NYS OASAS SUD Treatment Service System Bulletin, Sept. 2023

The Consolidated Appropriations Act, 2023 eliminated the waiver and extended the ability to prescribe buprenorphine for the treatment of OUD. Currently there are

4,161

practitioners who prescribe buprenorphine on the SAMSHA Buprenorphine Practitioner Locator website for NYS*

*The list is not inclusive of all practitioners able to prescribe buprenorphine.

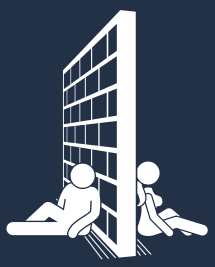
Initiation and continuous use of buprenorphine has been effective in treating OUD

- In 2021, 48,933 NYS residents had continuous buprenorphine prescriptions for 6 months or more for OUD; 42,054 (85.9%) were from outside of NYC. NYC has historically had more availability of methadone treatment for OUD compared with the rest of the state which may be a factor in the lower rates of buprenorphine prescriptions among NYC residents.
- The crude rate of NYS residents who had continuous buprenorphine prescriptions for 6 months or more for OUD in NYS increased by 43.6 percent from 174.4 per 100,000 population in 2017 to 250.4 in 2021.

(Source: https://www.health.ny.gov/statistics/opioid/data/pdf/nysdoh_op_dta6.pdf)

Low Threshold/Barrier Treatment Models

Adoption of low-barrier models may be crucial to saving lives because according to the Substance Abuse and Mental Health Services Administration (SAMHSA) December 2023 Advisory: Low Barrier Models of Care for Substance Use Disorder, "despite robust evidence demonstrating the effectiveness of medications and psychosocial treatment interventions for substance use disorders (SUDs), less than 10 percent of people who need treatment have sustained access to care. Most people who could benefit from treatment do not receive it due to systemic barriers and access issues which are even greater for historically underserved communities. Low barrier care is a model for treatment that seeks to minimize the demands placed on clients and makes services readily available and easily accessible...low barrier models of care meet people where they are, providing culturally responsive and trauma informed care that is tailored to the unique circumstances and challenges that each person faces."



ONLY

6%

of the over 46 million Americans with an SUD received treatment in 2021

In February 2024, NYSDOH and NYS OASAS issued Best Practice for the Implementation of Buprenorphine for the Treatment of Opioid Use Disorder (OUD) for medical providers which included the recommendation to adopt a medication-first, low-threshold approach to reduce the risk of overdose; the more quickly someone is started on buprenorphine, the more quickly they reduce their risk for overdose. A low threshold/barrier treatment model means:

- **Same-day treatment entry and medication access.**
- **A harm reduction approach.** Harm reduction principles acknowledge the primacy and urgency of the goal of reducing the potential harm from substance use, rather than achieving abstinence. For some patients, achieving abstinence takes time, and other patients may not have abstinence as a goal. Prescribers should examine their assumptions and decisions for any personal biases that may affect their ability to provide effective care for persons who use drugs.
- **Flexibility.** Rigid protocols for in-person appointments, psychosocial counseling, meeting attendance or urine toxicology testing all serve to reduce the likelihood that a person can initiate and maintain medication successfully.

Some NYS providers such as REACH (Respectful, Equitable Access to Compassionate Healthcare) Medical in Ithaca, NY, have been leaders in the state and nation in adopting a low-barrier, non-judgmental and harm reduction treatment models to reduce barriers to care for people with SUD. REACH is a freestanding medical practice that provides office-based buprenorphine treatment and primary care in a harm reduction–informed manner. They also provide telehealth services for short and long-term buprenorphine treatment in several communities across NYS.

A study of low barrier buprenorphine offered at a syringe services program revealed a nearly three-fold increase in buprenorphine use (from 33% to 96%) and substantial declines in the use of other opioids (from 90% to 41%) between clients' first and sixth visits.

–SAMSHA December 2023 Advisory

Greene County Family Planning (GCFP), a division of Greene County Public Health Department, is another example of a unique and innovative low-barrier MOUD program. Patients can receive access to same day, basic peer recovery services and MOUD. Total abstinence is not a requirement to receive MOUD, and the agency embraces a harm reduction approach to care.

Comprehensive Low- Threshold Buprenorphine Services

In 2023, through Opioid Settlement Funds, OASAS awarded 15 providers funding for the implementation of Comprehensive Low-Threshold Buprenorphine Services to increase access to person centered comprehensive substance use disorder treatment and Medication for Opioid Use Disorder (MOUD) services. Individuals will be offered same day, immediate enrollment in buprenorphine treatment and care management services.

Outreach and Engagement Services (OES): Clinical Model

Through the OES: Clinical Model, OASAS certified providers engage people in treatment through mobile clinic services — bringing treatment staff into unserved and/or underserved areas; expanding tele-practice sites; and enhanced peer outreach and engagement within the community.

Mobile Medication Units

In 2023, the first OASAS Mobile Medication Units (MMUs) in NYS began operation in NYC to provide medication assessment, administration, and testing services to people in their own communities and are designed to reach those who face barriers accessing brick-and-mortar locations. There are currently two operational MMUs in New York City, with several more planned statewide. MMUs offer services that include admission assessments and medication induction, administration and observation (including methadone), toxicology tests and other medical services.

Buprenorphine Assistance Pilot Program (Bupe-AP)

In 2023, NYS OASAS and DOH launched the Buprenorphine Assistance Pilot Program to assist individuals with the cost of buprenorphine for the treatment of opioid use disorder (OUD). Bupe-AP covers the cost of buprenorphine for eligible uninsured and under-insured individuals with no out-of-pocket costs for the medication. The program is managed by the NYSDOH AIDS Institute's Office of Uninsured Care Programs (UCP) in partnership with the NYSDOH ODUH. The pilot program utilizes UCP's pharmacy benefit management system, allowing access to over 4,300 pharmacies. Opioid Stewardship funds cover the costs of the program.

"While many New Yorkers say that treatment is easier to obtain, a significant number report that barriers remain in place for those accessing opioid treatment. They say that insurance refusing coverage for treatment (46%), treatment programs not working with individuals for long enough (44%), and poor follow-up after patients complete treatment (42%) are all barriers to people in their area receiving treatment for opioid abuse - each virtually unchanged from 2020 and 2018."

– Siena College Research Institute, June 2024

In 2021, legislation was signed in NYS mandating the establishment of a program offering all forms of MOUD (methadone, buprenorphine and naltrexone) in correctional facilities in the state.

NEW YORK STATE COMMISSION OF CORRECTION RECOMMENDATIONS:

"To date, the greatest challenge faced by local correctional facilities in meeting this requirement has been the availability of methadone services. Due to strict licensing and regulatory restrictions associated with the prescription and dispensing of methadone, local correctional facilities predominantly rely on agreements with community opioid treatment programs (OTPs) to provide methadone services. Numerous facilities, particularly those in upstate, rural counties, have either struggled or failed to acquire a methadone provider due to the deficiency of proximate OTPs that could service the jail.

Consequently, it would be the recommendation of the New York State Commission of Correction that, in consultation with Office of Addiction Services and Supports (OASAS), all legislative and budgetary options be considered to effectively expand the number of community opioid treatment programs operating in New York State, particularly in upstate, rural counties currently without services."

Treatment in Correctional Facilities

On October 7, 2021, S1795/A.533 was signed into law in NYS mandating the establishment of a program offering all forms of MOUD (methadone, buprenorphine and naltrexone) in correctional facilities in the state. Addressing the risk of overdose death among individuals in correctional facilities requires a comprehensive approach that includes access to evidence-based treatment, harm reduction services, reentry support programs and policies that prioritize public health and safety over punitive measures. While there is a risk of overdose while incarcerated, the greater risk of overdose fatality is on release from these facilities when not on MOUD. "Incarcerated people with Opioid Use Disorder (OUD) are exposed to as high as 129 times the risk of fatal opioid overdose compared to the public, especially within a few weeks post-release" (Binswanger, 2013; Lim et al., 2012; Substance Abuse and Mental Health Services Administration (SAMHSA), 2019)).

In 2022, the NYSDOH published the Medication for Opioid Use Disorder (MOUD): Correctional Health Implementation Toolkit to provide guidance for correctional facility staff in developing and implementing MOUD in correctional settings. It highlights the multiple components necessary to ensure quality services are provided to individuals with OUD. The toolkit assists correctional facilities in developing a workflow, training and workforce development and implementing evidence-based re-entry to improve outcomes for individuals with SUD.

The NYS Commission of Correction 2023 Annual Report on Substance Use Disorder Treatment and Transition Services of Local Correctional Facilities reported the following for the period from October 7, 2022 to December 31, 2022:

- Of the 9,525 individuals screened, 2,756 were diagnosed with SUD and enrolled in the jail's MOUD program.
- Of the 2,756 individuals who were enrolled, 174 were discontinued from the program prior to release from custody or transfer to another facility.
- 1,112 MOUD program participants were released from incarceration. Of those individuals who were released, 917 were provided with transitional services.

Drug Treatment and Opioid Courts

Drug courts in NYS offer specialized judicial interventions for individuals with substance use disorders who have become involved in the criminal justice system. There are 141 drug courts in operation statewide. As of January 1, 2016, there were 124 drug courts in operation, 96 in the criminal courts, 17 in the family court, 2 in the town and village courts and 9 drug courts focused solely on juveniles. Through January 1, 2020, over 93,000 individuals have participated in NYS court drug treatment programs and more than 42,800 have graduated. Each drug court is locally based and reflects the legal culture of the community. Support for the program comes from the local communities, the NYS Unified Court System budget and the federal government.

NYS opened the country's first opioid intervention court in Buffalo in 2017. The Buffalo Opioid Court relies on day-of-arrest intervention, evidence-based treatment, daily judicial supervision and wrap-around services to prevent overdose death. The process of initial interview, arraignment, bio-psycho-social screening and transfer to treatment is completed within 24 hours of arrest.

There are

141

drug courts in operation statewide. NYS leads the nation in the expansion and institutionalization of drug courts into daily court operations.

Source: https://ww2.nycourts.gov/COURTS/problem_solving/index.shtml

In September 2023, the Center for Justice Innovation and RxStat, a public health and public safety partnership in NYC, convened stakeholders from criminal justice and court systems, clinicians and public health to discuss the treatment of drug use and overdose prevention in the criminal justice system, as well as the integration of harm reduction principles. The document, Substance Use, Overdose Prevention, and the Courts: A Citywide Collaboration, mapping out some of the court-based interventions utilized in NYC into four stages (pre-arraignment, arraignment, pre-plea and post-plea) was prepared as a basis for the stakeholder discussion.

Substance Use Treatment Interventions and Initiatives in New York City Courts

Source: Center for Justice Innovation

Recovery Support Services

There is a wide range of recovery support services in NYS that provide ongoing assistance and resources to individuals in recovery. Services include peer support services, recovery coaching, wellness, vocational training, educational programs and/or linkage to social support services. Recovery paths can vary based on an individual's personal goals. This section highlights some of recovery programming available in the state.

There are 32 OASAS Recovery Centers in the state that offer non-clinical recovery supports. According to the OASAS 2020-2024 Statewide Plan, Recovery center services are accessible during the daytime hours as well as evening and weekends. Staff assist individuals and families to navigate the addiction treatment system and secure insurance coverage for various levels of care. They provide an opportunity for individuals and families to connect with peers who are going through similar challenges. Federal funding has allowed OASAS to open several new Recovery Centers located throughout the state, including in two tribal nation territories.

Recovery is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

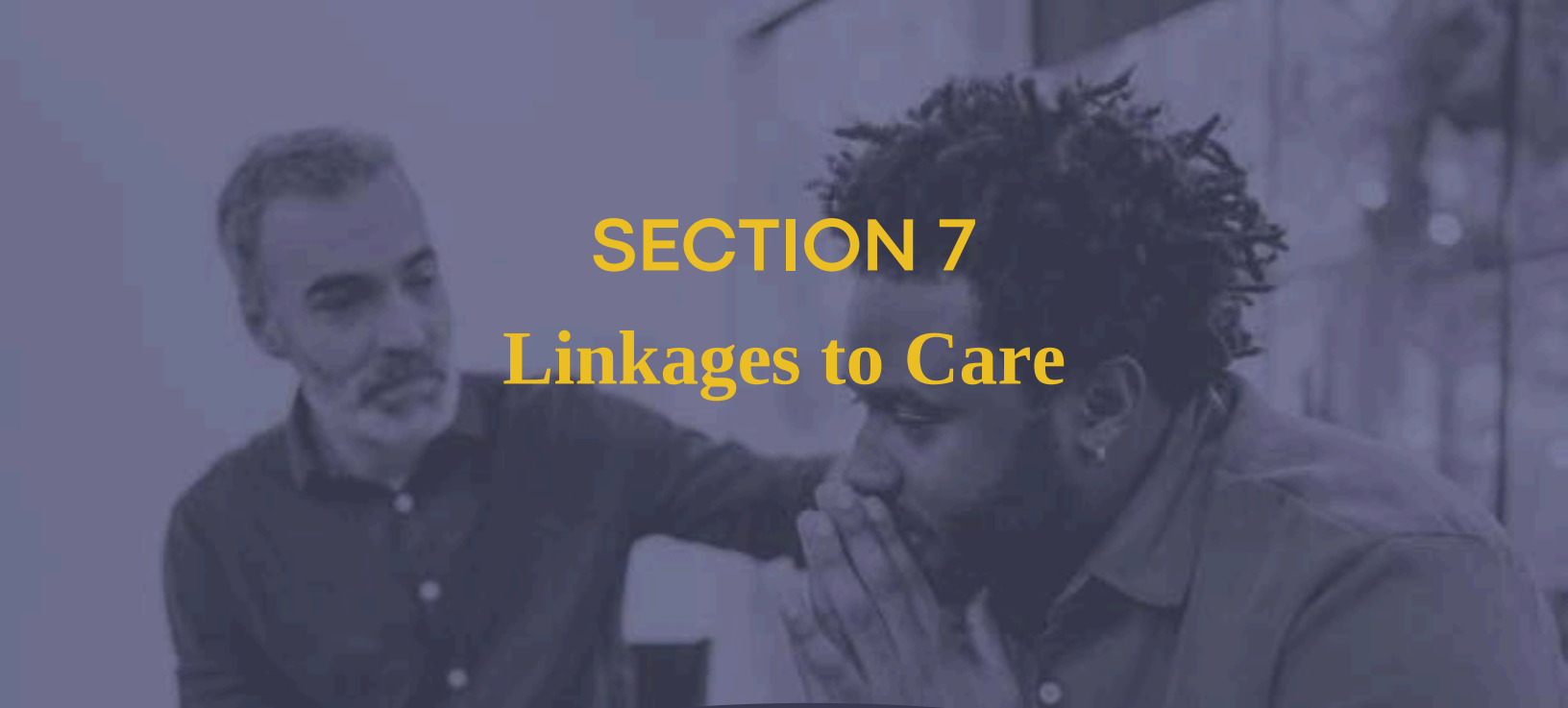
–SAMSHA's 10 Guiding Principles of Recovery

NYS OASAS 30 in 30 Project follows 30 individuals in recovery and relates their stories. Participants pull from their own experiences to provide information, resources and support that have been most impactful in their recovery. The stories are from individuals with varying paths to recovery such as:

- **Treatment**
- **Recovery Support Services**
- **Residential Treatment**
- **Harm Reduction**
- **Wellness**
- **Medication Assisted Treatment**
- **Therapy**
- **Drug Court**
- **Mental Health**
- **Family**
- **Faith**
- **Addiction Treatment Centers**
- **Health**
- **Self-Help**

Recovery can occur via many different pathways that are as unique as the individual and their stories and experiences.

Friends of Recovery – New York (FOR-NY) is a non-profit organization that advocates for policies and practices that promote and support recovery. They offer trainings for recovery advocates, peer professionals, treatment providers, prevention specialists and others and provide and/or support programs and services designed to assist communities throughout the state in building support for long-term recovery at the local level. There are 29 recovery community organizations (RCOs), or independent, non-profit organizations led by local recovery allies.



