NEW YORK STATE | **Department of Health**

Appendix:

New York State

Opioid Annual Report

2020

New York State Department of Health

Table of Contents

Methods

Indicators

Indicator	Definition	ICD Codes/Detailed Explanation	Data Source
Overdose deaths involving any opioid	All poisoning deaths involving opioids, all manners, using all causes of death	Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first-listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND Any opioid in all other causes of death: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6	CDC WONDER
Overdose deaths involving heroin	Poisoning deaths involving heroin, all manners, using all causes of death	Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first-listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND Heroin in all other causes of death: T40.1	CDC WONDER
Overdose deaths involving commonly prescribed opioids	Poisoning deaths involving commonly prescribed opioids, all manners, using all causes of death	Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first-listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND any commonly prescribed opioid in all other causes of death: T40.2, T40.3 (e.g., hydrocodone, oxycodone)	CDC WONDER
Overdose deaths involving any synthetic opioid other than methadone	Poisoning deaths involving any synthetic opioid other than methadone, all manners, using all causes of death	Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first-listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND any other synthetic narcotics in all other causes of death: T40.4	CDC WONDER
Overdose deaths involving cocaine	Poisoning deaths involving cocaine, all manners, using all causes of death	Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first-listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND cocaine: T40.5	CDC WONDER
All emergency department visits involving opioid overdose	All emergency department visits (including outpatient and admitted patients) involving opioid poisonings	ICD-10-CM: Principal Diagnosis: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 (Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T400X5S, T400X6S)	SPARCS
All emergency department visits involving heroin overdose	All emergency department visits (including outpatient and admitted patients) involving heroin poisoning	ICD-10-CM: Principal Diagnosis: T40.1 (Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T401X5S, T401X6S)	SPARCS
Hospital discharges involving heroin overdose	Hospitalizations involving heroin poisonings	ICD-10-CM: Principal Diagnosis: T40.1 (Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T401X5S, T401X6S)	SPARCS

Indicator	Definition	ICD Codes/Detailed Explanation	Data Source
Hospital discharges involving opioid use (including abuse, poisoning, dependence and unspecified use)	Opioid use includes abuse, poisoning, dependence and unspecified use.	ICD-10-CM: Opioid abuse (Principal Diagnosis: F1110, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119); Opioid dependence and unspecified use (Principal Diagnosis: F1120, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199); Opioid poisoning (Principal Diagnosis: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 (Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T400X5S, T400X6S)	SPARCS
Opioid burden (including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths)	Opioid burden includes opioid overdose deaths, non-fatal outpatient ED visits and hospital discharges involving opioid abuse, poisoning, dependence and unspecified use.	Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND any opioid in all other causes of death: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 ICD-10-CM: Opioid abuse (Principal Diagnosis: F1110, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119); Opioid dependence and unspecified use (Principal Diagnosis: F1120, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199); Opioid poisoning (Principal Diagnosis: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 (Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T400X5S, T400X6S)	Vital Statistics and CDC WONDER SPARCS
Newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction	Neonatal withdrawal symptoms from maternal use of drugs of addiction, and/or newborns affected by maternal use of drugs of addiction (other than cocaine)	ICD-10-CM: Principal Diagnosis: Z38 (liveborn infants) AND P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction) or P04.49 (newborns affected by maternal use of drugs of addiction (other than cocaine)) in any other diagnoses	SPARCS
Admissions for any opioids	Admissions to OASAS-certified chemical dependence treatment programs with heroin or any other synthetic opioid reported as the primary, secondary or tertiary substance of abuse at admission.	Other opioid includes synthetic and semi-synthetic opioids. The OASAS Client Data System (CDS) collects specific data on methadone, buprenorphine, oxycodone, as well as "other synthetic opioids." Other synthetic opioids also include drugs such as hydrocodone, pharmaceutical and/or non-pharmaceutical fentanyl. Clients may also have heroin or any other substance as the primary, secondary or tertiary substance of abuse at admission. An admission is the enrollment of a person into a certified chemical dependence program to receive treatment for a substance use disorder. A person may be admitted to one or more programs during the year depending on the type of services required.	OASAS Client Data System (CDS)

Indicator	Definition	ICD Codes/Detailed Explanation	Data Source
Naloxone administration report by Emergency Medical Services (EMS)	Each naloxone administration report represents an EMS encounter when the administration of naloxone was given during the course of patient care. Multiple doses may be dispensed within a single administration report. Often, administrations of naloxone were given for patients presenting with similar signs and symptoms of a potential opioid overdose; final diagnosis of an opioid overdose is completed during definitive care or final evaluation.	Medication administered is equal to naloxone.	NYS e-PCR data, and other regional EMS Program data collection methods
Naloxone administration report by law enforcement	Each naloxone administration report represents a naloxone administration instance in which a trained law enforcement officer administered one or more doses of naloxone to a person suspected of an opioid overdose.	Not applicable	NYS Law Enforcement Naloxone Administration Database
Naloxone administration report by registered COOP program	Each naloxone administration report represents a naloxone administration instance in which a trained responder administered one or more doses of naloxone to a person suspected of an opioid overdose. Naloxone administration instances that are not reported to the AIDS Institute by the registered COOP programs are excluded from the county report.	Not applicable	NYS Community Opioid Overdose Prevention (COOP) Naloxone Administration Database
Prevalence of illicit drug use other than marijuana in the past month	Prevalence of respondents reporting use of illicit drugs other than marijuana in the past month.	Illicit drug use other than marijuana use includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs. Estimates are weighted to represent the civilian, noninstitutionalized population aged 12 or older for the nation as a whole and for each state. The standard errors and 95 percent confidence intervals also reflect the survey's stratified, clustered design and are computed using the Taylor series linearization method, assuming a with-replacement design. The confidence intervals for percentages are constructed on the logit scale, producing asymmetric intervals that are more accurate near 0% or 100% than symmetric intervals would be. Point estimates and confidence intervals are then rounded to one decimal place. This could lead to overlapping between the small estimates and the confidence limits.	National Survey on Drug Use and Health (NSDUH)

Indicator	Definition	ICD Codes/Detailed Explanation	Data Source
Prevalence of pain reliever misuse in the past year	Prevalence of respondents reporting misuse of pain relievers in the past year.	Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs. Estimates are weighted to represent the civilian, noninstitutionalized population aged 12 or older for the nation as a whole and for each state. The standard errors and 95 percent confidence intervals also reflect the survey's stratified, clustered design and are computed using the Taylor series linearization method, assuming a with-replacement design. The confidence intervals for percentages are constructed on the logit scale, producing asymmetric intervals that are more accurate near 0% or 100% than symmetric intervals would be. Point estimates and confidence intervals are then rounded to one decimal place. This could lead to overlapping between the small estimates and the confidence limits.	NSDUH
Prevalence of heroin use in the past year	Prevalence of respondents reporting use of heroin in the past year.	Measures of use of heroin in the respondent's lifetime, the past year, and the past month were derived from responses to the questions about lifetime and recency of use (e.g., "How long has it been since you last used heroin?"). The question about recency of use was asked if respondents previously reported any use of heroin in their lifetime. Estimates are weighted to represent the civilian, noninstitutionalized population aged 12 or older for the nation as a whole and for each state. The standard errors and 95 percent confidence intervals also reflect the survey's stratified, clustered design and are computed using the Taylor series linearization method, assuming a with-replacement design. The confidence intervals for percentages are constructed on the logit scale, producing asymmetric intervals that are more accurate near 0% or 100% than symmetric intervals would be. Point estimates and confidence intervals are then rounded to one decimal place. This could lead to overlapping between the small estimates and the confidence limits.	NSDUH

Indicator	Definition	ICD Codes/Detailed Explanation	Data Source
Prevalence of cocaine use in the past month	Prevalence of respondents reporting use of cocaine in the past month.	Measures of use of cocaine, including powder, crack, free base, and coca paste, in the respondent's lifetime, the past year, and the past month were derived from responses to the questions about lifetime and recency of use (e.g., "How long has it been since you last used any form of cocaine?"). The question about recency of use was asked if respondents previously reported any use of cocaine in their lifetime. Estimates are weighted to represent the civilian, noninstitutionalized population aged 12 or older for the nation as a whole and for each state. The standard errors and 95 percent confidence intervals also reflect the survey's stratified, clustered design and are computed using the Taylor series linearization method, assuming a with-replacement design. The confidence intervals for percentages are constructed on the logit scale, producing asymmetric intervals that are more accurate near 0% or 100% than symmetric intervals would be. Point estimates and confidence intervals are then rounded to one decimal place. This could lead to overlapping between the small estimates and the confidence limits.	NSDUH
Percentage of population who perceived great risk from using cocaine once a month	Prevalence of respondents reporting perceiving great risk from using cocaine once a month.	Respondents were asked to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes, with various levels of frequency. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk. Although these questions on the perceived risk of harm from using various substances did not change for 2015, other changes to the 2015 questionnaire appeared to affect the comparability of several of these measures between 2015 and prior years. Estimates are weighted to represent the civilian, noninstitutionalized population aged 12 or older for the nation as a whole and for each state. The standard errors and 95 percent confidence intervals also reflect the survey's stratified, clustered design and are computed using the Taylor series linearization method, assuming a with-replacement design. The confidence intervals for percentages are constructed on the logit scale, producing asymmetric intervals that are more accurate near 0% or 100% than symmetric intervals would be. Point estimates and confidence intervals are then rounded to one decimal place. This could lead to overlapping between the small estimates and the confidence limits.	NSDUH

Indicator	Numerator	Denominator
Opioid[e] analgesic prescription rate[a] per 1,000 population	Schedule II, III and IV opioid analgesic prescriptions[c] dispensed to state residents.	Midyear population for the calendar year under surveillance from US census
Commonly prescribed opioid analgesic prescription rate[a] per 1,000 population	Six commonly prescribed schedule II, III and IV opioid analgesic prescriptions[c] dispensed to state residents	Midyear population for the calendar year under surveillance from US census
Percentage of incidents when patients were opioid naïve and received long-acting opioid prescription[e,f]	Number of incidents when patients were opioid naïve and received long-acting opioid prescription[e,f]	Number of opioid naïve incidents[c]
Percentage of incidents when patients were opioid naïve and received an opioid prescription[e,g] of more than seven days	Number of incidents when patients were opioid naïve and received an opioid prescription[e,g] of more than seven days	Number of opioid naïve incidents[c]
Patients prescribed opioid[e] analgesics from five or more prescribers and dispensed at five or more pharmacies in a six-month period, rate[a] per 100,000 population	Number of patients receiving prescriptions[c] for opioid analgesics from five or more prescribers and that are dispensed at five or more pharmacies in a six-month period	Midyear population for the calendar year under surveillance from US census
Patients who received at least one buprenorphine prescription for opioid use disorder, rate[a] per 1,000 population	Patients who received at least one buprenorphine prescription for opioid use disorder within the state	Midyear population for the calendar year under surveillance from US census
Patients prescribed one or more opioid[e] analgesics with a total daily dose of ≥ 90 MME[b] on at least one day	Patients prescribed one or more opioid analgesics prescription[d] with a total daily dose of ≥ 90 MME on at least one day	Patients who received one or more opioid analgesic prescriptions[d] during a given year
Patients with two or more calendar days of overlapping opioid[e] analgesic and benzodiazepine prescriptions	Patients with two or more calendar days of overlapping opioid analgesic and benzodiazepine prescriptions[c]	Patients with at least one prescription[c] for opioid analgesics or benzodiazepines during a given year
Patients with two or more calendar days of overlapping opioid[e] analgesic prescriptions	Patients with two or more calendar days of overlapping opioid analgesic prescriptions[c]	Patients with at least one prescription[c] for opioid analgesics during a given year

[a]: The rates presented are controlled substance prescription rates per population. These numbers are federally-standardized indicators used to measure types of progress toward combating the controlled substance epidemic in certain states. They are not rates of the number of different people who are receiving a controlled substance prescription in a certain population. Rather, they are rates of the number of specific controlled substance prescriptions written and dispensed within the period. For example, if a county has a rate of 25, that means there were 25 prescriptions per 1,000 people in the population. However, it does not necessarily mean that 25 out of 1,000 individuals received a prescription; all 25 controlled substance prescriptions could have been for one individual.
[b]: Morphine milligram equivalent
[c]: Buprenorphine prescriptions for the treatment of substance use disorder were excluded.
[d]: Buprenorphine prescriptions for the pain and the treatment of substance use disorder were excluded.
[e]: A comprehensive controlled substance list including drugs from CDC and NYS PMP was used for data analysis
[f]: Patient received index prescription of long-acting opioid and opioid naïve.
[g]: Patient received index prescription of more than seven days and opioid naïve.

Data Sources

CDC WONDER:

State level opioid overdose mortality data were obtained from the Centers for Disease Control and Prevention Multiple Cause of Death Data query (CDC WONDER).

For information about CDC WONDER race/ethnicity groups, including which groups are included in the "other" category, please see:
https://wonder.cdc.gov/wonder/help/mcd.html#Race%20and%20Ethnicity%20Questions

Vital Records (Vital Statistics) Vital Event Registration:

New York State consists of two registration areas, New York City (NYC) and New York State Exclusive of New York City (also referred to as Rest of State). NYC includes the five counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens and Richmond (Staten Island); the remaining 57 counties comprise New York State Exclusive of NYC. The NYS DOH Bureau of Vital Records processes data from live birth, death, fetal death and marriage certificates recorded in New York State Exclusive of NYC. Through a cooperative agreement, the NYS DOH receives data on live births, deaths, and fetal deaths recorded in NYC from the New York City Department of Health and Mental Hygiene (NYCDOHMH), and on live births and deaths recorded outside of New York State to residents of New York State from other states and Canada.

