



Opioid Prevention Program: Data to Action Opioid-related Mortality and Public Perceptions in New York State

July 2021

Introduction

The incidence of both fatal and non-fatal overdose involving opioids has increased over several years prior to 2018, prompting responses from public health, law enforcement, healthcare providers, community organizations, and others. Public awareness has increased through media coverage of the crisis as well as educational outreach. The New York State Department of Health (NYSDOH) conducts an annual survey of New York State (NYS) adult residents to understand public perceptions of key health issues, including opioid use.¹ The NYSDOH also monitors opioid-related deaths and morbidity to assess the burden of opioid overdose across the state. This report examines overdose deaths involving different types of opioids from 2010 to 2019, summarizes relevant results of four annual surveys conducted between November 2016 and February 2020, and offers [resources and recommended](#) actions aimed at informing the public and reducing opioid-related risk.

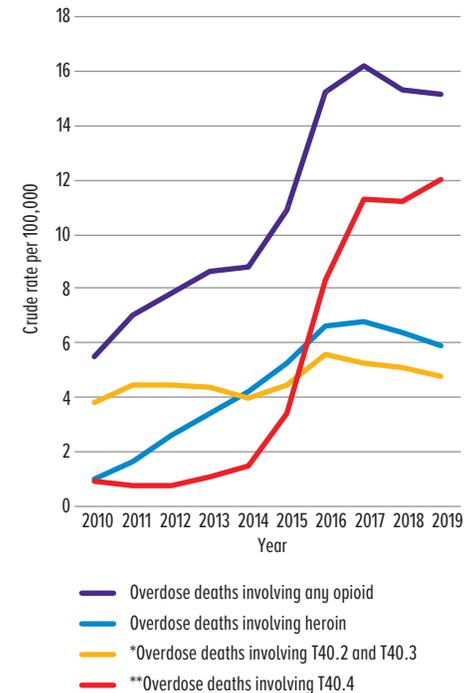
Overdose Death Involving Opioids

The seriousness of the opioid crisis is reflected in the substantial increase in rates of opioid overdose death in NYS since 2014 (Figure 1). Fatal overdose rates involving “commonly prescribed opioids” levelled off in recent years while all other categories increased up to 2017, with the largest in “fentanyl and other synthetic opioids, other than methadone” (SOOTM). Fentanyl is an extremely potent opioid with medical uses, but is commonly encountered as an illegally manufactured and obtained drug.² It is estimated nationwide that most fentanyl-related deaths since 2013 involved *illicit* fentanyl.^{3,4} The crude rate of overdose deaths involving any opioid in NYS increased from 5.5 per 100,000 in 2010 (1,074 deaths) to 16.2 in 2017 (3,224 deaths), then decreased to 15.1 in 2019 (2,939 deaths).

- The rate of overdose deaths involving opioids declined for all opioid types between 2017 and 2019, except for overdose deaths involving fentanyl and other SOOTM, which has increased since 2013.
- Rates of overdose death involving synthetic opioids other than methadone (primarily illicit fentanyl) have increased from 0.9 per 100,000 in 2010, to 12.0 in 2019. Improved reporting due to advancements in toxicology testing and improved screening for fentanyl has contributed to some, but not all, of the total increase. This likely reflects the increasing presence of fentanyl in the illicit drug market over the last several years.⁵
- From 2010 to 2017, rates of overdose death involving heroin increased from 1.0 per 100,000 to 6.8 before decreasing to 5.9 in 2019, while rates of overdose death involving commonly prescribed opioids increased from 3.8 to 5.6 in 2016, reducing to 4.8 in 2019.
- Regional trends (data not shown) for New York City (NYC) and NYS outside of NYC for all years and opioid categories follow similar patterns to those shown for NYS.⁶

While mortality data indicate that increases in overdose deaths involving opioid pain relievers are driven by involvement of illicit fentanyl, initiation of prescription opioid pain reliever use is a common pathway to illicit opioid use.^{7,8,9}

Figure 1
Overdose deaths involving opioids in New York State, by category, crude rate per 100,000 population, 2010-2019



Data source: CDC WONDER, accessed February 2021

* This includes opioid pain relievers such as Vicodin and OxyContin.