SECTION 7

Linkages to Care

Substance Use Disorder (SUD) linkages to care in NYS encompass a range of strategies aimed at connecting individuals with SUD to harm reduction, treatment and/or other support services. These linkages play a crucial role in addressing the complex needs of individuals struggling with SUD and promoting pathways to care. Linkages to care can occur from multiple settings and sources including clinics, emergency departments, correctional facilities, harm reduction and syringe services programs, law enforcement referrals to name a few. Mobile outreach is growing as an effective intervention for reaching and providing care to unhoused and vulnerable individuals, an issue that is increasing in communities across the state.

Peer support services are integral components of SUD linkages to care in NYS. Peer support specialists, individuals with lived or living experience, offer guidance, encouragement and practical assistance to individuals seeking SUD services. They help individuals navigate the healthcare system, access treatment services, coordinate appointments, address social determinants of health and provide ongoing support and advocacy. Peer-led services help reduce stigma, build social support networks and promote long-term recovery. Moreover, meaningful engagement of peers in leadership, decision-making, planning and implementation of overdose prevention strategies can enhance organizational and community responses and more effective reach and engage PWUD in care services.

Below is a summary of some of the NYS initiatives and programs aimed at enhancing SUD linkages to care to reduce barriers to treatment and promote overdose prevention efforts.

Post Overdose Responses: Several upstate NY communities conduct post overdose response activities. In an ODMAP survey of ODMAP users, 25 (54%) of the 46 counties represented in the survey indicated that ODMAP data is used for post overdose follow up programs (typically peer outreach within 24-72 hours to recent overdose survivors). Post overdose follow up requires access to individual level overdose data not available in ODMAP, however, some agencies (e.g., ACR Health in Oneida County and ACBC in Broome County), are able to obtain this information through partnerships with local law enforcement and/or HIDTA DIOs and Analysts positioned at the regional Crime Analysis Centers in the state. Other communities may use other data sources, however, law enforcement data is commonly used because it's more accessible than data from other sources that are covered by HIPAA (i.e., EMS, hospital, public health). Monroe County's IMPACT (Improving Addiction Coordination Team) responds to overdose survivors within 48 hours. NYSDOH OHEHR, AI Office of Drug User Health (ODUH) Post Overdose Response Team (PORT) serves the NYC area and reaches out to persons who recently experienced an overdose, as well as loved ones of persons who experienced a fatal overdose via home and phone visits. Resources offered by these programs include education, naloxone training, linkage to MOUD, other drug treatment, mental health services, harm reduction, employment and housing.

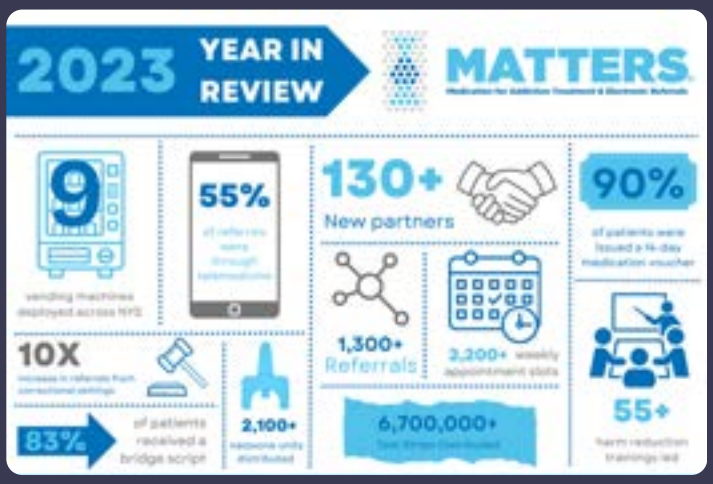
54%

25 of the 46 counties represented in a survey of ODMAP Users in NYS use the data for

POST OVERDOSE RESPONSES

Medication for Addiction Treatment and Electronic Referrals (MATTERS): MATTERS was developed in 2016 to improve access to treatment for opioid and substance use disorders out of the emergency department. After demonstrating applicability to other settings, it has expanded to submit referrals from inpatient units, medical offices, first responders, law enforcement, correctional facilities and community-based organizations. MATTERS facilitates rapid referrals submitted online 24/7, 365 days a year.

Post overdose outreach and linkage to care initiatives encounter increasing complex challenges as individuals with SUD experience a complex interplay of social, economic and health factors (i.e., homelessness, mental health) impacting substance use and overdose risks.



Source: https://mattersnetwork.org/research/

Mobile and Street Outreach

Mobile and street outreach programs are playing a crucial role in addressing the complex challenges faced by individuals experiencing homelessness, substance use disorders (SUD) and mental health conditions in the state. These can reach marginalized and hard-to-reach populations, including those who may be living in encampments, unhoused or experiencing chronic homelessness. These programs prioritize equity and accessibility by striving to ensure that all individuals have access to the support and resources they need by bringing essential services directly to those without access to traditional "brick and mortar" healthcare or social support systems. By meeting people where they are, outreach teams build trust, provide immediate assistance and connect individuals with vital care and resources. Examples include:

Peer Delivered Syringe Exchange (PDSE) Services: Most NYSDOH OHEHR, AI Office of Drug User Health (ODUH) SSPs and drug user health hubs (DUHHs) conduct extensive outreach work, including PDSE, in which peers reach people using drugs (especially in harder-to-reach communities) in need of syringes or other SSP services in ways that traditional SSPs are unable to in order to provide free, sterile syringes, prevention education and linkage to SSP services.

Outreach and Engagement Services (OES): OES is a pilot program under OASAS that focuses on providing street-level outreach and engagement services to populations who typically have difficulty accessing treatment. The team provides disease prevention services including syringe distribution, educational resources and risk counseling, linkage to services mental health and other social support services. The team also seeks to reduce community stigma associated with substance use and advocate for harm reduction policies and practices. OASAS awarded funding to 31 street-based model providers in the state.

Mobile Medication Units: In 2023, OASAS launched its first Mobile Medication Unit; these units provide medication assessment, administration (including methadone) and testing services to people in their own communities. They are designed to reach those who face barriers accessing brick-and-mortar locations. There are currently two operational MMUs in NYC, with several more set to begin operation statewide in 2024.

NYC Health + Hospitals Street Health Outreach & Wellness (SHOW): NYC Health and Hospitals has a new Street Health Outreach & Wellness (SHOW) program that delivers a range of services via mobile units of interdisciplinary teams, including peer professionals. The unites provide COVID-19 tests and vaccinations, wound care, basic material necessities, treatment and linkages to care and harm reduction services to people who are unstably housed while dealing with substance use, mental health and/or medical problems. Van locations are based on NYC overdose rate data and input from existing street outreach teams.

SECTION 8

Public Health and Harm Reduction Responses

"Moving from isolation to connection is incredibly important for people who use drugs. Organizations that use a harm reduction approach to care can bridge a person from isolation into community - a community that supports, educates and embraces."

Allan Clear, Director, NYSDOH Office of Drug User Health

The Umbrella of Harm Reduction

Most people think that abstinence and harm reduction are at odds; however, abstinence is under the harm reduction umbrella of all positive change goals that people have. Harm reduction "accepts that abstinence may be the best outcome for many but relaxes the emphasis on it as the only acceptable goal and criterion of success. Instead, smaller incremental changes in the direction of reduced harmfulness of drug use are accepted and supported. In many cases, issues other than drug use may need to be addressed before drug use is tackled directly. Harm reduction accepts people there."

- The Challenge of Harm Reduction, Changing Attitudes Toward Addiction Treatment By Dr. Andrew Tatarsky, September/October 2019

Harm reduction in New York State (NYS) encompasses a range of evidence-based strategies aimed at minimizing the negative health and social consequences associated with drug use. These strategies prioritize the well-being of individuals who use drugs by focusing on pragmatic approaches to reduce harm rather than solely emphasizing abstinence. Harm reduction has a much broader definition than needle exchanges and naloxone.

The NYSDOH OHEHR, AI Office of Drug User Health (ODUH) is committed to improving the quality of life for people who use drugs (PWUD) through the promotion of harm reduction practices and accessible health care and supportive services. ODUH has a long history of serving people living with HIV/AIDS, HCV and providing quality harm reduction services throughout NYS. They promote non-judgmental, anti-racist, gender affirming, evidence-based practices to challenge and overcome systemic barriers to non-judgmental, person-centered and compassionate care. Their harm reduction work is intertwined with the broader goal to abolish harmful practices in healthcare, drug treatment and criminal justice systems, policy and education.

Evolution of Harm Reduction in NYS

Portions of this section were informed by key informant interviewees from ACR Health (ACRH), a community-based organization with syringe exchange services and a drug user health hub (DUHH) serving 9 NYS counties (Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego and St. Lawrence), for their knowledge and perspectives on the history, needs, trends and challenges associated with harm reduction work in the state. ACRH has a reputation as a trusted service provider in providing nonjudgmental and compassionate care to PWUD in the communities they serve. They provide a wide variety of overdose prevention, harm reduction, MOUD, linkage to care and other health services for PWUD. ACRH also has a network of Q Centers and support groups that are safe places for lesbian, gay, bisexual, transgender and questioning youth, their families and allies to gather.

The early goals of harm reduction were focused on the education and distribution of syringe service supplies to prevent the transmission of HIV. Initially, it was a major public health push for an intervention that would be so low threshold and anonymous that people would be willing to access the services. Over time, the harm reduction model has dramatically shifted, partly because HIV transmission diminished greatly in NYS as a result of these initial efforts. Today, harm reduction is a bigger umbrella that's much broader than its origins in syringe exchange services and HIV; there is a focus on preventing bloodborne pathogen transmission through syringe exchange as an overarching theme with additional emphasis on education and risk reduction and providing linkages to care, navigation services and wrap around support.

ACRH highlighted some notable shifts in the harm reduction landscape: the very early days of syringe exchange was very much driven by people who use drugs and for a time, shifted to a model that was to be delivered by people who were paid service providers. Currently, there is a sense that it has reverted to the original model with a focus on "nothing about us without us" where people with lived experience are instrumental in program and policy design and ensuring that their engagement in the process is meaningful and affirming.

The early landscape for harm reduction was also much harsher for advocates with more neighborhood and community and service provider resistance to the establishment of syringe exchange programs. The higher level of scrutiny required that harm reductionists invest significant efforts in educating communities and key stakeholders by attending law enforcement roll calls, neighborhood meetings, service provider meetings, etc. to help communities understand the objective and value of the services and to dispel misperceptions. At the time, these programs were not viewed as a part of the treatment model.

"Nothing About Us Without Us" is about meaningful involvement of people who use drugs and ensuring the leadership and decision-making power of people with lived experience of drug use are included in response to the overdose crisis.

"In the early days, we were under scrutiny by neighbors, neighborhood watches and law enforcement. It took a lot of work to show up to law enforcement roll calls and do community presentations to provide education to help communities understand why SSPs exist. Even other service providers were not in agreement or accepting that a syringe exchange program should be allowed to operate in their service areas; we were not looked at as part of the treatment model. That changed throughout the years as more people started dying and education, knowledge and interest in harm reduction increased in the US and other countries."

– Roberto Gonzalez, Director of Harm Reduction and Prevention Services, ACR Health

Attitudes about harm reduction have shifted throughout the years with the increase in overdose deaths as well education and understanding about harm reduction. Additionally, more advocates were born out of the movement and as a result more people in need of the services started accessing SSPs causing an expansion in operations and services. According to ACRH, the increase in demand and growing body of evidence supporting its benefits led to a rise in provider and other stakeholder interest in collaborating with SSPs.

ACRH estimates serving 2,000-2,500 unique individuals with harm reduction services a year. Like many other harm reduction agencies in the state, they conduct outreach in areas of highest drug use, drug trafficking, sex work and neighborhoods that experience poverty to identify people in need of their services. As trusted providers among people who use drugs (PWUD), much of their services are promoted via word of mouth and as people experience their nonjudgmental, compassionate care, word about their reputation as a trusted resource spreads and more people engage in services.

The demographic composition of clients receiving harm reduction services at a SSP does not always correspond to the demographic of PWUD in a given community. For example, ACRH reports that one of their sites sees a larger percentage of people who are White than what would be considered statistically appropriate for the population of PWUDs in that community; the disparity may be due to the location of the sites and minority populations that use drugs feeling less comfortable in accessing SSP services in some neighborhoods, whereas other sites do see clients that are more racially representative of the population of PWUD.

There are also gender disparities in people who access harm reduction services; it's more challenging to get women who use drugs to come to SSPs for a variety of reasons including feelings about safety, concerns about child service investigations and/or barriers related to the social determinants of health (i.e., child care). Historical factors may play a part in this gap as harm reduction services were originally more targeted toward men, and as a result, word-of-mouth promotion about SSPs was more prevalent in the male community. In relationships with male and female partners who use drugs, the male may control all aspects of their substance use including obtaining the drug, SSP supplies and even injecting his partner as statistically, women are more likely to have someone else inject for them.

Harm Reduction Barriers and Challenges

Substance Trends of Concern: Drug trends are influenced by the types and availability of drugs in a given geographic area. The types of drugs used are influenced by factors such as system policies (i.e., treatment, policing, employment). For example, some areas may see more novel substances because they're less likely to be detected on a urine drug screen or other situations where an individual's drug use may be subject to monitoring (i.e., employment, treatment programs).

Prior to the surge in fentanyl 2016, there was a transition from people injecting opioids to crystal methamphetamine. Most NYS communities continue to see a growing trend in people injecting with synthetic opioids and stimulant and "Molly" or MDMA use with some areas reporting a small resurgence in actual heroin that is not mixed with other adulterants like fentanyl.

ACRH considers xylazine the most significant drug of concern for harm reductionists in NYS because of its physical effects (i.e., severe wounds) and because it is becoming so increasingly common in the drug supply, that people are now becoming more tolerant to it and thus seeking it out. If a person is continually exposed to xylazine, it's very difficult to get the wounds to close. It is described as a whole new level of wound care that is extremely challenging to get wounds to a place where they will start healing; focus is now about getting it to maintenance rather than healing. ACRH has responded to this issue by helping clients affected by this to understand that xylazine wounds are very different from an abscess in the way it presents and damages tissue underneath the surface of the skin and works its way up to the surface and opening. Many people don't know how to manage these wounds and may treat them like an abscess thereby worsening their condition. While full wound healing may not be achievable for all participants, getting the wound to shrink and keeping it from resulting in significant infection or necrosis that could result in amputation is a key objective for harm reductionists. Xylazine in combination with opioids also exacerbates the difficulty in managing an overdose.

In parts of the state, ACRH reports anecdotally an increase in limb amputations as skin grafts are medically complicated to take care of and moreover, unhoused individuals or persons in other challenging environments with wounds have limited ability to do proper wound care, including managing a skin graft. Stigma is also a factor as some individuals even with severe wounds may refuse to get medical attention to avoid the negative experience. Harm reduction organizations like ACRH are seeking to address this new challenge by training staff in advanced first aid and providing over the counter supplies and education to empower people in treating their wounds and obtaining appropriate wound care supplies on their own. Training staff and participants on early detection of wounds to encourage earlier treatment is another important strategy.

Xylazine Wounds

"People don't know how to manage xylazine wounds, so they sometimes do things that can make it worse because they're trying to treat it like an abscess when it's not. Getting them to heal is not always a reasonable goal as much as it is to get them to shrink and then keeping them from resulting in significant infection or significant necrosis that's going to result in amputation. But people are resourceful. If we give people tools and accurate information about what they can do, then they can do a lot of self-care and self-determination in treating their wounds."

– Michelle McElroy, Program Officer, ACR Health

Funding Limitations: One of the major challenges facing harm reduction organizations is funding limitations due to regulatory concerns related to the vagueness around which activities are allowable and can be supported with federal and/or state funding sources. Harm reductionists in NYS are advocating for legislative approval of overdose prevention centers in upstate areas outside of NYC where two sanctioned OPCs are currently operating. They are hopeful for legislative decisions that will determine what is allowable and the structure of the implementation (i.e., state level or individual municipality).

