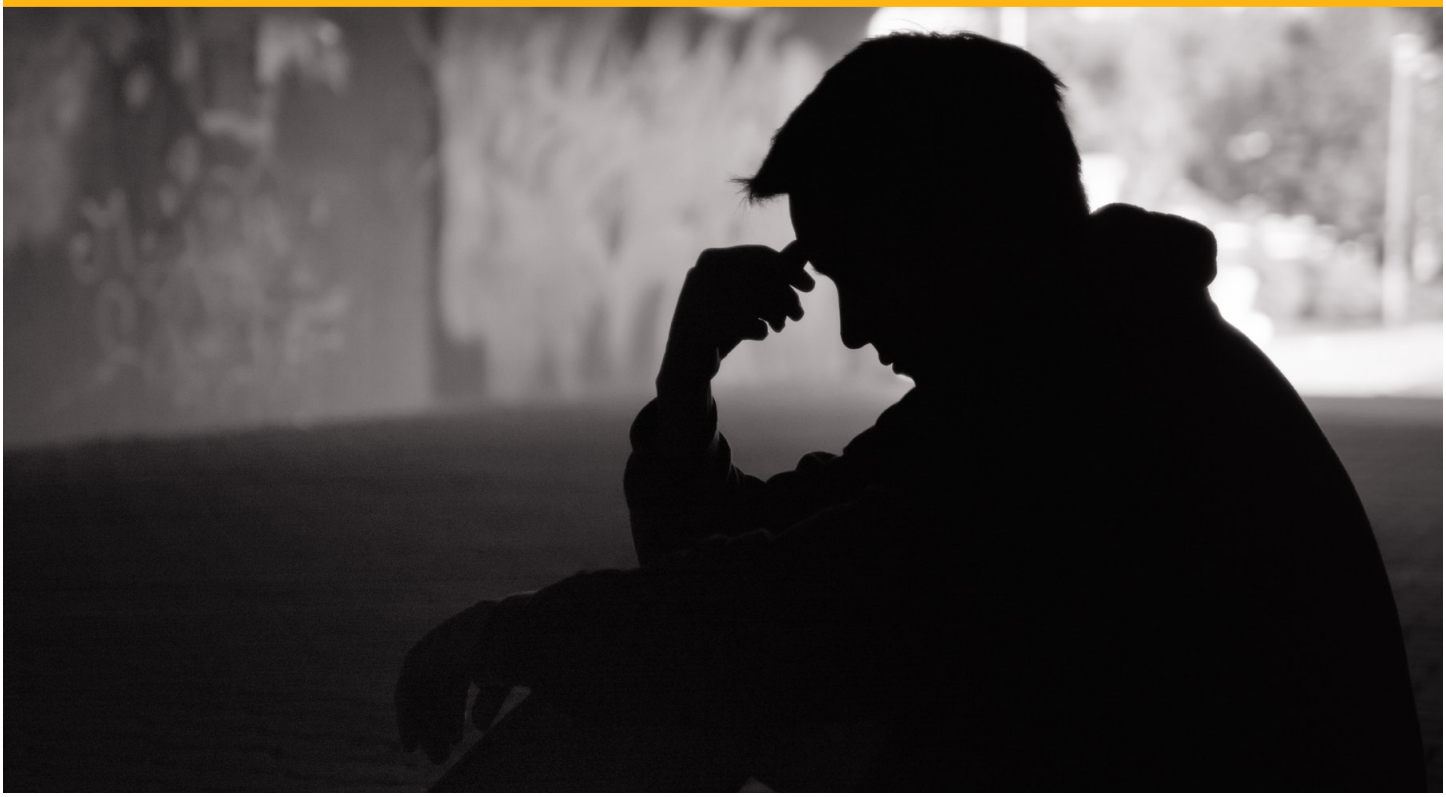
New York State Comptroller
THOMAS P. DiNAPOLI



Continuing Crisis

Drug Overdose Deaths in New York

November 2022

Message from the Comptroller

November 2022

Any death caused by misuse of legal or illicit drugs is a tragedy, depriving families of loved ones and damaging communities in countless ways. In October 2017, the U.S. Department of Health and Human Services declared a public health emergency due to the consequences of the opioid crisis facing the nation. That year, more than 70,000 individuals nationally and nearly 4,000 New Yorkers lost their lives to a drug overdose. Since that time, fueled by the disruptions of the COVID-19 pandemic, the crisis has grown substantially worse. In 2021, the number of deaths surged to nearly 107,000 nationally and more than 5,800 in New York.

At the core of this crisis is a shocking rise in opioid-related deaths, which grew by almost 300 percent between 2010 and 2020 to comprise 85 percent of all drug overdose deaths in New York in 2020. In recent years, the increase has been spurred by a rise in fentanyl, a cheap and potent synthetic opioid that traffickers are mixing with other illegal drugs to drive addiction and increase their profits; users are often unaware they are taking fentanyl until it is too late. This dangerous combination of factors is leading to devastating results.

This report outlines long-term trends and recent developments in the battle to save lives from being lost prematurely to substance use disorder. The data are clear: the battle against drug overdose deaths is more daunting than ever, and will require an ongoing commitment of public resources and the implementation of a broad range of innovative, effective and evidence-based solutions.

Thomas P. DiNapoli
State Comptroller

Executive Summary

After trending upwards for over 10 years, New York's drug overdose deaths and death rates started to decrease following the declaration of a public health emergency by the federal government in October 2017. However, fatalities surged during the pandemic due to a sharp increase in deaths from opioids, largely from illicit fentanyl and similar synthetic opioids. Federal research on comorbidities involving COVID-19 and substance use cites social isolation and stress, as well as decreased access to treatment and harm reduction services, as pandemic-related factors that likely worsened outcomes among vulnerable New Yorkers.

Some important findings are:

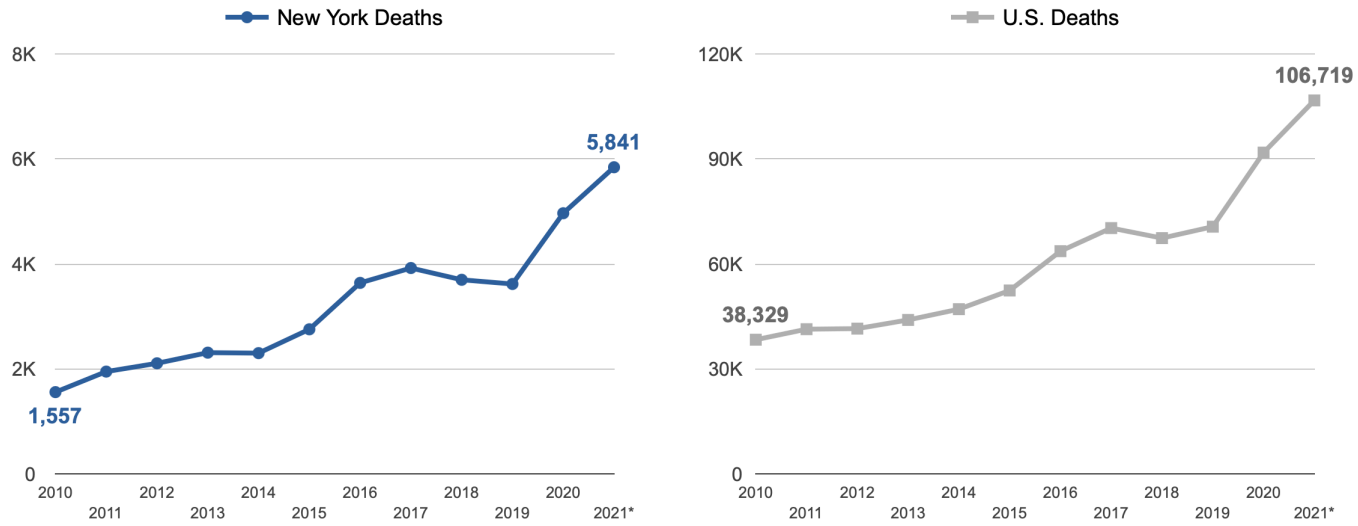
- In 2020, opioid overdose deaths increased 38 percent nationally and 44 percent in New York and, according to provisional counts, grew by 17 percent nationally and in New York to 80,401 and 4,946, respectively, in 2021. The increase in opioid overdose deaths in New York between 2019 and 2021 was about 68 percent.
- The share of drug overdose deaths in New York involving opioids increased to 85 percent in both 2020 and 2021, from 69 percent in 2010.
- In 2021, 30 New Yorkers per 100,000 died from drug overdoses; 25 per 100,000 New Yorkers died from opioid overdoses in that year, compared to 5 in 2010. New York's opioid overdose death rates exceeded national rates in both 2020 and 2021.
- In 2020, drug overdose death rates were higher than the statewide average (25.4) in 10 of 15 counties for which there are data; the highest rate was in Dutchess County, where over 43 per 100,000 people were lost to drug overdoses.
- Fatalities and death rates grew across all racial and ethnic groups, increasing nearly five-fold for Black New Yorkers, quadrupling for Hispanic or Latino New Yorkers, and tripling for White New Yorkers. In 2020, death rates were highest for White New Yorkers at 28.7 per 100,000 people.

