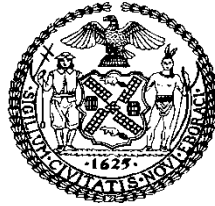


Committee on General Welfare
Aminta Kilawan, Counsel
Tonya Cyrus, Senior Policy Analyst
Nameera Nuzhat, Finance Analyst
Raabia Qasim, Legal Fellow

Committee on Mental Health, Disabilities and Addiction
Sylvester Yavana, Counsel
Michael Kurtz, Policy Analyst



THE COUNCIL OF THE CITY OF NEW YORK

**Briefing Paper of the Human Services Division
Jeffrey Baker, Legislative Director**

COMMITTEE ON GENERAL WELFARE
Hon. Steven Levin, Chair

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION
Hon. Diana Ayala, Chair

February 27, 2018

Oversight: Opioid Overdoses Among NYC's Homeless Population.

INTRODUCTION

On February 27, 2018, the Committee on General Welfare, chaired by Council Member Steven Levin, and the Committee on Mental Health, Disabilities and Addiction, chaired by Council Member Diana Ayala, will hold an oversight hearing on the prevalence of opioid overdoses within New York City's homeless population. Representatives from the Department of Social Services, the Department of Health and Mental Hygiene, homeless services providers, advocates, and other interested parties are expected to testify.

THE OPIOID CRISIS

Throughout the United States, the opioid epidemic has emerged as one of the most significant public health challenges of the 21st century. Opioids are drugs that interact with opioid receptors in the body to alleviate pain. However, regular usage of these substances can lead to dependence and addiction due to the euphoria that they can produce. Drugs that can be classified as opioids include prescription pills such as oxycodone (OxyContin), hydrocodone (Vicodin) as well as illegal drugs like Heroin and its synthetic variant, Fentanyl. According to the Centers for Disease Control (CDC), more than 600,000 people have died due to drug overdoses between 2000 and 2016 and opioids account for approximately two-thirds of all overdose deaths (66 percent).¹ Additionally, statistics from the United States Department of Health and Human Services (HHS) indicate that deaths from prescription opioids have more than quadrupled since 1999 and that 116 people die every day from opioid-related overdoses.² CDC figures show that opioids were involved in 42,249 deaths in 2016.³

¹ Opioid Overdose. (2017, August 30). Retrieved February 06, 2018, from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

² About the Epidemic. (2017, December 21). Retrieved February 06, 2018, from <https://www.hhs.gov/opioids/about-the-epidemic/>

³ Opioid Overdose. (2017, December 19). Retrieved February 06, 2018, from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

This crisis has also taken root across New York State, including New York City. Between 2010 and 2014, opioid-related outpatient emergency department visits increased from 12,554 to 21,576 outside of New York City (an increase of 71.8 percent) and from 8,409 to 14,691 (an increase of 74.7 percent) in the City.⁴ The New York City Office of Chief Medical Examiner (OCME) found that 1,374 people died from overdoses in New York City in 2016, up from 937 in 2015, an increase of 46.6 percent.⁵ The Office of the Special Narcotics Prosecutor has reported that although overdose deaths have increased for six consecutive years in all five boroughs, the crisis has been particularly severe in the Bronx and Staten Island. In both 2015 and 2016, for example, the Bronx had the highest number of fatal overdoses (252 in 2015 and 279 in 2016, a 10.7 percent increase).⁶ Staten Island, however, had the highest rate of fatal overdoses, with 31.8 per 100,000, a 66 percent increase from 2015.⁷

HealingNYC

In March 2017, Mayor Bill de Blasio and First Lady Shirlane McCray launched *HealingNYC*, a new, comprehensive and multifaceted approach to addressing opioid addiction and preventing opioid overdose deaths in New York City.⁸ This initiative aims to combat the epidemic by investing \$38 million annually to reduce opioid overdose deaths by 35 percent over the next 5 years, through the following four goals:⁹

⁴ *Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature* (2015). Albany, NY: New York State Department of Health available at

<http://www.newyorkersvolunteer.ny.gov/docfiles/2015HeroinandOpioidTaskForcereport.pdf>

⁵ Del Real, J. A. (2017, October 12). The Bronx's Quiet, Brutal War With Opioids. Retrieved February 06, 2018, from <https://www.nytimes.com/2017/10/12/nyregion/bronx-heroin-fentanyl-opioid-overdoses.html>

⁶ *Epi Data Brief* (2016). Queens, New York: New York City Department of Health and Mental Hygiene.