In general, vital event indicators for NYC geographical areas reported by the NYS DOH and the NYCDOHMH may be different because the former includes possibly all NYC residents' events, regardless of where they took place, and the latter reports events to NYC residents that took place in NYC.

Vital statistics mortality data include up to 20 causes of death. Frequencies are based on decedents' county of residence, not the county where death occurred. This report's mortality indicators reflect all manners and all causes of death. Data are frequently updated as additional confirmations on the causes of death and new records for all NYS resident deaths are received. Therefore, the frequencies published in subsequent reports may also differ due to timing and/or completeness of data.

Statewide Planning and Research Cooperative System (SPARCS):

SPARCS collects information about hospitalizations and ED visits through the patient discharge data system. Outpatient ED visits are events that did not result in admission to the hospital. Each hospitalization and outpatient ED visit receives an ICD-10-CM code at discharge that indicates the primary reason for the occurrence. There is also a first-listed cause, external cause of injury, and up to 24 other diagnosis codes recorded to further describe the hospitalization or ED visits.

Statistics in these tables are based on the primary diagnosis and first-listed cause of injury unless otherwise noted. An individual can have more than one hospitalization or ED visit. Numbers and rates are based on the number of discharges and not on the number of individuals seen. The frequencies are based on patients' county of residence, not the county where the incident occurred. County of residence was assigned based on ZIP Code for cases in which the patient county of residence was listed as unknown or missing, but a valid NY ZIP Code was present. For

indicators related to the ED data, the numbers represent ED visits for opioid overdose patients who were not subsequently admitted into the hospital.

For information about SPARCS race/ethnicity groups, including which groups are included in the "other" category, please see:
- SPARCS Inpatient Data Dictionary (pages 54 and 55) https://www.health.ny.gov/statistics/sparcs/sysdoc/inpatientoutputdd.pdf
- SPARCS Outpatient Data Dictionary (pages 70 and 71) https://www.health.ny.gov/statistics/sparcs/sysdoc/outpatientoutputdd.pdf

New York State Emergency Medical Services (EMS) Data:

New York State maintains an EMS patient care data repository, in which all electronic Patient Care Report (e-PCR) data are captured from across the State. As of June 2018, additional EMS electronic patient care data are being submitted in compliance with the National EMS Information Systems (NEMSIS) 3.4.0 standard. The number of reported naloxone administrations for Erie, Niagara, Monroe, Onondaga, Schoharie, Montgomery and Herkimer counties may have increased compared to previous reports, as an EMS agency covering those counties and responding to a large volume of 911 calls has had data submitted back starting in August 2016 until current quarters. Additional historical data from 2017 forward is expected to be received for the five counties of New York City and other regions across New York State. Updates will be made to reported totals as additional data become available.

Most data for Suffolk County are obtained through the Suffolk County Regional EMS Medical Control, to which all medication administrations by EMS–including naloxone–are required to be reported. The Suffolk County results in this report are a de-duplicated compilation of data received from Suffolk County Medical Control and data provided from e-PCRs submitted. Data for Nassau County are primarily provided by the Nassau County Police Department, based on reports submitted by Nassau County first response agencies and most ambulance transport agencies. The EMS data from Nassau County Police Department are combined with e-PCR data submitted by other agencies not included in the Nassau County Police Department reporting. Finally, part of the data for Richmond County is obtained directly from the EMS agency, due to a difference in reporting mechanisms.

New York State Law Enforcement Naloxone Administration Dataset:

The NYS Law Enforcement Naloxone Administration dataset provides information on naloxone administrations by law enforcement officers in the case of a suspected opioid overdose. The information comes from a form that is submitted by officers following a naloxone administration. The form collects the age and gender of the individual receiving naloxone, the county and ZIP Code where the suspected opioid overdose occurred, aided status before and after naloxone administration, the suspected drug used, the number of naloxone vials administered by the officer and whether the person lived. Initial trainings of law enforcement began in 2014 and are ongoing. The data do not yet comprehensively include the New York City Police Department and the Nassau County Police Department, which use a distinct reporting mechanism.

New York State Community Opioid Overdose Prevention (COOP) Program Dataset:

The NYS COOP program dataset provides information on naloxone administrations by lay persons who have been trained by registered NYS COOP programs in the case of a suspected opioid overdose. Naloxone administration reports are submitted by registered COOP programs, not individual lay persons. The form collects information including age and gender of the individual receiving naloxone, the county and ZIP Code where the suspected opioid overdose occurred, aided status before naloxone administration, the number of naloxone doses administered by the responder, and whether the person lived.

Naloxone usage reports are submitted to the AIDS Institute (AI) by registered community programs after a naloxone kit has been used by a trained community responder. Beginning in May 2018, the AI Community Opioid Overdose Prevention program began the transition from a paper-based reporting system to an online system for naloxone usage reporting purposes. Data that had previously been collected using paper reports and manually entered into a database were migrated to an online platform where data are now stored and managed. This migration included all paper reports from program inception in 2006 through July 2018. Registered programs have been introduced to the online reporting system on a rolling basis. While most registered program are utilizing the online platform for reporting purposes, paper reports will continue to be accepted and naloxone administration data on these forms will be entered into the new online system. As of April 2019, a new ZIP Code file was introduced to improve reporting accuracy. This has resulted in shifts in the number of administrations in certain counties, depending upon the ZIP Code reassignment.

New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS):

The New York State Office of Addiction Services and Supports (OASAS) collects data on people treated in all OASAS-certified chemical dependence treatment programs. Data are collected through the OASAS Client Data System (CDS). Data are collected at admission and discharge from a level of care within a provider. Levels of care include crisis, residential, inpatient, outpatient, and opioid treatment. An individual admitted to more than one level of care during a year would be counted more than one admission. The primary, secondary and tertiary substance of abuse is collected for all clients admitted. Not all clients have a secondary or tertiary substance of abuse.

Data are based on the number of admissions during the year, and not on the number of individuals treated. A person admitted in a previous year could still be receiving treatment in subsequent years but would not be shown as an admission for the new year unless they were admitted in that year.

Prescription Monitoring Program (PMP) Data:

The New York State Prescription Monitoring Program Registry (PMP) is an online registry that is administered by the New York State Department of Health's Bureau of Narcotic Enforcement (BNE). The registry collects dispensed prescription data for controlled substances in schedules II, III, IV and V that are reported by more than 5,000 separate dispensing pharmacies and practitioners registered with New York State. The data must be submitted to BNE within 24 hours after the prescription is dispensed. BNE closely monitors all submitted prescriptions and

their associated information. The integrity of the data is achieved through a variety of system edits, and it is the responsibility of the pharmacies to provide timely and accurate data.

Effective August 27, 2013, NYS prescribers are required to consult the Prescription Monitoring Program Registry prior to writing a prescription for Schedule II, III, and IV controlled substances. The PMP provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients. The PMP is available 24 hours a day/7 days a week via an application on the Health Commerce System (HCS). Patient reports include all controlled substances that were dispensed in New York State and reported by the pharmacy/dispenser for the past year. This information empowers practitioners to better evaluate their patients' treatment with controlled substances and determine whether there may be abuse or non-medical use. In addition, pharmacists can also access the registry to assist in the exercise of their professional judgment before dispensing the prescriptions for controlled substances.

The National Survey on Drug Use and Health (NSDUH):

What is the NSDUH?

The National Survey on Drug Use and Health (NSDUH) is sponsored by the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA is a division within the U.S. Department of Health and Human Services (HHS). It is an on-going data collection plan designed to provide national and state-level statistical information on the use of alcohol, tobacco, and illicit drugs, including the non-medical use of prescription drugs, in the U.S. The survey tracks trends in substance use and identifies at-risk groups. It also collects data on mental health, co-occurring substance use and mental disorders, and treatment.

What is its use?

Organizations and agencies use the data for a variety of purposes. The data are used to provide information on prevalence of substance use and abuse, identify patterns and trends in substance use, identify demographic variations in health-related behaviors, identify risk factors, and assess potential need for services.

Who is covered in the NSDUH?

The health characteristics estimated from the NSDUH pertain only to the civilian, noninstitutionalized population age 12 years and older. Approximately 70,000 individuals are interviewed. US households are randomly selected and an interviewer visits each selected household. One or two residents from each selected household may be interviewed and the interview is administered on a laptop computer. The questions are answered in private directly on to the laptop computer; for some items, the interviewer reads the question. Each survey participant is compensated with $30.

Data Suppression Rules for Confidentiality

In many instances, results are not shown (i.e., suppressed) to protect individuals' confidentiality. Suppression rules vary, depending on the data source. A double asterisk ('**') notation within tables indicates that the data did not meet reporting criteria.

Data Source	Suppression Criteria
Vital Statistics - Death Records	Denominator population <50
CDC WONDER	Numerator <10 deaths
Statewide Planning and Research Cooperative System (SPARCS) - ED and hospital records	Numerator 1-5 cases
OASAS Client Data System (CDS) - Admissions	Numerator between 1-6 clients
Prehospital Care Reports	None
NYS Law Enforcement Naloxone Administration Dataset	None
NYS Community Opioid Overdose Prevention Program (COOP) Dataset	None
NYS Prescription Monitoring Program (PMP)	Numerator between 1-5 cases

Data Limitations

Data Source	Limitations
Vital Records	The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of reporting and coding. Death investigations may require weeks or months to complete; while investigations are being conducted, deaths may be assigned a pending status on the death certificate (ICD-10-CM underlying cause code of R99, "other ill-defined and unspecified causes of mortality"). Analysis of the percentage of death certificates with an underlying cause of death of R99 by age, over time, and by jurisdiction should be conducted to determine potential impact of incomplete underlying causes of death on drug overdose death indicators. The percentage of death certificates with information on the specific drug(s) involved in drug overdose deaths varies substantially by state and local jurisdiction and may vary over time. The substances tested for, the circumstances under which the tests are performed, and how information is reported on death certificates may also vary. Drug overdose deaths that lack information about the specific drugs may have involved opioids. Even after a death is ruled as caused by a drug overdose, information on the specific drug might not be subsequently added to the certificate. Therefore, estimates of fatal drug overdoses involving opioids may be underestimated from lack of drug specificity. Additionally, deaths involving heroin might be misclassified as involving morphine (a natural opioid), because morphine is a metabolite of heroin. The indicator "Overdose deaths involving opioid pain relievers" includes overdose deaths due to pharmaceutically and illicitly produced opioids such as fentanyl. Data for New York City on opioid overdose deaths are not included in this report.
CDC WONDER	For additional information about CDC WONDER, including limitations of Multiple Cause of Death data, please see: https://wonder.cdc.gov/wonder/help/mcd.html

Data Source	Limitations
SPARCS	The recent data may be incomplete and should be interpreted with caution. Health Care Facilities licensed in New York State, under Article 28 of the Public Health Law, are required to submit their inpatient and/or outpatient data to SPARCS. SPARCS is a comprehensive all-payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. Created to collect information on discharges from hospitals, SPARCS now collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for hospitals, ambulatory surgical centers, and clinics, both hospital extension and diagnosis and treatment centers.

Per NYS Rules and Regulations, Section 400.18 of Title 10, data are required to be submitted: (1) monthly, (2) 95% within 60 days following the end of the month of patient's discharge/visit, and (3) 100% are due 180 days following the end of the month of the patient discharge/visit. Failure to comply may result in the issuance of Statement of Deficiencies (SODs) and facilities may be subject to a reimbursement rate penalty.

The accuracy of indicators, which are based on diagnosis codes (ICD-9-CM codes before Oct. 1, 2015 and ICD-10-CM on or after Oct. 1, 2015) reported by the facilities, is limited by the completeness and quality of reporting and coding by the facilities. The indicators are defined based on the principal diagnosis code or first-listed valid external cause code only. The sensitivity and specificity of these indicators may vary by year, hospital location, and drug type. Changes should be interpreted with caution due to the change in codes used for the definition.

The SPARCS data do not include discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties, especially those which border other states. |
| OASAS Client Data System (CDS) | The recent data may be incomplete and should be interpreted with caution. The CDS includes data for individuals served in the OASAS-certified treatment system. It is important to keep in mind that these data do not include individuals who do not enter treatment, get treated by the U.S. Department of Veterans Affairs (VA), go outside of New York State for treatment, are admitted to hospitals but not to Substance Use Disorder (SUD) treatment, get diverted to other systems, or receive an addictions medication from a physician outside of the OASAS system of care. OASAS-certified chemical dependence treatment programs are required to submit their admissions data to the CDS not later than the fifth of the month following the clinical admission transaction. Data are considered to be substantially complete three months after the due date, but are able to be updated indefinitely. The accuracy of measures, which are based on data reported by the programs, is limited by the completeness, consistency and quality of reporting and coding by the programs. The sensitivity and specificity of these indicators may vary by provider, program, and possible substances reported. Opioid admissions data are not direct measures of the prevalence of opioid use. The availability of chemical dependence treatment services within a county may affect the number of admissions of county residents to programs offering those services. Admissions are not unique counts of people. A person can be admitted into treatment more than once in a given time period. |
| EMS Patient Care Reports | Documentation data entry errors can occur, and may result in 'naloxone administered' being recorded when a different medication had actually been administered.

