Addressing the Opioid Epidemic
New York State Department of Health

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Director, Bureau of Occupational Health & Injury Prevention
County of Death due to Opioids
Rate per 100,000 Residents
NYS – Opioid Epidemic

![Graph showing the number of deaths related to opioid epidemic in NYS, NYC, and ROS from 2010 to 2015.](image)
Epidemic #1: Prescription Opioids

Number of Prescription Drug Deaths, NYS
Epidemic #2: Heroin

Number of Heroin Deaths, NYS

Year

2010 2011 2012 2013 2014 2015

Number of Deaths

NYC  ROS  NYS
Prescription Drugs and Heroin Deaths

Number of Prescription and Heroin Deaths, NYS

Year

Number of Deaths

2010 2011 2012 2013 2014 2015

NYC Heroin
ROS Heroin
NYS Heroin
NYC Rx
ROS Rx
NYS Rx
Epidemic #3: Synthetic Drugs (Fentanyl)

Number of Synthetic Drug Deaths, NYS
USING DRUGS?

FENTANYL IS IN NYC
Fentanyl is a dangerous opioid that’s showing up in heroin, cocaine and street pills marked as Xanax®

YOU CAN’T SEE, TASTE OR SMELL FENTANYL

USE WITH SOMEONE ELSE: If you overdose, you want someone around to help.

TAKE TURNS: Don’t use at the same time, and be prepared with naloxone. Have a phone on hand in case you need to call 911.

TEST YOUR DRUGS: Use a small amount first to see how strong your drugs are. Even a tiny amount of fentanyl can cause an overdose.

CARRY NALOXONE: More than one dose of naloxone may be needed to reverse a fentanyl overdose.

AVOID MIXING DRUGS: Mixing drugs—including alcohol—increases your risk of overdose.
“Substance Use Disorders actually change the circuitry in your brain. They affect your ability to make decisions, and change your reward system and your stress response. That tells us that addiction is a chronic disease of the brain, and we need to treat it with the same urgency and compassion that we do with any other illness.”
Enhancing and Maximizing the PMP

DOH Infrastructure

Build Local Health Department Capacity

Prescriber Education

Opioid-Related Data

Increase Access to Buprenorphine

Increase Access to Naloxone and Naloxone Policy Evaluation

Syndromic Surveillance
DOH Infrastructure

• Identify, coordinate and monitor opioid overdose activities occurring within DOH
Build Local Health Department Capacity

• Funding 3 counties based on opioid burden, size of county and geographic location
• Erie, Onondaga, Sullivan
• Identifying strategies to implement through broad based County coalitions
PRIMARY PREVENTION
Prescriber Education

• Engage providers in improving opioid prescribing practices
Grant and NYS Legislative Mandate

WHO: ALL NYS Prescribers

WHAT: Education on CDC Guidelines

WHEN: March 2016 – August 2017

WHO: Prescribers with DEA number and medical residents prescribing under a facility DEA number

WHAT: 8 topics - at least 3 contact hours of CME

WHEN: Must be completed by July 1, 2017, and then every 3 years
Partnership

NYSDOH
Bureau of Narcotic Enforcement
Prevention for States Program
Office of Health Insurance Programs
University at Buffalo (SUNY)

Medicaid Prescriber Education Program
Opioid Prescriber Training Program

PfS Grant Award Letter
March 2016

MPEP August 2016

Part 1
Live March 2017
Attestation Live April 2017

Part 2
Live April 2017

Deadline July 2017

New York State Legislation June 2016
UB/DOH Contract executed January 2017
Percent Registrations by Profession Type

- Physician: 9,269
- NP and PA: 3,397
- Medical Resident: 776
- DDS: 1,160
- Other: 1,303

TOTAL: 15,547

*Registered for NYSDOH sponsored program
Test Score Improvement

Module 1: Acute Pain, Chronic Pain, Federal/State Regulations
Module 2: Addiction, Palliative Care, End-of Life Care

<table>
<thead>
<tr>
<th>Module 1</th>
<th>Module 2</th>
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<tbody>
<tr>
<td>Pre-test</td>
<td>80%</td>
</tr>
<tr>
<td>Post-test</td>
<td>92%</td>
</tr>
</tbody>
</table>
“Very well done, thought provoking course. THIS is the GOLD standard for pain control education as it is succinct and immediately applicable to clinical practice.”
Opioid-Related Data

