

Staff:
Sylvester Yavana, *Counsel*
Michael Kurtz, *Policy Analyst*
Jeanette Merrill, *Finance Analyst*



THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE REPORT OF THE HUMAN SERVICES DIVISION

Jeffrey Baker, Legislative Director

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

Hon. Diana Ayala, Chairperson

February 27, 2018

PRE-CONSIDERED INT. NO. :

By Council Member Ayala

TITLE:

A local law to amend the administrative code of the city of New York, in relation to syringe exchange programs

ADMINISTRATIVE CODE:

Adds Administrative Code §§ 17-180.2 and 21-129.1

PRE-CONSIDERED INT. NO. :

By Council Member Williams

TITLE:

A local law to amend the administrative code of the city of New York, in relation to requiring the police department to submit to the council reports relating to opioid antagonists

ADMINISTRATIVE CODE:

Adds § 14-175

PRE-CONSIDERED INT. NO. : By Council Member Cohen

TITLE: A local law to amend the administrative code of the city of New York, in relation to requiring the fire department to submit to the council reports relating to opioid antagonists

ADMINISTRATIVE CODE: Adds Administrative Code § 15-132

PRE-CONSIDERED INT. NO. : By Council Member Torres

TITLE: A local law to amend the charter of the city of New York, in relation to requiring the municipal drug strategy advisory council to report on opioid antagonists distribution

CHARTER: Amends Charter § 20-c

PRE-CONSIDERED INT. NO. : By Council Member Torres

TITLE: A local law to amend the administrative code of the city of New York, in relation to overdose prevention and reversal training

ADMINISTRATIVE CODE: Adds Administrative Code § 17-180.1

PRE-CONSIDERED RESO. NO. : By Council Member Torres

TITLE: A local law to amend the administrative code of the city of New York, in relation to requiring the department of social services and the department of homeless services to refer to individuals receiving opioid antagonists for additional services

ADMINISTRATIVE CODE: Adds Administrative Code §§ 21-129.1 and 21-323

PRE-CONSIDERED RES. NO. : By Council Member Brannan

TITLE: A resolution calling upon the New York City department of education to include drug awareness education concerning opioids in the school curriculum

PRE-CONSIDERED INT. NO. : By Council Member Brannan

TITLE: A local law to amend the administrative code of the city of New York, in relation to distributing

educational materials on drugs and opiates awareness and prevention to junior high and high school students

ADMINISTRATIVE CODE:

Adds Administrative Code §§ 17-199.9, 21-406 and 21-969

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. During that hearing, the Committee on Mental Health, Disabilities and Addiction will also hear eight pre-considered bills, all related to reducing the number of fatal opioid overdoses occurring within the City.

BACKGROUND

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

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

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 This crisis has also taken root in the state of New York, outside of and within the five boroughs. 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 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 The scope of this epidemic has prompted policy responses from both the state and federal government. 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

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>

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

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>

2017. \$94 million of the \$213 million was earmarked for New York City.⁸ In January of 2018, the executive budget proposed by the governor included a 2 cent tax per milligram of active opioid ingredient in prescription drugs, which was expected to raise approximately \$170 million, which would be used to support the Opioid Prevention and Rehabilitation Fund.⁹

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, National Institutes of Health (NIH) research, and naloxone training, among other measures.¹⁰ 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.¹¹

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 re-extended in January.¹² However, the 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.¹³

⁸ 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/>

⁹ 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

¹⁰ 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/>

¹¹ 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>

¹² 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>

¹³ 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>

PRE-CONSIDERED INT. NO. (Requiring Opioid Antagonist Training at Syringe Exchange Programs)

This bill would require the Department of Health and Mental Hygiene (DOHMH) and the Department of Social Services (DSS) to provide overdose prevention and reversal training to staff at syringe exchange programs.

Bill section one defines key terms used in the bill and would require DOHMH to provide opioid antagonists such as Narcan to all syringe exchange programs operating within the City. DOHMH, in conjunction with DSS, would also be required to provide overdose prevention and reversal training to all staff at every syringe exchange program operating within the City.