Patients who present as unresponsive or with an altered mental status with unknown etiology may be administered naloxone, as part of the treatment protocol, while attempts are being made to determine the cause of the patient's current unresponsive state or altered mental status.

Electronic PCR data currently capture approximately 90% of all EMS data statewide, from 45%-50% of all certified EMS agencies. The remaining data are reported via paper PCR, from which extracting opioid/heroin overdoses and naloxone administrations is impractical.

The Suffolk County Medical Control data do not include patients recorded as 'unresponsive/unknown' who received a treatment protocol that includes naloxone.

The National Emergency Medical Services Information System (NEMSIS) is a universal standard for how EMS patient care data are collected. Prior to 2019, most EMS agencies in New York State adhered to the NEMSIS version 2.2.1 standard that was released in 2005. As of January 1, 2020, most have transitioned to the updated NEMSIS version 3.4.0 standard, which has improved the quality of EMS data. Electronic PCR data are now captured from both NEMSIS version 2 and NEMSIS version 3 agencies. Now that NEMSIS version 3 data are being captured by New York State, the receipt of historical data has increased the number of naloxone administration reports counted for several counties. Additional increases may occur as more EMS agencies begin to submit NEMSIS version 3 data, which will be reflected in future quarterly reports as the data become available. |

Data Source	Limitations
NYS Law Enforcement Naloxone Administration Dataset	All data are self-reported by the responding officer at the scene. Not all data fields are completed by the responding officer. There is often a lag in data reporting. All data should be interpreted with caution. It is possible that not all naloxone administrations reported are for an opioid overdose. There are not toxicology reports to confirm suspected substances used. Increase may represent expansion of program and may or may not indicate an increase in overdose events. Data for New York City on naloxone administration reports by law enforcement are not included in this report. Data displayed for Nassau County on naloxone administration reports by law enforcement are not complete due to the use of an alternate reporting system.
NYS Community Opioid Overdose Prevention (COOP) Program Dataset	All data are self-reported by the responder on the scene. Not all data fields are completed by the responder. There is often a lag in data reporting. All data should be interpreted with caution. Increase may represent expansion of program and may or may not indicate an increase in overdose events. Reporting administrations of naloxone to the NYS DOH is one of the mandated responsibilities of registered COOP program directors. The actual number of incidents of naloxone administrations in the community may be higher than the number reported to the NYS DOH due to the delay in reporting. The actual number of naloxone administrations is likely to substantially exceed the number reported to the NYS DOH.
NYS Prescription Monitoring Program (PMP)	For all PMP indicators, DOH applied several exclusions. Prescriptions for out-of-state patients or without a valid patient's NY ZIP code were removed from the analysis. Data from veterinarians and prescription drugs administered to animals were not included in the analysis of PMP data. Prescriptions filled for opioids that have supply days greater than 90 were eliminated from the analysis. Also, opioids not typically used in outpatient settings and cold formulations including elixirs, antitussives, decongestants, antihistamines and expectorants were not included in the analysis. A more recent zip code source file has been used for the analysis in this report. Any minor changes in previous years' statistics in this report compared to earlier New York State Opioid Annual Reports may be due in part to the use of this newer and more comprehensive zip code file.
The National Survey on Drug Use and Health (NSDUH)	NSDUH estimates of substance use among adolescents have generally been lower than corresponding estimates from two school-based surveys: Monitoring the Future (MTF) and the Youth Risk Behavior Surveillance System (YRBSS) In December 2012, SAMHSA released a report, "Comparing and Evaluating Youth Substance Use Estimates from the National Survey on Drug Use and Health and Other Surveys," which explored some of the reasons for this. It is important to note that, although NSDUH has consistently shown lower prevalence rates than MTF and YRBSS, the trends have usually been parallel. Unlike, MTF and YRBSS, NSDUH conducts interviews in the adolescent's home. The SAMHSA report stated, "It is possible that conducting an interview in an adolescent's home environment has an inhibitory effect on adolescent substance users' willingness to report use, even if parents or other household members are not in the same room as the adolescent and are not able to see how adolescents are answering the substance use questions." The SAMHSA report noted that factors besides interview privacy also could contribute to lower estimates of adolescent substance use in NSDUH than in MTF or YRBSS. These other factors include the focus of the survey (e.g., primary focus on substance use or on broader health topics), how prominently substance use is mentioned when a survey is presented to parents and adolescents, procedures for obtaining parental permission for their children to be interviewed, assurances of anonymity or confidentiality, the placement and context of substance use questions in the interview, the survey mode (e.g., computer-assisted interviewing with skip patterns or paper-and-pencil questionnaires), and the question structure and wording. For example, NSDUH asks filter questions about lifetime use before asking about the most recent use of a substance or the frequency of use. Research has shown that filter questions can depress the reporting of certain behaviors. Some NSDUH respondents also may realize early during their interview that if they answer "no" to the initial filter questions about lifetime substance use, they can avoid having to answer subsequent questions and therefore will finish the interview in less time. The YRBSS questionnaire does not have these kinds of skip patterns, and the MTF questionnaire uses skip patterns minimally. In addition, students taking a survey in a classroom administration setting may not be motivated to finish sooner if they otherwise have to stay until the end of the class period.

Data Tables

Survey

Data Table 2. Prevalence of illicit drug use other than marijuana in the past month, by age group, 2017-2018

Age Group	United States			New York State		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
Total (age 12 or older)	3.30%	3.20%	3.40%	3.30%	2.80%	4.00%
Age 12-17	2.40%	2.20%	2.60%	1.50%	1.00%	2.30%
Age 18-25	6.60%	6.30%	7.00%	7.40%	6.00%	9.20%
Age 26-34	5.60%	5.20%	6.10%	5.50%	3.90%	7.70%
Age 35+	2.20%	2.10%	2.40%	2.20%	1.60%	3.20%

Data source: National Survey on Drug Use and Health (NSDUH); Accessed June 2020.
Back to Table of Contents.

Data Table 3. Prevalence of pain reliever misuse in the past year, by age group, 2017-2018

Age Group	United States			New York State		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
Total (age 12 or older)	3.90%	3.70%	4.00%	2.80%	2.30%	3.30%
Age 12-17	2.90%	2.70%	3.20%	1.40%	0.90%	2.20%
Age 18-25	6.30%	3.00%	6.70%	5.40%	4.30%	6.80%
Age 26-34	5.70%	5.40%	6.10%	4.10%	2.90%	5.80%
Age 35+	3.10%	2.90%	3.30%	2.10%	1.50%	2.90%

Data source: National Survey on Drug Use and Health (NSDUH); Accessed June 2020.
Back to Table of Contents.

Data Table 4. Prevalence of heroin use in the past year, 2015-2016 to 2017-2018

Year	United States			New York State		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
2015-2016	0.30%	0.30%	0.40%	0.40%	0.20%	0.60%
2016-2017	0.30%	0.30%	0.40%	0.30%	0.10%	0.50%
2017-2018	0.30%	0.30%	0.40%	0.20%	0.10%	0.30%

Data source: National Survey on Drug Use and Health (NSDUH); Accessed June 2020.
Back to Table of Contents.

Data Table 5. Prevalence of cocaine use in the past month, 2015-2016 to 2017-2018

Year	United States			New York State		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
2015-2016	0.70%	0.60%	0.80%	0.90%	0.70%	1.20%
2016-2017	0.80%	0.70%	0.80%	1.00%	0.70%	1.40%
2017-2018	0.70%	0.70%	0.80%	1.10%	0.80%	1.60%

Data source: National Survey on Drug Use and Health (NSDUH); Accessed June 2020.
Back to Table of Contents.

Data Table 6. Prevalence of substance use, New York State, 2015-2016 to 2017-2018

Year	Past year					
	Pain reliever misuse			Heroin use		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
2015-2016	3.70%	3.10%	4.40%	0.40%	0.20%	0.60%
2016-2017	3.20%	2.70%	3.90%	0.30%	0.10%	0.50%
2017-2018	2.80%	2.30%	3.30%	0.20%	0.10%	0.30%

Year	Past month					
	Illicit drug use other than marijuana			Cocaine use		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
2015-2016	3.30%	2.80%	3.90%	0.90%	0.70%	1.20%
2016-2017	3.40%	2.80%	4.20%	1.00%	0.70%	1.40%
2017-2018	3.30%	2.80%	4.00%	1.10%	0.80%	1.60%

Data source: National Survey on Drug Use and Health (NSDUH); Accessed June 2020.
Back to Table of Contents.

Data Table 7. Percentage of population who perceived great risk from using cocaine once a month, by age group, 2017-2018

Age Group	United States			New York State		
	Percentage	95% C.I.		Percentage	95% C.I.	
		Low	High		Low	High
Total (age 12 or older)	71.20%	70.80%	71.70%	69.30%	67.40%	71.20%
Age 12-17	55.00%	54.20%	55.70%	56.60%	53.40%	59.80%
Age 18-25	62.70%	62.00%	63.50%	59.20%	55.80%	62.50%
Age 26-34	66.50%	65.60%	67.50%	62.70%	58.60%	66.60%
Age 35+	76.30%	75.70%	76.90%	74.50%	71.90%	77.00%

Data source: National Survey on Drug Use and Health (NSDUH); Accessed June 2020.
Back to Table of Contents.

Opioid Burden

Data Table 8. Opioid burden (including opioid overdose deaths, non-fatal outpatient ED visits and hospital discharges involving opioid overdose, abuse, dependence and unspecified use), crude rate per 100,000 population, by sub-population, New York State, 2017 and 2018

Group	Characteristics	2017		2018	
		Numerator	Crude rate per 100,000 population	Numerator	Crude rate per 100,000 population
Age group	Age 0-17	280	6.8	#	#
	Age 18-24	6,608	361.5	4,819	267.7
	Age 25-44	32,508	613.3	30,202	568.7
	Age 45-64	17,747	340.7	17,086	331.8
	Age 65+	1,988	63.2	2,287	71.2
Gender	Male	41,460	435.9	38,565	406.4
	Female	17,671	175.3	16,035	159.5
Race/Ethnicity	White NH	33,759	304.9	29,659	270.0
	Black NH	8,096	273.5	7,990	270.4
	Asian/PI NH	371	21.1	354	19.9
	Hispanic	9,936	266.3	10,251	273.1
Region	New York City	26,547	314.6	26,054	310.2
	NYS excl. NYC	32,585	292.2	28,548	256.2
Total	New York State	59,132	301.8	54,602	279.4

#: Data are not available because the death count for this age group does not meet the CDC WONDER reporting criteria.

Data sources: Death data from CDC WONDER, accessed July 2020; ED visits and hospital discharges from New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS), as of January 2021.

Back to Table of Contents.

Data Table 9. Opioid burden (including opioid overdose deaths, non-fatal outpatient ED visits and hospital discharges involving opioid overdose, abuse, dependence and unspecified use), crude rate per 100,000 population, by county, New York State, 2018

County	Numerator	Population	Crude rate per 100,000 population
Albany	1,033	307,117	336.4
Allegany	55	46,430	118.5
Bronx	7,309	1,432,132	510.4
Broome	568	191,659	296.4
Cattaraugus	164	76,840	213.4
Cayuga	144	77,145	186.7
Chautauqua	641	127,939	501.0
Chemung	289	84,254	343.0
Chenango	60	47,536	126.2
Clinton	89	80,695	110.3
Columbia	204	59,916	340.5
Cortland	90	47,823	188.2
Delaware	78	44,527	175.2
Dutchess	1,238	293,718	421.5
Erie	2,121	919,719	230.6
Essex	43	37,300	115.3
Franklin	71	50,293	141.2
Fulton	134	53,591	250.0
Genesee	182	57,511	316.5
Greene	192	47,491	404.3
Hamilton	15	4,434	338.3
Herkimer	57	61,833	92.2
Jefferson	201	111,755	179.9
Kings	7,552	2,582,830	292.4
Lewis	41	26,447	155.0
Livingston	126	63,227	199.3
Madison	113	70,795	159.6
Monroe	2,156	742,474	290.4
Montgomery	152	49,455	307.4
Nassau	2,139	1,358,343	157.5
New York	6,085	1,628,701	373.6
Niagara	669	210,433	317.9
Oneida	342	229,577	149.0
Onondaga	1,402	461,809	303.6

County	Numerator	Population	Crude rate per 100,000 population
Ontario	225	109,864	204.8
Orange	1,119	381,951	293.0
Orleans	146	40,612	359.5
Oswego	278	117,898	235.8
Otsego	81	59,749	135.6
Putnam	190	98,892	192.1
Queens	3,135	2,278,906	137.6
Rensselaer	639	159,442	400.8
Richmond	1,973	476,179	414.3
Rockland	757	325,695	232.4
Saratoga	420	230,163	182.5
Schenectady	445	155,350	286.4
Schoharie	46	31,097	147.9
Schuyler	35	17,912	195.4
Seneca	64	34,300	186.6
St. Lawrence	185	108,047	171.2
Steuben	148	95,796	154.5
Suffolk	4,745	1,481,093	320.4
Sullivan	335	75,498	443.7
Tioga	51	48,560	105.0
Tompkins	114	102,793	110.9
Ulster	875	178,599	489.9
Warren	120	64,265	186.7
Washington	96	61,197	156.9
Wayne	179	90,064	198.7
Westchester	2,314	967,612	239.1
Wyoming	62	40,085	154.7
Yates	55	24,841	221.4

Data sources: NYS excluding NYC death data from New York State Department of Health, Bureau of Vital Statistics, as of July 2020; NYC death data from CDC WONDER, as of June 2020; ED visits and hospital discharges from New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS), as of January 2021.
Back to Table of Contents.