Harm reduction organizations are also challenged by the inconsistency in funding and the changing parameters which make it difficult to assure staff regarding which services can be offered and sustained. Oftentimes, their program and services are only guaranteed for the term of the funding source which creates challenges when the program and staff become embedded in the community, relationships are developed and the people receiving services feel safe and connected. There are also concerns about being beholden to a funding source that prevents them from being as low barrier or low threshold as they'd like to be.

Harm Reduction and Public Safety: Some harm reduction organizations have been successful in navigating the dynamics and nuances involved in cultivating relationships with law enforcement when there is a mutual willingness and openness to do so. Navigating these relationships becomes particularly challenging when there's significant variability in agency culture, inconsistency in officer interactions and/or a lack of uniform and consistent training in harm reduction throughout the workforce. The NYS ORS Team can be a resource and support to harm reduction agencies looking to facilitate conversations and bridge relationships with local law enforcement. There is also an opportunity to leverage 14 DIOs positioned at the 11 crime analysis centers throughout the state that support the NYS ORS Team in implementing a variety of public health and public safety interventions at the local level.

"The U.S. Department of Health and Human Services (HHS) allows federal funds to support SSPs under certain circumstances and does not authorize purchase of needles or syringes. HHS funding requires states to go through a determination of need process with the CDC to illustrate the state's risk for increased HIV or hepatitis C cases. If the CDC approves the funding, states can also apply for federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants. States use this funding along with a patchwork of other sources to support programs. In many cases, funding is from foundations, donations and merchandise sales, none of which allow for programs to operate with sustainable resources."

National Governor's Association Supporting and Sustaining Access to Harm Reduction Services for People Who Use Drugs

"The statewide ODMAP implementation plan could include a process for each regional Crime Analysis Center (CAC) to mine police records and send overdose survivor referrals to local SSPs in areas of the state where there is currently no post overdose responses in place."

- ODMAP – A NYS Briefing

Why SSPs?

New users of SSPs are FIVE times more likely to enter treatment and THREE times more likely to stop using drugs than those who don't.*

Access to Actionable Data: SSPs are keenly interested in accessing real-time overdose data for post overdose response and other overdose prevention interventions. There is great interest in individual-level data in particular to support post overdose follow up response for individuals who recently overdosed. However, ODMAP data is owned by the registered agency entering the data and the data entered does not include personally-identifiable information. The subreport, ODMAP – A NYS Briefing, made the follow recommendation regarding statewide ODMAP implementation: "A statewide strategy to level up ODMAP use should be paired with a statewide strategy to rapidly expand evidence-based post overdose responses to maximize overdose prevention impacts. The statewide plan should include a process for each regional Crime Analysis Center (CAC) to mine police records to send ODMAP referrals to local SSPs in areas of the state where there is currently no post overdose responses in place with ODMAP data. SSPs not only have strong and trusted relationships with people who use drugs, but they have proven effectiveness in linking recent overdose survivors to a range of services that reduce risky behaviors that can lead to fatal overdose and other poor health outcomes. Research* shows that new users of SSPs are five times more likely to enter treatment and about three times more likely to stop using drugs than those who don't. People with lived experience who work at SSPs can link individuals to any harm reduction and/or treatment program of their choice and can remain engaged with them whether or not they complete a treatment program, thereby providing continuous overdose prevention support.

*US Surgeon General's Determination of Effectiveness of Syringe Exchange Programs - https://www.drugpolicyfacts.org/node/3600

Harm Reduction Services and Supplies

As of 2022, there were

31

registered SSPs in NYS with over

230,500

participant encounters and

16 Million

syringe transactions*

Syringe Service Programs (SSP):

NYSDOH OHEHR, AI Office of Drug User Health (ODUH) funds and supports all of the SSPs in the state. SSPs provide sterile injection equipment to individuals who use drugs to prevent the transmission of bloodborne infections such as HIV and hepatitis C. Twenty-five (25) multi-disciplinary community-based programs offer a range of services such as naloxone distribution, HIV testing, and referrals to healthcare and social services. There are also five NYSDOH-waivered Second-Tier Syringe Exchange Programs (STSEPs) that furnish syringes and other related drug equipment; these include two drug treatment programs and three local health departments. Additionally, the NYS Expanded Syringe Access Program (ESAP) is a public health program that allows certain places like pharmacies and healthcare centers to give or sell sterile syringes to people 18 years and older without needing a prescription to lower the risk of diseases including HIV/AIDS, Hepatitis B, and Hepatitis C. (See Directory of SSP sites and hours of operations)

Drug User Health Hubs (DUHH):

NYSDOH OHEHR, AI Office of Drug User Health (ODUH) oversees 12 DUHHs in the state; DUHHs improve the availability and accessibility of an array of appropriate health, mental health, and medication treatment services for people who use drugs, especially but not solely people who inject drugs. These services can be provided on-site and/or through facilitated linkage to culturally competent care and treatment services. Although the source of contact is self-referral by people who use drugs, funded programs work to foster relationships with law enforcement, emergency departments, emergency medical services and families. (Source: NYSDOH Drug User Health Hubs)

In 2022, DUHHs served

1,444

unique patients*

*Source: Overview of NYSDOH Overdose Prevention and Response Activities August 29, 2023

Community Drug Checking Services:

In 2023, NYSDOH OHEHR, AI Office of Drug User Health (ODUH) piloted four drug checking programs operated by state funded Drug User Health Hubs (DUHH). Drug checking is used as a consumer safety tool—either before or after consumption—and a method to engage people who use drugs (PWUD) in other harm reduction services. This information helps inform the larger PWUD community about new or emerging adulterants in the local drug supply and how to decrease their risk of overdose from dangerous substances like fentanyl. Drug checking programs at DUHH's are located in Central NY, the Southern Tier, Mohawk Valley, Capital Region and Long Island. (NYC DOHMH also has drug checking services at four of NYC's SSPs: OnPoint NYC, BOOM!Health, Housing Works and VOCAL-NY). The NYSDOH Rapid Drug Analysis and Research (RaDAR) program, collects samples from local agencies (including two local law enforcement agencies that are not using the testing for criminal prosecution or enforcement). The number of samples tested by the NYSDOH Community Drug Checking services through April 23, 2024 was 892.

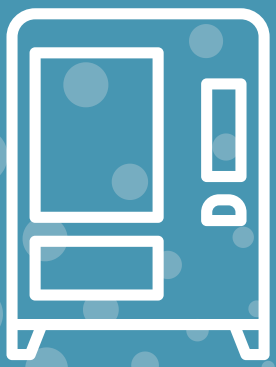
Harm Reduction Supplies Distribution:

Innovative ways to provide stigma-free and low-barrier access to harm reduction supplies is growing throughout the state. NYSDOH OHEHR, AI Office of Drug User Health (ODUH) Opioid Overdose Prevention Program (OOPP) supports the provision, training for and distribution of naloxone through community-based programs, ensuring broad access throughout the state. As of August 2022, there were over 1,007 agencies registered as OOPPs in the state (691 outside of NYC; 316 in NYC). Eligible providers can apply to become a registered program through NYSDOH to train community members (lay responders), para professionals, professionals, clients or patients and their families on how to recognize, respond and administer Naloxone.

As of January 2024, NY MATTERS partnered with OASAS to install 12 vending machines throughout NYS. They provide free naloxone, the overdose antidote, and free test strips for fentanyl and xylazine. All supplies from the vending machines are accessible at no cost. This is not representative of all the harm reduction vending machines in the state as several local organizations outside of the NY MATTERS network are taking the initiative to install these in their communities. For example, in 2022, an addiction recovery center in Otsego County introduced the first naloxone vending machine in the state. In 2023, the NYC Department of Health and Mental Hygiene, installed the city's first public health vending machine to promote 24/7 access to lifesaving harm reduction supplies conveniently and anonymously. Numerous NYS communities are purchasing and installing hundreds of naloxboxes or naloxone emergency cabinets in a variety of public places to provide free access to naloxone, such as in Broome, Erie, Monroe, Oneida, Onondaga, Saratoga and Westchester counties to name a few. Monroe County's IMPACT Team has placed 500+ naloxboxes throughout the county; Erie County has placements in ~1,000 locations.

OASAS has partnered with NY MATTERS to establish a "Harm Reduction Delivered" program that will ship naloxone and drug testing strips free of charge to the public, providers and other community agencies. Nearly 100,000 naloxone and 6 million fentanyl test strips (FTS) requests have been processed since its inception in 2022. Additionally, some local agencies have established mail-based distribution services as a part of their NYSDOH registered OOPP.

All of these distribution programs obtain their naloxone supplies from the NYSDOH OHEHR, AI Office of Drug User Health (ODUH) at no cost.



Several NYS communities have installed harm reduction vending machines in their communities through the NY MATTERS program or other funding sources as means of providing low-barrier, 24/7 access to harm reduction supplies.

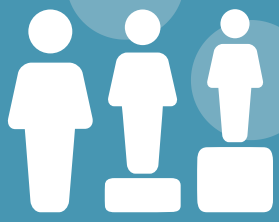
New York State Harm Reduction Association

A resource available to New Yorkers is the New York State Harm Reduction Association (NYSHRA) whose mission is to introduce and promote harm reduction in the state as a scientifically based treatment appropriate for substance use disorder, as well as a lifestyle approach to people who use substances. NYSHRA fulfills this mission through public policy and advocacy, public awareness, clinical education and research dissemination. NYSHRA provides members with access to clinical and peer trainings rooted in harm reduction; advocates for policies that make harm reduction the preeminent treatment modality and collaborates with partners working at the intersection of race, gender and class to end the opioid epidemic.

Peer Network of New York (PNNY)

PNNY supports the work of Peers (i.e., individuals with lived or living experience) across NYS through education and training, leadership development and advocacy. PNNY recognizes that peers are most effective in fighting to save lives and reduce harm for the most vulnerable community members. PNNY acknowledges peers as experts in their field and encourages self-empowerment and professionalism through best practices and ongoing mentoring and support. The organization was started in 2010 as a pilot project to connect with peers working in harm reduction, syringe exchange programs (SEP) and naloxone distribution. PNNY has a long-standing history of engaging with individuals and communities in the South Bronx and East Harlem and is now a network of over 300 Peers in NYC and across the state. Peers have been at the core of the life-saving overdose prevention work across the continuum of services in NYS; PNNY is advocating for peer labor equity and inclusivity to prevent exploitation of peers through low wages, no paid leave and healthcare coverage despite the traumatic nature of the work.

(Source: https://www.peernetworkofnewyork.org/home/#programs)



PNNY is advocating for peer labor equity and inclusivity to prevent exploitation of peers through low wages, no paid leave and healthcare coverage despite the traumatic nature of the work.

Patient Care Disruptions: The NYSDOH OHEHR, AI Office of Drug User Health (ODUH) works with CDC's Opioid Rapid Response Program (ORRP) to help mitigate overdose risks among patients who lose access to a prescriber of opioids, medications for opioid use disorder or other controlled substances, such as benzodiazepines and stimulants. Disrupted access could be due to law enforcement actions or other events, such as the retirement, death or voluntary closure by a clinician who prescribes controlled substances. ORRP helps address care continuity and risk reduction for patients by alerting trusted contacts at ODUH about law enforcement events that might disrupt patients' access to care and supporting state and local capacity building to prepare for and respond to disruptions in care. ODUH staff serving as ORRP trusted contacts are entrusted with confidential notification of law enforcement information prior to an action being taken against a prescriber of opioids, MOUDs and/or other controlled substances.

According to ORRP, "patients who lose access to their prescriber may be at risk for a variety of adverse physical and mental health effects. They may experience trauma, anxiety, feelings of abandonment, fear, desperation, depression, hopelessness and suicidal ideation. Patients who are physically dependent on their medications may experience physical pain as well as a variety of other withdrawal symptoms, depending on the medication, dosage and length of time they have been taking the medication. Without care continuity, patients experiencing withdrawal symptoms or untreated pain may turn to the illicit drug market, where the use of counterfeit pills and other drugs such as illicitly manufactured fentanyl, put them at risk of overdose." NYSDOH conducts an initial risk assessment based on known facts surrounding the disruption, notify partners that need to be engaged in response efforts, identify available state and local resources to aid in the response, obtain additional information that could inform risk assessment (e.g., PDMP data, or Medicaid claims data) and coordinate the overall response to help patients quickly get the care they need.

From June 11, 2020 - May 1, 2024, NYSDOH Received

18

ORRP Patient Care Disruption Notifications that put thousands of patients at risk of immediate or imminent loss of controlled medications

In 2024, NYSDOH ODUH conducted an NYS Opioid Preparedness exercise in collaboration with the CDC ORRP and the Association of State and Territorial Health Officials (ASTHO) to convene state and local stakeholders in a mock patient care disruption scenario to plan, brainstorm and develop collaboration among participants in responding to real disruption events.

Overdose Prevention Centers

There are two Overdose Prevention Centers (OPC) currently operating in New York City (NYC) — one in East Harlem and one in Washington Heights. OPCs are places where people can safely use previously obtained drugs under the supervision of trained staff. OPCs aim to reduce the risk of harms related to drug use, including fatal overdose, and provide health services to people who use drugs.

According to the report **ONPOINT NYC: A Baseline Report on the Operation of the First Recognized Overdose Prevention Centers in the US**, "OPCs are safe spaces for people who actively use drugs, are at-risk of overdose death, and lack access to critical health and stabilization services. Inside OPCs, people can consume pre-obtained substances and be supervised post consumption by personnel trained to identify and respond to the earliest signs of overdose. OPCs primarily prevent overdose death and other health risks associated with drug use, facilitate connection to care and reduce public drug use and hazardous waste in public spaces. OPCs are designed to meet the needs of deeply marginalized and stigmatized people who are disconnected from traditional services."

In year 1, staff intervened

636 TIMES

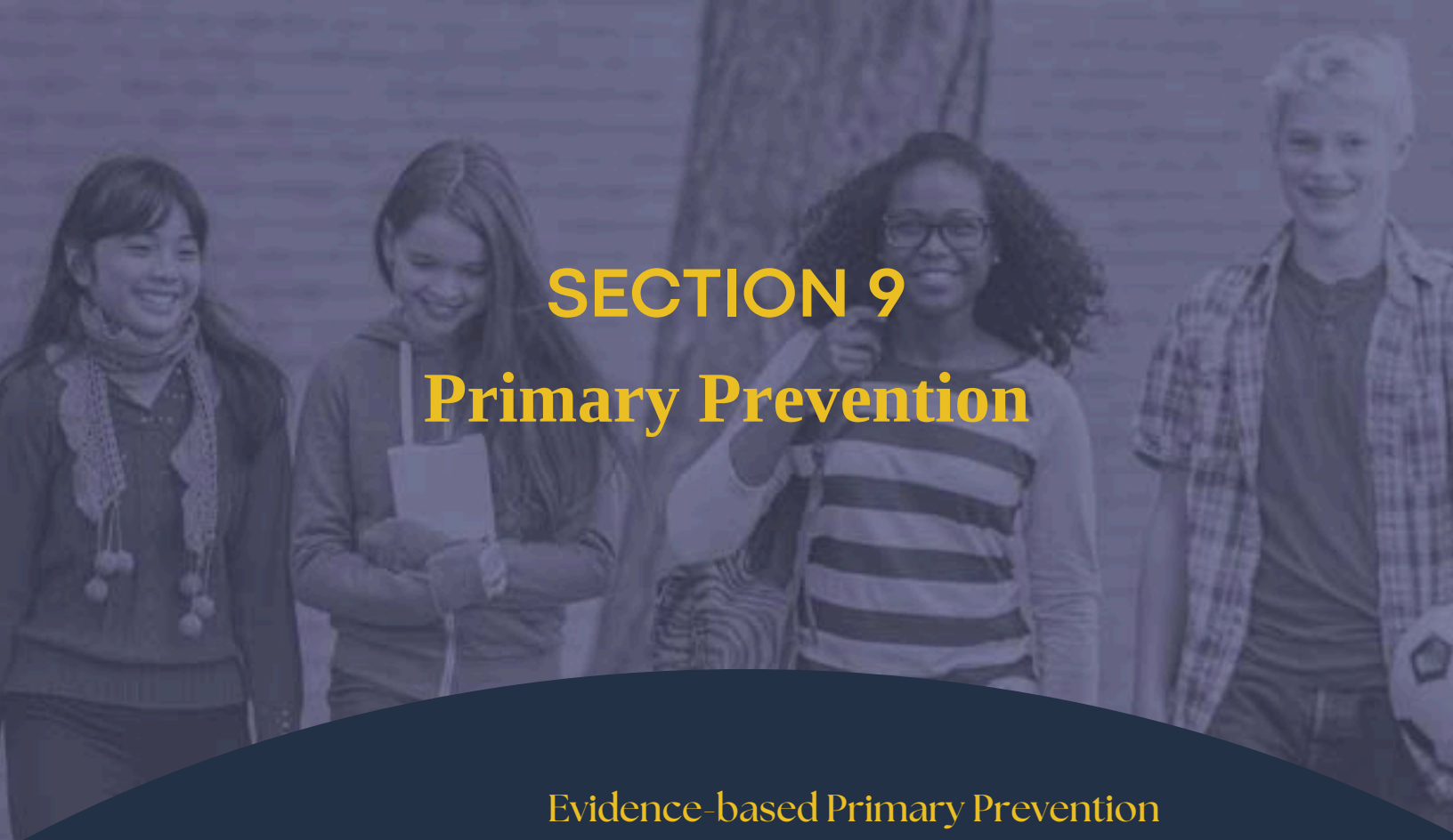
to prevent overdose death

On November 30, 2021, OnPoint NYC opened the first publicly recognized OPC in the nation at two of NYC existing SSPs