Section 2 of the bill also defines key terms used in the bill and would require DSS, in conjunction with DOHMH to provide overdose prevention and reversal training to all staff at every syringe exchange program operating within the City.

Bill section 3 would provide that this legislation takes effect 120 days after it becomes law.

PRE-CONSIDERED INT. NO. (Requiring NYPD to Report on Opioid Antagonists)

This bill would require the New York City Police Department (NYPD) to submit a report to the Mayor, the City Council, and the Department of Health and Mental Hygiene in relation to the department's use of opioid antagonists.

Bills section one defines key terms used in the bill and would require NYPD to report on the number of opioid antagonists the department has available for use; the number of NYPD officers that are trained to administer opioid antagonists; disaggregated by precinct; the number of times an officer administered an opioid antagonists, disaggregated by precinct and by the method of administration (i.e. syringe injection or nasal atomizer); and the number of fatalities declared after an officer administered an opioid antagonist. The report would be due quarterly.

Bill section 2 would provide that this legislation takes effect 60 days after it becomes law.

PRE-CONSIDERED INT. NO. (Requiring FDNY to Report on Opioid Antagonists)

This bill would require the Fire Department of New York (FDNY) to submit a report to the Mayor, the City Council, and the Department of Health and Mental Hygiene in relation to the department's use of opioid antagonists.

Bills section one defines key terms used in the bill and would require FDNY to report on the number of opioid antagonists the department has available for use; the number of FDNY emergency medical technicians (EMTs) that are trained to administer opioid antagonists; disaggregated by district; the number of times an EMT administered an opioid antagonists, disaggregated by precinct and by the method of administration (i.e. syringe injection or nasal atomizer); and the number of fatalities declared after an EMT administered an opioid antagonist. The report would be due quarterly.

Bill section 2 would provide that this legislation takes effect 60 days after it becomes law.

PRE-CONSIDERED INT. NO. (Requiring the Municipal Drug Strategy Advisory Council to Report on Opioid Antagonist Distribution to Relevant City Agencies)

Section 1 of this bill would require the Municipal Drug Strategy Advisory Council (MDSAC) to include in their biennial report to the Mayor and Speaker of the City Council the projected number of opioid antagonists needed by all relevant City agencies, the actual number of opioid antagonists distributed to relevant City agencies, and the number of opioid antagonists distributed to resisted opioid overdose prevention programs citywide.

Bill section 2 would provide that this legislation take effect immediately.

PRE-CONSIDERED INT. NO. (Requiring DOHMH to Provide Overdose Prevention and Reversal Training to the General Public)

This bill would require DOHMH to offer overdose prevention and reversal training to the public.

Bill section 1 would require DOHMH to train members of the public on recognizing an opioid overdose and on proper usage of common opioid antagonists. DOHMH would also be required to develop a public awareness campaign to inform the public of the existence of such training and on the dangers of opioid addiction and abuse.

Bill section 2 would provide that this legislation takes effect 120 days after it becomes law.

PRE-CONSIDERED INT. NO. (Requiring the Department of Social Services and the Department of Homeless Services to Refer Individuals Receiving Opioid Antagonists to Reverse Overdoses to Additional Services)

This bill would require the Department of Social Services (DSS) and the Department of Homeless Services (DHS) to refer individuals receiving opioid antagonists in their respective facilities to additional services to help address their underlying drug use.

Bill section 1 would require DSS to refer individuals who received an opioid antagonist to combat the effects of an overdose occurring within a HASA facility to appropriate service providers for additional services.

Bill section 2 would require DHS to refer individuals who received an opioid antagonist to combat the effects of an overdose occurring within a shelter to appropriate service providers for additional services.

Bill section 3 would provide that this legislation takes effect 60 days after it becomes law.

PRE-CONSIDERED RES. NO. (Calling on the Department of Education to Include Drug Awareness Education Concerning Opioids in the Curriculum)

This resolution calls up on the New York City Department of Education to include drug awareness education concerning opioids in the school curriculum.

PRE-CONSIDERED INT. NO. (Requiring DOHMH, the Department of Youth and Community Development and the Department of Education to Distribute Age Appropriate Educational Materials on Drugs and Opioids to Junior High and High School Students)

This bill would require DOHMH, the Department of Youth and Community Development (DYCD) and the Department of Education (DOE) to distribute age appropriate educational materials on drugs and opioids to junior high and high school students.