New York and the rest of the country are now nearly five years into a nationwide opioid public health emergency, first declared in October 2017 by the federal government and renewed 20 times since. This year, the federal government issued a new comprehensive strategy to address drug overdoses, and New York and other states are receiving new resources from settlements with opioid manufacturers, distributors and others that provide an opportunity to bolster efforts to prevent abuse, support treatment and reduce harm in order to prevent as many drug overdose deaths as possible.

Trends in Drug Overdose Deaths, 2010–2021

For the better part of a decade, drug overdose deaths were on the rise nationally and in New York. (See Figure 1.) According to the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), between 2010 and 2017, deaths from drug overdoses grew 83 percent nationally and 152 percent in New York, peaking at almost 4,000 deaths in New York in 2017.[1]

FIGURE 1
New York and U.S. Drug Overdose Deaths, 2010–2021

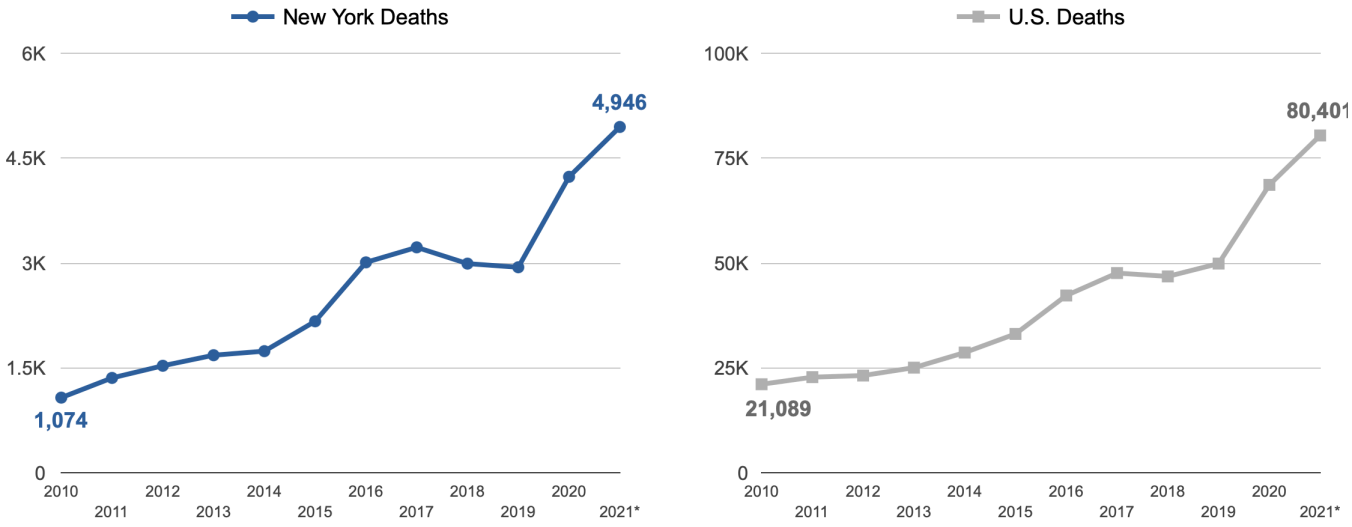


* The 2021 data are provisional counts of drug overdose deaths for the 12-month period ending December 2021, and are subject to change.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

For both the nation and New York, the majority of overdose deaths during this time period were from the use of opioids. Opioids include different classes of drugs, such as painkillers prescribed by doctors, as well as heroin and other illicit drugs. Nationally, opioid-related deaths grew from 55 percent to 68 percent of all drug overdose deaths between 2010 and 2017. In New York, the proportion of opioid-related drug overdose deaths was greater, growing from 69 percent to 82 percent of overdose deaths in that time period. Opioid overdoses grew by 200 percent in New York between 2010 and 2017.

In October 2017, the federal government declared a public health emergency "as a result of the consequences of the opioid crisis affecting our Nation."[2] Subsequently, opioid deaths declined in New York for two consecutive years, dropping from 3,224 in 2017 to 2,939 in 2019, as shown in Figure 2.

FIGURE 2
New York and U.S. Opioid Overdose Deaths, 2010–2021



* The 2021 data are provisional counts of drug overdose deaths for the 12-month period ending December 2021, and are subject to change.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

This small improvement was undone by the pandemic. In 2020, opioid overdose deaths increased 38 percent nationally and 44 percent in New York, and, according to provisional counts reported to the CDC for the 12-month period ending December 2021, grew even further last year, rising 17 percent nationally and in New York to 80,401 and 4,946, respectively. In New York, provisional counts of overdose deaths from opioids and all drugs (5,841) in 2021 surpassed the 2017 peaks by more than 1,700 fatalities.

Reported provisional counts are the number of deaths received and processed for the 12-month period ending December 2021, but are subject to change. The CDC indicates, “Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period.”[3] An examination of provisional versus final data in 2019 indicated that New York’s data (outside of New York City) were among the lowest for completeness of reporting, suggesting that the 2021 provisional counts for New York may be underestimated, perhaps significantly.[4] The CDC has acknowledged the difficulties inherent in determining manner of death for drug overdose deaths, and has previously convened meetings and engaged in other efforts to improve data quality across jurisdictions. Accurately determining how someone died (through accident, suicide, homicide, naturally or otherwise) is important for the integrity of the data systems relied upon to inform funding, research, policy and interventions.[5]

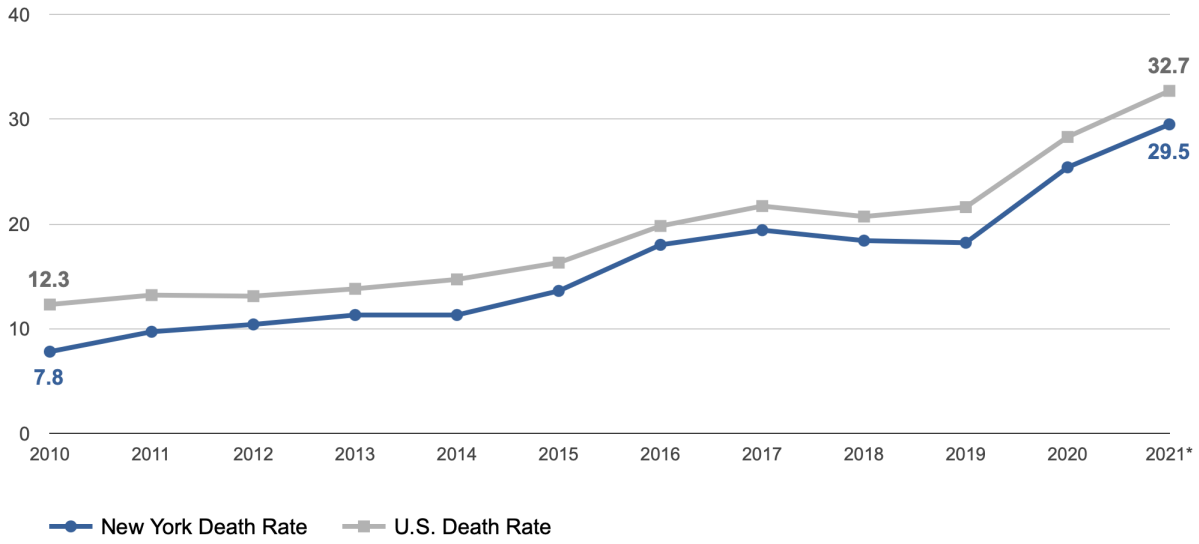
The share of drug overdose deaths in New York involving opioids increased further to 85 percent in both 2020 and 2021. Synthetic opioids like fentanyl and tramadol — often mixed with other drugs — account for much of the increase in drug overdose fatalities in New York, growing from 11 percent of all drug overdose deaths in 2010 to 78 percent in 2021. The CDC reports that most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect and often added to other drugs because of its extreme potency, making the drugs cheaper, more powerful, more addictive and more dangerous.[6]