Data Table 10. Perceptions of public health problems as "Very Serious" by adults in New York State, November 2016 – January 2019

Public health problem	Percentage of adults in New York State with perceptions of public health problems as "very serious"		
	November 2016	November 2017	January 2019
Childhood obesity	61%	61%	61%
Tobacco use	52%	50%	46%
Alcohol consumption	38%	38%	38%
Access to healthy food and beverages	36%	40%	35%
Heroin use	76%	76%	75%
Prescription opioid misuse and abuse	68%	75%	75%

Data source: New York State Department of Health/Siena College Research Institute, New York State Chronic Disease Public Opinion Poll; Accessed February 2019
Back to Table of Contents.

Data Table 11. Newborns with neonatal abstinence syndrome and/or affected by maternal use of drugs of addiction, crude rate per 1,000 newborn discharges (any diagnosis), by sub-population, New York State, 2017 and 2018

Group	Characteristics	2017		2018	
		Newborn discharges with NAS diagnosis	Crude rate per 1,000 newborn discharges	Newborn discharges with NAS diagnosis	Crude rate per 1,000 newborn discharges
Race/Ethnicity	White NH	1,028	12.7	839	11.4
	Black NH	315	13.6	266	13.9
	Asian/PI NH	11	0.6	11	0.6
	Hispanic	146	4.8	137	4.9
Region	New York City	427	4.2	392	4.0
	NYS excl. NYC	1,676	15.5	1,339	14.0
Total	New York State	2,103	10.0	1,731	9.0

Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Data Table 12. Newborns with neonatal abstinence syndrome and/or affected by maternal use of drugs of addiction, crude rate per 1,000 newborn discharges (any diagnosis), by county, New York State, 2018

County	Newborn discharges with NAS diagnosis	All newborn discharges	Crude rate per 1,000 population
Albany	21	1,268	16.6
Allegany	**	371	**
Bronx	158	17,784	8.9
Broome	33	1,436	23.0
Cattaraugus	13	752	17.3
Cayuga	12	358	33.5
Chautauqua	33	866	38.1
Chemung	15	789	19.0
Chenango	10	378	26.5
Clinton	11	555	19.8
Columbia	8	288	27.8*
Cortland	22	397	55.4
Delaware	10	304	32.9
Dutchess	19	2,118	9.0
Erie	219	9,660	22.7
Essex	**	164	**
Franklin	8	392	20.4*
Fulton	7	418	16.7*
Genesee	8	543	14.7*
Greene	**	285	**
Hamilton	0	16	0.0*
Herkimer	17	518	32.8
Jefferson	8	1,812	4.4*
Kings	79	33,395	2.4
Lewis	**	287	**
Livingston	**	462	**
Madison	8	374	21.4*
Monroe	41	6,663	6.2
Montgomery	**	460	**
Nassau	46	13,689	3.4
New York	48	15,955	3.0
Niagara	69	1,693	40.8
Oneida	32	1,986	16.1
Onondaga	201	5,117	39.3

County	Newborn discharges with NAS diagnosis	All newborn discharges	Crude rate per 1,000 population
Ontario	13	705	18.4
Orange	49	4,055	12.1
Orleans	**	304	**
Oswego	50	1,149	43.5
Otsego	9	427	21.1*
Putnam	**	615	**
Queens	58	25,560	2.3
Rensselaer	8	847	9.4*
Richmond	49	4,716	10.4
Rockland	11	4,228	2.6
Saratoga	16	1,647	9.7
Schenectady	13	1,464	8.9
Schoharie	**	205	**
Schuyler	**	143	**
Seneca	0	249	0.0*
St. Lawrence	38	918	41.4
Steuben	15	931	16.1
Suffolk	79	10,848	7.3
Sullivan	28	642	43.6
Tioga	**	222	**
Tompkins	**	494	**
Ulster	28	1,216	23.0
Warren	7	509	13.8*
Washington	16	481	33.3
Wayne	13	781	16.6
Westchester	27	7,299	3.7
Wyoming	**	352	**
Yates	**	169	**

* Fewer than 10 events in the numerator, therefore the rate is unstable.
**: Data do not meet reporting criteria.
Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Mortality

Data Table 13. Overdose deaths, age-adjusted rate per 100,000 population, by substance, New York State, 2017 and 2018

Substance	2017		2018	
	Deaths	**Age-adjusted rate per 100,000 population**	**Deaths**	**Age-adjusted rate per 100,000 population**
All opioids	3,224	16.1	2,991	15.1
Heroin	1,356	6.8	1,243	6.3
Commonly prescribed opioids	1,044	5.1	998	4.9
Synthetic opioids (other than methadone)*	2,238	11.3	2,195	11.2
Heroin with other synthetic opioids (other than methadone)	923	4.6	960	4.9
Cocaine with other synthetic opioids (other than methadone)	742	3.8	786	4.1

*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.

Note: Categories of substances are not mutually exclusive.

Data source: CDC WONDER; Accessed July 2020.

Back to Table of Contents.

Data Table 14. Overdose deaths involving any opioid, age-adjusted rate per 100,000 population, by county, New York State, 2017 and 2018

County	2017			2018		
	Deaths	Population	Age-adjusted rate per 100,000 population	Deaths	Population	Age-adjusted rate per 100,000 population
Albany	41	309,612	13.2	45	307,117	15.6
Allegany	**	46,894	**	**	46,430	**
Bronx	286	1,471,160	19.2	321	1,432,132	22.2
Broome	51	193,639	32.1	28	191,659	17.4
Cattaraugus	**	77,348	**	**	76,840	**
Cayuga	19	77,603	*	12	77,145	*
Chautauqua	31	129,046	27	21	127,939	20.4
Chemung	12	85,557	*	**	84,254	**
Chenango	**	47,863	**	**	47,536	**
Clinton	12	80,980	*	**	80,695	**
Columbia	19	60,604	*	**	59,916	**
Cortland	13	47,786	*	**	47,823	**
Delaware	**	45,001	**	13	44,527	*
Dutchess	80	295,568	28	84	293,718	31.2
Erie	245	925,528	27.6	168	919,719	18.1
Essex	**	37,956	**	**	37,300	**
Franklin	**	51,116	**	**	50,293	**
Fulton	**	53,877	**	**	53,591	**
Genesee	11	57,956	*	17	57,511	*
Greene	12	47,470	*	12	47,491	*
Hamilton	**	4,485	**	**	4,434	**
Herkimer	**	62,240	**	**	61,833	**
Jefferson	15	114,187	*	10	111,755	*
Kings	292	2,648,771	10.7	220	2,582,830	8.4
Lewis	12	26,551	*	**	26,447	**
Livingston	**	63,799	**	15	63,227	*
Madison	**	70,965	**	11	70,795	*
Monroe	185	747,642	25.3	188	742,474	26.4
Montgomery	**	49,258	**	**	49,455	**
Nassau	193	1,369,514	14.9	159	1,358,343	12.8
New York	199	1,664,727	11.4	214	1,628,701	11.8
Niagara	41	211,328	20.7	41	210,433	22.1
Oneida	50	231,332	23.6	37	229,577	17.2
Onondaga	81	465,398	18.2	80	461,809	18.6
Ontario	17	109,899	*	14	109,864	*

County	2017			2018		
	Deaths	Population	Age-adjusted rate per 100,000 population	Deaths	Population	Age-adjusted rate per 100,000 population
Orange	79	382,226	22.1	109	381,951	30.1
Orleans	**	40,983	**	**	40,612	**
Oswego	18	118,478	*	15	117,898	*
Otsego	**	60,094	**	**	59,749	**
Putnam	24	99,323	27.1	20	98,892	21.6
Queens	223	2,358,582	8.9	189	2,278,906	7.8
Rensselaer	17	159,722	*	21	159,442	14.5
Richmond	104	479,458	21.7	110	476,179	23.4
Rockland	34	328,868	11.7	33	325,695	11.1
Saratoga	11	229,869	*	24	230,163	11
Schenectady	32	155,565	21.1	25	155,350	17.4
Schoharie	**	31,420	**	**	31,097	**
Schuyler	**	18,000	**	**	17,912	**
Seneca	**	34,498	**	**	34,300	**
St. Lawrence	**	109,623	**	**	108,047	**
Steuben	12	96,281	*	**	95,796	**
Suffolk	424	1,492,953	30.1	345	1,481,093	24.2
Sullivan	26	75,485	38.4	34	75,498	48.8
Tioga	**	48,578	**	**	48,560	**
Tompkins	18	104,802	*	11	102,793	*
Ulster	45	179,417	27.1	60	178,599	35.8
Warren	**	64,532	**	**	64,265	**
Washington	**	61,620	**	**	61,197	**
Wayne	**	90,670	**	17	90,064	*
Westchester	120	980,244	12.7	137	967,612	14.7
Wyoming	**	40,493	**	**	40,085	**
Yates	**	24,955	**	**	24,841	**

Data source: CDC WONDER; Accessed June 2020.
*: Age-adjusted rates are unreliable when there are fewer than 20 deaths.
**: Counts and age-adjusted rates are suppressed when there are fewer than 10 deaths.
Back to .

Data Table 15. Overdose deaths involving synthetic opioids (other than methadone)^, age-adjusted rate per 100,000 population, by county, New York State, 2017 and 2018

County	2017			2018		
	Deaths	Population	Age-adjusted rate per 100,000 population	Deaths	Population	Age-adjusted rate per 100,000 population
Albany	28	309,612	8.5	35	307,117	11.9
Allegany	**	46,894	**	**	46,430	**
Bronx	192	1,471,160	12.8	250	1,432,132	17.4
Broome	21	193,639	14.2	16	191,659	*
Cattaraugus	**	77,348	**	**	76,840	**
Cayuga	14	77,603	*	11	77,145	*
Chautauqua	21	129,046	18.7	19	127,939	*
Chemung	**	85,557	**	**	84,254	**
Chenango	**	47,863	**	**	47,536	**
Clinton	**	80,980	**	**	80,695	**
Columbia	11	60,604	*	**	59,916	**
Cortland	**	47,786	**	**	47,823	**
Delaware	**	45,001	**	**	44,527	**
Dutchess	56	295,568	20.1	67	293,718	25.8
Erie	197	925,528	22.4	140	919,719	15.5
Essex	**	37,956	**	**	37,300	**
Franklin	**	51,116	**	**	50,293	**
Fulton	**	53,877	**	**	53,591	**
Genesee	**	57,956	**	15	57,511	*
Greene	**	47,470	**	**	47,491	**
Hamilton	**	4,485	**	**	4,434	**
Herkimer	**	62,240	**	**	61,833	**
Jefferson	11	1,14,187	*	**	111,755	**
Kings	199	2,648,771	7.1	148	2,582,830	5.7
Lewis	10	26,551	*	**	26,447	**
Livingston	**	63,799	**	13	63,227	*
Madison	**	70,965	**	**	70,795	**
Monroe	158	747,642	21.7	166	742,474	23.3
Montgomery	**	49,258	**	**	49,455	**
Nassau	107	1,369,514	8.4	98	1,358,343	8.2
New York	135	1,664,727	7.7	156	1,628,701	8.7
Niagara	34	211,328	17.6	33	210,433	17.9
Oneida	42	231,332	20	24	229,577	11.4
Onondaga	53	465,398	12.1	61	461,809	14.4
Ontario	15	109,899	*	11	109,864	*

County	2017			2018		
	Deaths	Population	Age-adjusted rate per 100,000 population	Deaths	Population	Age-adjusted rate per 100,000 population
Orange	56	382,226	15.9	78	381,951	21.9
Orleans	**	40,983	**	**	40,612	**
Oswego	13	118,478	*	10	117,898	*
Otsego	**	60,094	**	**	59,749	**
Putnam	16	99,323	*	15	98,892	*
Queens	146	2,358,582	5.8	130	2,278,906	5.4
Rensselaer	14	159,722	*	18	159,442	*
Richmond	67	479,458	14.2	83	476,179	18.1
Rockland	15	328,868	*	22	325,695	7.2
Saratoga	**	229,869	**	22	230,163	10.4
Schenectady	25	155,565	16.5	15	155,350	*
Schoharie	**	31,420	**	**	31,097	**
Schuyler	**	18,000	**	**	17,912	**
Seneca	**	34,498	**	**	34,300	**
St. Lawrence	**	109,623	**	**	108,047	**
Steuben	10	96,281	*	**	95,796	**
Suffolk	318	1,492,953	23.3	258	1,481,093	18.8
Sullivan	16	75,485	*	22	75,498	30.7
Tioga	**	48,578	**	**	48,560	**
Tompkins	10	104,802	*	**	102,793	**
Ulster	17	179,417	*	35	178,599	22.2
Warren	**	64,532	**	**	64,265	**
Washington	**	61,620	**	**	61,197	**
Wayne	**	90,670	**	16	90,064	*
Westchester	75	980,244	8.2	93	967,612	10.1
Wyoming	**	40,493	**	**	40,085	**
Yates	**	24,955	**	**	24,841	**

^Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.
*: Age-adjusted rates are unreliable when there are fewer than 20 deaths.
**: Counts and age-adjusted rates are suppressed when there are fewer than 10 deaths.
Data source: CDC WONDER; Accessed June 2020.
Back to Table of Contents.