Bill section 1 would require DOHMH to develop age appropriate educational materials on drugs and opioids and distribute such materials to DOE and DYCD at the beginning of each academic calendar year. DOHMH would also be required to translate such materials into each of the citywide languages and post on their website.

Bill section 2 would require DYCD to distribute the educational materials developed by DOHMH to youth in DYCD's youth services programs. DYCD would also be required to translate such materials into each of the citywide languages and post on their website.

Bill section 3 would require DOE to distribute the educational materials developed by DOHMH to every student at each school at the beginning of each academic calendar year. DOE would also be required to ensure that such educational materials are available in the main office at each school and that such materials are posted on their website in English and the designated citywide languages.

Bill section 4 would provide that this legislation takes effect 90 days after it becomes law.

By Council Member Williams

A Local Law to amend the administrative code of the city of New York, in relation to requiring the police department to submit to the council reports relating to opioid antagonists

Be it enacted by the Council as follows:

1 Section 1. Chapter one of title 14 of the administrative code of the city of New York is
2 amended to add a new section 14-175 to read as follows:

3 §14-175 Opioid Antagonist Report. a. For the purpose of this section, the following terms
4 have the following meanings:

5 Officer. The term “officer” has the same meaning as defined under section 14-174.

6 Opioid antagonist. The term “opioid antagonist” means naloxone, narkan or other
7 medication approved by the New York state department of health and the federal food and drug
8 administration that, when administered, negates or neutralizes in whole or in part the
9 pharmacological effects of an opioid in the human body.

10 b. The department shall submit to the mayor, the speaker of the city council and the
11 department of health and mental hygiene on a quarterly basis a report relating to opioid
12 antagonists, which shall include:

13 1. The number of opioid antagonists the department has available for use in reversing the
14 effects of a heroin or opioid overdose, disaggregated by precinct;

15 2. The number of officers trained in the department to administer opioid antagonists to
16 overdose victims, disaggregated by precinct;

17 3. The number of times in the quarter that an officer administered and opioid antagonists
18 to an overdose victim, disaggregated by precinct and further disaggregated by the way in which
19 the opioid antagonist was administered to such overdose victim, such as by syringe injection or
20 nasal atomizer; and

1 4. The number of fatalities that were declared after an officer administered an opioid
2 antagonist to an overdose victim.

3 b. The report created pursuant to this section shall be provided to the within 30 days of
4 the end of the quarter to which the report corresponds. Where necessary, the department may use
5 preliminary data to prepare the required report. If preliminary data is used, the department shall
6 include an acknowledgment that such preliminary data is non-final and subject to change.

7 §2. This local law takes effect 60 days after it becomes law.

CJG/JDK/SSY
LS #1911 / Int. 548/2014
LS # 400
2/14/18

By Council Member Cohen

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring the fire department to submit to the council reports relating to the administration of opioid antagonists

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 15 of the administrative code of the city of New York is
2 amended to add a new section 15-132, to read as follows:

3 §15-132 Opioid antagonist report a. Definitions. For the purpose of this section, the
4 following terms have the following meanings:

5 Division. The term “division” has the same meaning as defined in section 15-129.

6 Opioid antagonist. The term “opioid antagonist” means naloxone, narkan or other
7 medication approved by the New York state department of health and the federal food and drug
8 administration that, when administered, negates or neutralizes in whole or in part the
9 pharmacological effects of an opioid in the human body.