According to the CDC, overdose deaths were already increasing in the months preceding the COVID-19 pandemic (declared a public health emergency by the U.S. Department of Health and Human Services in January 2020).[7] However, the COVID-19 pandemic and the measures taken to manage the public health crisis resulted in economic, health, social and mental health stresses for many Americans. According to CDC Director Robert Redfield, "The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard."[8]

Figures 3 and 4 show similar trends in opioid and drug overdose death rates, with New York's reaching initial peaks in 2017, decreasing in 2018 and 2019, but spiking substantially higher in 2020 and 2021. In 2021, 30 New Yorkers per 100,000 population died from drug overdoses, compared to 25 in 2020 and 8 in 2010. In 2021, 25 New Yorkers per 100,000 population died from opioid overdoses, compared to 22 in 2020 and 5 in 2010. While national rates of drug overdose deaths were uniformly higher than New York's from 2010 through 2021, New York's opioid overdose death rates exceeded national rates in most years, including 2020 and 2021.

The State's opioid and drug overdose death rates are significantly lower than the leading causes of death in New York: heart disease (167.1 deaths per 100,000 population) and cancer (133.6 deaths), according to the latest data available from the State Department of Health (DOH).[9] Nevertheless, the growth over the last decade and the rapid growth during the pandemic are causes for concern.

FIGURE 3
New York and U.S. Drug Overdose Death Rates, 2010–2021

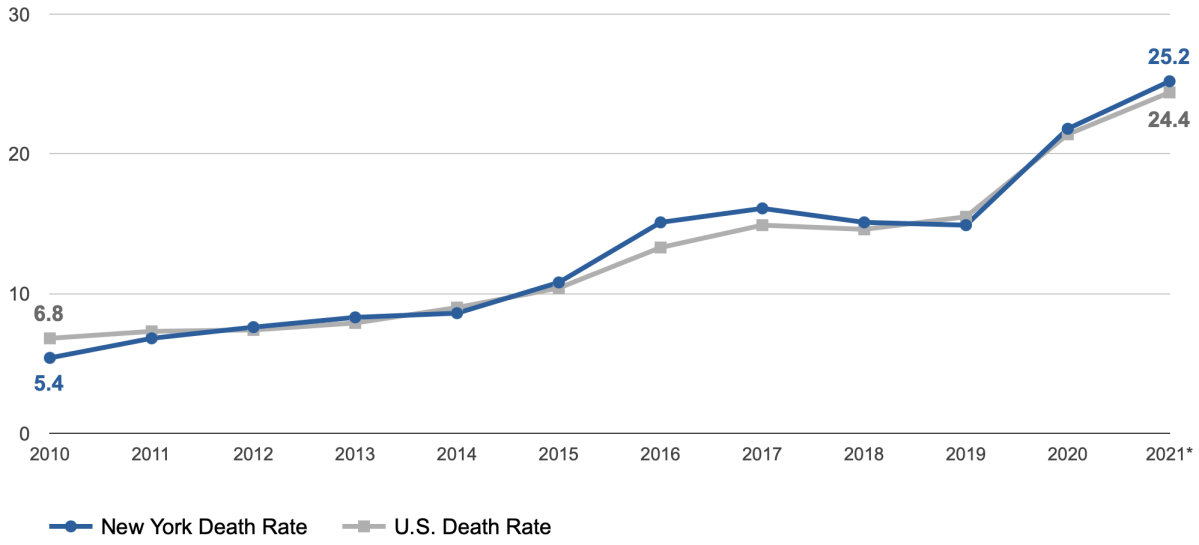


* The 2021 rates reflect provisional counts of drug overdose deaths for the 12-month period ending December 2021, and are subject to change.

Note: Rates are age-adjusted per 100,000 population. According to the CDC, age-adjusted rates ensure that differences in deaths from one year to another or from one geographic area to another are not due to differences in the age distribution of the populations being compared.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

FIGURE 4
New York and U.S. Opioid Overdose Death Rates, 2010–2021



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Note: Rates are age-adjusted per 100,000 population.

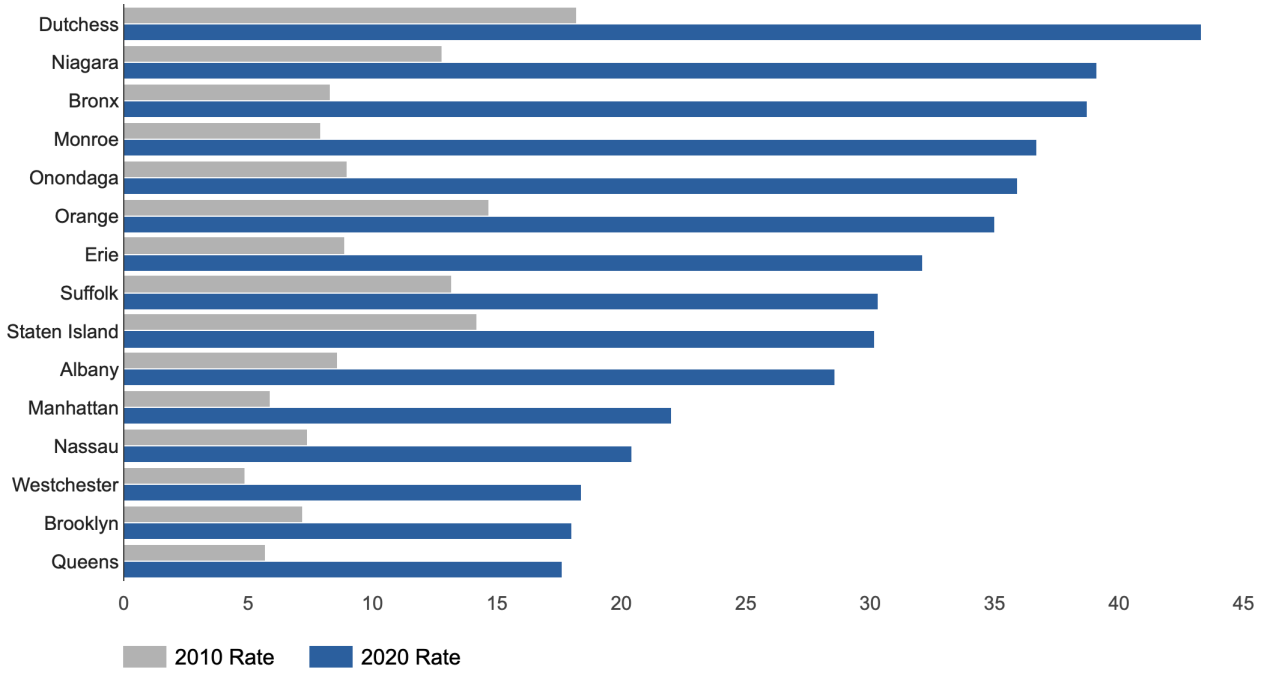
Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

Drug Overdose Deaths in New York

Drug Overdose Deaths by County

Drug overdose deaths have increased sharply in many communities. Due to low death counts in most counties resulting in privacy and statistical reliability concerns, CDC data are only available for certain counties. In counties with available data, drug overdose death rates more than doubled from 2010 to 2020, as shown in Figure 5.[10] Ten of fifteen counties have 2020 rates above the statewide average of 25.4 deaths per 100,000 population; the 2020 rate is highest in Dutchess County, where drug overdoses exceeded the statewide average by 18 deaths per 100,000 population.