• Develop/Distribute County Level Reports (NYS Legislation)
• Analyze multiple new datasets
• Develop Website / Data Dashboard
• Reports
Opioid-Related Data

- **http://www.health.ny.gov/statistics/opioid/**

Opioid-related Data in New York State

In response to the growing opioid public health crisis and recommendations to improve the timeliness of reporting opioid-related data, the New York State Department of Health (NYSDOH) Opioid Prevention Program provides opioid-related data to support statewide prevention efforts. These efforts include improving timely opioid overdose reporting to key stakeholders. This information is a valuable tool for planning and can help identify where communities are struggling, help tailor interventions, and show improvements.

This website is designed to provide comprehensive and useful data and information regarding opioid use and misuse. New resources will be added often. Please check back frequently.

New York State Opioid Summary Reports

- [Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature](http://www.health.ny.gov/statistics/opioid/13364.pdf) (PDF, 2.5MB, 57pg.)

New York State County Opioid Quarterly Reports

In accordance with the recommendations of the New York State Heroin and Opioid Task Force and 2016 legislation, the NYSDOH is providing opioid overdose information (deaths, emergency department (ED) visits, and hospitalizations) by county in quarterly reports. The reported cases are based on the county of residence. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. These reports do not fully capture the burden of opioid abuse and dependence in New York State. Furthermore, the reports are not considered complete by the NYSDOH and should be used and interpreted with caution, because subsequent reports may contain frequencies for a quarter which differ from the previous report as they reflect additional confirmations and updates.

- [County Opioid Quarterly Report For New York State Counties - Published April 2017](http://www.health.ny.gov/statistics/opioid/13366.pdf) (PDF, 2.6MB, 137pg.)
### Erie County: Opioid overdoses and rates per 100,000 population (data as of March, 2017)

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location</td>
<td>Number</td>
<td>Crude Rate</td>
<td>Number</td>
<td>Crude Rate</td>
<td>Number</td>
</tr>
<tr>
<td>All opioid overdoses</td>
<td>Erie</td>
<td>54</td>
<td>5.9</td>
<td>58</td>
<td>6.3</td>
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<td>371</td>
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<td>13.5</td>
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<tr>
<td>Heroin overdoses</td>
<td>Erie</td>
<td>18</td>
<td>2.0</td>
<td>21</td>
<td>2.3</td>
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<td>NYS excl. NYC</td>
<td>188</td>
<td>1.7</td>
<td>182</td>
<td>1.6</td>
<td>698</td>
<td>6.2</td>
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<td>Overdoses involving opioid pain relievers</td>
<td>Erie</td>
<td>46</td>
<td>5.0</td>
<td>49</td>
<td>5.3</td>
<td>212</td>
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<td>244</td>
<td>2.2</td>
<td>253</td>
<td>2.2</td>
<td>999</td>
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### Outpatient emergency department visits

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<th>Number</th>
<th>Crude Rate</th>
<th>Number</th>
<th>Crude Rate</th>
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<tbody>
<tr>
<td>All opioid overdoses</td>
<td>Erie</td>
<td>222</td>
<td>24.1</td>
<td>201</td>
<td>21.8</td>
<td>921</td>
<td>99.8</td>
<td>457</td>
<td>49.5</td>
<td>275</td>
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<td>1,142</td>
<td>10.2</td>
<td>4,612</td>
<td>41.0</td>
<td>1,730</td>
<td>15.4</td>
<td>1,760</td>
<td>15.7</td>
<td>1,520</td>
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<tr>
<td>Heroin overdoses</td>
<td>Erie</td>
<td>181</td>
<td>19.6</td>
<td>148</td>
<td>16.0</td>
<td>723</td>
<td>78.4</td>
<td>374</td>
<td>40.5</td>
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<td>NYS excl. NYC</td>
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<td>7.0</td>
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<td>28.8</td>
<td>1,280</td>
<td>11.4</td>
<td>1,272</td>
<td>11.3</td>
<td>1,060</td>
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<td>Opioid overdoses excluding heroin</td>
<td>Erie</td>
<td>41</td>
<td>4.4</td>
<td>53</td>
<td>5.7</td>
<td>193</td>
<td>21.5</td>
<td>83</td>
<td>9.0</td>
<td>50</td>
<td>5.4</td>
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<tr>
<td>NYS excl. NYC</td>
<td>374</td>
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<td>355</td>
<td>3.2</td>
<td>1,372</td>
<td>12.2</td>
<td>450</td>
<td>4.0</td>
<td>488</td>
<td>4.3</td>
<td>460</td>
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### Hospitalizations