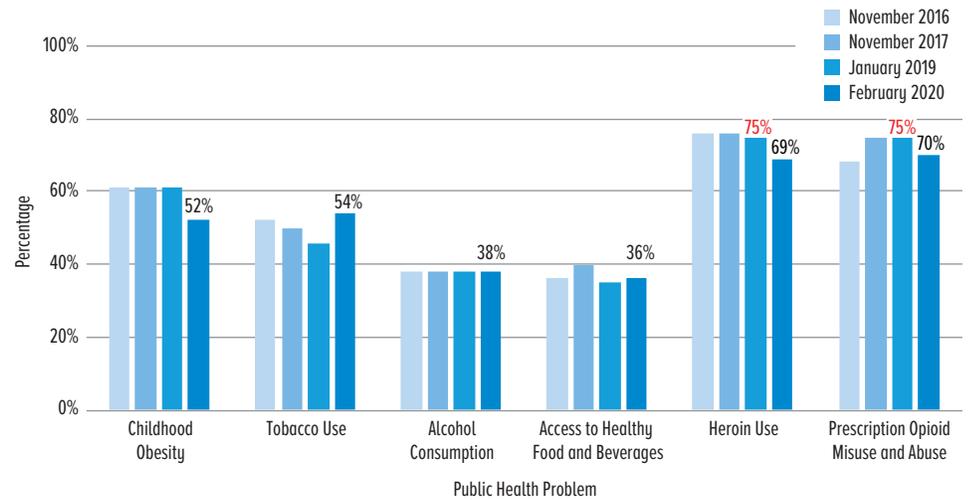
** This category is primarily made up of fentanyl, a potent opioid now commonly found in the illicit drug market.

Note: Overdose deaths may involve multiple substances. A single death may involve multiple substances and be counted in more than one category. Category rates shown may not add up to total rate for “overdose death involving any opioid”.

Public Perceptions about Opioid Use

New York residents have become more aware of the risks of opioid use and increasingly perceive misuse and abuse of these drugs as a very serious public health problem. Compared to other major health issues such as alcohol consumption, tobacco use, and childhood obesity, more New Yorkers consistently perceived heroin use and prescription opioid misuse and abuse as very serious public health problems (Figure 2). The perception of prescription opioid misuse and abuse as a very serious public health problem has increased over time. In 2016, 68% of adult New Yorkers considered prescription opioid misuse and abuse to be a very serious public health problem. By 2017, this increased to 75% and remained steady in 2019, but declined to 70% in the most recent survey (2020). Perceptions of heroin use as a very serious public health problem remained around 75% for 2016 through 2019, but also declined to 69% in 2020. Survey results between November 2016 and February 2020 showed some regional and demographic differences as well (data not shown).

Figure 2
Perceptions of public health problems as “Very Serious” by adults in New York State, November 2016 – February 2020



Data source: New York State Department of Health/Siena College Research Institute, New York State Chronic Disease Public Opinion Poll, Data as of February 2021

- Although New York adults aged 18-34 years were least likely to respond that heroin use was a very serious public health problem in the November 2016 and 2017 surveys (72% and 73%, respectively), there was an increase in perceived seriousness of heroin use among this age group in the January 2019 survey (76%). However, the perception decreased among this age group to 67% in 2020. In addition, 71% of New Yorkers aged 65 and older perceived heroin use as a very serious public health issue in February 2020, down from 76% in the November 2016 survey.
- Greater variation was seen in responses to the perception of prescription opioid misuse and abuse. Respondents aged 18-34 and 65 and older were the least likely to consider prescription opioid use and abuse as a very serious public health issue in November 2016 (65% and 66%, respectively). However, by the most recent survey conducted in February 2020, that perception increased to 79% among adults 65 and older and actually decreased to 63% among the 18-34 age group.
- In 2016, women were more likely than men to perceive both opioid types as very serious public health problems. By January 2019, the perception of prescription opioid misuse and abuse as a very serious problem was similar among women (76%) and men (74%), but the gap returned in the February 2020 survey with only 63% of men and 74% of women responding “very serious”. A greater difference was observed for perception of heroin use, with 64% of men and 74% of women responding “very serious” in February 2020 – a decrease for both since November 2016.
- A higher percentage of New York adults residing outside of NYC perceived both heroin use and prescription opioid misuse and abuse as very serious problems, compared to those in NYC. In the January 2019 survey, 77% of adults outside of NYC and 73% of adults living in NYC felt prescription opioid misuse and abuse was a very serious public health problem. For heroin, the percentages were 78% and 71%, respectively. The most recent survey reflected decreases in the severity of both perceptions across regions, compared to the previous year.