FIGURE 5
County Drug Overdose Death Rates, 2010 and 2020



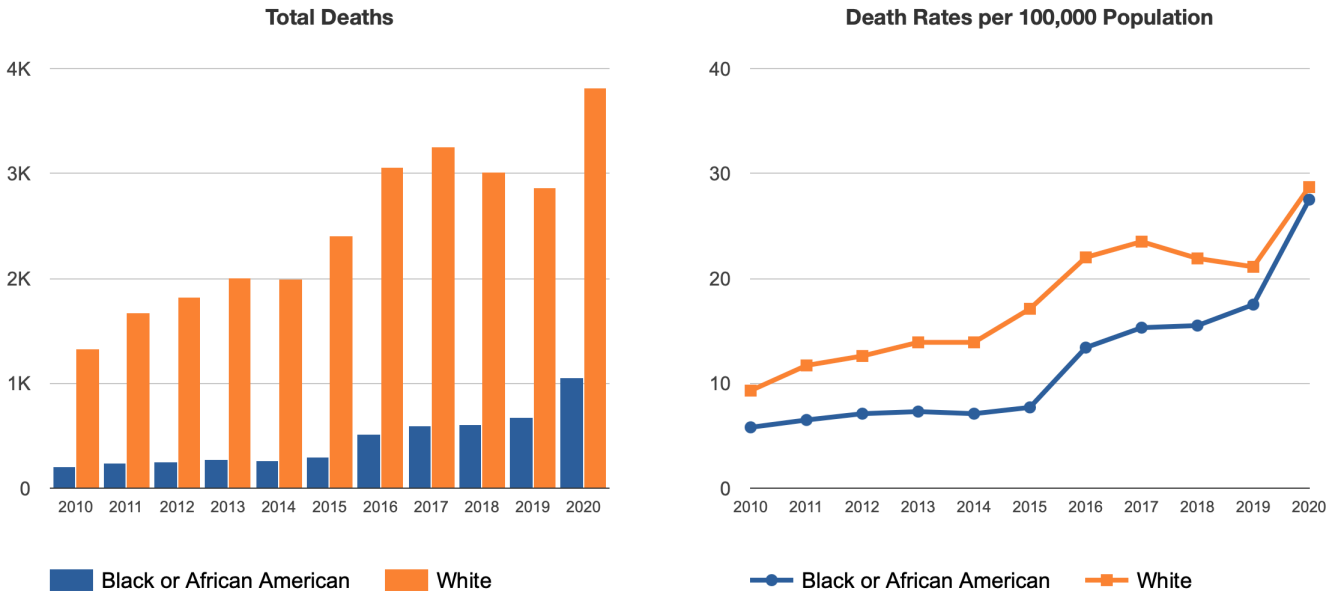
Note: Rates are age-adjusted per 100,000 population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

Drug Overdose Deaths by Race/Ethnicity

The CDC data also show the impact of the drug overdose epidemic on New Yorkers by race and ethnicity. As shown in Figure 6, fatalities and death rates among Black or African Americans increased about five-fold from 2010 to 2020, while deaths and death rates among Whites about tripled. In 2020, death rates were highest for Whites at 28.7 per 100,000 people.

FIGURE 6
New York Drug Overdose Deaths and Death Rates by Race, 2010–2020

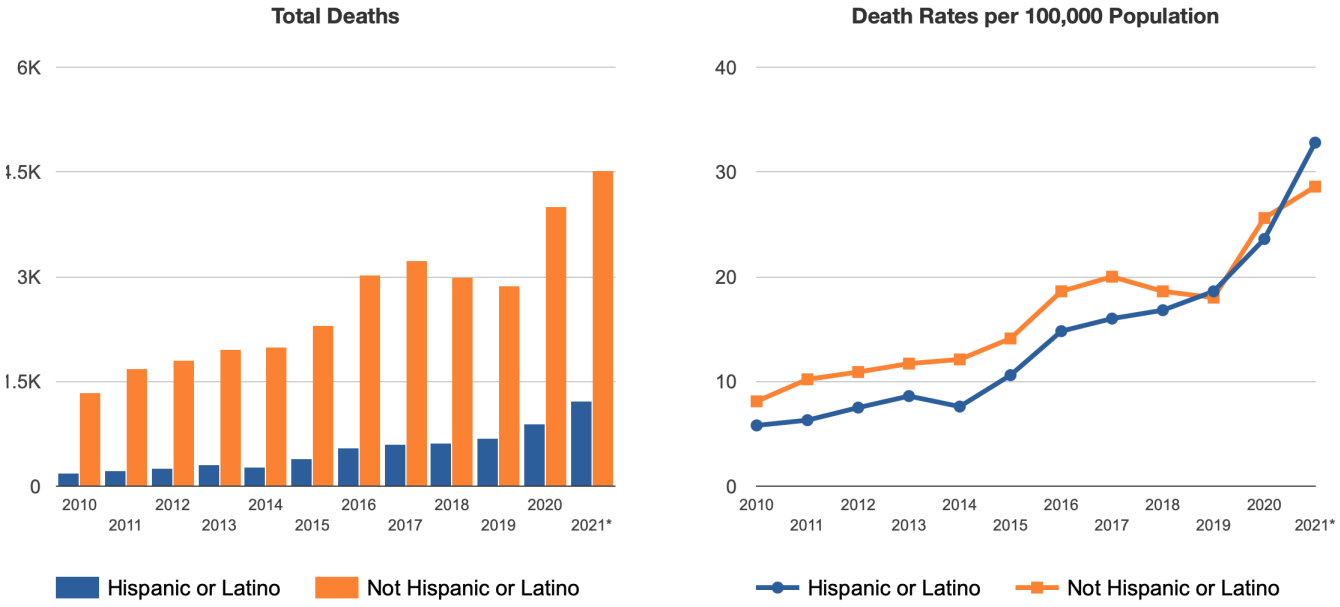


Note: Rates are age-adjusted per 100,000 population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

In addition, fatalities and death rates among Hispanic or Latino New Yorkers quadrupled, while deaths and death rates among Not Hispanic or Latinos about tripled over the 10-year period through 2020, as shown in Figure 7. In 2021, provisional fatality counts and age-adjusted death rates were substantially higher for both groups.

FIGURE 7
New York Drug Overdose Deaths and Death Rates by Ethnicity, 2010–2021



* The 2021 rates reflect provisional counts of drug overdose deaths for the 12-month period ending December 2021, and are subject to change.

Note: Rates are age-adjusted per 100,000 population.

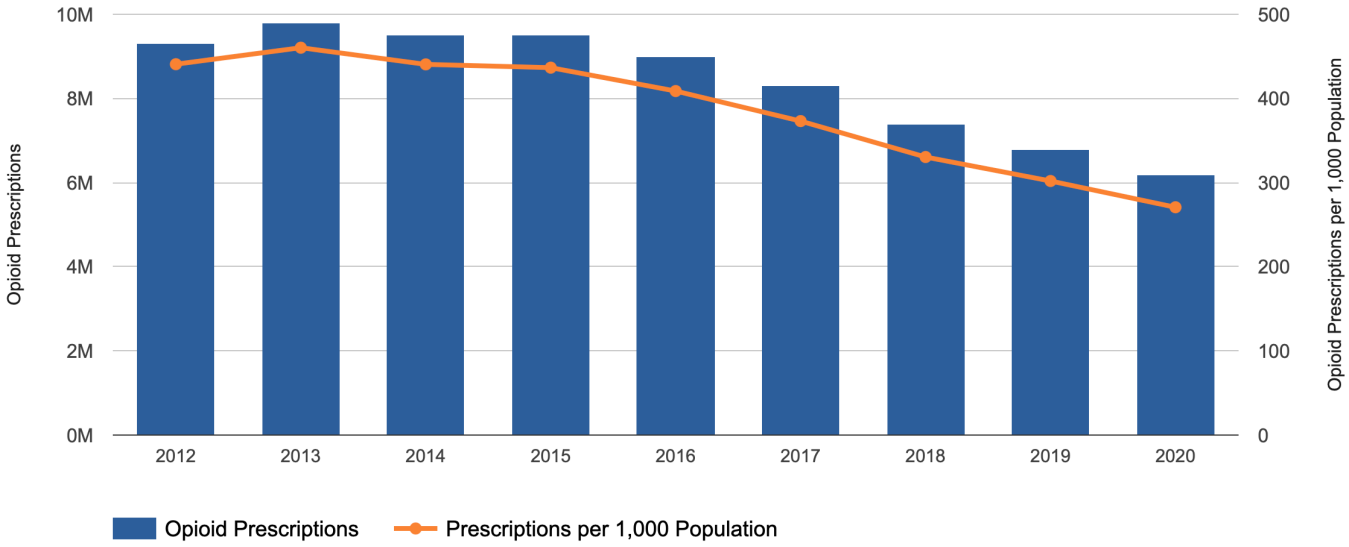
Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