<table>
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<tr>
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<th>Location</th>
<th>Number</th>
<th>Crude Rate</th>
<th>Number</th>
<th>Crude Rate</th>
<th>Number</th>
<th>Crude Rate</th>
<th>Number</th>
<th>Crude Rate</th>
<th>Number</th>
<th>Crude Rate</th>
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<tbody>
<tr>
<td>All opioid overdoses</td>
<td>Erie</td>
<td>58</td>
<td>6.3</td>
<td>44</td>
<td>4.8</td>
<td>203</td>
<td>22.0</td>
<td>70</td>
<td>7.6</td>
<td>40</td>
<td>4.3</td>
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<td>NYS excl. NYC</td>
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<td>4.6</td>
<td>435</td>
<td>3.9</td>
<td>1,873</td>
<td>16.7</td>
<td>469</td>
<td>4.2</td>
<td>478</td>
<td>4.3</td>
<td>446</td>
</tr>
<tr>
<td>Heroin overdoses</td>
<td>Erie</td>
<td>18</td>
<td>2.0</td>
<td>15</td>
<td>1.6</td>
<td>57</td>
<td>6.2</td>
<td>35</td>
<td>3.8</td>
<td>14</td>
<td>1.5</td>
</tr>
<tr>
<td>NYS excl. NYC</td>
<td>157</td>
<td>1.4</td>
<td>161</td>
<td>1.4</td>
<td>619</td>
<td>5.5</td>
<td>203</td>
<td>1.8</td>
<td>191</td>
<td>1.7</td>
<td>194</td>
</tr>
<tr>
<td>Opioid overdoses excluding heroin</td>
<td>Erie</td>
<td>40</td>
<td>4.3</td>
<td>29</td>
<td>3.1</td>
<td>146</td>
<td>15.8</td>
<td>35</td>
<td>3.8</td>
<td>26</td>
<td>2.8</td>
</tr>
<tr>
<td>NYS excl. NYC</td>
<td>355</td>
<td>3.2</td>
<td>274</td>
<td>2.4</td>
<td>1,254</td>
<td>11.2</td>
<td>266</td>
<td>2.4</td>
<td>287</td>
<td>2.6</td>
<td>252</td>
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</table>

1. Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.
2. This indicator includes pharmaceutically and illicitly produced opioids such as fentanyl.
3. Indicators related to hospitalizations and emergency department data used ICD-9-CM codes prior to Oct 1st, 2015. ICD-10-CM codes are used from Oct 1st, 2015 and thereafter. Changes should be interpreted with caution due to the change in codes used for the definition.
4. Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.
### Erie County: Unique clients admitted to OASAS-certified chemical dependence treatment programs (data as of January, 2017)

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Unique clients admitted for heroin</td>
<td>898</td>
<td>862</td>
<td>924</td>
<td>883</td>
<td>2,630</td>
<td>857</td>
<td>948</td>
<td>932</td>
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<tr>
<td>Unique clients admitted for any opioid (incl. heroin)</td>
<td>1,420</td>
<td>1,309</td>
<td>1,423</td>
<td>1,322</td>
<td>4,139</td>
<td>1,266</td>
<td>1,391</td>
<td>1,381</td>
</tr>
</tbody>
</table>

OASAS: Office of Alcoholism and Substance Abuse Services

1. The number of unique clients admitted per year does not equal the sum of the unique clients admitted each quarter. This is because an individual client can be admitted to treatment in more than one quarter during the year.
2. Clients may have heroin, other opioids, or any other substance simultaneously recorded as the primary, secondary and tertiary substance of abuse at admission.
3: Data for indicators are suppressed for confidentiality purposes if there are less than 6 clients.