Data Table 16. Overdose deaths involving heroin, age-adjusted rate per 100,000 population, by county, New York State, 2017 and 2018

County	2017			2018		
	Deaths	Population	Age-adjusted rate per 100,000 population	Deaths	Population	Age-adjusted rate per 100,000 population
Albany	18	309,612	*	15	307,117	*
Allegany	**	46,894	**	**	46,430	**
Bronx	170	1,471,160	11.4	173	1,432,132	12
Broome	28	193,639	19.1	13	191,659	*
Cattaraugus	**	773,48	**	**	76,840	**
Cayuga	**	77,603	**	**	77,145	**
Chautauqua	15	129,046	*	**	127,939	**
Chemung	**	85,557	**	**	84,254	**
Chenango	**	47,863	**	**	47,536	**
Clinton	**	80,980	**	**	80,695	**
Columbia	12	60,604	*	**	59,916	**
Cortland	**	47,786	**	**	47,823	**
Delaware	**	45,001	**	**	44,527	**
Dutchess	45	295,568	16.6	38	293,718	15.2
Erie	69	925,528	7.7	49	919,719	5.3
Essex	**	37,956	**	**	37,300	**
Franklin	**	51,116	**	**	50,293	**
Fulton	**	53,877	**	**	53,591	**
Genesee	**	57,956	**	**	57,511	**
Greene	**	47,470	**	**	47,491	**
Hamilton	**	4,485	**	**	4,434	**
Herkimer	**	62,240	**	**	61,833	**
Jefferson	**	114,187	**	**	111,755	**
Kings	152	2,648,771	5.5	110	2,582,830	4.3
Lewis	**	26,551	**	**	26,447	**
Livingston	**	63,799	**	**	63,227	**
Madison	**	70,965	**	**	70,795	**
Monroe	58	747,642	7.7	39	742,474	5.6
Montgomery	**	49,258	**	**	49,455	**
Nassau	59	1,369,514	4.9	68	1,358,343	5.8
New York	104	1,664,727	5.7	99	1,628,701	5.3
Niagara	15	211,328	*	18	210,433	*
Oneida	21	231,332	10	18	229,577	*
Onondaga	45	465,398	10.5	33	461,809	7.6
Ontario	**	109,899	**	**	109,864	**
Orange	34	382,226	9.8	45	381,951	12.4
Orleans	**	40,983	**	**	40,612	**

County	2017			2018		
	Deaths	Population	Age-adjusted rate per 100,000 population	Deaths	Population	Age-adjusted rate per 100,000 population
Oswego	**	118,478	**	**	117,898	**
Otsego	**	60,094	**	**	59,749	**
Putnam	13	99,323	*	**	98,892	**
Queens	105	2,358,582	4.2	110	2,278,906	4.6
Rensselaer	**	159,722	**	10	159,442	*
Richmond	46	479,458	9.9	62	476,179	13.7
Rockland	19	328,868	*	20	325,695	6.8
Saratoga	**	229,869	**	11	230,163	*
Schenectady	11	155,565	*	13	155,350	*
Schoharie	**	31,420	**	**	31,097	**
Schuyler	**	18,000	**	**	17,912	**
Seneca	**	34,498	**	**	34,300	**
St. Lawrence	**	109,623	**	**	108,047	**
Steuben	**	96,281	**	**	95,796	**
Suffolk	145	1,492,953	11	124	1,481,093	9.1
Sullivan	13	75,485	*	15	75,498	*
Tioga	**	48,578	**	**	48,560	**
Tompkins	**	104,802	**	**	102,793	**
Ulster	15	179,417	*	23	178,599	14.7
Warren	**	64,532	**	**	64,265	**
Washington	**	61,620	**	**	61,197	**
Wayne	**	90,670	**	**	90,064	**
Westchester	51	980,244	5.5	53	967,612	5.9
Wyoming	**	40,493	**	**	40,085	**
Yates	**	24,955	**	**	24,841	**

*: Age-adjusted rates are unreliable when there are fewer than 20 deaths.
**: Counts and age-adjusted rates are suppressed when there are fewer than 10 deaths.
Data source: CDC WONDER; Accessed June 2020.
Back to Table of Contents.

Data Table 17. Overdose deaths involving any opioid, by place of death, New York State, 2018

Place of death	Deaths (%)
Inpatient (medical facility)	254 (8.5%)
Outpatient or ER (medical facility)	439 (14.7%)
Dead on arrival (medical facility)	89 (3%)
Decedent's home	1,844 (61.7%)
Other	354 (11.8%)

Data source: CDC WONDER; Accessed June 2020.
Back to Table of Contents.

Data Table 18. Overdose deaths involving synthetic opioids (other than methadone)*, age-adjusted rate per 100,000 population, New York State and United States, 2010-2018

Year	NYS		U.S.	
	Deaths	Age-adjusted rate per 100,000 population	Deaths	Age-adjusted rate per 100,000 population
2018	2,195	11.2	31,335	9.9
2017	2,238	11.3	28,466	9.0
2016	1,641	8.3	19,413	6.2
2015	668	3.3	9,580	3.1
2014	294	1.4	5,544	1.8
2013	210	1.1	3,105	1.0
2012	164	0.8	2,628	0.8
2011	155	0.8	2,666	0.8
2010	173	0.9	3,007	1.0

*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.
Data source: CDC WONDER; Accessed June 2020.
Back to Table of Contents.

Data Table 19. Overdose deaths involving heroin (T40.1), synthetic opioids (other than methadone) (T40.4)^, and commonly prescribed opioids (T40.2 and T40.3), crude rates per 100,000, by region, year, and age group, New York State, 2010-2018

	Year	Heroin			Synthetic opioids (other than methadone)			Commonly prescribed opioids		
		Age group			Age group			Age group		
		0-24	*25-44*	*45+*	*0-24*	*25-44*	*45+*	*0-24*	*25-44*	*45+*
NYC	2018	1.1	7.9	9.6	1.5	11.3	13.0	*	4.3	7.5
	2017	1.0	9.1	9.1	1.5	12.0	11.1	*	5.3	7.3
	2016	1.3	7.2	8.2	1.8	8.0	8.0	0.9	5.4	7.6
	2015	1.1	6.0	5.3	*	2.0	1.9	*	4.2	5.6
	2014	0.9	4.5	4.0	**	0.8	0.6	1.1	3.9	4.6
	2013	0.8	3.3	3.6	**	**	0.8	*	3.8	6.1
	2012	0.8	3.6	3.4	**	*	*	0.9	5.4	5.4
	2011	**	2.6	1.6	**	*	0.8	0.8	4.3	4.8
	2010	**	1.2	1.3	**	*	1.0	*	4.6	4.9
NYS excl. NYC	2018	1.9	15.6	4.1	3.8	32.4	8.5	1.0	10.6	6.0
	2017	2.0	17.8	4.6	4.8	32.2	9.3	1.4	9.6	6.5
	2016	3.0	18.5	4.2	4.3	25.0	6.0	1.8	11.7	6.2
	2015	2.9	15.5	3.6	2.1	11.7	3.0	1.3	9.1	5.9
	2014	2.8	11.7	2.8	0.9	3.9	2.2	1.0	8.1	5.3
	2013	2.5	9.2	2.2	0.7	3.1	1.3	1.6	7.8	5.7
	2012	1.7	6.3	1.3	**	1.9	1.4	1.3	8.4	5.6
	2011	1.5	4.4	0.8	*	1.7	1.2	2.0	9.1	5.6
	2010	0.7	2.1	0.8	*	1.7	1.3	1.7	6.5	4.5

^Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.
*: Rates are unreliable for death counts fewer than 20.
**: Rates are suppressed for death counts fewer than 10.
Data source: CDC WONDER; Accessed June 2020.
Back to .

Data Table 20. Overdose deaths involving any opioid and overdose deaths involving any opioid with benzodiazepines, age-adjusted rate per 100,000 population, New York State, 2010-2018

Year	Any opioid		Any opioid with benzodiazepines	
	Deaths	Age-adjusted rate per 100,000 population	Deaths	Age-adjusted rate per 100,000 population
2018	2,991	15.1	821	4.2
2017	3,224	16.1	874	4.4
2016	3,009	15.1	843	4.2
2015	2,166	10.8	636	3.1
2014	1,739	8.6	538	2.7
2013	1,681	8.3	473	2.3
2012	1,530	7.6	427	2.1
2011	1,356	6.8	358	1.8
2010	1,074	5.4	328	1.7

Data source: CDC WONDER; Accessed June 2020.
Back to .

Data Table 21. Overdose deaths involving cocaine with and without synthetic opioids (other than methadone)**, New York State, 2010-2018

Year	Overdose deaths involving cocaine (T40.5)		Overdose deaths involving cocaine (T40.5), with SOOTM (T40.4)		Overdose deaths involving cocaine (T40.5), without SOOTM (T40.4)	
	Count	Rate	Count	Rate	Count	Rate
2018	1,276	6.5	786	4.0	490	2.5
2017	1,306	6.6	742	3.7	564	2.8
2016	991	5.0	451	2.3	540	2.7
2015	634	3.2	142	0.7	492	2.5
2014	503	2.5	38	0.2	465	2.4
2013	533	2.7	23	0.1	510	2.6
2012	467	2.4	10	0.1*	457	2.3
2011	469	2.4	15	0.1*	454	2.3
2010	388	2.0	18	0.1*	370	1.9

*Rates are unreliable for death counts fewer than 20.
**Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.
Note: Cocaine overdose is identified by ICD-10 code T40.5.
Data source: CDC WONDER; Accessed June 2020.
Back to .

Data Table 22. Overdose deaths involving any opioid, age-adjusted* rates per 100,000 population, by sub-population, New York State, 2018

Group	Characteristic	Deaths	Age-adjusted rate per 100,000 population
Total	New York State	2,991	15.1
Age group*	Age 18-24	214	11.9
	Age 25-44	1,465	27.6
	Age 45-64	1,152	22.4
	Age 65+	150	4.7
Gender	Male	2,165	22.4
	Female	826	8.0
Race/Ethnicity	White NH	1,982	19.0
	Black NH	364	11.2
	Asian/PI NH	32	1.6
	Hispanic	541	14.5
Region	New York City	1,054	11.8
	NYS excl. NYC	1,937	18.5

*Age groups show crude rates.
Data source: CDC WONDER; Accessed June 2020.
Back to Table of Contents

Data Table 23. Overdose deaths involving synthetic opioids (other than methadone)**, age-adjusted* rate per 100,000 population, by sub-population, New York State, 2018

Group	Characteristic	Deaths	Age-adjusted rate per 100,000 population
Total	New York State	2,195	11.2
Age group*	Age 18-24	165	9.2
	Age 25-44	1,164	21.9
	Age 45-64	789	15.3
	Age 65+	73	2.3
Gender	Male	1,647	17.2
	Female	548	5.4
Race/Ethnicity	White NH	1,424	14
	Black NH	290	8.9
	Asian/PI NH	23	1.1
	Hispanic	409	11
Region	New York City	767	8.7
	NYS excl. NYC	1,428	13.9

*Age groups show crude rates.
**Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.
Data source: CDC WONDER; Accessed June 2020
Back to Table of Contents

Data Table 24. Overdose deaths involving heroin, age-adjusted^ rate per 100,000 population, by sub-population, New York State, 2018

Population	Characteristic	Deaths	Age-adjusted rate per 100,000 population
Total	New York State	1,243	6.3
Age group^	Age 18-24	91	5.1
	Age 25-44	623	11.7
	Age 45-64	477	9.3
	Age 65+	47	1.5
Gender	Male	973	10.1
	Female	270	2.7
Race/Ethnicity	White-NH	767	7.6
	Black-NH	158	4.7
	Asian/PI-NH	13	*
	Hispanic	268	7.2
Region	New York City	554	6.3
	NYS excl. NYC	689	6.7

^Age groups show crude rates.
*: Rates are unreliable for death counts fewer than 20.
Data source: CDC WONDER; Accessed June 2020
Back to Table of Contents

Morbidity

Data Table 25. Hospital discharges involving opioid use (including overdose, abuse, dependence and unspecified use), crude rate per 100,000 population, by sub-population, New York State, 2017 and 2018

Group	Characteristics	2017		2018	
		Hospital discharges	Crude rate per 100,000 population	Hospital discharges	Crude rate per 100,000 population
Age group	Age 0-17	67	1.6	41	1.0
	Age 18-24	2,452	134.1	1,854	103.0
	Age 25-44	13,784	260.0	12,784	240.7
	Age 45-64	8,244	158.3	7,783	151.1
	Age 65+	988	31.4	1,052	32.7
Gender	Male	17,930	188.5	16,547	174.4
	Female	7,604	75.4	6,967	69.3
Race/Ethnicity	White NH	13,781	124.5	12,347	112.4
	Black NH	3,790	128.0	3,693	125.0
	Asian/PI NH	162	9.2	161	9.1
	Hispanic	4,877	130.7	4,826	128.6
Region	New York City	11,926	141.3	11,265	134.1
	NYS excl. NYC	13,609	122.0	12,249	109.9
Total	New York State	25,535	130.3	23,514	120.3

Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.

Back to Table of Contents.