The following are the year 1 findings in the Onpoint Report:

- OnPoint staff intervened 636 times to prevent overdose death and other associated harms.
- 1 in 5 participants were referred to housing, detox, treatment, primary care or employment supports. 100% of participants wanting detox or inpatient substance use treatment were connected to outside providers.
- The OPCs were used by 2,841 unique participants, who used the sites 48,533 times.
- Before the opening of the OPCs, NYC Parks reported collecting an average of 13,000 syringes per month from Highbridge Park - located across the street from the Washington Heights location. In the month following the opening of the OPCs, syringe collection dropped to 1,000.
- EMS was only called 23 times out of 48,533 visits, freeing up capacity for first responders to respond to other calls.
- 83% of opioid overdoses were resolved without the need for naloxone through oxygenation, agitation and close monitoring, strategies shown to reduce likelihood of persons experiencing opioid withdrawal symptoms when revived.

Source: ONPOINT NYC: A Baseline Report on the Operation of the First Recognized Overdose Prevention Centers in the US



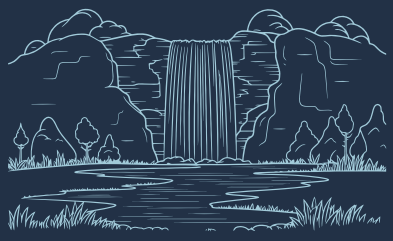
SECTION 9
Primary Prevention

Evidence-based Primary Prevention

Primary prevention for substance use disorder focuses on preventing addiction before it occurs by addressing the root causes of substance misuse. This involves implementing strategies and interventions aimed at reducing risk factors and promoting protective factors across various settings, including schools, communities and families. Examples of primary prevention efforts occurring in NYS include education and awareness campaigns, promoting healthy coping skills and resilience, trauma-informed care, implementing policies to restrict access to substances and fostering supportive environments that discourage substance use initiation.

Primary prevention for addiction should not be stigmatizing because stigma can create barriers to accessing care and support for individuals at risk of developing substance use disorders. Stigmatizing attitudes and behaviors can deter individuals from seeking help or engaging in preventive efforts due to fear of judgment or discrimination. Non-stigmatizing approaches to prevention can create inclusive and empowering spaces where individuals feel comfortable seeking information, support and resources to address substance use risks. This approach fosters a culture of compassion, understanding and support, which is essential for effectively preventing addiction and promoting overall health and well-being in communities.

"Upstream and Downstream"



By employing both upstream and downstream interventions, communities can adopt a comprehensive approach to addressing SUD that combines efforts to prevent new cases from occurring (upstream) with efforts to support and treat individuals who are already affected (downstream).

Prevention Resource Centers (PRC)

NYS OASAS Regional Prevention Resource Centers (PRC) provides focused training and technical assistance on the five step Strategic Prevention Framework (SPF) process as well as implementing environmental prevention strategies to support, strengthen and develop sustainable and effective prevention services throughout the state. Regional PRCs support community coalitions across New York State (NYS), each covering a specific area. Their purpose is to help implement effective strategies for preventing alcohol, drug, and gambling-related issues. PRCs provide training and assistance to coalitions, as well as other community groups, to apply scientific knowledge in their work. They aim to increase the number of prevention-focused coalitions, especially in underserved communities, and to maintain sustainable, data-driven coalitions in every county. PRCs also work to enhance the capacity and longevity of existing coalitions by offering support on various aspects of prevention, including needs assessment, planning, implementation, evaluation and cultural competency.

Listing of NYS Regional Prevention Resource Centers

- Western PRC
  - Counties Covered: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
  - Host Provider: Genesee Council on Alcohol and Substance Abuse
- Finger Lakes PRC
  - Counties Covered: Broome, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Yates
  - Host Provider: DePaul's National Council on Alcoholism and Drug Dependence
- Central PRC
  - Counties Covered: Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, St. Lawrence
  - Host Provider: The Prevention Network in Syracuse
- Mid-Hudson PRC
  - Counties Covered: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
  - Host Provider: ADAC of Orange County
- NYC PRC
  - Counties Covered: Bronx, Kings, New York, Richmond, Queens
  - Host Provider: Children's Aid Society in Manhattan
- Long Island PRC
  - Counties Covered: Nassau, Suffolk
  - Host Provider: Family Service League of Long Island

Source: https://oasas.ny.gov/prevention/

WHY USE SOCIAL NORMS MESSAGING?

"Research shows that a growing percentage, and the vast majority of American youth are choosing not to use any substances. Yet both youth and adults overwhelmingly overestimate the number of 12–18 year-olds who use substances (especially alcohol, nicotine and marijuana). They believe that substance use is more common than it actually is (e.g., everyone drinks, most caregivers let their kids drink). The truth is that most youth make healthy choices and do not use substances."

–ADAPT
Source: FINAL-KP2-Social-Norms-Intervention2.7r-1.pdf

Youth and School-Based Programming

Communities are witnessing a concerning surge in youth gang activity associated with gun violence and the selling of illicit drugs, a trend that appears to have escalated during the COVID-19 pandemic. This troubling development poses significant challenges across various intervention levels within our care systems, including schools, law enforcement, courts and community-based organizations. These entities are grappling with the task of deterring youths from the criminal justice path while implementing early interventions to prevent future harms. Some NYS schools face hurdles in delivering substance use prevention services tailored to youth for a variety of reasons including, but not limited to:

- Limited funding and availability of evidence-based programming hinder consistent delivery of services. While some schools offer assembly programs touching on these issues, sustained investment in programming beyond broad-topic assemblies and seminars remains a challenge, and even more so in economically disadvantaged areas.
- In some circumstances, parental awareness regarding the extent of the problem and the need for education on identifying and addressing signs and risk factors for substance misuse and mental health issues in their children is lacking.
- Stigma and misplaced concerns that discussing these topics might promote such behavior can complicate efforts to introduce educational programs and services.
- Differences in school culture influences the scope of substance use education available to students.
- Meeting rigorous schedules and accountability requirements adds another layer of complexity. Convening evening events are sometimes held to manage challenges related to curriculum constraints during the school day.
- While basic educational programs addressing alcohol, cannabis, prescription misuse and vaping may exist, access to affordable youth-focused education addressing emerging risks like fentanyl and counterfeit prescription pills remains limited. Reports of overdose fatalities among youth due to inadvertent exposure to fentanyl through counterfeit pills believed to be Xanax, Adderall, Oxycontin or some other prescription drug underscore the urgency of addressing this gap in education.

About Youth Mental Health and Substance Use

"Many adults are afraid to talk to children when they are experiencing significant mental health issues for fear of saying something wrong or not knowing what to say. But we need to talk about their issues and concerns, and we need to listen to what they tell us. We cannot be afraid because suicide is on the rise, students are dying and we need to have a better response."

– Anne Lansing, Executive Director, Safe Schools Mohawk Valley

The Dos and Don'ts of Prevention Messaging

DO:

- Frame the conversation as a health issue
- Use realistic, real-life examples
- Help individuals identify potential consequences
- Engage peers as messengers
- Use positive messages
- Tailor messages for your audience
- Engage the community

DON'T:

- Lecture, guilt or shame
- Use scare tactics
- Illustrate or dramatize drug use
- Highlight triggers
- Use stigmatizing language or imagery

Source: https://linkingefforts.com/prevention-messaging-101/

"For over 25 years working in schools we have found that simple solutions can go a long way. For example, greeting students when they come into school and letting them know you are glad to see them or giving them an alarm clock can make the difference on whether they come to school each day. Knowing you care begins to build rapport with the child and they in turn become more receptive to help and guidance."

- Anne Lansing, Executive Director, Safe Schools Mohawk Valley

Percentage of U.S. and NYS high school students who report ever using a substance, 2021

Substance, ever used	U.S.	NYS
Cocaine	2.5%	3.6%
Heroin	1.3%	3.4%
Methamphetamine	1.8%	3.5%
Synthetic Marijuana	6.5%	7.1%
Injecting an Illegal Drug	1.4%	3.1%

Source: NYS Opioid Annual Data Report 2023, Data source: Youth Risk Behavior Surveillance System (YRBSS); Data as of April 2023

Safe Schools Mohawk Valley (SSMV) is an example of an evidence-based school and community-based provider serving multiple NYS school districts in central NY. SSMV offers diversion services targeting key areas of concern in students experience challenges with attendance, behavior and school disengagement. They advocate for statewide guidelines akin to those for suicide prevention to address substance use in youth.

Youth substance misuse often stems from trauma and an attempt to cope with associated mental health and emotional issues. SSMV intervenes by providing mediation and social skills support to help children and families navigate challenges, thereby averting suspension, expulsion or involvement with the criminal justice system. SSMV's collaborative approach with their arrest diversion program, has yielded impressive results, with a 93% success rate in preventing reoffending among youth. Their intervention strategies prioritize acknowledging and supporting struggling youth, aiming to prevent entanglement in systems that could perpetuate long-term harm.

SSMV exemplifies the vital role of programs in schools aimed at intervening with high-risk youth. By leveraging staff that are credible and trusted messengers with lived experience that can foster trust, offer meaningful support, ultimately steering youth away from detrimental paths and towards more successful outcomes and ultimately healthier lives into adulthood.

Drug -Free Communities Coalitions

The Drug-Free Communities (DFC) Support Program, created by the Drug-Free Communities Act of 1997, is the nation's leading effort to mobilize communities to prevent youth substance use. Directed by the White House Office of National Drug Control Policy (ONDCP), the DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use.

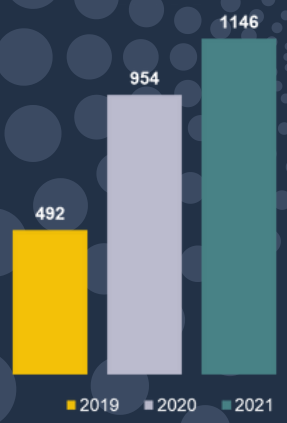
A DFC Coalition is a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy and drug-free community.

NY Zip Codes Served by a DFC Coalition

55 DFC Coalitions in NYS (2023-2024):

- 21 are in Years 1-5 of DFC Funding
- 34 are in Years 6-10 of DFC Funding

U.S. Adolescent (14–18) Drug Overdose Deaths in US 2019–2021



- Between 2019 and 2021, adolescent overdose mortality increased by 133%
- In 2021, fentanyls were identified in 77.14% of adolescent overdose deaths

NYS Drug Free Communities (DFC) Substances of Focus*

SUBSTANCE FOCUS	NUMBER OF COALITIONS	%
ALCOHOL	62	100.0%
MARIJUANA	60	96.8%
TOBACCO	44	71.0%
RXDRUGS_OPIOIDS	43	69.4%
HEROIN	21	33.9%
RXDRUGS_NOT_OPIOIDS	15	24.2%
SYNTHETICS	12	19.4%
OTC MEDICATIONS	7	11.3%
METHAMPHETAMINE	2	3.2%
COCAINE	1	1.6%
STIMULANTS	0	0.0%
TRANQUILIZERS	0	0.0%
HALLUCINOGEN	0	0.0%
INHALANTS	0	0.0%
STEROIDS	0	0.0%

Sources: CDC DFC Program, NYS DFC Data, August 2023. *Note: In August 2023, there were 62 DFC Coalitions. Currently, there are 55

Friedman J, Godvin M, Shover CL, Gone JP, Hansen H, Schriger DL. Trends in Drug Overdose Deaths Among US Adolescents, January 2010 to June 2021. JAMA. 2022;327(14):1398–1400. doi:10.1001/jama.2022.2847

Handle with Care Programs

According to the National Center for Education Statistics, "70% of public schools reported an increase in the percentage of their students seeking mental health services at school since the start of the COVID-19 pandemic, and roughly three-quarters (76%) of schools also reported an increase in staff voicing concerns about their students exhibiting symptoms such as depression, anxiety, and trauma." The instances of trauma that many students face qualify as adverse childhood experiences (ACEs), which the Centers for Disease Control and Prevention (CDC) identify as "potentially traumatic events that occur in childhood (0-17 years)." The CDC lists examples such as:

- Experiencing violence, abuse or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide
- Growing up in a household with substance use problems, mental health problems or instability due to parental separation or household members being in jail or prison

Handle with Care (HWC) is a notification sent from law enforcement to proactively alert a child's school that they have experienced or witnessed some form of trauma (Frontline Education Guide: Everything You Need to Know About Handle with Care Programs). The school provides intervention, awareness, observation and/or support as needed.

Currently, there is only one NYS community (Broome County) identified on the Frontline website with a HWC Program.

How Does Handle with Care Work?

1. Three (3) Simple Words: "Handle with Care" Notice from law enforcement with student's name. NO incident details given.
2. Trauma sensitive schools
3. Trauma-informed response on school site

According to the CDC, adverse childhood experiences are common and are linked to physical and mental health problems: "61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE before age 18." These experiences are linked to "lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential."

(Source: Adverse Childhood Experiences, VitalSigns - CDC)

"This is a great initiative to promote partnerships between our local school districts and their mental health staff and law enforcement, especially when those efforts help protect students from the impact of adverse childhood experiences; Handle With Care was designed to do just that."

-Broome County Executive Jason Garnar "

Content Sources:
https://www.frontlineeducation.com/handle-with-care-school-program/#what-is-hwc
https://www.gobroomecounty.com/hd/release/handlewithcare

NYNG has

20

Civil Operators collaborating with communities on prevention, education and overdose response efforts.

In a 2024 survey administered to NYNG, Civil Operators reported engagement in a variety of overdose prevention activities with at least

65

Community Coalitions

They primarily specified **FENTANYL** (among other substances) as a need/threat issue for **83%** of these coalitions.