10 b. The commissioner shall submit to the mayor, city council and the department of health
11 and mental hygiene on a quarterly basis a report relating to the administration of opioid
12 antagonists, which shall include:

13 1. The number of opioid antagonists the department has available, disaggregated by
14 borough and division;

15 2. The number of emergency medical technicians and other first responders employed by
16 the department that are trained to administer opioid antagonists, disaggregated by borough and
17 division;

18 3. The number of times in the quarter that an emergency medical technician or other first
19 responder employed by the department administered an opioid antagonist to an overdose victim,

1 disaggregated by borough, division, and by method of administration, such as syringe injection
2 or nasal atomizer; and

3 4. The number, expressed in both absolute terms and as a percentage of all
4 administrations, of fatalities that occurred after an emergency medical technician or other first
5 responder employed by the department administered an opioid antagonist to an overdose victim,

6 c. The report created pursuant to this section shall be provided within 30 days of the end
7 of the quarter to which the report corresponds. Where necessary, the department may use
8 preliminary data to prepare the required report. If preliminary data is used, the department shall
9 include an acknowledgment that such preliminary data is non-final and subject to change.

10 §2. This local law shall take effect 60 days after its enactment into law.

SSY
LS # 4306
2/14/18

Pre-considered Int. No.

By Council Member Torres

A LOCAL LAW

To amend the charter of the city of New York, in relation to requiring the municipal drug strategy advisory council to report on opioid antagonist distribution

Be it enacted by the Council as follows:

1 Section 1. Paragraph b of section 20-c of the New York city charter, as added by local law
2 number 48 for the year 2017, is amended to read as follows:

3 b. No later than February 1, 2018, and no later than February 1 biennially thereafter, the
4 designated agency shall prepare and submit to the mayor and the speaker of the city council a
5 report on municipal drug strategy. The department shall consult with relevant stakeholders,
6 including but not limited to community-based harm reduction programs, licensed substance use
7 disorder treatment programs, healthcare providers, prevention programs, drug policy reform
8 organizations, community-based criminal justice programs, persons directly affected by drug use,
9 persons formerly incarcerated for drug related offenses, and experts in issues related to illicit and
10 non-medical drug use and policies, in preparing the report. Such report shall include, but not be
11 limited to:

12 1. A summary of current drug policies, programs, and services in the city, including an
13 overview of goals to address the use of illicit and non-medical drugs such as the use of prescription
14 drugs for non-prescription purposes;

15 2. A summary of interventions needed in order to reduce drug-related disease, mortality,
16 and crime, and any inequities and disparities related to race, ethnicity, age, income, gender,
17 geography, and immigration status;

1 3. An overview of programs, legislation or administrative action to promote and support
2 health and wellness related to drug use, as well as to improve the public health and safety of the
3 city's individuals, families, and communities by addressing the health, social and economic
4 problems associated with illicit and non-medical drug use, past or current drug policies, and to
5 reduce any stigma associated with drug use;

6 4. An overview of the city's efforts to collaborate with existing substance use, medical, and
7 mental health services, including community-based harm reduction programs, licensed substance
8 use disorder treatment programs, healthcare providers, formalized recovery support programs,
9 youth prevention programs, drug policy reform programs and community-based criminal justice
10 programs to develop and foster effective responses to illicit and non-medical drug use in the city;

11 5. An overview of pilot programs related to illicit and non-medical drug use; [and]

12 6. An overview of any other proposals to achieve the city-wide goals and objectives related
13 to illicit and non-medical drug use, including, if available, timelines for implementation[.]; and

14 7. Data on the projected number of opioid antagonists needed by all relevant city agencies,
15 the actual number of opioid antagonists distributed to all relevant city agencies and the number of
16 opioid antagonists distributed to registered opioid overdose prevention programs citywide.

17 § 2. This local law takes immediately.

SSY
LS # 4880
2/15/2018

By Council Member Torres

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to overdose prevention and reversal training

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is
2 amended by adding a new section 17-180.1 to read as follows:

3 § 17-180.1 Overdose Prevention and Reversal Training. a. Definitions. For the purposes of
4 this section, the following terms have the following meanings:

5 Opioid. The term "opioid" means an opiate as defined in section 3302 of the public health
6 law.

7 Opioid antagonist. The term "opioid antagonist" means naloxone, narkan or other
8 medication approved by the New York state department of health and the federal food and drug
9 administration that, when administered, negates or neutralizes in whole or in part the
10 pharmacological effects of an opioid in the human body.

11 b. The department shall offer overdose prevention and reversal training to the general
12 public. Such training shall include:

13 1. How to recognize an opioid overdose; and

14 2. How to properly administer common opioid antagonists to reverse an opioid overdose.