Data Table 26. Hospital discharges involving opioid use (including overdose, abuse, dependence and unspecified use), crude rate per 100,000 population, by county, New York State, 2018

County	Hospital discharges	Population	Crude rate per 100,000 population
Albany	356	307,117	115.9
Allegany	18	46,430	38.8
Bronx	3,582	1,432,132	250.1
Broome	299	191,659	156.0
Cattaraugus	77	76,840	100.2
Cayuga	27	77,145	35.0
Chautauqua	352	127,939	275.1
Chemung	108	84,254	128.2
Chenango	17	47,536	35.8
Clinton	32	80,695	39.7
Columbia	94	59,916	156.9
Cortland	22	47,823	46.0
Delaware	31	44,527	69.6
Dutchess	558	293,718	190.0
Erie	873	919,719	94.9
Essex	13	37,300	34.9
Franklin	52	50,293	103.4
Fulton	60	53,591	112.0
Genesee	74	57,511	128.7
Greene	97	47,491	204.2
Hamilton	10	4,434	225.5
Herkimer	12	61,833	19.4
Jefferson	120	111,755	107.4
Kings	2,891	2,582,830	111.9
Lewis	18	26,447	68.1
Livingston	42	63,227	66.4
Madison	15	70,795	21.2
Monroe	759	742,474	102.2
Montgomery	79	49,455	159.7
Nassau	1,074	1,358,343	79.1
New York	2,484	1,628,701	152.5
Niagara	306	210,433	145.4
Oneida	69	229,577	30.1
Onondaga	401	461,809	86.8

County	Hospital discharges	Population	Crude rate per 100,000 population
Ontario	50	109,864	45.5
Orange	472	381,951	123.6
Orleans	63	40,612	155.1
Oswego	73	117,898	61.9
Otsego	27	59,749	45.2
Putnam	72	98,892	72.8
Queens	1,359	2,278,906	59.6
Rensselaer	187	159,442	117.3
Richmond	949	476,179	199.3
Rockland	456	325,695	140.0
Saratoga	116	230,163	50.4
Schenectady	147	155,350	94.6
Schoharie	12	31,097	38.6
Schuyler	9	17,912	50.2*
Seneca	13	34,300	37.9
St. Lawrence	134	108,047	124.0
Steuben	46	95,796	48.0
Suffolk	2,060	1,481,093	139.1
Sullivan	135	75,498	178.8
Tioga	14	48,560	28.8
Tompkins	39	102,793	37.9
Ulster	461	178,599	258.1
Warren	42	64,265	65.4
Washington	31	61,197	50.7
Wayne	46	90,064	51.1
Westchester	1,450	967,612	149.9
Wyoming	17	40,085	42.4
Yates	12	24,841	48.3

* Fewer than 10 events in the numerator, therefore the rate is unstable.
Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Data Table 27. Hospital discharges involving heroin overdose, crude rate per 100,000 population, by sub-population, New York State, 2017 and 2018

Group	Characteristics	2017		2018	
		Hospital discharges	Crude rate per 100,000 population	Hospital discharges	Crude rate per 100,000 population
Age group	Age 0-17	9	0.2*	**	**
	Age 18-24	163	8.9	97	5.4
	Age 25-44	600	11.3	599	11.3
	Age 45-64	419	8.0	412	8.0
	Age 65+	66	2.1	88	2.7
Gender	Male	935	9.8	863	9.1
	Female	322	3.2	336	3.3
Race/Ethnicity	White NH	706	6.4	610	5.6
	Black NH	159	5.4	176	6.0
	Asian/PI NH	7	0.4*	**	**
	Hispanic	190	5.1	238	6.3
Region	New York City	482	5.7	528	6.3
	NYS excl. NYC	775	6.9	671	6.0
Total	New York State	1,257	6.4	1,199	6.1

* Fewer than 10 events in the numerator, therefore the rate is unstable.
**: Data do not meet reporting criteria.
Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Data Table 28. Hospital discharges involving heroin overdose, crude rate per 100,000 population, by county, New York State, 2017 and 2018

County	2017			2018		
	Hospital discharges	Population	Crude rate per 100,000 population	Hospital discharges	Population	Crude rate per 100,000 population
Albany	12	307,717	3.9	27	307,117	8.8
Allegany	**	46,688	**	0	46,430	0.0*
Bronx	213	1,439,725	14.8	211	1,432,132	14.7
Broome	31	192,959	16.1	17	191,659	8.9
Cattaraugus	**	77,245	**	**	76,840	**
Cayuga	**	77,463	**	**	77,145	**
Chautauqua	**	128,609	**	**	127,939	**
Chemung	**	84,874	**	6	84,254	7.1*
Chenango	**	47,790	**	**	47,536	**
Clinton	0	80,567	0.0*	**	80,695	**
Columbia	0	60,408	0.0*	**	59,916	**
Cortland	**	47,836	**	**	47,823	**
Delaware	**	45,020	**	**	44,527	**
Dutchess	20	293,450	6.8	23	293,718	7.8
Erie	73	918,794	7.9	42	919,719	4.6
Essex	0	37,511	0.0*	**	37,300	**
Franklin	0	50,444	0.0*	0	50,293	0.0*
Fulton	**	53,777	**	**	53,591	**
Genesee	8	57,816	13.8*	**	57,511	**
Greene	**	47,474	**	**	47,491	**
Hamilton	0	4,481	0.0*	0	4,434	0.0*
Herkimer	**	62,209	**	**	61,833	**
Jefferson	**	113,063	**	**	111,755	**
Kings	98	2,596,385	3.8	125	2,582,830	4.8
Lewis	**	26,576	**	0	26,447	0.0*
Livingston	6	63,461	9.5*	**	63,227	**
Madison	**	70,831	**	**	70,795	**
Monroe	93	742,436	12.5	99	742,474	13.3
Montgomery	**	49,216	**	**	49,455	**
Nassau	65	1,357,664	4.8	64	1,358,343	4.7
New York	89	1,629,780	5.5	93	1,628,701	5.7
Niagara	8	210,866	3.8*	6	210,433	2.9*
Oneida	21	230,127	9.1	12	229,577	5.2
Onondaga	32	461,791	6.9	37	461,809	8.0

County	2017			2018		
	Hospital discharges	Population	Crude rate per 100,000 population	Hospital discharges	Population	Crude rate per 100,000 population
Ontario	11	109,609	10.0	12	109,864	10.9
Orange	24	379,803	6.3	36	381,951	9.4
Orleans	**	40,759	**	**	40,612	**
Oswego	**	118,426	**	8	117,898	6.8*
Otsego	**	59,903	**	**	59,749	**
Putnam	8	98,966	8.1*	**	98,892	**
Queens	61	2,296,865	2.7	66	2,278,906	2.9
Rensselaer	6	159,261	3.8*	8	159,442	5.0*
Richmond	21	475,516	4.4	33	476,179	6.9
Rockland	10	324,839	3.1	10	325,695	3.1
Saratoga	8	229,102	3.5*	**	230,163	**
Schenectady	10	154,814	6.5	7	155,350	4.5*
Schoharie	0	31,236	0.0*	0	31,097	0.0*
Schuyler	0	17,925	0.0*	0	17,912	0.0*
Seneca	**	34,327	**	**	34,300	**
St. Lawrence	**	108,562	**	**	108,047	**
Steuben	6	96,249	6.2*	**	95,796	**
Suffolk	188	1,483,571	12.7	121	1,481,093	8.2
Sullivan	8	75,079	10.7*	7	75,498	9.3*
Tioga	0	48,650	0.0*	0	48,560	0.0*
Tompkins	6	102,678	5.8*	**	102,793	**
Ulster	14	178,723	7.8	9	178,599	5.0*
Warren	**	64,428	**	**	64,265	**
Washington	0	61,489	0.0*	**	61,197	**
Wayne	8	90,372	8.9*	7	90,064	7.8*
Westchester	32	969,279	3.3	47	967,612	4.9
Wyoming	**	40,283	**	0	40,085	0.0*
Yates	**	24,952	**	**	24,841	**

* Fewer than 10 events in the numerator, therefore the rate is unstable.
**: Data do not meet reporting criteria.
Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Data Table 29. All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population, by sub-population, New York State, 2017 and 2018

Groups	Characteristics	2017		2018	
		ED visits	Crude rate per 100,000 population	ED visits	Crude rate per 100,000 population
Age group	Age 0-17	165	4.0	136	3.3
	Age 18-24	1,788	97.8	1,201	66.7
	Age 25-44	6,331	119.4	5,651	106.4
	Age 45-64	3,260	62.6	3,188	61.9
	Age 65+	753	24.0	830	25.8
Gender	Male	8,259	86.8	7,462	78.6
	Female	4,037	40.1	3,544	35.3
Race/Ethnicity	White NH	8,194	74.0	6,805	62.0
	Black NH	1,193	40.3	1,303	44.1
	Asian/PI NH	53	3.0	59	3.3
	Hispanic	1,391	37.3	1,475	39.3
Region	New York City	3,388	40.2	3,519	41.9
	NYS excl. NYC	8,909	79.9	7,487	67.2
Total	New York State	12,297	62.8	11,006	56.3

Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.

Back to Table of Contents.

Data Table 30. All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population, by county, New York State, 2018

County	Emergency department visits	Population	Crude rate per 100,000 population
Albany	193	307,117	62.8
Allegany	23	46,430	49.5
Bronx	1,013	1,432,132	70.7
Broome	159	191,659	83.0
Cattaraugus	50	76,840	65.1
Cayuga	48	77,145	62.2
Chautauqua	99	127,939	77.4
Chemung	61	84,254	72.4
Chenango	18	47,536	37.9
Clinton	24	80,695	29.7
Columbia	35	59,916	58.4
Cortland	40	47,823	83.6
Delaware	17	44,527	38.2
Dutchess	365	293,718	124.3
Erie	668	919,719	72.6
Essex	10	37,300	26.8
Franklin	**	50,293	**
Fulton	28	53,591	52.2
Genesee	69	57,511	120.0
Greene	34	47,491	71.6
Hamilton	**	4,434	**
Herkimer	19	61,833	30.7
Jefferson	40	111,755	35.8
Kings	913	2,582,830	35.3
Lewis	11	26,447	41.6
Livingston	55	63,227	87.0
Madison	37	70,795	52.3
Monroe	959	742,474	129.2
Montgomery	21	49,455	42.5
Nassau	455	1,358,343	33.5
New York	690	1,628,701	42.4
Niagara	195	210,433	92.7
Oneida	153	229,577	66.6
Onondaga	385	461,809	83.4

County	Emergency department visits	Population	Crude rate per 100,000 population
Ontario	106	109,864	96.5
Orange	304	381,951	79.6
Orleans	54	40,612	133.0
Oswego	84	117,898	71.2
Otsego	21	59,749	35.1
Putnam	49	98,892	49.5
Queens	493	2,278,906	21.6
Rensselaer	116	159,442	72.8
Richmond	410	476,179	86.1
Rockland	112	325,695	34.4
Saratoga	67	230,163	29.1
Schenectady	76	155,350	48.9
Schoharie	9	31,097	28.9*
Schuyler	11	17,912	61.4
Seneca	35	34,300	102.0
St. Lawrence	24	108,047	22.2
Steuben	49	95,796	51.2
Suffolk	1,217	1,481,093	82.2
Sullivan	77	75,498	102.0
Tioga	10	48,560	20.6
Tompkins	36	102,793	35.0
Ulster	185	178,599	103.6
Warren	29	64,265	45.1
Washington	23	61,197	37.6
Wayne	91	90,064	101.0
Westchester	376	967,612	38.9
Wyoming	20	40,085	49.9
Yates	29	24,841	116.7

* Fewer than 10 events in the numerator, therefore the rate is unstable.
**: Data do not meet reporting criteria.
Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Data Table 31. All emergency department visits (including outpatient and admitted patients) involving heroin overdose, crude rate per 100,000 population, by sub-population, New York State, 2017 and 2018

Groups	Characteristics	2017		2018	
		ED visits	Crude rate per 100,000 population	ED visits	Crude rate per 100,000 population
Age group	Age 0-17	29	0.7	19	0.5
	Age 18-24	1,313	71.8	862	47.9
	Age 25-44	4,582	86.4	4,032	75.9
	Age 45-64	1,553	29.8	1,595	31.0
	Age 65+	157	5.0	219	6.8
Gender	Male	5,471	57.5	4,856	51.2
	Female	2,163	21.5	1,871	18.6
Race/Ethnicity	White NH	5,271	47.6	4,316	39.3
	Black NH	642	21.7	703	23.8
	Asian/PI NH	27	1.5	20	1.1
	Hispanic	835	22.4	896	23.9
Region	New York City	1,762	20.9	1,875	22.3
	NYS excl. NYC	5,872	52.7	4,852	43.5
Total	New York State	7,634	39.0	6,727	34.4

Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.

Back to Table of Contents.

