Illicit Drug Use in New York City

Illicit drug use increases the risk for many health problems, including unintentional death by drug poisoning, injury, sexually transmitted diseases such as HIV, hepatitis B and C, liver disease, hypertension and depression. Cocaine use also is associated with cardiovascular disease. Use of illicit drugs is common throughout the United States and may be more prevalent in urban centers like New York City, resulting in drug-related morbidity and mortality.

Among New Yorkers, illicit drug use varies by drug type

- Nearly one million New Yorkers report using illicit drugs in the past year (16%). The national rate is 14%.
- Marijuana, the most common illicit drug, is used by nearly 730,000 New Yorkers (12%) annually. Use is highest among 18- to 25-year-olds (30%).
- Excluding marijuana, New Yorkers are more likely to use illicit drugs than Americans overall (9.1% vs. 8.5%).
- Other drugs used in the city include pain relievers such as Vicodin®, cocaine, tranquilizers such as Xanax®, stimulants such as amphetamines, heroin, and sedatives such as Seconal®.
- Since 2002, cocaine and pain reliever use has increased among specific groups of New Yorkers. Cocaine use increased most dramatically among men, more than doubling to 5.8% in 2006/07. Pain reliever use also increased among men to 6.5% and doubled among adults ages 35 years and older to 3.7% in 2006/07.
Drug-Related Morbidity (Illness)

Cocaine is the most commonly cited drug in NYC emergency department visits

- In 2007, there were nearly 55,000 drug-related emergency department (ED) visits* (662 for every 100,000 New Yorkers).
- Cocaine was the most frequently cited drug in ED visits for all age groups, with 425 cocaine-related visits for every 100,000 New Yorkers, representing more than half of all drug-related ED visits.
- Since 2004, the rate of ED visits with reports of marijuana more than doubled to 173 marijuana-related visits for every 100,000 New Yorkers in 2007.
- Benzodiazepine rates also increased 68% from 2004 to 2007 (47 for every 100,000 New Yorkers).

* An ED visit is classified as “drug-related” if the patient was treated in the ED for a condition that was induced by, or related to, recent drug use, such as injury, abdominal pain, or a cardiac problem.

DEFINING DRUG TYPES

- Opioids cover the entire family of opiates and opioids. Opiates are narcotic analgesics derived from “natural” opium, such as morphine, heroin, or codeine. Opioids are synthetic drugs, such as methadone, and possess narcotic properties similar to opiates, but are not derived from opium.
- Psychotherapeutic drugs are reported in four categories: pain relievers, including prescription opioids; tranquilizers, including benzodiazepines, which are prescribed to treat a variety of conditions, including anxiety; stimulants, including amphetamines; and sedatives, including sleeping pills.
- Cocaine falls under the class of drugs known as “stimulants” but is reported separately in this report.
- Only ‘non-medical’ use is reported for psychotherapeutic drugs, and is defined as use without a prescription or use with a prescription but in a manner other than prescribed.

One in ten hospitalizations in NYC is related to drug use

- From 1999 to 2006, the proportion of hospitalizations that were drug-related increased by 14%.
- In 2006, opioids were specifically identified in 46% and cocaine in 47% of all drug-related hospitalizations.
- Nearly two thirds of all drug-related hospitalizations (61%) were of New Yorkers ages 35 to 54 years and half (52%) were of New Yorkers who live in low-income neighborhoods.

Drugs-Related Vital Signs

Drug-Related Morbidity (Death)

Unintentional drug overdose deaths decreased in 2008, declining to the lowest number and rate of deaths since 1999

- The age-adjusted death rate per 100,000 New Yorkers decreased from 13.2 in 2006 to 9.7 in 2008, representing a 27% decrease.
- An estimated 1.5% of all New York City deaths are caused by unintentional drug overdose.
- Unintentional drug overdose is the fourth leading cause of premature adult death (before age 65) in New York City.
- Among New Yorkers ages 25 to 34 years, unintentional drug overdose is the third leading cause of death.

Overdose: The term “overdose death” is often used to refer to all deaths caused by ingesting too much of one or more drugs. Such deaths may occur unintentionally (accidental), intentionally (suicide), as an assault (homicide) or by undetermined means. This report focuses on unintentional drug overdose deaths.

Reporting Drug-Related Deaths: The Health Department has established a new, more sensitive indicator of drug-related mortality called “unintentional drug overdose deaths” that incorporates both the manner of death and the underlying cause of death recorded on death certificates. For more information on drug-related indicators used by the Health Department, please see www.nyc.gov/vitalstats.