Trends in Related Indicators

Increases in State and county drug overdose death rates occurred despite improvement in certain statewide opioid-related indicators, including prescriptions per 1,000 residents for opioid analgesics (also known as prescription pain relievers, such as oxycodone and hydrocodone) and the number of patients receiving at least one prescription for buprenorphine to treat opioid use disorder (OUD).

Millions of opioid prescriptions are made by doctors annually; however, the number of opioid analgesic prescriptions has steadily decreased since reaching a peak in 2013, as shown in Figure 8. Doctors made 6.2 million prescriptions in 2020, 3.1 million fewer than in 2012, with the rate of prescriptions per 1,000 people declining 39 percent during that period.[11]

FIGURE 8
New York Opioid Analgesic Prescriptions, 2012–2020



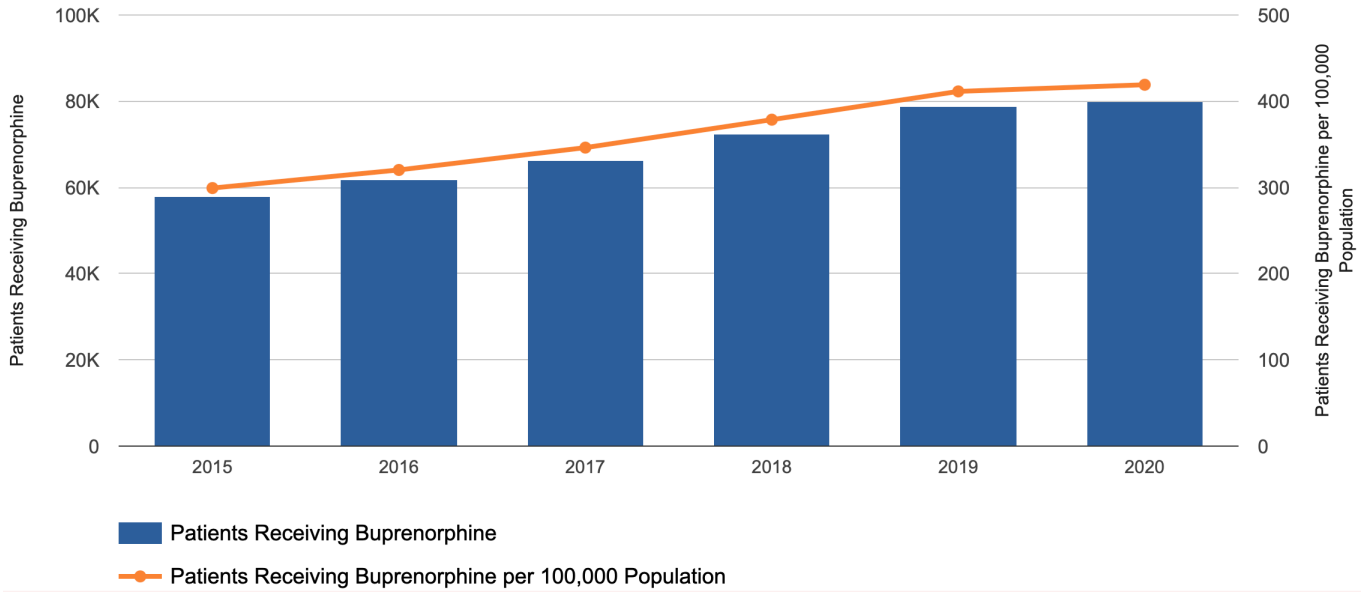
Note: Rates are age-adjusted.

Source: NYS DOH, The New York State Opioid Data Dashboard Data Export, Opioid Data Dashboard Indicators: State Trend Data; data as of June 2021

Implementation of DOH's Internet System for Tracking Over Prescribing (I-STOP) in August 2013 is largely responsible for the decrease. This system requires prescribers and pharmacists to view their patients' recent prescription history on the State's prescription monitoring program registry before prescribing or dispensing any controlled substance, including opioid pain relievers, listed on Schedules II, III and IV of the State Public Health Law.[12] Data collected by I-STOP are also used to "identify potential sources of prescription drug diversion or abuse, including prescription fraud, 'doctor-shopping' or multiple-provider episodes, and improper prescribing and dispensing."[13]

While the number of legal prescriptions has decreased, the number of patients receiving at least one prescription for buprenorphine, the first medication to treat OUD that can be prescribed or dispensed in physician offices, has been on the rise, as shown in Figure 9.[14] Buprenorphine may be an appropriate treatment for people who are dependent on opioids, such as heroin and prescription drugs; according to DOH, it blocks cravings, withdrawal symptoms and the "high" from opioids.[15] In 2021, in an effort to remove barriers to treatment, the U.S. Department of Health and Human Services released new guidelines that allowed certain qualified practitioners to administer buprenorphine to a limited number of patients without extensive training and certification requirements.[16]

FIGURE 9
Patients Receiving Buprenorphine for Opioid Use Disorder, 2015–2020



Note: Rates are age-adjusted.

Source: NYS DOH, The New York State Opioid Data Dashboard Data Export, Opioid Data Dashboard Indicators: State Trend Data; data as of October 2021.

As part of the State's efforts to reduce "the harms associated with drug use," starting in August 2022, all pharmacies across New York were allowed to carry naloxone (commonly known by the brand name Narcan) and dispense it without a prescription. The DOH says naloxone "is an easily administered medication which reverses life-threatening overdoses from opioids, including fentanyl, heroin, and opioid-based pain killers."[17]

Reasons for Drug (Mis)Use

Research generally cites a number of reasons for the use of illicit drugs and/or misuse of medications. A 2018 study of adults in southwestern Pennsylvania (including Alleghany and three other counties) reporting misuse of heroin or prescription opioids found three main motives for initiating opioid misuse: coping with mental health problems and stressors, commonly adverse childhood experiences and relationship problems; pain relief for a legitimate medical issue that resulted in "unexpected intoxication…viewed as a pleasant surprise;" and "experimentation or the desire for a novel psychoactive experience" among individuals typically reporting "a substantial history of other illicit drug use."[18]

A 2021 article in the journal *Substance Abuse* based on interviews with individuals in Alleghany County, Pennsylvania with current or past histories of opioid misuse identified three themes in stories of how they started opioid misuse:

1. Social and familial contexts that normalized or accepted it, often including the use of other illicit substances before starting with opioids,
2. Initial use related to coping with physical pain, and
3. Recognizing and seeking psychological or emotional benefits from opioids.