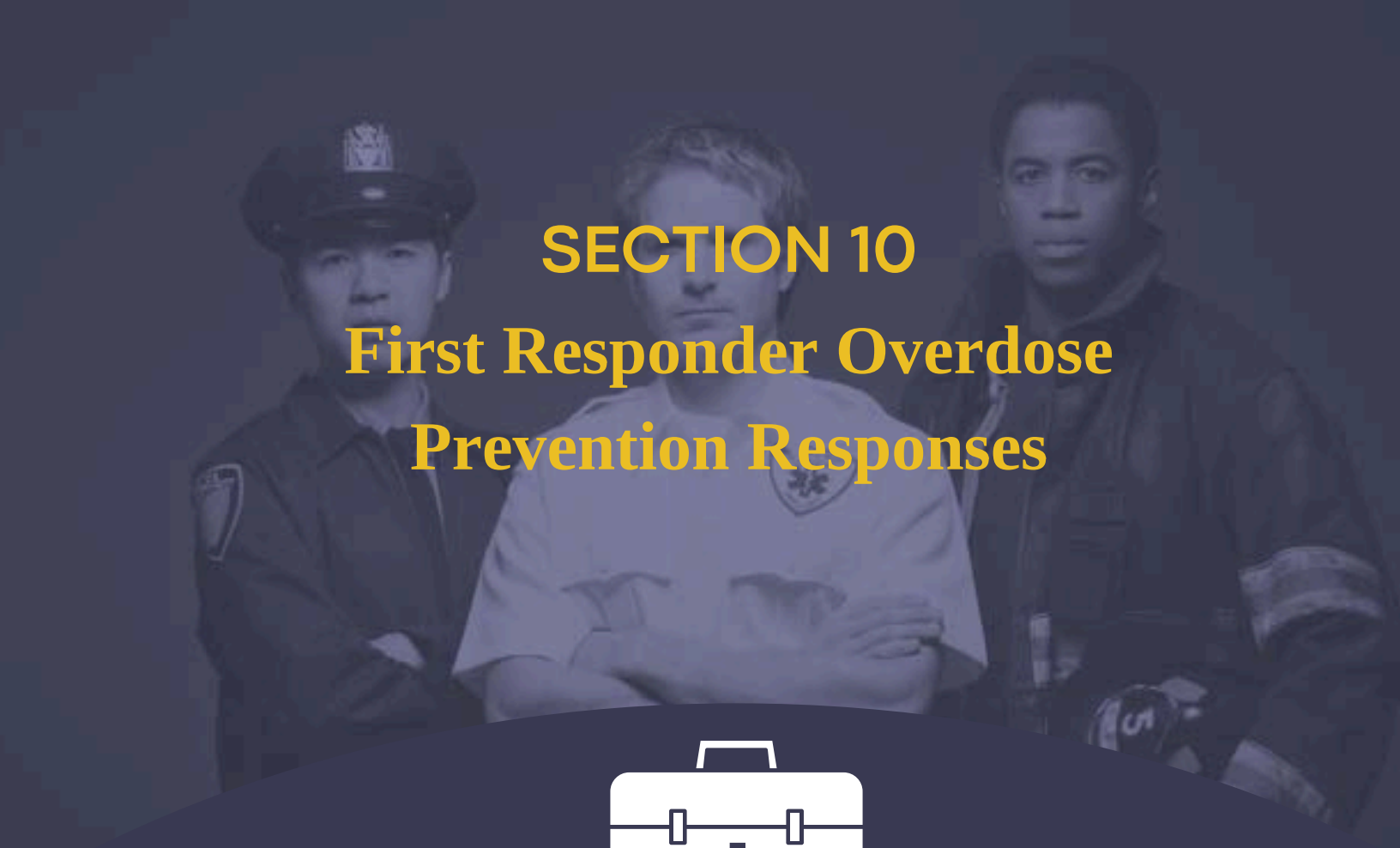
NY National Guard Drug Demand Reduction Outreach

The New York National Guard (NYNG) Counterdrug Task Force is focused on expanding community prevention efforts and enhancing federal, state and local law enforcement capabilities to reduce the supply and demand for fentanyl, heroin, cocaine, methamphetamine, prescription pills and other illicit narcotics within NYS. Civil operators focus on prevention, education and overdose response efforts. They coordinate statewide anti-drug prevention efforts with NY State's Office of Alcoholism and Substance Abuse Services (OASAS) Prevention Resource Centers (PRCs), Law Enforcement Agencies (LEAs), local coalitions, planning teams, state organizations and other stakeholders to develop a consolidated plan for targeting drug use/misuse in the Community Opportunity Reinvestment (CORe) neighborhoods outlined by the Governor of New York.

NY Counterdrug Program Drug Demand Reduction Outreach (DDRO) currently has 20 civil operators collaborating with 95 coalitions, community organizations and prevention resource centers. DDRO analysts are also positioned in 10 out of the 11 NYS Crime Analysis Centers and are a resource available to support NY/NJ HIDTA and ORS initiatives. Civil operators have the skills and training to support a range of primary prevention and overdose prevention activities including:

- Coalition Development
- Strategic Prevention Framework Technical Assistance
- Grant Writing and Research
- Naloxone Training
- Naloxone Kit, Deterra Bag and Fentanyl Test Strip Distribution
- Youth and Community Interventions
- Drug Take Back Events
- Rx Pill Drop Boxes
- Red Ribbon Week Activities
- Infographics
- Translation Services
- ODMAP
- Community Scans
- Kaizen Assessment: Coalition Self-Evaluation Tool
- Information Sharing
- Technology and Media Assistance
- DDRO Way Forward

Source:https://dmna.ny.gov/counterdrug/civil/



SECTION 10
First Responder Overdose Prevention Responses

First response agencies (law enforcement, EMS/Fire) play a vital role in overdose prevention efforts in NYS by being equipped with naloxone, conducting community outreach and education, collaborating with public health agencies in harm reduction and deflection and diversion initiatives, supporting drug take-back programs, participating in overdose fatality reviews and sharing real-time overdose and drug trend data, to name a few.

NY/NJ HIDTA has served as a model and leader in exemplifying ways in which law enforcement partners can support and invest in public health approaches to the overdose crisis. They play a key role in leveraging support from local law enforcement agencies to engage with public health in a variety of ways across the continuum of overdose prevention responses.

The NYSDOH Division of State Emergency Medical Systems is responsible for the general oversight of the EMS system statewide.

NY/NJ High Intensity Drug Trafficking Areas (HIDTA)

As an Office of National Drug Control Policy (ONDCP) grant program, the High Intensity Drug Trafficking Areas (HIDTA) Program coordinates and assists federal, state, local and tribal law agencies to address regional drug threats with the purpose of reducing drug trafficking and drug production in the United States. The HIDTA Program oversees 33 regional HIDTAs in all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. ONDCP accepts petitions for county-based HIDTA designation based on illegal drug production, manufacturing, importation or distribution criteria. Regional HIDTA DIOs also collaborate closely with public health partners on innovative strategies to reduce fatal and non-fatal overdoses and substance use.

The NY/NJ HIDTA currently has 14 HIDTA Drug Intelligence Officers (DIO) assigned to the HIDTA-designated regions in the state. The DIOs and Analysts support the implementation of the NY Overdose Response Strategy (ORS) Team priorities such as ODMAP expansion, Handle with Care Program, Drug Free Communities Coalitions, data collection and sharing for post overdose responses, overdose fatality reviews and other overdose and drug trend surveillance activities.

NYS Division of Criminal Justice Services (DCJS) Crime Analysis Centers

There are over 500 law enforcement agencies in NYS. The NYS DCJS provides direct training to law enforcement and other criminal justice professionals; oversees a law enforcement accreditation program; analyzes statewide crime and program data; provides research support; oversees county probation departments and alternatives to incarceration programs; and coordinates juvenile justice policy. DCJS partners with local law enforcement agencies across the state to support a network of Crime Analysis Centers (CAC) that provide investigative support and information to help police and prosecutors more effectively solve, reduce and prevent crime. Regional crime analysis centers (CACs) are centrally located multi-jurisdictional teams that conduct in-depth analyses of crime and share crime data and intelligence with local law enforcement agencies. There are 11 CACs in NYS.

Emergency Medical Services (EMS)

In 2022, 989 agencies provided EMS throughout the state (including NYC). In NYS, ambulance services treat and transport patients regardless of their insurance status or ability to pay. EMS agencies are overseen by 18 regional EMS councils (REMSCOs), each of which is comprised of representatives from local ambulance services, physicians, nurses, hospitals and other EMS organizations. The NYSDOH regulates EMS in the state and the 18 REMSCOs, along with other stakeholders, are represented on the New York State Emergency Medical Services Council (SEMSCO), which advises the Commissioner of Health on matters relating to EMS. The SEMSCO assists DOH with the development of EMS rules, regulations and guidelines (Source: https://www.osc.ny.gov/files/local-government/publications/pdf/ems-report-2024.pdf).

20,781

EMS Naloxone Administrations in NYS in 2023*

*Source: New York State County Opioid Quarterly Reports, April 2024 Edition (provisional data)

There is pending legislation in NYS aims to empower paramedics to administer buprenorphine to eligible patients after overdose reversal with naloxone.

Rapid Analysis of Drugs (RaDAR) Program

Law enforcement agencies in Brome County and the Utica Police Department have partnered with the NYSDOH OHEHR AI ODUH and ORS to pilot the RaDAR Program, a mail-based drug checking program. The participating agency collects samples from drug paraphernalia (not involving a criminal investigation) and submits to National Institute for Standards and Technology (NIST) labs for analysis with results reported within 24-72 hours. RaDAR aims to improve understanding of drug environments to support public health interventions.

*Artificial Intelligence (AI) was used to research general first responder overdose responses.

First Responders and Overdose Prevention

The following highlights some of the ways in which NYS first responders are involved in overdose prevention efforts*:

- **Overdose and Drug Trend Data Sharing:** In NYS (excluding NYC), law enforcement agencies logged over 55% of the ~120,000 (as of Nov. 2023) overdose reports in ODMAP; EMS logged 14% of these. Some first response agencies regularly share overdose and drug trend data and information with community partners for awareness and intervention efforts.
- **Naloxone Distribution and Training:** All EMS and many law enforcement agencies in NYS are equipped with naloxone. They are trained on how to recognize the signs of an overdose, administer naloxone and provide basic life support. Some participate in distribution activities such as the Leave Behind Naloxone Program. EMS is often the first medical responder to overdose emergencies and also provide transport to medical facilities for further evaluation and treatment.
- **Community Outreach and Education:** Conducting community outreach and education efforts to raise awareness about overdose prevention and harm reduction strategies. This may involve public awareness campaigns, hosting community forums and providing educational materials on topics such as naloxone administration and signs of drug overdose.
- **Collaboration with Public Health Agencies:** First response agencies collaborate with public health, community organizations and other stakeholders to develop and implement comprehensive overdose prevention initiatives. This collaboration may involve sharing data, coordinating responses to overdose clusters or outbreaks and jointly planning and implementing prevention strategies.
- **Drug Take-Back Programs:** Law enforcement agencies participate in drug take-back programs that allow individuals to safely dispose of unused or expired prescription medications. These programs help prevent prescription drug misuse, diversion and accidental overdoses.
- **Overdose Fatality Review (OFR):** Some first response partners attend and share data for OFR teams that conduct multidisciplinary reviews of fatal overdoses to identify factors contributing to overdose deaths to prevent future deaths.
- **Diversion Programs and Alternatives to Incarceration:** Law enforcement agencies may collaborate with treatment or harm reduction providers and other stakeholders to divert individuals with SUD away from the criminal justice system and into treatment and support services. This may involve implementing pre-arrest diversion programs, drug court programs or other alternatives to incarceration for non-violent drug offenses.

Leave Behind Naloxone

In August 2024, the NY ORS Team partnered with Dr. Michael Dailey of Albany Medical College to host a Leave-Behind Naloxone (LBN) Informational Session, which drew over 100 law enforcement representatives. The strong interest in the session prompted the NY ORS Team to fill a gap in LBN implementation guidance for law enforcement agencies by creating a comprehensive NY ORS Team Leave-Behind Naloxone Toolkit for Law Enforcement that provides step-by-step guidance for program implementation, including information on accessing free naloxone supplies, a sample Standard Operating Procedure (SOP), a "Roll Call" training module to prepare officers for the program, guidelines for identifying eligible candidates for LBN and best practices for engaging with people who use drugs (PWUD). Additionally, the NY ORS Team developed an NY ORS LBN Registration and Technical Assistance Form for law enforcement agencies seeking implementation support and to register their programs with the Team. This registration process enables tracking of LBN programs statewide and fosters better coordination.

What is Leave-Behind Naloxone?

A Leave-Behind Naloxone (LBN) program allows law enforcement agency (LEA) personnel assisting in an opioid-related overdose or encountering someone at risk, to leave an overdose prevention rescue kit with the individual or those close to them. Each kit contains two doses of naloxone which are available to the agency operating a LBN program for free. Materials regarding calling 911, the NYS Good Samaritan Law and local harm reduction, treatment and recovery information are added to the kits.

It's simple...

- Identify an "at-risk person" or someone close to them when responding to an overdose or encountering them in routine work.
- Provide a very brief training on how to use the kit.
- Give them the kit!

Why should law enforcement participate?

- Overdose survivors face a high risk of future fatal overdose. First responders can help break this cycle by distributing life-saving overdose prevention resources, whether or not the individual accepts transport.
- Overdose prevention reduces future overdoses, eases the burden on responders and strengthens community relationships with a non-coercive and non-stigmatizing approach.
- Studies show that when naloxone and overdose education are available to communities, overdose deaths decrease.
- Research shows that distributing naloxone to people who use drugs does not lead to an increase in risky behaviors in drug use or initiate new use.

LBN programs and NYS policies

- The NYS Division of Criminal Justice Services Municipal Police Training Council's *Administration and Maintenance of Intranasal Naloxone Model Policy* states, "agencies may develop policies to allow naloxone to be distributed to the public - 'LBN' programs. Officers... may leave behind naloxone when they believe there is a high risk of an opioid overdose. Naloxone will be left with either the individual or with family members, friends, or other persons who are in a position to assist the individual."
- NYSDOH opioid overdose regulation guidance states, "naloxone may be dispensed or furnished...by individuals specifically authorized by a prescriber affiliated with a registered OOPP to furnish naloxone under a standing order." (See Public Health Law Section 3309)

In October 2024, the Rochester Police Department (RPD) partnered with the NY ORS Team to launch its Leave-Behind Naloxone (LBN) Program in collaboration with Monroe County Health Department's IMPACT peer outreach team. Serving the third-largest city in New York State, RPD and Monroe County has set an outstanding example of law enforcement leadership and public health and public safety collaboration in implementing LBN in the state.

Hope Not Handcuffs is an example of a collaborative diversion program between 65 law enforcement agencies and community organizations in the Hudson Valley (Dutchess, Orange, Putnam, Sullivan, Westchester and Rockland Counties) to find viable treatment options for individuals seeking help with substance use. A person can come to any of the participating police agencies or call their Hopeline for help and a trained "Angel" volunteer will be called to come and assist in finding treatment. Some of the participating law enforcement agencies have a pre-arrest diversion program, where officers will divert individuals facing certain low level non-violent drug crimes into treatment rather than into the criminal justice system.

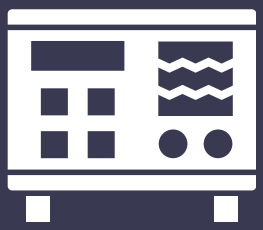
- **Law Enforcement Interdiction:** Most law enforcement support the mantra that "we cannot arrest our way out of this", in reference to the overdose epidemic. Law enforcement's involvement in addressing the opioid and overdose epidemic is, however, multifaceted and can evoke differing perspectives across the state, mirroring the national discourse. Law enforcement's mission involves the enforcement of laws, and therefore, they generally believe that it is vital to address the unregulated drug market to mitigate overdose deaths; at the same time, there are concerns and controversies regarding the efficacy of certain laws and systemic policies from some in the public health and harm reduction communities. Despite the nuances, evolving policies and ongoing discourse on this topic, there is clear agreement that a collaborative public health approach is what is needed to reduce overdose deaths, and many law enforcement agencies in the state are also actively engaged in collaborative and non-punitive overdose prevention efforts in their communities.

The Village of Liberty Police Department in Sullivan County, collaborates with Police Assisted Addiction and Recovery Initiative (PAARI) through the organization Hope Not Handcuffs. These partners implement a deflection program with four pathways: officer referral, self-referral, diversion, and Quick Response Teams (QRT). Liberty PD also conducts community outreach to distribute contact cards for individuals seeking treatment.

https://paariusa.org/2024/02/13/paari-hosts-first-new-york-statewide-convening/)

"The collaboration between law enforcement and public health is a necessary and powerful strategy for combating the opioid crisis. Law enforcement is uniquely positioned within our communities to identify, connect with and assist those in our community struggling with substance use disorder. Our department continues to investigate, arrest and prosecute those individuals trafficking in opioids and financially benefiting off of death and despair, while at the same time compassionately helping those struggling with substance use disorder and connecting them to treatment. I believe it is this two-pronged approach that has led to the recent reduction of overdose deaths in our community."