Data Table 32. All emergency department visits (including outpatient and admitted patients) involving heroin overdose, crude rate per 100,000 population, by county, New York State, 2018

County	Emergency department visits	Population	Crude rate per 100,000 population
Albany	120	307,117	39.1
Allegany	12	46,430	25.8
Bronx	551	1,432,132	38.5
Broome	118	191,659	61.6
Cattaraugus	23	76,840	29.9
Cayuga	26	77,145	33.7
Chautauqua	71	127,939	55.5
Chemung	36	84,254	42.7
Chenango	8	47,536	16.8*
Clinton	7	80,695	8.7*
Columbia	21	59,916	35.0
Cortland	27	47,823	56.5
Delaware	9	44,527	20.2*
Dutchess	261	293,718	88.9
Erie	442	919,719	48.1
Essex	**	37,300	**
Franklin	**	50,293	**
Fulton	21	53,591	39.2
Genesee	44	57,511	76.5
Greene	24	47,491	50.5
Hamilton	**	4,434	**
Herkimer	8	61,833	12.9*
Jefferson	18	111,755	16.1
Kings	461	2,582,830	17.8
Lewis	7	26,447	26.5*
Livingston	31	63,227	49.0
Madison	28	70,795	39.6
Monroe	658	742,474	88.6
Montgomery	12	49,455	24.3
Nassau	280	1,358,343	20.6
New York	361	1,628,701	22.2
Niagara	120	210,433	57.0
Oneida	89	229,577	38.8
Onondaga	276	461,809	59.8

County	Emergency department visits	Population	Crude rate per 100,000 population
Ontario	79	109,864	71.9
Orange	202	381,951	52.9
Orleans	41	40,612	101.0
Oswego	63	117,898	53.4
Otsego	8	59,749	13.4*
Putnam	25	98,892	25.3
Queens	270	2,278,906	11.8
Rensselaer	86	159,442	53.9
Richmond	232	476,179	48.7
Rockland	74	325,695	22.7
Saratoga	43	230,163	18.7
Schenectady	45	155,350	29.0
Schoharie	6	31,097	19.3*
Schuyler	6	17,912	33.5*
Seneca	27	34,300	78.7
St. Lawrence	11	108,047	10.2
Steuben	28	95,796	29.2
Suffolk	767	1,481,093	51.8
Sullivan	57	75,498	75.5
Tioga	**	48,560	**
Tompkins	23	102,793	22.4
Ulster	113	178,599	63.3
Warren	17	64,265	26.5
Washington	13	61,197	21.2
Wayne	60	90,064	66.6
Westchester	215	967,612	22.2
Wyoming	14	40,085	34.9
Yates	23	24,841	92.6

* Fewer than 10 events in the numerator, therefore the rate is unstable.
**: Data do not meet reporting criteria.
Data source: New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS); Data as of January 2021.
Back to Table of Contents.

Prescription Monitoring Program (PMP) and OASAS

Data Table 33. Commonly prescribed opioid analgesics, crude rate per 1,000 population, by quarter, New York State, 2016-2019

Year	Quarter	Crude rate per 1,000 population					
		Oxycodone SA	Hydrocodone SA	Tramadol SA	Codeine	Fentanyl LA	Oxycodone LA
2019	Jan - Mar	34.9	20.8	13.9	5.1	2.2	2.3
	Apr - Jun	34.9	20.5	14.2	4.9	2.1	2.2
	Jul - Sep	33.8	18.8	14	4.7	2	2.1
	Oct - Dec	33.3	18	13.7	4.5	1.9	2
2018	Jan - Mar	37.2	23.2	14.1	5.6	2.6	2.6
	Apr - Jun	37.1	22.8	14.4	5.6	2.6	2.6
	Jul - Sep	36	22	14.1	5.2	2.4	2.5
	Oct - Dec	35.9	21.6	14.3	5.2	2.3	2.4
2017	Jan - Mar	41.5	27.1	15.4	6.7	3.2	3
	Apr - Jun	40.8	26.4	15.5	6.3	3.2	2.9
	Jul - Sep	39.3	25.2	14.9	5.9	3	2.9
	Oct - Dec	38.4	24.2	14.7	5.8	2.9	2.8
2016	Jan - Mar	44.2	31.3	16.1	8.1	3.8	3.5
	Apr - Jun	42.8	29.6	16	7.1	3.7	3.3
	Jul - Sep	42.3	28.7	15.9	6.8	3.5	3.3
	Oct - Dec	41.9	27.8	15.7	6.7	3.4	3.2

SA=Short-acting; LA=Long-acting.

The data exclude buprenorphine prescriptions for the treatment of opioid use disorder.

New York State total contains number with county unknown.

Data Source: NYS Prescription Monitoring Program; Data as of May 2020.

Back to Table of Contents.

Data Table 34. Opioid analgesic prescriptions, crude rate per 1,000 population, by region, New York State, 2016-2019

Year	New York City		NYS excl. NYC		New York State	
	Number of opioid analgesics prescriptions	Crude rate per 1,000 population	Number of opioid analgesics prescriptions	Crude rate per 1,000 population	Number of opioid analgesics prescriptions	Crude rate per 1,000 population
2019	1,818,475	218.1	4,939,711	444.3	6,759,899	347.5
2018	1,999,243	238.3	5,328,694	478.3	7,330,001	375.3
2017	2,249,305	266.6	5,929,088	531.7	8,181,167	417.6
2016	2,502,948	295.5	6,484,924	580.9	8,990,918	457.9

The data exclude buprenorphine prescriptions for the treatment of opioid use disorder.
New York State total contains number with county unknown.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to .

Data Table 35. Opioid analgesic prescriptions, crude rate per 1,000 population, by age and gender, New York State, 2019

Age group	Gender	Number of opioid analgesics prescriptions	Crude rate per 1,000 population
Age 18-24	Male	60,231	68.2
	Female	83,242	94.7
Age 25-34	Male	166,498	115.9
	Female	252,885	176.8
Age 35-44	Male	314,114	261.9
	Female	433,763	352.4
Age 45-54	Male	532,930	443.6
	Female	676,282	532.3
Age 55-64	Male	861,556	692.5
	Female	971,195	717.8
Age 65+	Male	955,483	671.5
	Female	1,397,639	746.1

The data exclude buprenorphine prescriptions for the treatment of opioid use disorder.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to .

Data Table 36. Percentage of incidents when patients were opioid naïve and received long-acting opioid prescription*, by region, New York State, 2017-2019

Year	Region	Number of incidents when patients were opioid naïve and received long-acting opioid prescription*	Number of opioid naïve incidents	Percentage
2019	New York City	5,054	635,467	0.8
	NYS excl. NYC	9,902	1,337,092	0.7
	New York State	14,967	1,973,013	0.8
2018	New York City	6,587	705,049	0.9
	NYS excl. NYC	12,189	1,453,586	0.8
	New York State	18,785	2,159,196	0.9
2017	New York City	8,269	790,665	1.0
	NYS excl. NYC	14,341	1,622,626	0.9
	New York State	22,622	2,413,996	0.9

The data exclude buprenorphine prescriptions for the treatment of opioid use disorder.
Opioid naïve was defined as patient with no opioid for pain prescription in last 45 days.
New York State total includes records where county is unknown.
*Patient received index prescription of long-acting opioid and was opioid naïve.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 37. Percentage of incidents when patients were opioid naïve and received an opioid prescription* of more than seven days, by region, New York State, 2017-2019

Year	Region	Percentage of incidents when patients were opioid naïve and received an opioid prescription* of more than seven days			
		Jan - Mar	Apr -Jun	Jul - Sep	Oct - Dec
2019	New York City	15.9	15.1	15.6	14.9
	NYS excl. NYC	16.0	16.5	16.2	15.5
	New York State	15.9	16.1	16.0	15.3
2018	New York City	25.5	24.5	23.9	20.8
	NYS excl. NYC	25.2	24.6	22.1	20.1
	New York State	25.3	24.6	22.7	20.3
2017	New York City	29.7	28.4	27.4	25.3
	NYS excl. NYC	28.2	28.0	26.6	25.4
	New York State	28.7	28.1	26.8	25.4

The data exclude buprenorphine prescriptions for the treatment of opioid use disorder.
Opioid naïve was defined as patient with no opioid for pain prescription in last 45 days.
New York State total includes records where county is unknown.
*Patient received index prescription of an opioid of more than seven days and was opioid naïve.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 38. Patients with prescribed opioid analgesics from five or more prescribers and dispensed at five or more pharmacies in a six-month period, crude rate per 100,000 population, by region, New York State, 2016-2019

Year	New York City		NYS excl. NYC		New York State	
	Number of patients	**Crude rate per 100,000 population**	**Number of patients**	**Crude rate per 100,000 population**	**Number of patients**	**Crude rate per 100,000 population**
2019	145	0.9	306	1.4	451	1.2
2018	138	0.8	368	1.7	507	1.3
2017	205	1.2	386	1.7	592	1.5
2016	426	2.5	726	3.3	1,154	2.9

The data exclude buprenorphine prescriptions for the treatment of opioid use disorder.

A patient will be counted twice if they were included in each 6-month time period for the year.

New York State total includes records where county is unknown.

Data Source: NYS Prescription Monitoring Program; Data as of May 2020.

Back to Table of Contents.

Data Table 39. Percentage of patients with a total daily dose of ≥ 90 MME on at least one day, by region, New York State, 2016-2019

Year	Region	**Number of patients received opioid analgesics ≥ 90 MME**	**Number of patients received opioid analgesic prescriptions**	Percentage
2019	New York City	63,732	617,647	10.3
	NYS excl. NYC	150,047	1,334,345	11.2
	New York State	213,867	1,952,331	11.0
2018	New York City	74,847	683,084	11.0
	NYS excl. NYC	174,157	1,443,937	12.1
	New York State	249,130	2,127,446	11.7
2017	New York City	92,038	764,849	12.0
	NYS excl. NYC	211,008	1,599,674	13.2
	New York State	303,216	2,365,059	12.8
2016	New York City	106,847	863,017	12.4
	NYS excl. NYC	244,705	1,751,278	14.0
	New York State	351,737	2,614,879	13.5

The data exclude buprenorphine prescriptions for pain and treatment of opioid use disorder.

MME: morphine milligram equivalents.

New York State total contains number with county unknown.

Data Source: NYS Prescription Monitoring Program; Data as of May 2020.

Back to Table of Contents.

Data Table 40. Percentage of patients with a total daily dose of ≥ 90 MME on at least one day, by age and gender, New York State, 2019

Age group	Gender	Number of patients received opioid analgesics ≥ 90 MME	Number of patients received opioid analgesic prescriptions	Percentage
Age 18-24	Male	1,067	46,635	2.3
	Female	1,061	65,275	1.6
Age 25-34	Male	5,063	82,352	6.2
	Female	5,326	136,371	3.9
Age 35-44	Male	10,913	101,041	10.8
	Female	11,470	150,407	7.6
Age 45-54	Male	19,152	136,483	14.0
	Female	20,171	177,196	11.4
Age 55-64	Male	30,965	194,708	15.9
	Female	30,308	221,007	13.7
Age 65+	Male	34,812	251,061	13.9
	Female	43,049	344,920	12.5

The data exclude buprenorphine prescriptions for pain and treatment of opioid use disorder.
MME: morphine milligram equivalents.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 41. Percentage of patients* with two or more calendar days of overlapping opioid analgesic and benzodiazepine prescriptions, by region, New York State, 2016-2019

Year	Region	Number of patients with two or more overlapping days	Number of patients received opioid or benzo prescriptions	Percentage
2019	New York City	61,639	923,255	6.7
	NYS excl. NYC	173,314	1,885,542	9.2
	New York State	235,002	2,809,321	8.4
2018	New York City	68,911	990,491	7.0
	NYS excl. NYC	193,266	1,991,446	9.7
	New York State	262,242	2,982,605	8.8
2017	New York City	78,926	1,071,423	7.4
	NYS excl. NYC	219,379	2,140,540	10.3
	New York State	298,405	3,212,776	9.3
2016	New York City	88,888	1,167,874	7.6
	NYS excl. NYC	247,315	2,284,546	10.8
	New York State	336,300	3,453,297	9.7

The data exclude buprenorphine prescriptions for treatment of opioid use disorder.
New York State total contains number with county unknown.
* Patients with at least one prescription for opioid analgesics or benzodiazepines during a given year.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 42. Percentage of patients* with two or more calendar days of overlapping opioid analgesic and benzodiazepine prescriptions, by age and gender, New York State, 2019

Age group	Gender	Number of patients with two or more overlapping days	Number of patients received opioid or benzodiazepine prescriptions	Percentage
Age 18-24	Male	882	60,304	1.5
	Female	1,541	87,382	1.8
Age 25-34	Male	4,206	125,480	3.4
	Female	8,658	208,899	4.1
Age 35-44	Male	8,365	149,371	5.6
	Female	16,984	229,735	7.4
Age 45-54	Male	13,897	187,424	7.4
	Female	26,777	270,601	9.9
Age 55-64	Male	22,115	254,549	8.7
	Female	36,753	331,807	11.1
Age 65+	Male	33,010	331,068	10.0
	Female	60,791	509,034	11.9

The data exclude buprenorphine prescriptions for treatment of opioid use disorder.
* Patients with at least one prescription for opioid analgesics or benzodiazepines during a given year.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 43. Percentage of patients* with two or more calendar days of overlapping opioid analgesic prescriptions, by region, New York State, 2016-2019

Year	Region	Number of patients with two or more overlapping days	Number of patients received opioid prescriptions	Percentage
2019	New York City	89,578	617,781	14.5
	NYS excl. NYC	224,013	1,335,298	16.8
	New York State	313,698	1,953,418	16.1
2018	New York City	101,135	683,214	14.8
	NYS excl. NYC	246,791	1,444,726	17.1
	New York State	348,068	2,128,365	16.4
2017	New York City	118,826	765,005	15.5
	NYS excl. NYC	285,359	1,600,434	17.8
	New York State	404,387	2,365,976	17.1
2016	New York City	135,734	863,173	15.7
	NYS excl. NYC	324,334	1,752,004	18.5
	New York State	460,274	2,615,761	17.6

The data exclude buprenorphine prescriptions for treatment of opioid use disorder.
New York State total contains number with county unknown.
* Patients with at least one prescription for opioid analgesics during a given year.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 44. Percentage of patients* with two or more calendar days of overlapping opioid analgesic prescriptions, by age and gender, New York State, 2019

Age group	Gender	Number of patients with two or more overlapping days	Number of patients received opioid prescriptions	Percentage
Age 18-24	Male	1,041	46,637	2.2
	Female	1,253	65,277	1.9
Age 25-34	Male	5,846	82,369	7.1
	Female	7,133	136,395	5.2
Age 35-44	Male	13,215	101,091	13.1
	Female	16,666	150,464	11.1
Age 45-54	Male	24,240	136,569	17.8
	Female	29,562	177,304	16.7
Age 55-64	Male	41,040	194,809	21.1
	Female	45,548	221,180	20.6
Age 65+	Male	51,026	251,217	20.3
	Female	76,379	345,228	22.1

The data exclude buprenorphine prescriptions for treatment of opioid use disorder.
* Patients with at least one prescription for opioid analgesics during a given year.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 45. Admissions* to OASAS-certified chemical dependence treatment programs for any opioid (including heroin), crude rate per 100,000 population, by region, New York State, 2010-2019

Year	New York City		NYS excl. NYC		New York State	
	OASAS admissions	Crude rate per 100,000 population	OASAS admissions	Crude rate per 100,000 population	OASAS admissions	Crude rate per 100,000 population
2019	43,666	610.6	69,293	720.1	112,959	673.4
2018	43,969	611.7	73,901	766.9	117,870	700.6
2017	46,027	637.4	79,164	821.2	125,191	742.5
2016	47,109	650.6	80,527	835.1	127,636	755.9
2015	47,954	663.1	76,896	796.4	124,850	739.3
2014	47,929	665.0	71,187	736.4	119,116	705.9
2013	47,301	659.3	65,869	681.6	113,170	672.1
2012	48,313	677.2	60,439	626.6	108,752	648.1
2011	48,208	681.7	55,580	577.5	103,788	621.6
2010	47,919	683.7	52,086	543.1	100,005	602.4

*An individual admitted to more than one level of care or admitted multiple times would count as multiple admissions.
Data source: New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS).
Data as of June 2020.
Back to Table of Contents.