In conclusion, the authors found, "Opioid misuse stemmed from complex interacting influences involving coping with physical and psychological pain, perception that opioids are needed to feel 'normal', and acceptance or normalization of opioid use."[19] These findings, the authors stated, suggest the need for "a multi-pronged approach to both prevention and treatment."[20]

Both studies emphasize the need to understand the motivations or drivers of misuse, including social determinants, in designing treatments, prevention efforts and broader public health strategies.[21] The CDC defines social determinants of health as "conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.[22] These conditions, which include economic stability, education, housing, and the physical and social environment, are considered among the most influential factors affecting the health of individuals.[23]

National Institute on Drug Abuse (NIDA) research on comorbidities involving COVID-19 and substance use indicates that "factors related to the COVID-19 pandemic—such as social isolation and stress, people using drugs alone, an overall increase in rates of drug use, and decreased access to substance use treatment, harm reduction services, and emergency services—likely exacerbated" trends in drug overdose deaths, particularly the increase in fatalities involving fentanyl.[24]

Finally, significant increases in mental illness over the past decade, particularly among young adults, are a contributing factor to the growing incidence of substance use disorder and drug overdose deaths. In 2020, 9.7 percent of young adults (aged 18-25) or 3.3 million individuals nationally experienced serious mental illness, with less than 60 percent of affected individuals receiving treatment.[25]

State Actions to Address the Opioid Epidemic

New York has invested hundreds of millions of dollars in State and federal funding in prevention, treatment, harm reduction, recovery and education programs to address the opioid epidemic. The Office of Addiction Services and Supports (OASAS), the State agency that oversees New York's substance use disorder (SUD) and problem gambling service system, is projected to spend a total of $1.1 billion in State Fiscal Year (SFY) 2022-23: $985.4 million, or 87.7 percent, on grants to local governments and non-for-profit organizations; $117.5 million, or 10.5 percent, on OASAS operating costs such as State employee salaries; and $20.1 million, or 1.8 percent, on capital construction costs. According to the Division of the Budget (DOB), opioid-related spending by OASAS has grown from $187.2 million in SFY 2011-12 to $246.2 million in SFY 2020-21.

In SFY 2020-21, the last year for which actual disbursement amounts are available, community-based providers accounted for $214.6 million or 87 percent of overall OASAS spending on opioid-related services and expenses, according to DOB. State-operated services, including specialized addiction treatment provided by OASAS staff at 12 addiction treatment centers across New York, accounted for $20.8 million or 8.4 percent of the total. Spending on naloxone kits and training, as well as capital commitments, totaled $9 million and $1.8 million, respectively.

New York's SUD systems of care serve over 680,000 individuals per year through approximately 1,700 prevention, treatment, harm reduction and recovery programs that constitute the OASAS "Continuum of Care," as shown in Figure 10. This system includes the 12 addiction treatment centers operated by OASAS itself, which provide inpatient and residential services to approximately 8,000 individuals per year.[26]

FIGURE 10
OASAS Continuum of Care

Treatment		Harm Reduction		Recovery		Prevention	
Crisis	58	Outreach Services	19	Recovery Centers	31	Prevention Providers	152
Inpatient	65	Supply Distribution	Ongoing	Youth Clubhouses	22	Community Prevention Coalitions	183
Residential	209	Mobile Medication Initiative	13	Housing Units	2,800	Prevention Resource Centers	6
OTP	110	Street Level Engagement Initiative	15			Regional Addition Resource Centers	10
Outpatient	459	Homeless Shelter In-Reach Initiative	7				
Open Access Centers	9						
Crisis Stabilization Centers	9						

Source: OASAS, System Overview and Data Presentation to the Opioid Settlement Fund Advisory Board, August 23, 2022, slide 9.

In 2021, opioids were the primary substance for 41 percent of admissions for people served by OASAS-certified treatment programs, the highest percentage among various substances noted by the OASAS client data system.[27]

The 110 opioid treatment programs (OTP) included in the OASAS continuum of care are largely found in more populated areas of the State. Opioid outpatient treatment capacity per 100,000 population is greatest in Manhattan and the Bronx in New York City, and in Chautauqua, Onondaga and Genesee counties in Upstate New York, as shown in Figure 11. Of New York's 62 counties, 32 do not have any opioid outpatient treatment capacity, according to the OASAS provider directory system. The number of treatment beds and beds per 100,000 population for every county in the State can be found in Appendix A.

FIGURE 11
New York State Opioid Outpatient Treatment Program Capacity
(by counties with the greatest number of beds per 100,000 population)

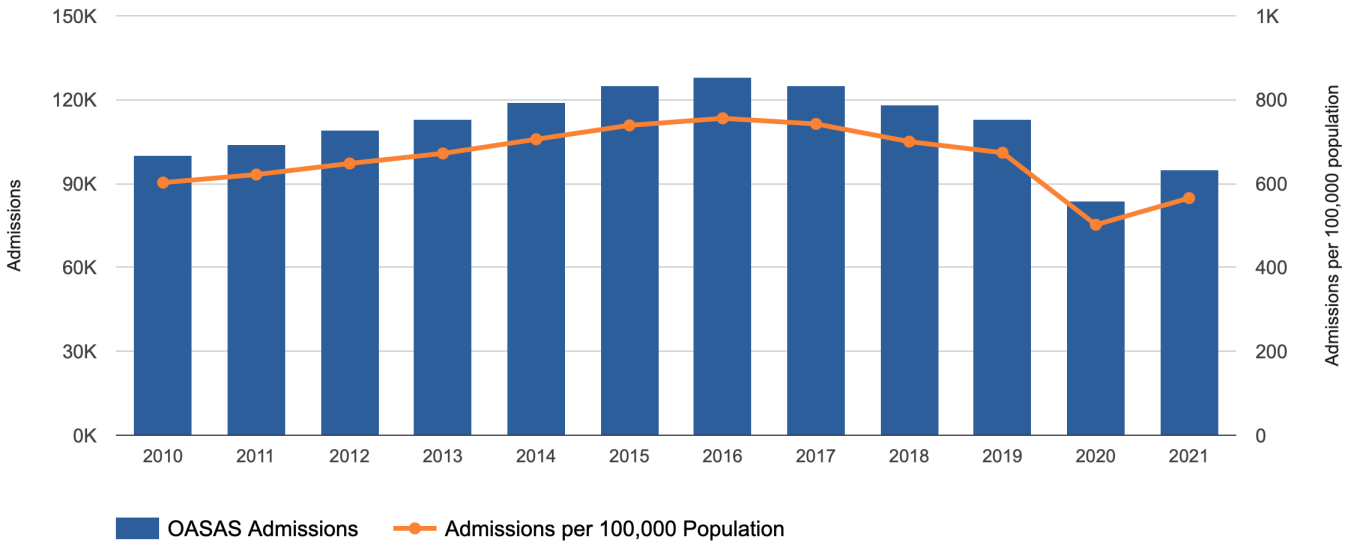
County	Treatment Beds	Beds per 100,000 Population
New York (Manhattan)	11,202	710
Bronx	10,015	703
Chautauqua	400	315
Onondaga	1,250	264
Genesee	150	259
Erie	2,279	240
Albany	750	239
Oneida	550	239
Kings (Brooklyn)	6,150	233
Putnam	200	204

Sources: OASAS and the U.S. Census Bureau.

Individuals in need of treatment and their families can search the OASAS program directory to find a complete list of opioid treatment programs in the State.[28] OASAS also provides an online "Treatment Availability Dashboard" that lists opioid treatment programs with real-time availability throughout New York.[29]

Admissions to OASAS-certified opioid treatment programs, as shown in Figure 12, peaked in 2016 and then decreased every year until 2021, when people served in OASAS-certified treatment programs increased by about 11,000, or 12.7 percent, to 95,170 admissions.[30] Despite the one-year increase, admissions are lower than they were prior to the pandemic.

FIGURE 12
Number and Rate of Admissions to OASAS-Certified Opioid Treatment Programs, Aged 12+ Years, 2010–2021



Note: Rates are not age-adjusted.

Source: NYS DOH, The New York State Opioid Data Dashboard Data Export, Opioid Data Dashboard Indicators: State Trend Data; data as of October 2021.

White non-Hispanics accounted for 51 percent of the average daily enrollment of persons treated for OUD in OASAS-certified treatment programs in 2021. Hispanics of any race accounted for 31 percent of OUD-related enrollment; Black non-Hispanics, 15 percent; and Asian non-Hispanics, less than 1 percent.[31]

OASAS's most recent statewide comprehensive plan, finalized in January 2020 for the period from 2020 through 2024, sets a series of priorities for addressing the State's ongoing opioid crisis. These priorities include: expanding access to medication-assisted treatment (MAT) and enhancing treatment capacity for opioid addiction; using federal funding to implement treatment innovations (e.g., mobile treatment, tele-practice and rapid linkage to MAT) in high-need counties; overdose reversal training; and SUD counseling, education in MAT, and optional MAT for individuals with OUD upon release from jail or prison.[32] Local governments overwhelmingly subscribed to these priorities in development of their local services plans, as well.[33] Aside from using outcome studies to document the effectiveness of evidence-based programs and strategies in New York's SUD prevention system, particularly in underserved areas, the comprehensive plan proposes few metrics for tracking implementation of its priorities for containing the State's opioid epidemic.