### Erie County: Naloxone administration reports (data as of February, 2017)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services (EMS) naloxone administration reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone administration report by EMS</td>
<td>Erie</td>
<td>37</td>
<td>66</td>
<td>45</td>
<td>40</td>
<td>188</td>
<td>80</td>
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<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>1,045</td>
<td>1,551</td>
<td>1,507</td>
<td>1,464</td>
<td>5,567</td>
<td>1,658</td>
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<tr>
<td>Law enforcement naloxone administration reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone administration report by law enforcement</td>
<td>Erie</td>
<td>25</td>
<td>60</td>
<td>69</td>
<td>67</td>
<td>221</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>142</td>
<td>243</td>
<td>260</td>
<td>317</td>
<td>962</td>
<td>400</td>
</tr>
<tr>
<td>Registered Community Opioid Overdose Prevention (COOP) program naloxone administration reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone administration report by registered COOP program</td>
<td>Erie</td>
<td>6</td>
<td>54</td>
<td>85</td>
<td>65</td>
<td>210</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>NYS excl. NYC</td>
<td>52</td>
<td>130</td>
<td>158</td>
<td>148</td>
<td>488</td>
<td>250</td>
</tr>
</tbody>
</table>

1. Numbers displayed in the table represent only naloxone administration events reported electronically, therefore, actual numbers of events may be higher. The numbers for NYS excl. NYC do not include Suffolk county.
2. Numbers displayed in the table represent only naloxone administration reports submitted by law enforcement and registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may be higher.
Enhancing and Maximizing the Prescription Monitoring Program

• Mobile Responsive Website
  – Improve PMP infrastructure to support proactive reporting through increased access for users of mobile technology

• Electronic Health Record Integration (pilot)
  – Increase ease for providers to access PMP and integrate into daily workflows
### Other Factors Influencing Opioid Trends

<table>
<thead>
<tr>
<th>Event</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Evaluation and Mitigation Strategy (REMS) for long-acting opioids received FDA approval</td>
<td>July 9, 2012</td>
</tr>
<tr>
<td>I-STOP legislation signed by Governor Cuomo (Bill S7637)</td>
<td>August 27, 2012</td>
</tr>
<tr>
<td>Updates to the Controlled Substance Schedule</td>
<td>February 23, 2013</td>
</tr>
<tr>
<td>I-STOP Registry Review Mandated</td>
<td>August 27, 2013</td>
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<tr>
<td>Opioid Prescriber Education Program</td>
<td>September 1, 2013</td>
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<tr>
<td>Electronic Prescribing of all Controlled Substances</td>
<td>March 27, 2015</td>
</tr>
<tr>
<td>Governor Cuomo signs legislation to combat the heroin and opioid crisis</td>
<td>June 22, 2016</td>
</tr>
<tr>
<td>7-day opioid supply limit for opioid naïve patients</td>
<td>July 22, 2016</td>
</tr>
</tbody>
</table>
Opioid prescription quarterly rates* per 1,000 residents

- February 2013, tramadol became Schedule IV
- August 2013, PMP search is mandated

February 2013, hydrocodone became Schedule II

- Opioids for treatment refers to Buprenorphine for substance use disorder (SUD) treatment
- 2012-2015 state population data was obtained from the US Census Bureau
- 2016 state population was obtained from The Nielsen Company (formerly Claritas)
Six-month multiple-provider episode rate* per 100,000 residents

- Multiple-provider episode is defined as a resident filling a opioid prescription from five or more prescribers at five or more pharmacies within 6 months;
- Buprenorphine for substance use disorder (SUD) treatment was excluded in the rate calculation
- 2012-2015 state population data was obtained from the US census Bureau
- 2016 state population was obtained from The Nielsen Company (formerly Claritas)
SECONDARY PREVENTION
Increase Access to Buprenorphine

• Identification of buprenorphine providers in NYS
• Increase providers trained to prescribe buprenorphine trainings
• Mentoring support for new prescribers
• Academic detailing to providers
• Co-location of services in HUBS
A Multi-Systemic Approach to Address Opioid Overdose

- Community Programs
- Law Enforcement
- Firefighters
- Basic Life Support EMS
- School Settings
- Corrections & Parole
- Pharmacy
## Benefits of Buprenorphine (Medication Assisted Treatment)