⁷ Health Department Releases 2016 Drug Overdose Death Data in New York City - 1,374 Deaths Confirmed, a 46 Percent Increase From 2015. (n.d.). Retrieved February 06, 2018, from <https://www1.nyc.gov/site/doh/about/press/pr2017/pr048-17.page>

⁸ Office of the Mayor, "De Blasio Administration Launches New Initiative to Combat Opioid Epidemic" (March 13, 2017) available at <http://www1.nyc.gov/office-of-the-mayor/news/147-17/de-blasio-administration-launches-new-initiative-combat-opioid-epidemic#/0>

⁹ *Healing NYC: Preventing Overdoses, Saving Lives*", available at <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2017/HealingNYC-Report.pdf>

- **Prevent opioid overdose deaths** by distributing 100,000 naloxone kits citywide.
- **Prevent opioid misuse and addiction** by creating additional mental health clinics in high-need schools that account for a disproportionate share of suspensions and mental health issues, which can be precursors for substance misuse.
- **Connect New Yorkers to effective drug treatment** by increasing access to medication-assisted treatment for addiction for 20,000 additional New Yorkers by 2022.
- **Reduce the supply of illegal opioids** by making new investments in OCME and the New York City Police Department (NYPD) to increase the kinds of testing and information sharing that the City needs to get a better understanding of the local drug environment. Further, to build upon existing efforts in Staten Island, NYPD will create new Overdose Response Squads that will target dealers in high-risk neighborhoods across the City. The City will assign 84 detectives and hire 50 lab personnel at NYPD to combat this epidemic and disrupt the supply of opioids before they come into the City.

HealingNYC builds on the steps the City has already taken to address the opioid crisis. In April 2016, as part of *ThriveNYC*, Mayor de Blasio and First Lady McCray announced several major steps to address opioid overdoses, which included the expansion of naloxone availability and training, increased training for physicians on Buprenorphine,¹⁰ and the creation of the Mayor’s Heroin and Prescription Opioid Public Awareness Task Force.¹¹ In 2016, the City doubled its budget for its harm reduction and outreach engagement programs to create more mobile outreach and drop-in centers to serve an additional 12,000 individuals.¹²

In addition, the Human Resources Administration’s (HRA) Substance Abuse Services program includes rehabilitation services for clients with substance abuse who are facing barriers to employment and independent living. As part of modernizing delivery and management services, HRA uses the Substance Abuse Tracking and Reporting System (STARS), an Internet-enabled computer application designed to facilitate the exchange of information between HRA

¹⁰ Buprenorphine is an opioid medication used to treat opioid addiction, which can be dispensed for take-home use, by prescription.

¹¹ *Supra note 8*. Office of the Mayor, “De Blasio Administration Launches New Initiative to Combat Opioid Epidemic.”

¹² *Id.* Office of the Mayor, “De Blasio Administration Launches New Initiative to Combat Opioid Epidemic.”

and the drug and alcohol treatment providers who enroll clients. This enables HRA to capture significantly more clinical information, of both a quantitative and qualitative nature. Fiscal 2018 Adopted Budget for this program was \$61.4 million and the Fiscal 2019 Preliminary proposed budget for this program is \$54.6 million.

OPIOID ADDICTION AND HOMELESSNESS

Lack of housing has been shown to negatively impact both physical and behavioral health among the homeless.¹³ Addiction can cause and perpetuate homelessness, and the experience of homelessness can impede an individual's ability to engage in treatment.¹⁴ While the opioid epidemic impacts people from any race, gender, socioeconomic status, its effects are felt in uniquely harmful ways by people who are experiencing homelessness.¹⁵ Evidence indicates that substance use disorders are known risk factors for homelessness, and data clearly shows that substance abuse and overdose disproportionately impact homeless people.¹⁶

Pursuant to Local Law 63 of 2005, the New York City Department of Health and Mental Hygiene issues an annual report on homeless deaths, which found that at least 311 homeless people died during FY 2017 — a 30 percent increase from FY 2016.¹⁷ The leading cause of death in FY 2017 was drug use among homeless individuals, both male (33 percent) and female (28 percent),¹⁸ totaling 103 deaths,¹⁹ which accounted for more than one-third of all homeless

¹³ National Health Care for the Homeless Council. (August 2017.) Addressing the Opioid Epidemic: How the opioid crisis affects homeless populations. (Authors: Brett Poe, Research Associate, and Alaina Boyer, Director of Research.) Available at: www.nhchc.org/opioidcrisis

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ NYC Department of Health and Mental Hygiene, Annual Report on Homeless Deaths, 2016-2017 at 2. The report defines a homeless person as “a person who at the time of death did not have a known street address of a private residence at which he or she was known or reasonably believed to have resided.” This includes individuals living in shelters, those living unsheltered on the streets or in other public spaces, and those who are doubled up or staying with loved ones.