Chief Steven D'Agata,
Village of Liberty Police Department
"Hope Not Handcuffs" Partner



NYS Crime Labs

- Erie County Department of Central Police Services Forensic Laboratory
- Monroe County Public Safety Laboratory
- Nassau County Division of Forensic Sciences Laboratory
- New York City Police Department Police Laboratory
- New York State Police (NYSP) Crime Laboratory
- NYSP Mid-Hudson Satellite Facility
- NYSP Southern Tier Satellite Facility
- NYSP Western Satellite Facility
- Niagara County Sheriff's Department Forensic Laboratory
- Onondaga County Center for Forensic Sciences
- Suffolk County Crime Laboratory
- Westchester County Department of Public Safety Crime Laboratory
- Yonkers Police Department Forensic Science Laboratory

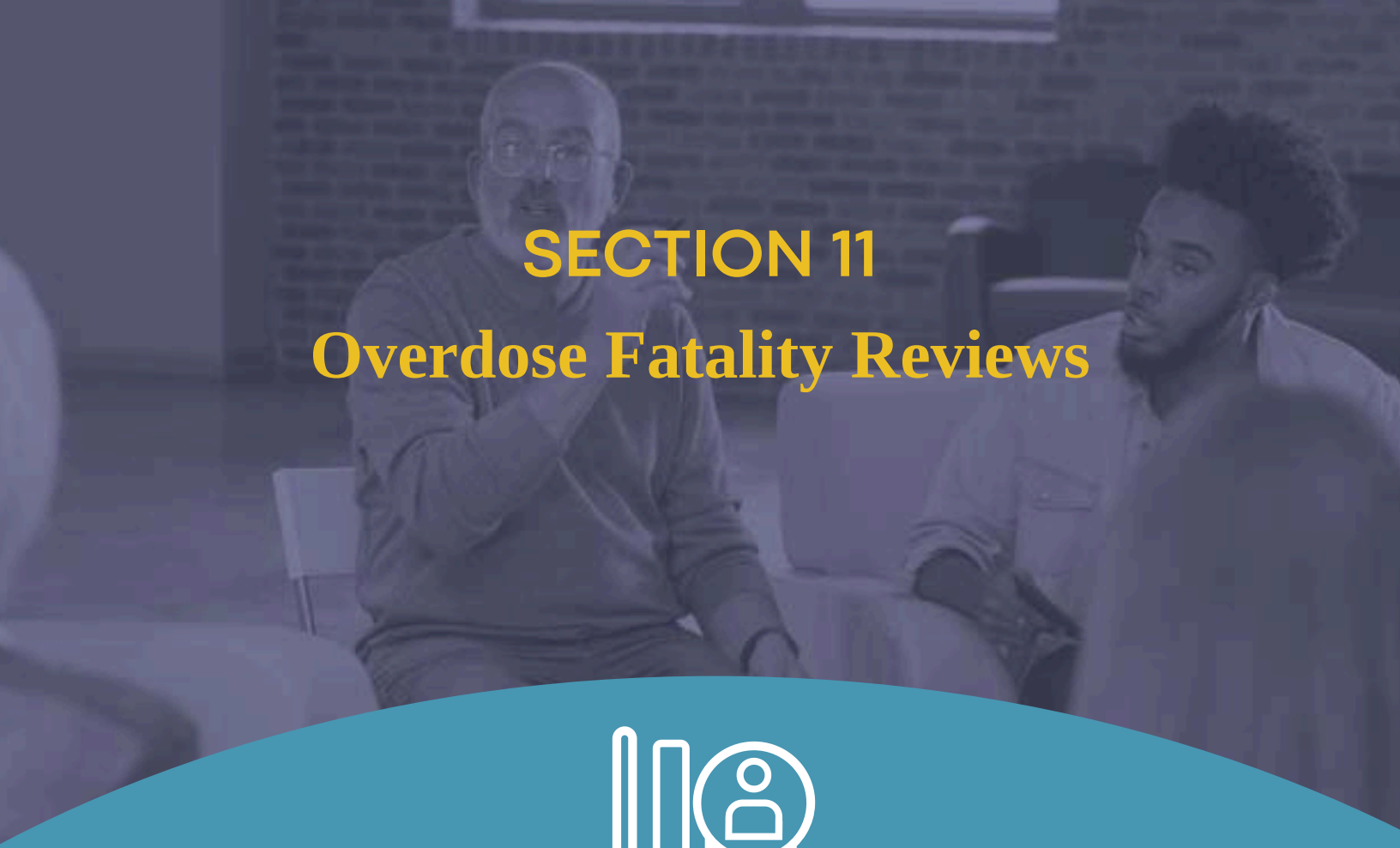
Source: https://www.criminaljustice.ny.gov/forensic/labaccreditation.htm

Law enforcement agencies can explore developing a process to notify local public health partners after a large-scale drug seizure that may disrupt the local drug supply so that they can work with partners to mitigate risk for those potentially at increased risk of fatal overdose as a result of the disruption.

- **Drug Seizures:** Law enforcement drug seizures involve the confiscation or interception of illegal drugs in an attempt to combat drug trafficking and distribution. Interdiction efforts target the transportation and trafficking routes which can involve monitoring borders, ports, airports and highways. Seizures can also occur during traffic stops, border checkpoints or other encounters. Large-scale drug seizures are intended to disrupt the operations of drug trafficking organizations by depriving them of their resources and assets. According to the DEA, drug seizures and arrests can disrupt the local market for short periods, however new drug products and supplies usually reemerge within weeks. "We are up against an adversary that is able to adapt and change very quickly. They have no congressional oversight and budgetary concerns. They don't have the bureaucracy that comes with large organizations. They can do what they want, when they want, how they want, and they have unlimited resources", said Special Agent Frank A. Tarentino III, Special Agent in Charge, DEA NY Division.

Once illegal drugs are seized, they are confiscated by law enforcement officers and may or may not be used in criminal investigations. Law enforcement sharing of drug seizure information with public health partners could be used to inform the nature of the local drug supply and emerging trends to support public education and overdose prevention responses. Some law enforcement agencies could also explore notifying public health/harm reduction partners after a large-scale drug seizure that may disrupt the local drug supply so that they can work with partners to mitigate risk for those that could potentially be at increased risk of fatal overdose as a result of the disruption. The RaDAR program is another example of ways in which law enforcement can partner with public health to submit seized drugs that will not be used for criminal prosecution for analysis (see pg. 51).

Depending on various factors, including whether or not a seizure will involve legal proceedings, some seized drugs are submitted to a crime lab for analysis. There are 13 crime labs in NYS that analyze seized drugs. Crime labs can help to determine the identify the substance, compounds present and in some cases its purity. In cases involving drug-related fatalities, some crime labs may also perform toxicological analysis to determine the presence and concentration of drugs in biological samples (i.e., blood, urine, hair).



SECTION 11
Overdose Fatality Reviews

Overdose fatality reviews (OFR) are comprehensive examinations conducted to understand the circumstances surrounding fatal drug overdoses. These reviews involve multidisciplinary teams, often comprising medical examiners, law enforcement officials, public health professionals, people with lived/living experience, substance use disorder treatment providers and other community stakeholders. The primary objective is to analyze various factors contributing to fatal overdoses and determine potential areas for future intervention and prevention. OFRs play a critical role in understanding the complex factors contributing to fatal drug overdoses, informing evidence-based interventions and promoting collaboration and policy change to address the overdose crisis more effectively.

"OFRs are becoming a cornerstone of successful community responses to substance use. By combining collaboration between public safety and public health providers with effective use of data to identify system gaps, OFRs build trust among local stakeholders so they can fully comprehend the substance use challenge facing them and, by working together to implement evidence-based recommendations to prevent future deaths." The CDC and the Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP), a U.S. Department of Justice program supported by the Bureau of Justice Assistance (BJA), has compiled a road map of resources for jurisdictions interested in establishing their own OFRs that will "enable them to understand the methodology, commitment and investments required to assemble an effective OFR, as well as the practical steps they can take to start their own teams."

https://www.cossup.org/ResourceLibrary/OFR

NYSDOH OFR Communities of Practice Webinars

In recent years there has been growing interest in OFR in NYS. In 2023, NYSDOH OHEHR, AI Office of Drug User Health (ODUH) began convening statewide technical assistance and information sharing sessions to support expansion of OFRs across the state with the support of the NY ORS Team. The planning team facilitates access to subject matter expertise on a variety of topics related to OFR development such as legal considerations and data sharing. The team assists communities in accessing the plethora of resources available to launch an OFR available through the Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP). COSSUP can provide expertise support the expansion and development of OFR teams through trainings and technical assistance, toolkits, peer mentoring and hosting communities of practice calls.

COSSUP OFR resources are available at: https://ofrtools.org/launch-your-ofr

NYC RxSTAT

NYC RxStat is arguably the nation's first public health and public safety partnerships aimed at reducing overdose deaths and is established as a national model for cross-sector partnerships. RxSTAT has one of the most robust and experienced OFRs in the state and nation with over 26 participating state, federal and local agencies. It is led by the NYC Office of the Chief Medical Examiner's Office and integrated into the larger RxSTAT partnership with workgroups that support the implementation of OFR recommendations.

Currently, there is no OFR legislation in NYS; however, there is pending legislation related to authorizing local or regional OFRs. OFR legislation can provide a legal framework for sharing sensitive information related to fatal drug overdoses. This framework clarifies the legal authority and responsibilities of agencies and organizations involved in the review process, reducing concerns about liability and confidentiality.

42 CFR Part 2 Final Rule Modifications

On February 8, 2024, the U.S. Department of Health & Human Services (HHS) announced a final rule modifying the Confidentiality of SUD Patient Records regulations at 42 CFR part 2 ("Part 2"). Key change includes permitting disclosure of records without patient consent to public health authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule.

Source: DHHS Fact Sheet 42 CFR Part 2 Final Rule

THERE ARE

10

ACTIVE OFRS IN NYS

- 11 Communities are Actively Planning
- 28 More are Interested in Launching an OFR

"If not for the COVID-19 pandemic, this would be the public health emergency of our lifetimes."

Dr. Jason Graham, Chief Medical Examiner, NYC Office of the Chief Medical Examiner

SECTION 12
Public Health and Public Safety Collaboration

> One of the great strengths of the ORS Program is its ability to blend the action-oriented culture and data resources from law enforcement with the evidence-based and compassionate approaches of public health practice to create a unique synergy that inspires innovative, data-driven and meaningful responses to the overdose crisis at the grassroots level.
>
> - Chauncey Parker, Director, NY/NJ HIDTA

Overdose Response Strategy

orsprogram.org

The Overdose Response Strategy (ORS) program is an unprecedented public health-public safety partnership between the Office of National Drug Control Policy (ONDCP) and the U.S. Centers for Disease Control and Prevention (CDC) through their support of the High Intensity Drug Trafficking Area (HIDTA) program and the CDC Foundation. The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information and supporting evidence-based interventions. The ORS supports collaboration between public health and public safety agencies at federal, regional, state, local and tribal levels. There are 60 two-person ORS teams of a Drug Intelligence Officer (DIO) and a Public Health Analyst (PHA) in all 50 states, District of Columbia, Puerto Rico and the U.S. Virgin Islands.

The NY ORS Team, the creators of this report, support local efforts to build the bridge between public health and public safety to advance evidence-based overdose prevention work at the state and local level. The NY ORS Team is responsible for the development of this environmental scan report and used its findings to inform the ORS strategic action plan for NYS as summarized in Section 15 of this report.

How Can the NYS ORS Team Can Support Your Work?

The ORS provides a menu of program strategies that enables ORS teams and jurisdictions to select and implement initiatives that best support their local communities. The NY ORS Team can work with NYS local agencies from all sectors on any of the activities listed below (not an exhaustive list):

- **Data Sharing Systems**
  - Formalizing/arranging data sharing partnerships
  - Data transfer between organizations or agencies
  - Opioid-related database management
  - Drug-related data collection, analysis or dissemination (e.g., presentations, reports, publications)
  - ODMAP usage for strategic planning at the local level
  - Overdose Fatality Reviews (OFRs)
  - Public Health and Public Safety Teams (PHAST)
  - Environmental scans or assessment and analysis
- **Evidence-based Strategies**
  - Targeted naloxone distribution
  - Increased access to medication-assisted treatment (MAT)
  - 911 Good Samaritan Law
  - Naloxone distribution in treatment centers and the criminal justice system
  - MAT in the criminal justice system and upon release
  - Initiation of buprenorphine-based MAT in emergency departments
  - Syringe services programs
- **Novel and Promising Strategies**
  - Pre-arrest diversion programs
  - Safe station programs
  - Drug courts
  - Post-overdose outreach programs
  - Stigma reduction and/or compassion fatigue programs for first responders
  - Rapid response strategies (e.g., response protocols for OD cluster or pain clinic closure)
- **Prevention Strategies**
  - Support the development and dissemination of overdose prevention communications campaigns
  - Host or contribute to community events that support overdose prevention awareness
  - Develop and disseminate overdose prevention informational materials
  - Build capacity among partners to identify, select and/or implement appropriate evidence-informed prevention strategies

The NY ORS Team can also provide linkages to:

- Technical assistance, subject-matter expertise and evidence-based or best practice resources in NYS and the U.S.
- The NY/NJ HIDTA 14 HIDTA Drug Intelligence Officers (DIO) assigned to the HIDTA-designated regions in the state serve as ORS "force multipliers" at the local level who support the implementation of the NY ORS Team's strategies such as ODMAP expansion, Handle with Care Program, Drug Free Communities Coalitions, data collection and sharing for post overdose responses, OFRs and other overdose and drug trend surveillance activities.

Tell Us About Your Work!

The NY ORS Team is very interested in learning more about each NYS communities' initiatives, best practices and innovative overdose prevention efforts to highlight your work to support statewide networking and cross-learning. We also want to hear about your most pressing issues and concerns related to overdose and drug trends in your communities.

Contact the NY ORS DIO and PHA for an in person or virtual meet and greet, to learn more about the ORS, discuss opportunities to work together and to stay connected and informed about projects and other topics of interest.

Contact the NY ORS Team

Lisa Worden, ORS PHA- NY
CDC Foundation
lworden@cdcfoundation.org

Jim Hawley, ORS DIO - NY
NY/NJ HIDTA
jhawley@nynjhidta.org

The ORS Team supports activities across the continuum of overdose responses:

orsprogram.org

Public health and public safety efforts overlap at the shared goal of safeguarding community well-being*. Below is a listing of some ways in which they partner in NYS.