<table>
<thead>
<tr>
<th>Reduce or stop opioid use</th>
<th>Improve patients’ general health and well-being</th>
<th>Improve well-being &amp; equity of communities</th>
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</thead>
<tbody>
<tr>
<td>- Preventing drug withdrawal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Blocking the effects of heroin if taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Preventing the powerful craving that continues for some people long after detoxification</td>
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<td></td>
</tr>
<tr>
<td>- Reduce mortality (Overdose, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>- Reducing transmission of blood-borne viruses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Improving adherence to other medications/therapies (HIV, HCV, Diabetes, HT)</td>
<td></td>
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<tr>
<td>- Providing stability to meet responsibilities (work, childcare, maintain housing, legal, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>- Reduce drug-related crime &amp; recidivism</td>
<td></td>
<td></td>
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<tr>
<td>- Increases access points for meaningful engagement with services</td>
<td></td>
<td></td>
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<tr>
<td>- Increases options for service providers</td>
<td></td>
<td></td>
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<tr>
<td>- Decreased use of EMS, ED, crisis services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Increased quality of life, stability, productivity</td>
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</tr>
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“My reason for getting on suboxone was because in the last 6 months I have had 6 overdoses. They are putting fentanyl in the heroin—every time I get a bag I’m dropping. When I got out of rehab (I was) still having the cravings and I did not want to go back to that lifestyle. I got on the suboxone, because I was on it before. And it really helped me out a lot. I can keep a job, I see my kids, everything falls into place.”
Buprenorphine Initiatives NYS

- CME Webinars: *Buprenorphine; Prescribing Opioids; Co-prescribing naloxone*
- Buprenorphine Working Group
- Material creation: best practices and fact sheets
- Academic Detailing / Targeted Provider Education
- Facilitating mentoring
- Buprenorphine waiver training
Drug User Health Hubs

Established 2016

- Outpatient ambulatory care programs for drug users
- Enhance local providers understanding and ability to provide services to substance
- Provide on-site medically assisted treatment – buprenorphine.
- Prevent overdoses; provide care post overdose.
- Law Enforcement Assisted Diversion (LEAD): Low level offenders are diverted to SEP for care services instead of being arrested.
Drug User Health Hubs Core Elements

Syringes  Buprenorphine  Naloxone  Hepatitis C Care
TERTIARY PREVENTION
Increase Access to Naloxone & Naloxone
Policy Evaluation

• Law Enforcement
  – Qualitative study examining attitudes towards drug users, compassion fatigue, vicarious trauma, understanding the Good Samaritan Law

• Pharmacies
  – Availability, Cost

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<th>Year</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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<th>Q4</th>
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<th>Q2</th>
<th>Q3</th>
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<td>2014</td>
<td>8,358</td>
<td>11,202</td>
<td>15,677</td>
<td>21,411</td>
<td>16,609</td>
<td>14,142</td>
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<td>108,684</td>
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Note: Data reported by registered programs.
Total naloxone administrations for New York State, by responder type, 2015 and 2016


Note 2: EMS totals represent only naloxone encounters that were reported electronically, therefore, the actual numbers of events may have been higher.

Note 3: EMS totals do not yet comprehensively include reports from naloxone encounters that occurred in Suffolk County.

Note 4: Law enforcement totals do not yet comprehensively include reports from law enforcement agencies in New York City and Nassau County.

Note 5: Law enforcement and COOP program totals represent only naloxone administration reports submitted by law enforcement and registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may have been higher.
Syndromic Surveillance

- Rapid Reporting System
  - Daily reports of overdoses in Emergency Departments identified in the Chief Complaint field
  - 136 hospitals in NYS
  - Identify clusters
Syndromic Surveillance

• Working on defining opioid overdose syndrome
• Reviewing the quality of the syndrome
• Planning use of the syndrome
  – Alert community partners to enhanced overdose risk
  – Identify communities needing increased training, access to naloxone/buprenorphine
Also provided with:
- Observed # vs. Expected # for each zip code
- Details on each case including hospital, day, age, sex and chief complaint

SatScan results provided to program
QUESTIONS?

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518-402-7900