15 c. The department shall develop a public awareness strategy to inform the public of the
16 existence of such trainings and the danger of opioid addiction and abuse.

17 § 2. This local law takes effect 120 days after it becomes law.

18

SSY
LS # 4924
2/13/2018

By Council Member Torres

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring the department of social services and the department of homeless services to refer individuals receiving opioid antagonists for additional services

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 21 of the administrative code of the city of New York is
2 amended by adding a new section 21-129.1 to read as follows:

3 § 21-129.1 Referral of additional services. a. Definitions. For the purposes of this section,
4 the term “HASA facility” means single room occupancy hotels or congregate facilities managed
5 by a provider under contract or similar agreement with the department.

6 b. The department shall refer any individual who received an opioid antagonist to combat
7 the effects of an opioid overdose occurring within a HASA facility to appropriate service providers
8 for appropriate additional services.

9 Section 2. Chapter 3 of title 21 of the administrative code of the city of New York is
10 amended by adding a new section 21-323 to read as follows:

11 § 21-323 Referral of additional services. a. Definitions. For the purposes of this section,
12 the term “shelter” means temporary emergency housing provided to homeless individuals by the
13 department or by a provider under contract or similar agreement with the department.

14 b. The department shall refer any individual who received an opioid antagonist to combat
15 the effects of an opioid overdose occurring within a shelter to appropriate service providers for
16 appropriate additional services.

17 § 3. This local law takes effect 60 days after it becomes law.

SSY
LS # 4936
2/23/2018

Pre-considered Res. No.

Resolution calling upon the New York City Department of Education to include drug awareness education concerning opioids in the school curriculum

By Council Member Brannan

Whereas, According to the National Institute on Drug Abuse, opioids are drugs that include heroin, certain legally prescribed pain relievers, and synthetic opioids; and

Whereas, The New York City Department of Health and Mental Hygiene reported that more than 80 percent of drug overdose deaths from January 2017 to July 2017 included opioid use; and

Whereas, As the National Institute on Drug Abuse notes, drug consumption at an early age is a predictive factor of the development of a substance addiction, and most individuals with a substance use disorder began using substances prior to age 18; and

Whereas, The Federal Substance Abuse and Mental Health Services Administration acknowledged that one out of four teenagers believe prescription drugs can be taken to assist with studying, and according to a media source, some teenagers misuse prescription opioids because they believe it will help them with their school work; and

Whereas, As reported by the New York Daily News, in 2017, the Realization Center, an addiction treatment program in New York City, observed that they were treating almost double the amount of high school students for drug addiction at the time than in previous years, including drug addictions to opioids; and

Whereas, Data from the New York City Youth Risk Behavior Survey in 2015 shows that 7 percent of New York City high school students misused prescription opioid analgesics, and 3 percent of youth reported that they had used heroin previously; and

Whereas, The use of opioids can be life threatening for teens, and research conducted by the National Center for Health Statistics shows that in 2015, drug overdoses for youth ages 15-19, nationwide, were highest for opioid usage; and

Whereas, Research based interventions such as social supports and educational activities can help prevent early misuse of drugs, and numerous school districts across the country have adopted health curriculums that address the misuse of opioids among youth; and

Whereas, New York City's Department of Education contracts with the HealthSmart program to provide health education to middle school and high school students; and

Whereas, While HealthSmart includes information about drug addiction, the middle school and high school curricula fail to provide minimal information about opioid addiction; and

Whereas, It is imperative that New York City students are informed about the risk factors and preventative measures concerning opioid usage, especially at a time in which there is a growing opioid crisis; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York City Department of Education to include drug awareness education concerning opioids in the school curriculum.

LS # 5393
2/5/18
KJ

By Council Member Brannan

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to distributing educational materials on drugs and opiates awareness and prevention to junior high and high school students.

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is
2 amended by adding a new section 17-199.9 to read as follows:

3 §17-199.9 Educational materials on drugs and opiates awareness and prevention. a.