Because of fentanyl's increased presence in the drug supply, OASAS also considers harm reduction strategies as "imperative" to reducing the risk of overdose for people using "essentially anything purchased illicitly." According to OASAS, harm reduction strategies include: access to and disposal of sterile syringes and injection equipment; access to fentanyl test strips; overdose prevention centers; and increased availability of naloxone and overdose prevention education and training.[34]

In April 2022, the White House released the National Drug Control Strategy that includes long-term comprehensive goals to treat addiction and address drug trafficking. The Strategy employs a "whole of government" approach coordinating the efforts of over a dozen agencies. The Strategy includes seven goals to reduce use and supply of illicit substances; increase prevention, harm reduction, treatment, and recovery efforts; and fold drug policy matters into criminal justice reform and public safety efforts. Each of the seven goals includes at least two objectives with specific quantifiable targets to achieve by 2025, allowing for the assessment of measurable progress.[35] President Biden has requested $3.2 billion more to implement the Strategy, for a total of $42.5 billion in federal fiscal year 2023.[36]

Current Year Budget Actions to Address the Opioid Epidemic

The current year Financial Plan and other Enacted Budget documents do not provide comprehensive information on total projected State and federal spending on opioid-related programs and services.[37] However, the *First Quarterly Update to the FY 2023 Enacted Budget Financial Plan* is projecting opioid-related disbursements of at least $209 million in SFY 2022-23 that must be used "to supplement funding for substance use disorder prevention, treatment, recovery, and harm reduction services or programs and/or for payment to local governments."[38]

Of the $209 million in SFY 2022-23, $185 million represents a portion of $1.6 billion in settlements reached by New York State Attorney General (AG) Letitia James with entities found or alleged to have contributed to the opioid epidemic. The settlements are from a 2019 complaint against drugmakers Johnson & Johnson Corporation, Endo International and Allergan Finance, consultant McKinsey & Company, three of the nation's largest drug distributors — McKesson Corporation, Cardinal Health and AmerisourceBergen Drug Corporation — and others. The payments started in the fall of 2021, and, in the case of the distributors' settlement, will continue over the next 17 years, through SFY 2038-39.[39] According to DOB, $56 million will pass through the State to local municipalities consistent with settlement agreements.[40] Funding provided to New York and its local governments is part of a nationwide settlement negotiated by the AG and other state Attorneys General, totaling up to $26 billion nationwide.[41]

A portion of funds from the settlement will be deposited into an Opioid Settlement Fund, established in 2021 and amended in 2022 in legislation that also established an advisory board to provide recommendations on how those funds are allocated by the Legislature.[42] The advisory board is made up of 21 members: 5 appointed by the Executive; 4 each by the Assembly Speaker and the Temporary President of the Senate; 1 each by the AG, the New York City Mayor, the Minority Leader of the Senate, and the Minority Leader of the Assembly; the Commissioners of DOH, OASAS and the Office of Mental Health; and the DOB Director.[43] The Board is required to report its recommendations by November 1 annually.

The remainder of the $209 million in additional, projected opioid-related disbursements in SFY 2022-23—$24 million—results from taxes on opioid manufacturers and distributors and is deposited into the Opioid Stewardship Fund.[44] Including current year funding, the Financial Plan projects a total of $572 million in Opioid Settlement Fund and Opioid Stewardship Fund disbursements from SFY 2022-23 through SFY 2026-27, as shown in Figure 13.

FIGURE 13
Opioid Funds Projected Disbursements by State Fiscal Year
(in millions of dollars)

County	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Opioid Settlement Fund	185	58	57	36	36	**372**
Opioid Stewardship Fund	24	37	45	47	47	**200**
Total	**209**	**95**	**102**	**83**	**83**	**572**

Source: Division of the Budget

This funding supplements over $315 million in DOB-projected, current year opioid spending, increasing overall disbursements to at least $524 million in SFY 2022-23 (excluding Medicaid spending for individuals with OUD).[45] Outyear spending estimates are unavailable; additional funding from settlements or awards resulting from ongoing litigation may become available.

The judge in the bankruptcy of drug manufacturer Purdue Pharma has approved a plan under which the members of the Sackler family and entities they control would pay more than $4.5 billion for opioid abatement nationwide. If the plan goes into effect, New York State will receive over $200 million, according to the AG. Ongoing litigation also involves drug manufacturers Mallinckrodt and Teva Pharmaceuticals, and distributor Rochester Drug Cooperative, according to the AG.

Conclusion

Substance use disorder, and deaths caused by it, are tragedies that affect thousands of families and communities across New York every year. Despite the declaration of a national public health emergency in 2017 and increased State investments to address the drug overdose crisis, the number of annual deaths caused by legal or illicit drug use has continued to rise. Misuse of and addiction to opioids, including prescription pain relievers, heroin and especially synthetic opioids such as fentanyl, are the leading cause of the overdose increase, according to CDC statistics.

The federal government has renewed its focus on drug overdoses and the opioid epidemic with the release of a comprehensive strategy that intends to improve data collection systems, employ evidence-based approaches, and regularly measure progress in objectives that require the cooperation of several public health, public safety and other government agencies. This “whole of government” approach, which calls for the dedication of diverse resources to identify, implement and assess solutions can help inform state efforts at this critical juncture. For example, State policymakers can seek continued improvements to care systems that address substance use disorder and mental health delivery. The increasing co-occurrence of mental illness and substance use disorder requires effective coordination between the Office of Mental Health and the Office of Addiction Services and Supports. In addition, acute workforce challenges faced by front line service providers will require continuing focus and resources to overcome shortages of workers, low morale, and high rates of turnover.

Going forward, the State has dedicated revenue streams to enhance substance use prevention, treatment and recovery, and ongoing litigation that may provide additional resources in these efforts. This funding provides a critical opportunity for policymakers to bolster interventions that can turn the tide on drug overdose deaths. The Opioid Advisory Board, State and local officials, and other stakeholders should be guided by evidence-based practices to achieve the most effective prevention, treatment and recovery outcomes. To facilitate this, efforts to track funding should be enhanced as current financial reporting does not clearly identify total State, federal and local resources dedicated to addressing the opioid crisis. Moreover, establishing clear performance targets and regular reporting of metrics, as well as of program evaluations and outcomes, should be pursued. Finally, funding and support should be directed toward communities facing the greatest challenges.

State leaders must ensure the most effective use of resources committed to addressing the crisis, including dedicated tax and settlement funding that becomes available, to adeptly respond to evolving trends in misuse and addiction in order to prevent as many drug overdose deaths as possible.