Most unintentional drug overdose deaths in New York City involve multiple drugs

- Nearly all unintentional drug overdose deaths (98%) involve more than one substance, including alcohol.
- Opioids were the most commonly noted drug type (74%). Types of opioids included heroin, methadone, and prescription pain relievers.
- Other drugs commonly found were: cocaine (53%), benzodiazepines (35%), antidepressants (26%), and alcohol (43%).
- New Yorkers who died from unintentional drug overdose were mostly men (74%) and ages 35 to 54 years (60%). Almost half (44%) were white, one quarter (26%) were black, and almost one third (31%) were Hispanic.
- The mortality rate among 45- to 54-year-old New Yorkers was highest overall, particularly for blacks. Among 35- to 44-year-old New Yorkers, the mortality rate was highest for Hispanics, while whites had the highest rate among those ages 15 to 34 years.

Object 1: Table showing increase in number and rate of deaths from 1999 to 2008.

Object 2: Graph showing trend in number and rate of deaths from 1999 to 2008.

Object 3: Graph showing distribution of deaths by age and race/ethnicity.

Object 4: Graph showing trend in number of deaths from 1999 to 2008.

Object 5: Graph showing distribution of deaths by underlying cause of death.

Object 6: Graph showing trend in number of deaths from 1999 to 2008.

Object 7: Graph showing distribution of deaths by cause of death.

Object 8: Graph showing trend in number of deaths from 1999 to 2008.

Object 9: Graph showing distribution of deaths by method of drug administration.

Object 10: Graph showing trend in number of deaths from 1999 to 2008.

Object 11: Graph showing distribution of deaths by manner of drug administration.

Object 12: Graph showing trend in number of deaths from 1999 to 2008.

Object 13: Graph showing distribution of deaths by underlying cause of death.

Object 14: Graph showing trend in number of deaths from 1999 to 2008.

Object 15: Graph showing distribution of deaths by underlying cause of death.

Object 16: Graph showing trend in number of deaths from 1999 to 2008.

Object 17: Graph showing distribution of deaths by underlying cause of death.

Object 18: Graph showing trend in number of deaths from 1999 to 2008.

Object 19: Graph showing distribution of deaths by underlying cause of death.

Object 20: Graph showing trend in number of deaths from 1999 to 2008.

Object 21: Graph showing distribution of deaths by underlying cause of death.

Object 22: Graph showing trend in number of deaths from 1999 to 2008.

Object 23: Graph showing distribution of deaths by underlying cause of death.

Object 24: Graph showing trend in number of deaths from 1999 to 2008.

Object 25: Graph showing distribution of deaths by underlying cause of death.

Object 26: Graph showing trend in number of deaths from 1999 to 2008.

Object 27: Graph showing distribution of deaths by underlying cause of death.

Object 28: Graph showing trend in number of deaths from 1999 to 2008.

Object 29: Graph showing distribution of deaths by underlying cause of death.

Object 30: Graph showing trend in number of deaths from 1999 to 2008.

Object 31: Graph showing distribution of deaths by underlying cause of death.

Object 32: Graph showing trend in number of deaths from 1999 to 2008.

Object 33: Graph showing distribution of deaths by underlying cause of death.

Object 34: Graph showing trend in number of deaths from 1999 to 2008.

Object 35: Graph showing distribution of deaths by underlying cause of death.

Object 36: Graph showing trend in number of deaths from 1999 to 2008.

Object 37: Graph showing distribution of deaths by underlying cause of death.

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Object 39: Graph showing distribution of deaths by underlying cause of death.

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Object 42: Graph showing trend in number of deaths from 1999 to 2008.

Object 43: Graph showing distribution of deaths by underlying cause of death.

Object 44: Graph showing trend in number of deaths from 1999 to 2008.

Object 45: Graph showing distribution of deaths by underlying cause of death.

Object 46: Graph showing trend in number of deaths from 1999 to 2008.

Object 47: Graph showing distribution of deaths by underlying cause of death.
Recommendations

Health care providers should:

- Incorporate universal screening for substance abuse problems into medical care settings.
- Provide buprenorphine treatment for opioid dependence in primary care practice.
- Prescribe psychotherapeutic medication only as necessary and educate patients about drug effects to help avoid non-medical use.
- Advise patients to secure medications in a safe place away from others’ reach.
- Direct patients not to share medications with anyone else.

Service providers should:

- Promote widespread opioid overdose prevention education, including prescribing and dispensing naloxone, an opioid antidote.
- Reach out to individuals who have been recently incarcerated, are homeless, or have recent histories of drug use and explain how to prevent an overdose.
- Offer naloxone services where high-risk populations can be found, including emergency departments, detoxification service centers, methadone maintenance treatment programs and homeless shelters.
- Make information on opioid overdose prevention widely available and accessible in low-income communities, where rates of overdose deaths are highest.

NYC Vital Signs

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