4 Definitions. For the purposes of this section, the following terms have the following meanings:

5 DOE. The term “DOE” means the department of education.

6 DYCD. The term “DYCD” means the department of youth and community development.

7 b. The department shall develop age appropriate educational materials regarding drugs
8 and opiates awareness and prevention.

9 c. Such materials shall be developed and made available by the department to DYCD and
10 DOE for distribution, at a minimum, at the beginning of each academic calendar year.

11 d. The department shall ensure that such educational materials are available on the
12 department’s website in English and each of the designated citywide languages as defined in
13 section 23-1101 of the administrative code.

14 § 2. Chapter 4 of title 21 of the administrative code of the city of New York is amended
15 by adding a new section 21-406 to read as follows:

16 §21-406 Distribution of educational materials on drugs and opiates to youth services
17 programs.

1 a. The department shall distribute to youth in the department’s youth services programs
2 annually, at a minimum, the educational materials on drugs and opiates awareness and
3 prevention produced by the department of health and mental hygiene pursuant to section 17-200.

4 b. The department shall ensure that such educational materials are available on the
5 department’s website in English and each of the designated citywide languages as defined in
6 section 23-1101 of the administrative code.

7 § 3. Chapter 8 of Title 21-A of the administrative code of the city of New York is
8 amended by adding a new section 21-969 to read as follows:

9 §21-969 Distribution of educational materials on drugs and opiates awareness and
10 prevention. a. Definitions. For the purposes of this section, the following terms have the
11 following meanings:

12 School. The term “school” means any school of the city school district of the city of New
13 York that contains any combination of grades from grade 6 through grade 12.

14 Student. The term “student” means any pupil under the age of 21 as of September 1 of the
15 academic period being reported, who does not have a high school diploma and who is enrolled in
16 grade 6 or higher.

17 b. The department shall distribute to each school for distribution to every student of such
18 school at the beginning of the academic calendar year, the educational materials on drugs and
19 opiates awareness and prevention produced by the department of health and mental hygiene
20 pursuant to section 17-200.

21 c. The department shall ensure that such educational materials are available in the main
22 or central office in each school and that such materials are available on the department’s website

1 in English and each of the designated citywide languages as defined in section 23-1101 of the
2 administrative code.

3 § 4. This local law takes effect 90 days after it becomes law.

NJC/SSY
LS 5394
2/13/2018

Pre-considered Int. No.

By Council Member Ayala

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to syringe exchange programs

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is
2 amended by adding a new section 17-180.2 to read as follows:

3 § 17-180.2 Overdose prevention and reversal. a. Definitions. For the purposes of this
4 section, the following terms have the following meanings:

5 Opioid. The term "opioid" means an opiate as defined in section 3302 of the public health
6 law.

7 Opioid antagonist. The term "opioid antagonist" means naloxone, naran or other
8 medication approved by the New York state department of health and the federal food and drug
9 administration that, when administered, negates or neutralizes in whole or in part the
10 pharmacological effects of an opioid in the human body.

11 Syringe exchange program. The term "syringe exchange program" means a program where
12 used syringe needles can be exchanged for clean syringes.

13 b. The department shall distribute opioid antagonists to all syringe exchange programs
14 operating within the city.

15 c. The department, in conjunction with the department of social services, shall provide
16 overdose prevention and reversal training to the staff of all syringe exchange programs operating
17 in the city. Such training shall teach staff:

18 1. How to recognize an opioid overdose; and

1 2. How to properly administer common opioid antagonists to reverse an opioid overdose.

2 § 2. Chapter 1 of title 21 of the administrative code of the city of New York is amended by
3 adding a new section 21-129.1 to read as follows:

4 § 21-129.1 Overdose prevention and reversal at syringe exchange programs a. Definitions.

5 For the purposes of this section, the term “syringe exchange program” means a program where
6 used syringe needles can be exchanged for clean syringes.

7 b. The department, in conjunction with the department of health and mental hygiene, shall
8 provide overdose prevention and reversal training to the staff of all syringe exchange programs
9 operating in the city. Such training shall teach staff:

10 1. How to recognize an opioid overdose; and

11 2. How to properly administer common opioid antagonists to reverse an opioid overdose.

12 § 3. This local law takes effect 120 days after it becomes law.

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