Appendix A: New York State Opioid Outpatient Treatment Program Capacity by County

County	Treatment Beds	Beds per 100,000 Population	Population
New York (Manhattan)	11,202	710	1,576,876
Bronx	10,015	703	1,424,948
Chautauqua	400	315	126,807
Onondaga	1,250	264	473,236
Genesee	150	259	57,853
Erie	2,279	240	950,683
Albany	750	239	313,743
Oneida	550	239	230,274
Kings (Brooklyn)	6,150	233	2,641,052
Putnam	200	204	97,936
Montgomery	100	202	49,558
Westchester	1,785	179	997,895
Oswego	200	170	117,387
Richmond (Staten Island)	770	156	493,494
Schenectady	200	127	158,089
Clinton	100	126	79,596
Orange	450	111	404,525
Ulster	200	109	182,951
Dutchess	300	101	297,112
Monroe	750	99	755,160
Rockland	325	96	339,227
St. Lawrence	100	93	108,051
Jefferson	100	86	116,295
Suffolk	1,300	85	1,526,344
Broome	150	76	197,240
Queens	1,625	70	2,331,143
Nassau	675	49	1,390,907
Tompkins	50	48	105,162
Rensselaer	75	47	160,232
Niagara	85	40	211,653
Allegany	0	0	46,106
Cattaraugus	0	0	76,426
Cayuga	0	0	75,880
Chemung	0	0	83,045
Chenango	0	0	46,537
Columbia	0	0	61,778

Cortland	0	0	46,311
Delaware	0	0	44,378
Essex	0	0	37,268
Franklin	0	0	47,456
Fulton	0	0	53,116
Greene	0	0	48,499
Hamilton	0	0	5,119
Herkimer	0	0	59,937
Lewis	0	0	26,573
Livingston	0	0	61,578
Madison	0	0	67,658
Ontario	0	0	112,508
Orleans	0	0	40,191
Otsego	0	0	58,123
Saratoga	0	0	237,359
Schoharie	0	0	29,863
Schuyler	0	0	17,752
Seneca	0	0	33,688
Steuben	0	0	92,948
Sullivan	0	0	79,806
Tioga	0	0	47,980
Warren	0	0	65,618
Washington	0	0	60,956
Wayne	0	0	90,923
Wyoming	0	0	40,491
Yates	0	0	24,613
New York State	**42,286**	**213**	**19,835,913**

Sources: OASAS and the U.S. Census Bureau.

Endnotes

1 Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, accessed July 11, 2022, at http://wonder.cdc.gov/mcd-icd10.html.

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3 CDC, *Provisional Drug Overdose Death Counts*, available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm, accessed September 21, 2022, for additional information on this topic.

4 According to the CDC, the completeness of 12-month provision counts of drug overdose deaths relative to final counts from 2019 after the standard six-month lag in reporting allotted to complete investigations of deaths ranged between 69.7 percent and 86.3 percent on a monthly basis for New York, outside of New York City, compared to national rates of 97.9 to 99.7 nationally. See CDC, *Provisional Drug Overdose Death Counts*, accessed September 21, 2022, available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#notes.

5 Deborah Stone and others, "Deciphering Suicide and Other Manners of Death Associated with Drug Intoxication: A Centers for Disease Control and Prevention Consultation Meeting Summary," *American Journal of Public Health*, July 12, 2017, available at https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.303863.

6 CDC, *Fentanyl Facts*, available at https://www.cdc.gov/stopoverdose/fentanyl/index.html.

7 CDC, *Overdose Deaths Accelerating During COVID-19, Expanded Prevention Efforts Needed*, issued December 17, 2020, available at https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html.

8 Ibid.

9 New York State Department of Health (NYS DOH), *New York State Leading Causes of Death*, available at https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state.

10 Age-adjusted rates are not available for 2021 from the CDC. Counties with available CDC data — the 15 shown in Figure 5 — are those for which death counts for 2010 and 2020 are not suppressed due to confidentiality concerns and death rates are not deemed statistically unreliable due to counts of less than 20 deaths. The rest of New York's 62 counties either had death counts for 2010 and/or 2020 that were suppressed, death rates that were statistically unreliable or both. NYS DOH quarterly reports on opioid overdose information (deaths, emergency department (ED) visits, and hospitalizations) by county are available at https://www.health.ny.gov/statistics/opioid.

11 NYS DOH, New York State Opioid Data Dashboard Data Export, Opioid Data Dashboard Indicators: State Trend Data; data as of June 2021, available at https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=exp.

12 Placement of controlled substances into Schedules II, III and IV is based on their medical use, potential for abuse, and other factors; see *State Public Health Law* section 3306, available at https://www.nysenate.gov/legislation/laws/PBH/3306.

13 NYS DOH, *Opioid Poisoning, Overdose & Prevention, 2015 Report to the Governor and NYS Legislature*, page 12, available at https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.

14 NYS DOH, The New York State Opioid Data Dashboard Data Export, Opioid Data Dashboard Indicators: State Trend Data, data as of October 2021, available at https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=exp.

15 NYS DOH, "Prevention Resources & Drug Use Resources > Buprenorphine," available at https://www.health.ny.gov/diseases/aids/consumers/prevention/buprenorphine.

16 HHS, *HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder*, April 27, 2021, available at https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html.

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19 Noelle E. Spencer, Simone P Taubenberger, Raisa Roberto, Lauren Sealy Krishnamurti, Judy C. Chang and Karen Hacker, "'Stories of starting:' Understanding the complex contexts of opioid misuse initiation," 2021, *Substance Abuse*, 42:4, 865-872, DOI: 10.1080/08897077.2021.1878084.

20 Ibid.

21 Spencer et al, op cit.

22 CDC, "Social Determinants of Health: Know What Affects Health," available at https://www.cdc.gov/socialdeterminants/index.htm.

23 Medicaid and CHIP Payment and Access Commission, *Financing Strategies to Address the Social Determinants of Health in Medicaid*, available at https://www.macpac.gov/wp-content/uploads/2022/05/SDOH-Issue-Brief_May-2022.pdf. Social determinants of health have been a focus of the NYS DOH'S Medicaid Redesign Team (MRT) since 2014. See MRT, *Medicaid Redesign Team: Social Determinants of Health Work Group*, available at https://www.health.ny.gov/health_care/medicaid/redesign/social_determinants_workgroup.htm, for additional information.

24 National Institute on Drug Abuse, *COVID-19 & Substance Use: Has the COVID-19 pandemic impacted the frequency of drug overdose?*, available at https://nida.nih.gov/drug-topics/comorbidity/covid-19-substance-use.

25 United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2020 National Survey on Drug Use and Health, available at https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report.

26 Office of Addiction Services and Supports (OASAS), *About Us*, available at https://oasas.ny.gov/about.

27 Alcohol was the primary substance for 36 percent of people served by OASAS treatment programs; marijuana, 9 percent; and cocaine/crack, 8 percent. See OASAS, System Overview and Data Presentation to the Opioid Settlement Fund Advisory Board, August 23, 2022, slide 30, available at https://oasas.ny.gov/system/files/documents/2022/08/oasas_ppt_presentation_8.29.22.pdf.

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32 OASAS, *Statewide Comprehensive Plan 2020–2024*, pages 15-21, available at https://oasas.ny.gov/system/files/documents/2020/02/oasas_statewide_plan_20_24.pdf.

33 Local government units (LGUs) annually develop local services plans (LSPs) that are constituent with statewide plans and goals. Of 57 LGUs in New York, 52 ascribed to the goal of preventing opioid overdose deaths through increasing availability or access to MAT and 48 to increasing availability or access to overdose reversal (naloxone) trainings. See ibid, page 14.

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36 Executive Office of the President, *National Drug Control Budget: FY 2023 Funding Highlights*, March 2022, available at https://www.whitehouse.gov/wp-content/uploads/2022/03/FY-2023-Budget-Highlights.pdf.

37 Discussion in this section also excludes direct payments to local governments that may be used for opioid prevention or treatment services.

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39 New York State Attorney General, *NYS Opioid Settlement*, available at https://ag.ny.gov/opioidsettlement.

40 DOB, *First Quarterly Update to the FY 2023 Enacted Budget Financial Plan*, page 125, available at https://www.budget.ny.gov/pubs/archive/fy23/en/fy23en-fp-q1.pdf.

41 Each state's share of the funding was determined using a formula that takes into account population and the impact of the opioid crisis on the state — specifically, the number of overdose deaths, the number of residents with substance use disorder, and the number of opioids prescribed.

42 This fund, established by Chapter 190 of the Laws of 2021, as amended by Chapter 171 of the Laws of 2022, is available at https://www.nysenate.gov/legislation/bills/2021/s7870.

43 OASAS, Opioid Settlement Fund Advisory Board, available at https://oasas.ny.gov/opioid-settlement-fund-advisory-board.

44 Established in July 2018 by Part NN of Chapter 57 of the Laws of 2018, available at https://www.nysenate.gov/legislation/bills/2017/s7507, but invalidated by a federal court in December 2018 and reinstated by a federal appeals court in September 2020.

45 The $315 million in projected spending for SFY 2022-23, provided by DOB as of the Executive Budget proposal, is the latest available current year figure.

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