¹⁸ *Id.* at 10.

¹⁹ *Id.* at 2.

deaths.²⁰ The sheltered homeless made up 37 percent of drug related deaths, while the non-sheltered homeless made up 29 percent.²¹ The overall number of 103 homeless deaths related to drug use increased by 69 percent as compared to 61 deaths (26 percent) in FY 2016.²² Further, 86 of the drug related deaths in FY 2017 resulted from drug overdoses,²³ compared to 51 deaths in FY 2016.²⁴ The remaining 17 deaths were from chronic drug use.²⁵

In addition, according to the Preliminary Fiscal 2018 Mayor's Management Report, eighty-one (81) overdose incidents occurred in the homeless shelter system in the first four months of FY 2018 compared to 12 drug overdoses during that same period in FY 2017.²⁶ This means that the number of overdose incidents in city homeless shelters dramatically increased by 575 percent during that period.²⁷ In the same four-month period that overdose incidents spiked, so did the use of naloxone by shelter staff, more than doubling, from 39 to 86 instances.²⁸

The City has expanded its efforts to respond to the opioid epidemic over the past two years, including training to administer naloxone (Narcan), a drug that can reverse the effects of an opioid overdose and prevent death. Local Law 225 of 2017 requires training for certain staff working in Department of Homeless Services (DHS) shelters and Human Resources Administration (HRA) HIV/AIDS Services Administration (HASA) facilities in administering naloxone to individuals who have overdosed on opioids. Local Law 225 also requires those facilities to have at least one trained staff on duty at all times. The law also requires the agencies

²⁰ *Id.* at 9.

²¹ *Id.* at 11.

²² *Id.* at 2.

²³ *Id.* at 23.

²⁴ *Id.*

²⁵ *Id.*

²⁶ Preliminary Fiscal 2018 Mayor's Management Report (February 2018) at 188 available at http://www1.nyc.gov/assets/operations/downloads/pdf/pmmr2018/2018_pmmr.pdf

²⁷ NY Daily News, "Overdose incidents skyrocket in city homeless shelters" (Feb. 22, 2018), available at <http://www.nydailynews.com/new-york/overdose-incidents-skyrocket-city-homeless-shelters-article-1.3834797?cid=bitly>

²⁸ *Id.*

to develop and implement a plan to offer training to residents of HASA facilities and DHS shelters who may encounter persons experiencing or who are at a high risk of experiencing an opioid overdose. In 2016, DHS trained its shelter providers in naloxone administration, with the goal of ensuring 24/7 coverage and reducing overdose.²⁹ DHS will distribute 6,500 kits in City shelters, and will continue training its shelter providers in naloxone administration.³⁰

Although drug-related deaths were the primary reason the number of homeless deaths increased, deaths from other leading causes increased as well.³¹ There were 53 deaths from heart disease, the second leading cause of death in FY 2017 for homeless individuals, which represents five more deaths than in FY 2016.³² Additionally, 27 homeless people died from accidents (three more than in FY 2016), 15 died from alcohol misuse or dependence (seven more than in FY 2016), and 10 died from influenza or pneumonia (two more than in FY 2016).³³

State and Federal Responses

The scope of the opioid epidemic has also prompted policy responses from both the state and federal government. In October 2017, Governor Andrew Cuomo announced the launch of a new initiative to help connect homeless individuals in New York City to substance abuse treatment services.³⁴ The initiative is part of the Governor's five-year, \$10.4 billion housing plan to address homelessness as well as his multi-pronged approach to combat addiction.³⁵ Through the initiative, New York State Certified Recovery Peer Advocates (Advocates) meet individuals at homeless shelters in New York City who are struggling with addiction, work to engage them

²⁹ Supra, note "Healing NYC: Preventing Overdoses, Saving Lives" at 12, available at <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2017/HealingNYC-Report.pdf>

³⁰ *Id.* at 17.

³¹ NYC Department of Health and Mental Hygiene, Annual Report on Homeless Deaths, 2015-2016.

³² *Id.*

³³ *Id.*

³⁴ New York State Office of the Governor (October 2017), "Governor Cuomo Announces New Initiative to Treat Homeless Dealing with Addiction and Substance Abuse," available at <https://www.governor.ny.gov/news/governor-cuomo-announces-new-initiative-treat-homeless-dealing-addiction-and-substance-abuse>.