Interpretation and Next Steps

Both heroin use and prescription opioid misuse and abuse are viewed as very serious public health problems by the majority of New Yorkers surveyed. Furthermore, the early increases in perception reflect the reality of overdose deaths involving opioids across the state, indicating an understanding of the potential risk posed not only by illicit drugs, but also the misuse and abuse of prescription opioids. However, while NYS has not had a significant reduction in opioid overdose deaths, the most recent survey showed a decline in those perceiving misuse and abuse as serious public health problems. Perception may have also been impacted by factors like media coverage, public health awareness campaigns sponsored by the NYSDOH and other entities, and the possibility of knowing someone directly affected. The periods when perception of risk was highest coincided with peaks of overdose death rates, especially for deaths involving fentanyl. While the decrease in perceived risk in early 2020

is concerning, New York adults consistently perceive heroin use and prescription opioid misuse as more serious public health problems than other health issues. Public perception of opioid-related risks can be further improved by a greater awareness about the presence of fentanyl in the illicit drug supply and the role that fentanyl plays in overdose deaths involving opioids and other substances.

It is important for New Yorkers to remain aware of the risks associated with opioids, strategies that exist to reduce the risk of overdose, and the availability of treatment and other services. The following list contains recommended actions and resources.

Recommended Actions and Resources

The following list of recommendations is tailored to specific audiences and is not exhaustive.

For more information about resources for people who use drugs in New York State, please visit <https://www.health.ny.gov/opioids>, or contact opioidprevention@health.ny.gov.

Actions:

- *Healthcare providers*
 - Follow the CDC's recommendation for prescribing opioids, including "start low, go slow" with dosing: [Guideline for Prescribing Opioids for Chronic Pain](#).
 - Provide stigma-free care by withholding judgment about patients' substance use and becoming trained in cultural competency. The NYSDOH AIDS Institute provides clinical guidelines on [best practices](#).
 - Become [licensed to prescribe](#) buprenorphine for the treatment of opioid use disorder.
 - Help promote the [Naloxone Co-payment Assistance Program \(N-CAP\)](#), which allows individuals with prescription coverage to get naloxone at pharmacies with N-CAP covering co-payments up to \$40.
- *State and local health departments*
 - Obtain [Opioid Overdose Educational Materials](#) from the NYS Department of Health at no cost to you.
 - Educate community members about the serious health risks associated with opioids, including overdose, coma, and/or death, and the importance of using those medications only as prescribed.
 - Learn [how to become a registered Opioid Overdose Prevention Program](#) in New York State.
- *Community and family members*
 - Check the [Community Calendar of Opioid Overdose Trainings](#) for an opioid prevention training near you. Learn how to identify and respond to an opioid overdose and be trained in how to administer naloxone. Naloxone (also known by the brand name, Narcan) is a drug that can be used to reverse opioid overdoses in an emergency. It is legal to possess in New York State.
 - Learn about the [Naloxone Co-payment Assistance Program \(N-CAP\)](#), which allows people with prescription coverage as part of their health insurance plan to get naloxone at pharmacies, with N-CAP covering co-payments up to \$40.
 - Learn about and share these [Facts about the 911 Good Samaritan Law](#), which provides protection to people calling 911 for help in the event of a suspected overdose.
 - Find out more about the serious health risks associated with opioids, including overdose, coma, and/or death, and the importance of using prescription pain medications only as prescribed. Learn the [basics about opioid and risks associated with them](#).

Methodology

Data Source

Mortality data for New York State 2010-2019, were obtained through CDC WONDER, accessed February 2021. These rates include opioid overdose deaths reported by county of residence within New York State – not necessarily where the death event occurred.

Survey data were provided by Siena College Research Institute, who administers an annual survey of adult residents of the state of New York on behalf of the New York State Department of Health Division of Chronic Disease Prevention to examine the general public's beliefs about public health issues and to assess public support for priority policies in chronic disease prevention and control.