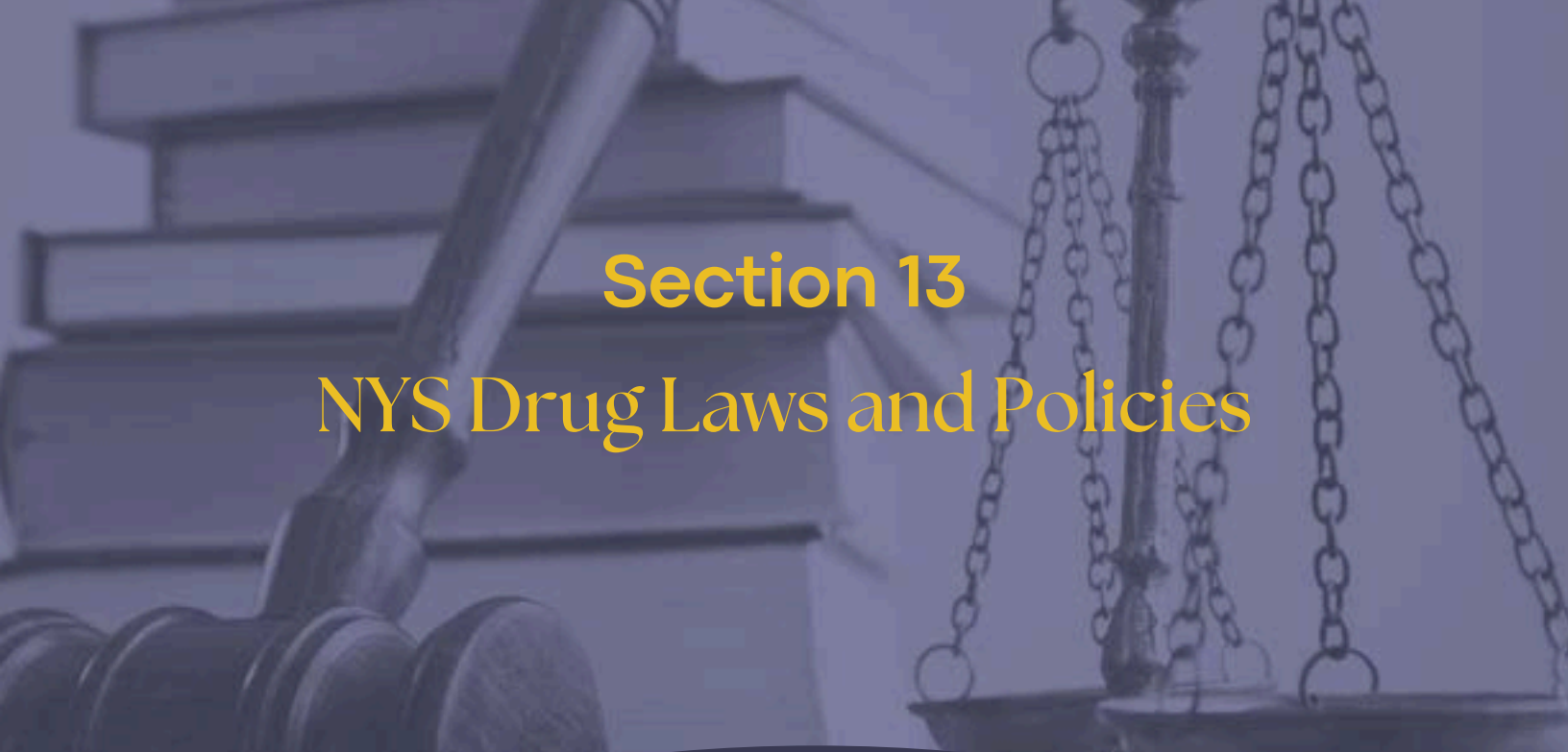
- **Data Sharing and Analysis**: Sharing law enforcement data on overdose incidents, including trends, demographics and geographical hotspots.
- **Education and Awareness Campaigns:** Informing the development and implementation of public education and awareness campaigns about the risks of drug overdose and ways to prevent it, distribute informational materials, host community events and/or incorporate overdose prevention information into outreach efforts.
- **Naloxone Distribution and Training:** Distribute and provide naloxone training to individuals on how to recognize and respond to an overdose. First responders can participate in the Leave Behind Naloxone Program.
- **Linkages to Care and Community Outreach:** Conducting public health, harm reduction, behavioral health, EMS and/or law enforcement co-response outreaches to individuals that recently overdose or neighborhood and street engagement. Establishing a process for public safety to refer names and contact information for individuals that recently overdosed for follow up and linkage to care by peer support specialists. This could involve providing information about harm reduction and substance use disorder treatment options, peer support groups or other resources.
- **Community Partnerships**: Collaborating with community organizations, healthcare providers and other stakeholders to share and discuss overdose and drug trend data and implement overdose prevention strategies. They may leverage resources, expertise and community trust from people who use drugs and people with lived/living experience to inform programming and reach those most at risk of overdose.

The Public Health and Safety Team (PHAST) Toolkit was developed by the CDC and CDC Foundation to help local jurisdictions reduce overdose deaths by increasing collaboration and coordination among all sectors, with a focus on public health and public safety agencies

Examples of PH/PS Collaborations:

- Oswego County PHAST is in the process of planning the launch of its OFR and other overdose prevention activities. There is a high level of commitment in this strong public health and public safety partnership model with multi-disciplined stakeholders engaged in a process led by the Oswego County Health Department and the HIDTA Drug Intelligence Officer.
- Clinton County Mental Health and Addiction Services partners with the Sheriff's Office, State Police, other local law enforcement and the HIDTA DIO at the North Country Crime Analysis Center to implement the Law Enforcement Mental Health Referral System (LEMHRS) for officers to make a direct referral to a behavioral health professional.

*Artificial Intelligence (AI) was used to research general first responder overdose responses.



Section 13

NYS Drug Laws and Policies

Drug policies play a crucial role in shaping the social, economic and legal contexts in which substance use occurs and can have profound effects on the overdose crisis. Policies that prioritize public health approaches, harm reduction and evidence-based treatment are essential for addressing the root causes of the overdose crisis and preventing unnecessary deaths.

NYS has a complex set of drug policies that aim to address substance use issues while balancing public health and safety concerns. These policies encompass various approaches, including prevention, treatment, harm reduction and law enforcement efforts. NYS has implemented initiatives to expand access to evidence-based treatment for substance use disorders, including medications for opioid use disorder (MOUD) such as methadone, buprenorphine and naltrexone. Additionally, harm reduction services such as syringe service programs and naloxone distribution are available to reduce the risk of overdose and other adverse outcomes associated with drug use. At the same time, NYS has laws and regulations in place that regulate the use, possession and distribution of controlled substances. Law enforcement agencies work to enforce these laws, targeting drug trafficking and illegal drug markets to disrupt drug supply chains and prevent drug-related crime. The section highlights some of the drug laws and policies in NYS as well as key recent and proposed changes.

Drug Classifications

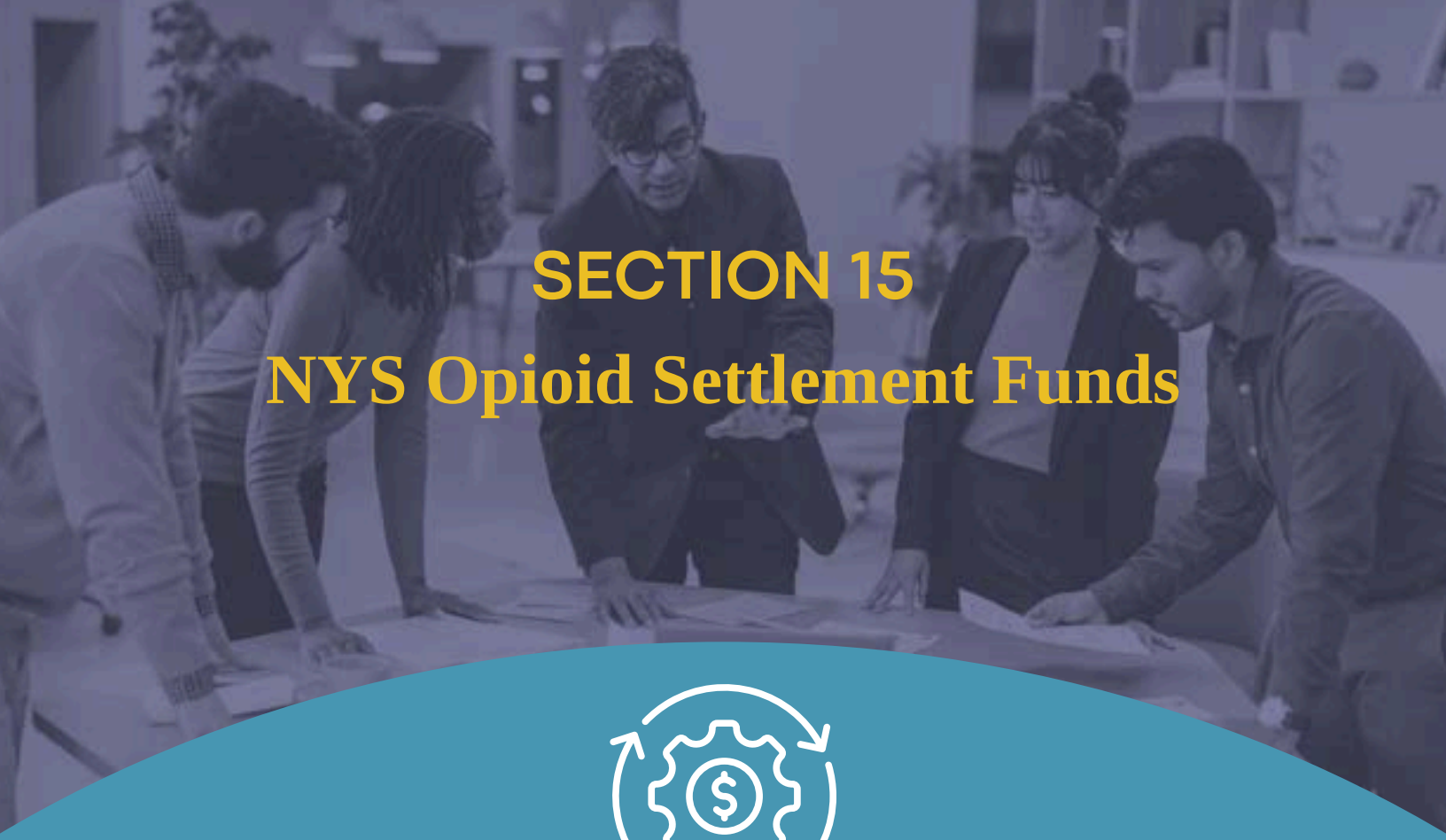
The NY Controlled Substances Act (CSA) classifies drugs into different schedules based on their potential for abuse and accepted medical use. This classification influences the severity of penalties for possession, distribution and other offenses. The CSA also provides regulations for the prescription and dispensing of controlled substances by healthcare professionals. In NYS, drugs are classified into five schedules (Schedules I through V) based on their potential for abuse, medical use and safety risks. The possession, distribution and use of controlled substances are primarily addressed under Article 220 of the New York Penal Law. This statute outlines offenses related to controlled substances, including possession, sale and trafficking. Penalties vary depending on factors such as the type and quantity of the controlled substance involved, as well as any prior criminal history.

Key Policy Changes

- **Cannabis Legalization:** NYS legalized recreational cannabis for adults aged 21 and older in March 2021. This allowed for the possession of up to 3 ounces of cannabis for personal use and permitted the cultivation of a limited number of plants at home. The sale of recreational marijuana is regulated through licensed dispensaries. The legislation created a new NYSDOH Office of Cannabis Management (OCM) to comprehensively regulate adult-use, medical and hemp cannabis (Marihuana Regulation and Taxation Act (MRTA) | Office of Cannabis Management (ny.gov)
- **Bail Reform and Drug Offenses:** NY's bail reform measures, implemented in 2020, may impact the handling of certain drug offenses by eliminating cash bail for many nonviolent offenses, including some drug-related charges. Individuals may be released on their recognizance or subject to non-monetary conditions of release.
- **Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction and Recovery Act (CARA):** This is a federal regulation requiring the creation of Plans of Safe Care (POSC) to support the health and safety of newborns affected by substance use and their families or caregivers. The provisions also require states to collect and report data on the number of substance affected newborns born annually. According to the BJA COSSAP Report, Substance Use and Pregnancy—Part 1: Current State Policies on Mandatory Reporting and Implementing Plans of Safe Care to Support Pregnant Persons With Substance Use Disorders, March 2023: "...women in general tend to be less forthcoming about their substance use because SUD in women is stigmatized, and this fear is amplified for pregnant and postpartum women...one study found that women who had SUD did not trust health care providers to protect them from the social and legal consequences of substance use during pregnancy and they thus avoided discussing their substance use at all... the subsequent actions required in the policies may further discourage pregnant women from being candid about their substance use."

Key Proposed Policy Changes

- **Xylazine:** NY has introduced legislation to make xylazine a Schedule I substance. It includes exemptions for licensed veterinarians who lawfully acquire, use, prescribe, dispense or administer the drug within their professional practice. Source: Novel Psychoactive Substances: "Xylazine" | LAPPA (legislativeanalysis.org)
- **Overdose Prevention Centers:** These bills propose to create Public Health Law Article 33-C, §§ 3399 to 3399e, the safer consumption services act. The bills provide that the department of public health may approve an entity to operate an overdose prevention center program that demonstrates the entity will, among other things, provide sterile injection and other consumption supplies, collect used hypodermic needles and syringes and provide secure hypodermic needle and syringe disposal services.
- **ODMAP**: There is pending legislation for the model overdose response and mapping act (NY State Senate Bill 2023-S5968 (nysenate.gov).
- **Overdose Fatality Reviews (OFR):** New York Senate Bill 5378 relates to authorizing local or regional accidental fatality review teams at a local or regional level for investigating unexpected or unexplained death including but not limited to deaths by overdose or suicide.
- **First Responder-initiated Buprenorphine:** New York Assembly Bill 942 relates to authorizing and establishing a training program for paramedics for the administration of buprenorphine.
- **Emergency Prescribing of Buprenorphine:** New York Senate Bill S7177A will allow for clinicians working in hospitals, clinics and emergency rooms to dispense 3 days of buprenorphine and methadone versus 24 hours. This would align with the current Drug Enforcement Agency (DEA) policy.



SECTION 15
NYS Opioid Settlement Funds

NYS OPIOID SETTLEMENT FUND
Advisory Board Recommended Allocations by Percentage Funding Year (FY) 2025

Across the Continuum	28%
Harm Reduction	17%
Recovery	11%
Housing	10%
Treatment	9%
Priority Populations	8%
Prevention	8%
Transportation	6%
Research	2%
Public Awareness	1%

The Opioid Settlement Fund Advisory Board was created under Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law §25.18. The board was fully constituted on June 14, 2022, and has been charged with making recommendations regarding use of revenues received by the State of New York resulting from settlements with opioid manufacturers, distributors and other entities which contributed to the opioid epidemic. The board is required to submit a report outlining their official recommendations to be presented to the governor and the state legislature by November 1 of each year. "The board also understands the absolute need for a transparent process in which initiatives are being evaluated based on outcomes that include equity, engagement, decreased overdose rates and decreased suffering to best determine if funding dollars are being utilized appropriately."

-Opioid Settlement Fund Advisory Board Annual Report November 1, 2023

NYS OASAS is the lead state agency responsible for the monitoring and oversight of the New York Opioid Settlement Fund including the distributions to localities (55 Local Governmental Units, five large cities and 21 other litigating entities) and reports that more than $335 million has been made available to date. The following data tables are summaries of funding allocations and initiatives for 2023-2024 from the NYS OASAS Opioid Settlement Funds Tracker and represents 100% of the OASAS allocations; tables do not include disbursements to local government units. (Source: NYS OASAS Opioid Settlement Fund Tracker)

OPIOID SETTLEMENT FUNDS MADE AVAILABLE - FY 2024 BY DATE AND INITIATIVE (Dollar amounts are expressed in thousands)

Date of Procurement	Initiatives	Amount	Number of Awards
1/20/2023	Comprehensive Low Threshold Buprenorphine Services	$12,139	15*
3/3/2023	Outreach and Engagement – Clinic Model	$1,242	5*
3/8/2023	Outreach and Engagement – Street Outreach	$3,000	12*
3/30/2023	Connections to Care	$2,200	11*
5/1/2023	Fentanyl Test Strips, Xylazine Test Strips	$3,601	1
6/21/2023	Naloxone	$11,683	2
7/14/2023	Non-medical Transportation	$2,979	12*
7/17/2023	Recovery Community and Outreach Centers	$6,048	30*
11/20/2023	NYSDOH	$35,090	In process
11/22/2023	Regional Abatement	$46,302	81
2/8/2024	Comprehensive Outpatient Treatment Program	$4,513	10
2/8/2024	Leadership Institute	$2,375	1
2/8/2024	Paid Internship Program	$4,999	In process
5/15/2024	Medication for Opioid Use Disorder in Jails	$10,296	20
	Total	$146,467	

*Awards under this initiative are multi-year and allocate funds from both FY 2023 and FY 2024.

At present, 36.4% of NYS' opioid settlement spending has been made available to the public, which represents 100% of the expenditures for OASAS; the remaining 46.1% represents the local share of spending that is not yet fully available to the public.