³⁵ *Id.*

in treatment, and provide brief interventions and connections to treatment services.³⁶ Advocates conduct outreach to individuals struggling with addiction to help them acknowledge their disorders and link them to the most appropriate level of care.³⁷ They also provide support, encouragement and guidance through the treatment process and into recovery.³⁸ Since advocates often engage people who are not ready to talk with professional and clinical staff, they may be the first individuals shelter residents speak to about treatment and recovery.³⁹ Advocates are individuals in recovery from substance use disorder who have expertise in addiction services. They are employed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) certified providers and paid with Medicaid funds at the rates set for clinic operators.⁴⁰

New York State's Fiscal Year (FY) 2018 Budget allocated \$213 million for prevention, treatment, and recovery services, which represents a 13 percent increase from FY 2017, and \$94 million of the \$213 million was earmarked for New York City.⁴¹ Governor Andrew Cuomo's 2018 Executive Budget includes a 2 cent tax per milligram of active opioid ingredients in prescription drugs, which is expected to raise approximately \$170 million, and would be used to support the Opioid Prevention and Rehabilitation Fund.⁴²

The federal government has also taken steps in recent years to address the opioid crisis by passing the Comprehensive Addiction and Recovery Act of 2016, which authorized \$181 million in new funding nationwide to support state-level prescription drug monitoring programs,

³⁶ *Id.*

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ *Id.* Recent changes in regulation and federal Medicaid billing approvals allow providers to be reimbursed for peer and clinical services delivered "in community" or outside a clinical setting.

⁴¹ Riback, L. (2017, April 21). More NY money to combat heroin, opioids. Retrieved February 15, 2018, from <https://www.lohud.com/story/news/politics/politics-on-the-hudson/2017/04/21/more-ny-money-combat-heroin-opioids/100750542/>

⁴² Harding, R. (2018, January 18). Cuomo's 'revenue raisers': Health care windfall tax, opioid surcharge and more. Retrieved February 15, 2018, from http://auburnpub.com/blogs/eye_on_ny/cuomo-s-revenue-raisers-health-care-windfall-tax-opioid-surcharge/article_d20a0a7b-7149-5c72-90d4-03d2d7d5e760.html

National Institutes of Health (NIH) research, and naloxone training, among other measures.⁴³ This legislation followed the passage of a December 2015 budget agreement that provided \$400 million to confront the opioid epidemic, although the federal government's total investment was less than administration's initial target of \$1.1 billion.⁴⁴ In October of 2017, the current administration issued an emergency declaration for the opioid crisis, in order to allow federal health agencies to hire more treatment specialists and reallocate funds more swiftly. The emergency declaration, which expires every 90 days, was extended in January 2018.⁴⁵ However, the federal 2018 budget recommended a 95 percent cut to the budget of the Office of National Drug Control Policy, which is the primary agency that funds treatment.⁴⁶

ALTERNATIVE SOLUTIONS

Some health and addiction professionals argue that the City has invested more funding in law enforcement to combat the opioid epidemic, and not enough in extending treatment.⁴⁷ According to a recent Yale study, patients addicted to opioids often seek care in the emergency department (ED).⁴⁸ Once they start on medication to reduce addiction in the ED, such patients are more likely to receive addiction treatment and reduce opioid use long-term.⁴⁹ The study indicated that ED-initiated buprenorphine treatment combined with a referral for ongoing treatment in primary care is effective at increasing participation in addiction treatment and

⁴³ Elkins, C. (2018, February 15). Obama Signs Comprehensive Addiction and Recovery Act of 2016. Retrieved February 15, 2018, from <https://www.drugrehab.com/2016/08/09/obama-signs-comprehensive-addiction-and-recovery-act/>

⁴⁴ Harris, G. (2016, February 2). Obama Seeks More Than \$1 Billion to Fight Opioid Abuse. Retrieved February 15, 2018, from <https://www.nytimes.com/2016/02/03/us/politics/obama-1-billion-to-fight-opioid-abuse-heroin.html>

⁴⁵ Ehley, B. (2018, January 19). Trump administration extending opioid emergency declaration. Retrieved February 15, 2018, from <https://www.politico.com/story/2018/01/19/trump-opioids-emergency-declaration-extension-300590>

⁴⁶ Allen, G. (2018, February 07). Trump Says He Will Focus On Opioid Law Enforcement, Not Treatment. Retrieved February 15, 2018, from <https://www.npr.org/sections/health-shots/2018/02/07/584059938/trump-says-he-will-focus-on-opioid-law-enforcement-not-treatment>

⁴⁷ Goodman, David J., "City Officials See Progress in Effort to Curb Opioid Deaths," *The New York Times* (Feb. 19, 2018), available at <https://www.nytimes.com/2018/02/19/nyregion/opioid-overdose-heroin-deaths-new-york.html>