Definitions

Overdose deaths involving any opioid include all deaths where the underlying cause of death was due to drug poisoning, regardless of intent (ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14) AND where **any opioid** was indicated in the other causes of death (ICD-10 codes T40.0, T40.1, T40.2, T40.3, T40.4, T40.6). Overdose deaths involving **heroin** are identified by ICD-10 code T40.1; overdose deaths involving **commonly prescribed opioids** (including opioid pain relievers such as Vicodin and OxyContin) are identified by T40.2 and T40.3; overdose deaths involving **fentanyl and other synthetic opioids, other than methadone** are identified by T40.4. Deaths in this latter category predominantly involve fentanyl and are shown separately from common prescription opioid pain relievers because of the illicit nature of fentanyl in the current drug market.

Cautions

Mortality data are limited by several factors, including the extent and availability of forensic toxicology testing to detect fentanyl and other substances postmortem. Note that all sub-categories of overdose death involving opioids are not mutually

Methodology, continued

exclusive, as deaths may involve multiple substances.

Survey data were collected through random-digit dialing samples of both landline and cell phone numbers and are potentially limited by non-response bias.

Citation

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- Carefully follow dosage instructions for opioid prescription medications. Use opioids only as directed by your health care provider.
- Safely store opioid prescription in a locked container and out of reach of children—just one dose can cause an accidental overdose.
- Dispose of unused medicines safely by locating a [medication drop box](#) in your county.
- Keep this simple guide handy, in case of an emergency: [Emergency Response for Opioid Overdose \(también en español\)](#).

Resources:

- *Treatment and recovery resources*
 - New Yorkers struggling with an addiction can find help and hope by calling the state's toll-free, 24-hour, 7-day-a-week HOPEline at 1-877-8-HOPENY (1-877-846-7369), or by texting HOPENY (Short Code 467369).
 - To locate a substance use disorder treatment program, visit the New York State OASAS [Treatment Availability Dashboard](#).
 - Learn more about [buprenorphine](#), an option for Medication Assisted Treatment for opioid use disorder, from the Office of Drug User Health.
 - To locate a Buprenorphine Treatment Practitioner through the Substance Abuse and Mental Health Services Administration, visit the [SAMHSA Treatment Locator](#).
- *Comprehensive programs and services for people who use drugs*
 - To reduce risk of overdose, build a [safety plan](#) and share it with someone you trust.
 - Learn the “[411](#)” about fentanyl, why it may increase your risk of overdose, and how you can reduce that risk.
 - To help locate Syringe Exchange Programs (SEPs), Expanded Syringe Access Programs (ESAPs), Safe Sharps Disposal, Naloxone, and Hepatitis C testing in New York State, visit “[The Point](#)”.
 - Visit the New York State Department of Health website to learn about [Drug User Health](#), including helpful information and resources, such as Syringe Access Programs and Drug User Health Hubs.
 - To access available programming and services offered by a Syringe Exchange Program, check [here](#) for a program serving your area, including days and times of operation.

- 1 For more detail about the survey, please see this [Public Opinion Survey Report](#).
- 2 O'Donnell JK, Gladden RM, Seth P. Trends in Deaths Involving Heroin and Synthetic Opioids Excluding Methadone, and Law Enforcement Drug Product Reports, by Census Region — United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:897–903. DOI: <http://dx.doi.org/10.15585/mmwr.mm6634a2>.
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- 5 Drug Enforcement Administration. 2020. Fentanyl Flow to the United States. <https://www.hsdl.org/?view&did=835367>.
- 6 Nolan ML, Tuazon E, Paone D. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2019. *New York City Department of Health and Mental Hygiene: Epi Data Brief* (122); December 2020. <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief122.pdf>.
- 7 Christopher M. Jones. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers — United States, 2002–2004 and 2008–2010. *Drug and Alcohol Dependence*, Volume 132, Issues 1–2, 2013, Pages 95-100. <https://doi.org/10.1016/j.drugalcdep.2013.01.007>.
- 8 Silvia S. Martins, Julian Santaella-Tenorio, Brandon D.L. Marshall, Adriana Maldonado, Magdalena Cerdá. Racial/ethnic differences in trends in heroin use and heroin-related risk behaviors among nonmedical prescription opioid users. *Drug and Alcohol Dependence*, Volume 151, 2015, Pages 278-283. <https://doi.org/10.1016/j.drugalcdep.2015.03.020>.
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