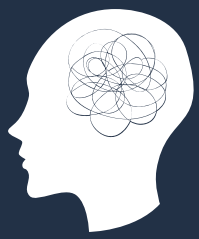
Source: OpioidSettlementTracker.com (an independent tracking program)

OPIOID SETTLEMENT FUNDS MADE AVAILABLE - FY 2023 BY DATE AND INITIATIVE (Dollar amounts are expressed in thousands)

Date of Procurement	Initiatives	Amount	Number of Awards
1/20/23	Comprehensive Low Threshold Buprenorphine Services	$10,032	15
2/7/23	Comprehensive Integrated Outpatient Treatment Program–Round 1	$5,918	12
3/3/23	Outreach and Engagement - Clinic Model	$1,710	5
3/8/23	Outreach and Engagement - Street Outreach	$3,527	12
3/15/23	Regional Abatement	$64,006	81
3/30/23	Connections to Care	$4,400	11
5/1/23	Fentanyl Test Strips, Xylazine Test Strips	$3,310	1
5/10/23	Community Prevention Coalitions: Fentanyl, Opioids, Rx	$3,914	5
6/21/23	Naloxone	$6,052	2
6/23/23	Professional Scholarship Program	$13,303	12*
7/14/23	Comprehensive Integrated Outpatient Treatment Program–Round 2	$4,709	8
7/14/23	Non-Medical Transportation	$5,760	12
7/14/23	Public Awareness	$2,029	1
7/17/23	Recovery Community and Outreach Centers	$11,472	30
8/4/23	Transitional Safety Units	$12,372	17
8/8/23	NYS DOH - Provision of Harm Reduction Services Via Telemedicine	$1,000	In process
8/14/23	NYS DOH - Expanding Harm Reduction Services for Priority Populations Who Use Drug	$7,500	In process
8/16/23	Government-Academic Research and Evaluation	-	Reposted
8/17/23	NYS DOH - Development of a Comprehensive Coroner Training Program	$400	In process
8/29/23	MATTERS	$8,000	1
8/29/23	NYS DOH - Coroner/Medical Examiner - Mortality Data Improvement Project	$350	1
8/29/23	NYS DOH - Expansion of NYS Drug User Health Hubs and Syringe Exchange Service Programs	$12,590	25
8/31/23	Community Prevention and Intervention Project	$4,000	10
8/31/23	Local Impact Initiative - Round 1	$170	18
9/8/23	NYS DOH - Harm Reduction Supplies	$1,000	1

*An additional $10 million was awarded after the issuance of the press release.

SECTION 14
Stigma and Addiction



"Stigma" is a word that comes from Latin and Greek, and originally meant a burn, tattoo or other mark inflicted on another person to signify their disgrace. Today, stigma means labeling, stereotyping and discrimination. One example is using disparaging or judgmental terms to refer to addiction, people with substance use disorder, or treatments for the disease."
– John Hopkins Medicine

Did You Know?

- Health care providers treat patients who have substance use disorders differently. Clinicians have lower expectations for health outcomes for patients with substance use disorders; this in turn can affect whether the provider believes the patient is deserving of treatment. Some health care providers, falsely believing that substance use disorders are within a person's control, cite feelings of frustration and resentment when treating patients with substance use disorders.
- People with a substance use disorder who expect or experience stigma have poorer outcomes. People who experience stigma are less likely to seek out treatment services and access those services. When they do, people who experience stigma are more likely to drop out of care earlier. Both of these factors compound and lead to worse outcomes overall.

Source: SAMSHA – Words Matter, How Language Choice Can Reduce Stigma

It is impossible to assess the impact of the overdose crisis without acknowledging the role of stigma as a contributing factor. According to Shatterproof, "Addiction stigma and discrimination experienced by those with a substance use disorder independently leads to tens of thousands of preventable deaths every single year:

- It prevents many with a SUD from ever seeking treatment;
- It makes the public less willing to have someone with a SUD as a close personal friend, a coworker, a neighbor and as a family member;
- It limits the ability of institutions and providers to offer help when someone does seek assistance by limiting resources and perpetuating harmful policies;
- And it fuels an ongoing feeling of shame that serves as an obstacle to long-term health for those with a SUD, regardless of whether they have received treatment – entrenching addiction as a relentless and devastating public health crisis.

"Stigma Kills"

"Stigma is created through our perceptions, words and actions. Stigmatizing beliefs and attitudes have a devastating effect on a person's ability to seek help and support. They create stereotypes, judgements and biases, stopping us from seeing the human being behind the illness. Stigma creates walls, loneliness and poor health, and ultimately stigma kills."
https://www.nhsapa.org/stigma

Stigma touch all of the response areas addressed in each section of this report; it can be unknowingly woven within the continuum of overdose response practices, protocols, programs and services. Although there is no current quantitative measurement for the level of stigma in the state, individual stories, studies and initiatives in NYS highlight that the stigma is a pervasive issue that can undermine even the most well-intentioned efforts to save lives. Reversing the Stigma | Revertir el Estigma (available in English and Spanish) is an Emmy-nominated documentary that highlights some of these stories and experiences. The OASAS "Routine for Recovery" campaign seeks to address the stigma surrounding addiction services and highlights addiction as a medical issue that should be viewed and treated like other chronic conditions. Moreover, the NYS OASAS research study, "The Ways That Stigma Hurts People Who Use Substances and How to Help" highlights the power of language to influence the perception of people who use substances or have a substance use disorder. It states, "this perception has consequences for relationships, interactions with authorities and systems (e.g., health care, child welfare, criminal justice, law enforcement) and policy development. If the language we use confers blame on or belittlement of the individual for substance use or a substance use disorder, we are less likely to have empathy for them or want to assist them in accessing harm reduction services, treatment, other social services and community supports."

The Weill Cornell Medicine Program for Substance Use and Stigma of Addiction helps to combat stigma by providing educational programming, clinical services and personal stories to improve clinicians' attitudes towards patients with substance use disorders, as well as on educating physicians on how to treat individuals with co-occurring substance use disorders and mental illness.

There are recognized best practices, including at a minimum, language choice, that every individual, community, organization and sector can adopt to help reduce stigma and its long-lasting harms contributing to the overdose epidemic.

Is Addiction a Disease?

Yes, addiction is a disease – it's a chronic condition.

AND IT IS TREATABLE.

"The American Society of Addiction Medicine (ASAM) defines addiction as a chronic brain disorder. Addiction doesn't happen from having a lack of willpower or as a result of making bad decisions. Your brain chemistry changes with addiction."

Source: https://my.clevelandclinic.org/health/diseases/6407-addiction

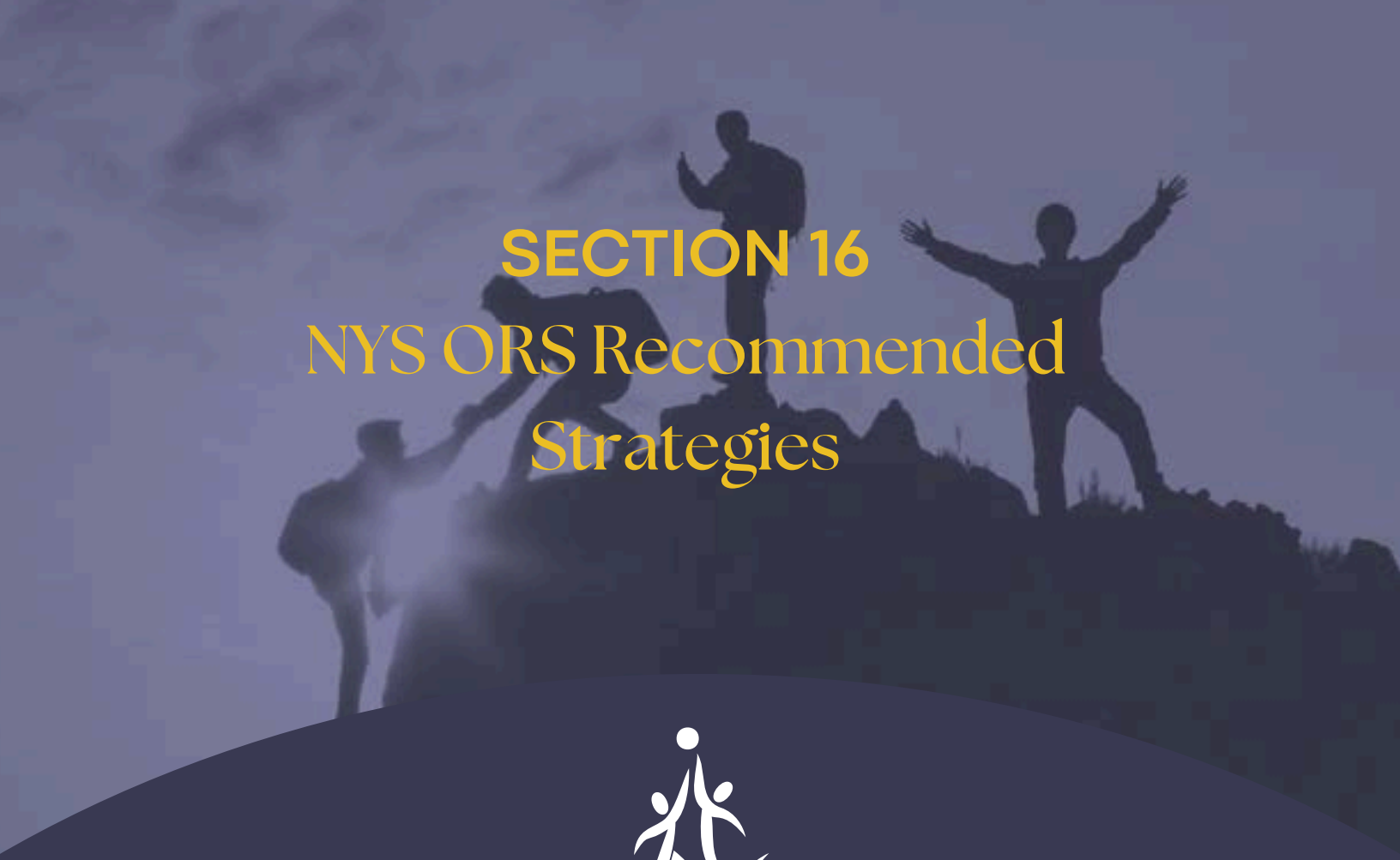
"Protest any labels that turn people into things. Words are important. If you want to care for something, you call it a 'flower;' if you want to kill something, you call it a 'weed.'"

https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf

Why Words Matter

Use...	Instead of...	Because...
• Person with a substance use disorder • Person with an opioid use disorder (OUD) or person with opioid addiction	• Addict • User • Substance or drug abuser • Junkie	Using person-first language shows that SUD is an illness. Using these words shows that a person with a SUD "has" a problem/illness, rather than "is" the problem. The terms avoid elicit negative associations, punitive attitudes and individual blame.
• Person with alcohol use disorder • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	• Alcoholic/Drunk	
• Person in recovery or long-term recovery • Person who previously used drugs	• Former addict • Reformed addict	
• Testing positive (on a drug screen)	• Dirty • Failing a drug test	Use medically accurate terminology the same way it would be used for other medical conditions. These terms may decrease a person's sense of hope and self-efficacy for change.
• Substance use disorder • Drug addiction	• Habit	"Habit" implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate. Describing SUD as a habit makes the illness seem less serious than it is.
• Use (for illicit drugs) • Misuse (for prescription medications used other than prescribed)	• Abuse	The term "abuse" was found to have a high association with negative judgments and punishment. Use outside of the parameters of how medications were prescribed is misuse.
• Substance use disorder • Drug addiction	• Habit	"Habit" implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate. Describing SUD as a habit makes the illness seem less serious than it is.
• Medication treatment for OUD • Medications for OUD (MOUD) • Opioid agonist therapy • Pharmacotherapy • Medication for a substance use disorder	• Opioid substitution • Replacement therapy • Medication-assisted treatment (MAT)	It is a misconception that medications merely "substitute" one drug or "one addiction" for another. The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.
• Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Testing negative (on a drug screen)	• Clean	Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.
• Baby born to a parent who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Newborn exposed to substances • Baby with neonatal abstinence syndrome	• Addicted baby	Babies cannot be born with addiction because addiction is a behavioral disorder. Using person-first language can reduce stigma. Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

Source: Terms to avoid, use and why



SECTION 16
NYS ORS Recommended Strategies

"Quick Win" Strategies

This comprehensive assessment culminated in the identification of six key recommendations and strategies the NY ORS team will promote and support at the local and state level. While there is still a significant need for resources at both the state and local level to achieve meaningful reductions in overdose deaths, many communities have demonstrated that there are evidence-based actions that can be initiated now, while there continues to be advocacy for additional resources. These "quick win" strategies are founded on evidence-based principles and represent "low-hanging fruit" activities that can be implemented relatively quickly utilizing existing and/or minimal resources in all NYS communities.

Each strategy has a corresponding list of activities that will be undertaken by the NY ORS Team as a reference for localities interested in collaborating with them on any of the "Quick Win" Strategies.

"Quick Win" Strategies

Strategy 1: Enhancing Overdose and Drug Trend Surveillance to Support Data-Driven Responses

- **ORS Team Role:**
  - Collaborate with NYS Division of Criminal Justice Services (DCJS) Crime Analysis Centers (CACs) to promote and support implementation of ODMAP statewide to increase access to real-time, "actionable" overdose surveillance data for all NYS communities.
  - Collaborate with NYS DCJS CACs to collect individual level overdose data that can be shared in aggregate to identify high risk populations (i.e., health inequities, factors associated with the social determinants of health).
  - Provide local communities with technical assistance in developing ODMAP spike response protocols.
  - Recruit law enforcement participation in a RaDAR drug checking program.
  - Collect and share drug seizure data to inform local responses.

Strategy 2: Promote Local Multi-Disciplined PH/PS Partnerships with Meaningful Engagement of People with Lived/Living Experience

- **ORS Team Role:**
  - Promote multi-disciplined PH/PS partnerships at the local level that routinely share and discuss ODMAP and other drug trend data and are informed by voices of PWUD and people with lived experience.
  - Create an NY ORS listserv to routinely share information on resources, best practices and local stories and other overdose and drug trends.
  - Collaborate with partners to convene a multi-disciplined and multi-agency ORS Network Virtual Conference to highlight and share best practice work at the local level and promote cross-sector learning across the continuum of overdose response (i.e., primary prevention, harm reduction, treatment, recovery).

Strategy 3: Promote Peer Linkages to Low-Barrier and Evidence-Based Care

- **ORS Team Role:**
  - In communities w/o an existing program, establish a process for NYS DCJS CACs to refer ODMAP individual level data to harm reduction programs (SSPs and Drug User Health Hubs) for peer post overdose outreach.
  - Promote peer linkages to low-barrier care in other settings (i.e., first responders, medical examiner/coroners) and promote use of MATTERS referral platform as applicable.

Strategy 4: Expand Access to Naloxone

- **ORS Team Role:**
  - Recruit first responder participation in Leave Behind Naloxone Program.
  - Develop educational messages/content on overdose prevention/stigma messaging that resonates with first responders.

Strategy 5: Promote Implementation of Overdose Fatality Reviews

- **ORS Team Role:**
  - Collaborate with NYSDOH OHEHR AI ODUH to identify and provide technical assistance, resources and best practices guidance to local communities at quarterly statewide OFR Communities of Practice Webinars; promote conducting at least one annual review.
  - Develop a sample OFR Tabletop Exercise Template to provide communities with practical experience in implementing OFR with minimal data to reduce perceived barriers to implementation.

Strategy 6: Implement Evidence-Based Primary Prevention Initiatives Targeting Youth

- **ORS Team Role:**
  - Increase engagement with NYS DFC Coalitions
  - Identify and implement youth-focused evidence-based, stigma-free educational campaigns
  - Expand implementation of Handle with Care Program with local school districts and law enforcement agencies.


OVERDOSE RESPONSE STRATEGY
ORS
Public Health/Public Safety Partnership
HIDTA • CDC FOUNDATION