⁴⁸ Kashef, Z., "Patients with opioid addiction benefit from treatment initiated in ED," *The New York Times* (Feb. 13, 2017) available at <https://news.yale.edu/2017/02/13/patients-opioid-addiction-benefit-treatment-initiated-ed>

⁴⁹ *Id.*

reducing opioid use.⁵⁰ “Thus, the ED visit is an opportunity to engage patients with opioid use disorder in effective medication-assisted treatment.”⁵¹ Since buprenorphine can also be administered in any setting outside of an emergency room, advocates, such as VOCAL-NY, recommend that the City should offer shelter residents treatment with buprenorphine.⁵²

There is a growing demand nationwide for supervised injection facilities (SIFs), which are legally sanctioned facilities where people can bring their own drugs for medically-supervised intravenous use.⁵³ Supervised injection facilities provide sterile injection equipment, information about reducing the harms of drugs, health care, treatment referrals, and access to medical staff.⁵⁴ Some offer counseling, hygienic amenities, and other services.⁵⁵ SIFs currently exist in Europe and Canada. The first SIF opened in Switzerland in 1988.⁵⁶ Fatal overdoses dropped by 35 percent in the neighborhood surrounding the site in the two years after it opened in 2003.⁵⁷ Advocates argue that addicts are better off injecting themselves in a safe environment where they can be saved if they overdose and possibly be connected with drug treatment services.⁵⁸ Proponents also assert that the sites would keep dirty needles from littering the streets by keeping injections indoors, and that such facilities do not increase crime and drug use, but rather, reduce risk behaviors associated with hepatitis C and H.I.V. infection.⁵⁹ Currently, there are more than 100 sites in more than 60 cities throughout the world, according to the Drug Policy Alliance.⁶⁰

⁵⁰ Dr. Gail D’Onofrio, “Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention,” available at <https://link.springer.com/content/pdf/10.1007%2Fs11606-017-3993-2.pdf>

⁵¹ *Id.*

⁵² *Supra note 40.* NY Daily News “Overdose incidents skyrocket in city homeless shelters” (Feb. 22, 2018).

⁵³ *See* Drug Policy Alliance, Supervised Injection Facilities, at <http://www.drugpolicy.org/issues/supervised-injection-facilities>

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.*

Recently, a number of cities across the United States have established SIFs. In 2016, the New York City Council allocated \$100,000 for the City’s Department of Health to study the feasibility of SIFs. The report is expected to be released in 2018. In November of 2017, the Seattle City Council included \$1.3 million in the 2018 budget for the creation of a site.⁶¹ Seattle conducted a feasibility study that included operational costs for various facility options, community engagement plans, and criteria for selecting sites.⁶² San Francisco will open two safe privately funded injection sites in July 2018 and Philadelphia announced in January 2018 that it would begin the process of building a site.⁶³ In Albany, Assemblywoman Linda Rosenthal introduced A. 8534, which would help implement safe injection sites by providing immunity to the owners, workers and drug users who use such facilities.⁶⁴ If passed, the proposed bill would allow community-based organizations to construction safer consumption sites and make them part of a more comprehensive program that teaches health practices and job skills.⁶⁵ Additionally, Ithaca opened a clinic in February of 2018.⁶⁶

CONCLUSION

At today’s hearing, the Committees seek to learn what efforts are currently in place to address the opioid crisis within the shelter system, and what improvements can be made to ensure those among the homeless population remain safe and have unlimited access to needed services.

⁶¹ Hellman, M. “Nurses Push For Progress on Local Safe Consumption Sites.” Seattle Weekly (Feb. 8, 2018) available at <http://www.seattleweekly.com/news/nurses-push-for-progress-on-local-safe-injection-sites/>

⁶² *Id.*

⁶³ Knight, H. “SF safe injection sites expected to be first in nation, open around July 1,” San Francisco Chronicle (Feb. 5, 2018), available at <https://www.sfchronicle.com/news/article/SF-safe-injection-sites-expected-to-be-first-in-12553616.php>

⁶⁴ Kratky, O. “Growing opioid epidemic reflects need for SIFs,” The Legislative Gazette, (Feb. 20, 2018) available at <http://legislativegazette.com/increasingly-problematic-opioid-epidemic-reflects-need-for-sifs/>

⁶⁵ *Id.*

⁶⁶ Steecker, M. (2018, February 06). New opioid replacement treatment clinic to open Feb. 26 in downtown Ithaca. Ithaca Journal (February 6, 2018) Retrieved February 26, 2018, available at <http://www.ithacajournal.com/story/news/2018/02/06/new-opioid-replacement-treatment-clinic-open-feb-26-downtown-ithaca/307350002/>