Data Table 46. Admissions* to OASAS-certified chemical dependence treatment programs for any opioid (including heroin), crude rate per 100,000 population, by age group, New York State, 2010-2019

Age group	Year	OASAS admissions	Crude rate per 100,000 population
Age 12-17	2019	251	18.6
	2018	299	21.9
	2017	470	33.9
	2016	603	43.0
	2015	797	56.3
	2014	893	62.4
	2013	1,042	71.8
	2012	1,213	82.4
	2011	1,326	88.8
	2010	1,358	89.3
Age 18-24	2019	8,719	494.7
	2018	11,279	628.4
	2017	14,720	806.1
	2016	18,267	981.4
	2015	20,990	1102.8
	2014	22,309	1144.5
	2013	22,624	1145.7
	2012	21,823	1096.8
	2011	20,208	1014.8
	2010	19,061	961.0
Age 25-34	2019	41,403	1443.8
	2018	45,024	1567.3
	2017	48,338	1682.2
	2016	49,322	1717.4
	2015	45,947	1611.1
	2014	41,096	1452.1
	2013	36,174	1291.8
	2012	32,966	1194.1
	2011	29,786	1094.9
	2010	27,344	1024.1
Age 35-44	2019	27,656	1138.1
	2018	27,479	1132.3
	2017	27,713	1143.6
	2016	26,042	1071.5
	2015	24,729	1006.8
	2014	23,289	938.7
	2013	22,480	896.6
	2012	22,339	881.8
	2011	22,780	889.9
	2010	23,924	920.4

Age Group	Year	OASAS Admissions	Crude rate per 100,000 population
Age 45-54	2019	20,913	846.1
	2018	21,225	832.0
	2017	22,303	849.4
	2016	22,579	840.7
	2015	22,530	825.3
	2014	22,301	805.7
	2013	22,139	789.0
	2012	22,127	778.9
	2011	22,290	776.8
	2010	21,824	758.1
Age 55+	2019	14,017	237.8
	2018	12,564	216.1
	2017	11,647	203.4
	2016	10,823	192.1
	2015	9,857	178.2
	2014	9,228	170.4
	2013	8,711	164.4
	2012	8,284	159.8
	2011	7,398	146.1
	2010	6,494	131.2

*An individual admitted to more than one level of care or admitted multiple times would count as multiple admissions.
Data source: New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS)..
Data as of June 2020.
Back to Table of Contents.

Data Table 47. Admissions* to OASAS-certified chemical dependence treatment programs for any opioid (including heroin), crude rate per 100,000 population, by sex at birth, New York State, 2010-2019

Year	Female		Male	
	OASAS admissions	Crude rate per 100,000 population	OASAS admissions	Crude rate per 100,000 population
2019	33,021	379.7	79,938	989.7
2018	35,683	409.0	82,187	1,014.7
2017	38,058	435.2	87,133	1,073.6
2016	38,494	439.4	89,142	1,097.2
2015	37,501	427.7	87,349	1,075.6
2014	34,901	398.2	84,215	1,038.4
2013	32,923	376.3	80,247	991.9
2012	31,090	356.4	77,662	963.9
2011	28,877	332.4	74,911	935.2
2010	27,411	317.2	72,594	912.2

*An individual admitted to more than one level of care or admitted multiple times would count as multiple admissions.
Data source: New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS).
Data as of June 2020.
Back to Table of Contents.

Data Table 48. Admissions* to OASAS-certified chemical dependence treatment programs for any opioid (including heroin), crude rate per 100,000 population, by race/ethnicity, New York State, 2010-2019

Year	Race/ethnicity	OASAS admissions	Crude rate per 100,000 population
2019	White NH	64,380	670.5
	Black NH	17,323	692.6
	Other NH	4,697	291.8
	Hispanic	26,559	867.6
2018	White NH	70,557	729.4
	Black NH	16,169	644.6
	Other NH	4,789	300.5
	Hispanic	26,355	864.4
2017	White NH	76,898	789.6
	Black NH	16,683	663.5
	Other NH	5,278	334.3
	Hispanic	26,332	869.5
2016	White NH	79,991	816.2
	Black NH	16,046	637.2
	Other NH	4,921	316.4
	Hispanic	26,678	886.4
2015	White NH	78,095	791.8
	Black NH	15,680	622.8
	Other NH	4,656	305.3
	Hispanic	26,419	885.8
2014	White NH	73,680	742.9
	Black NH	15,736	626.2
	Other NH	3,912	262.2
	Hispanic	25,788	873.6
2013	White NH	69,334	696.3
	Black NH	15,766	629.7
	Other NH	3,371	231.1
	Hispanic	24,699	846.4
2012	White NH	64,686	647.8
	Black NH	16,252	653.1
	Other NH	2,979	208.4
	Hispanic	24,835	863.3
2011	White NH	59,437	594.4
	Black NH	17,190	695.2
	Other NH	2,492	178.6
	Hispanic	24,669	871.9

Year	Race/ethnicity	OASAS admissions	Crude rate per 100,000 population
	White NH	55,936	558.9
2010	Black NH	16,972	691.5
	Other NH	2,295	168.8
	Hispanic	24,802	892.8

*An individual admitted to more than one level of care or admitted multiple times would count as multiple admissions.
Data source: New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS).
Data as of June 2020..
Back to Table of Contents.

Data Table 49. Admissions to OASAS-certified chemical dependence treatment programs for any opioid (including heroin), crude rate per 100,000 population, by county, New York State, 2019**

Region/County	OASAS admissions	Population	Crude rate per 100,000 population
Albany	1,907	268,701	709.7
Allegany	255	40,131	635.4
Bronx	12,540	1,180,993	1,061.8
Broome	2,642	166,375	1,588.0
Cattaraugus	458	65,478	699.5
Cayuga	523	66,963	781.0
Chautauqua	896	110,272	812.5
Chemung	498	71,907	692.6
Chenango	301	40,889	736.1
Clinton	642	70,920	905.2
Columbia	448	53,241	841.5
Cortland	489	41,702	1,172.6
Delaware	177	39,613	446.8
Dutchess	2,403	260,074	924.0
Erie	5,871	797,312	736.3
Essex	129	33,195	388.6
Franklin	267	43,851	608.9
Fulton	344	46,437	740.8
Genesee	419	49,799	841.4
Greene	390	42,288	922.2
Hamilton	9*	4,074	220.9*
Herkimer	362	53,364	678.4
Jefferson	718	91,073	788.4
Kings	9,805	2,153,197	455.4
Lewis	105	22,315	470.5
Livingston	342	55,951	611.2
Madison	369	62,346	591.9
Monroe	6,619	641,895	1,031.2
Montgomery	345	41,790	825.6
Nassau	4,193	1,169,773	358.4
New York	12,601	1,464,309	860.5

Region/County	OASAS admissions	Population	Crude rate per 100,000 population
Niagara	2,153	182,051	1,182.6
Oneida	1,865	196,544	948.9
Onondaga	4,412	396,790	1,111.9
Ontario	989	95,899	1,031.3
Orange	2,520	321,416	784.0
Orleans	295	35,381	833.8
Oswego	1,147	101,272	1,132.6
Otsego	214	53,412	400.7
Putnam	370	86,735	426.6
Queens	5,744	1,943,259	295.6
Rensselaer	1,039	138,560	749.9
Richmond	2,976	408,998	727.6
Rockland	1,042	263,943	394.8
St. Lawrence	628	93,806	669.5
Saratoga	799	200,700	398.1
Schenectady	1,300	133,217	975.9
Schoharie	140	27,563	507.9
Schuyler	91	15,652	581.4
Seneca	212	29,658	714.8
Steuben	537	82,291	652.6
Suffolk	9,127	1,280,896	712.5
Sullivan	1,129	65,052	1,735.5
Tioga	177	41,995	421.5
Tompkins	360	92,386	389.7
Ulster	1,372	157,994	868.4
Warren	385	56,613	680.1
Washington	251	53,957	465.2
Wayne	749	77,490	966.6
Westchester	3,556	833,145	426.8
Wyoming	143	35,102	407.4
Yates	170	21,215	801.3

*Fewer than 10 events in the numerator, therefore the rate is unstable.

**An individual admitted to more than one level of care or admitted multiple times would count as multiple admissions. In addition, there is a variation in the levels of care (inpatient, outpatient, or both) provided by local facilities. County rates could be impacted, in part, by the levels of care available.

Data source: New York State Office of Addiction Services and Supports (OASAS) Client Data System (CDS)..

Data as of June 2020.

Back to Table of Contents.

Data Table 50. Patients who received at least one buprenorphine prescription for opioid use disorder, crude rate per 100,000 population, by region, New York State, 2016-2019

Year	New York City		NYS excluding NYC		New York State	
	Number of patients	Crude rate per 100,000 population	Number of patients	Crude rate per 100,000 population	Number of patients	Crude rate per 100,000 population
2019	16,709	200.4	61,928	557.1	78,693	404.5
2018	15,478	184.5	56,882	510.6	72,418	370.8
2017	14,427	171.0	51,904	465.4	66,388	338.9
2016	14,035	165.7	47,718	427.4	61,808	314.8

New York State total contains number with county unknown.
Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Data Table 51. Patients who received at least one buprenorphine prescription for opioid use disorder, crude rate per 100,000 population, by age and gender, New York State, 2019

Age group	Gender	Number of patients	Crude rate per 100,000 population
Age 18-24	Male	1,743	197.3
	Female	1,289	146.6
Age 25-34	Male	16,309	1,135.0
	Female	9,796	684.7
Age 35-44	Male	14,725	1,227.9
	Female	8,714	708.0
Age 45-54	Male	8,802	732.7
	Female	4,610	362.8
Age 55-64	Male	6,344	509.9
	Female	3,277	242.2
Age 65+	Male	1,966	138.2
	Female	1,058	56.5

Data Source: NYS Prescription Monitoring Program; Data as of May 2020.
Back to Table of Contents.

Naloxone Administration

Data Table 53. Naloxone administration reports by law enforcement and community opioid overdose prevention (COOP) programs, by quarter, New York State, 2019

2019	Quarter 1 January - March	Quarter 2 April - June	Quarter 3 July - September	Quarter 4 October - December
Law Enforcement	361	379	444	374
COOP Programs	678	652	657	762

Note: The law enforcement category does not capture administrations reported in New York City, and does not comprehensively capture administrations reported in Nassau County.
Data source: New York State Department of Health AIDS Institute; Data as of June 2020.
Back to Table of Contents.

Data Table 54. Naloxone administration reports by law enforcement and community opioid overdose prevention (COOP) programs, by patient age group, New York State, 2019

Age Group	Law Enforcement	COOP Programs
Age 0-17	12	15
Age 18-24	174	239
Age 25-44	954	1,762
Age 45-64	309	619
Age 65+	30	48
Unknown	79	66

Note: The law enforcement category does not capture administrations reported in New York City, and does not comprehensively capture administrations reported in Nassau County.
Data source: New York State Department of Health AIDS Institute; Data as of June 2020.
Back to Table of Contents.

Data Table 55. Naloxone administration reports by law enforcement and community opioid overdose prevention (COOP) programs, by patient gender, New York State, 2019

Gender	Law Enforcement	COOP Programs
Female	469	852
Male	1,081	1,848
Other,* Missing or Unknown	8	49

*Other includes "Transgender", "Intersex", and "Other, not specified".
Note: The law enforcement category does not capture administrations reported in New York City, and does not comprehensively capture administrations reported in Nassau County.
Data source: New York State Department of Health AIDS Institute; Data as of June 2020.
Back to Table of Contents.

Data Table 56. Unique naloxone administrations by EMS agencies, by region, New York State, 2017-2019

Year/Quarter	Region		
	New York City	NYS excluding NYC	New York State
2019	**6,479**	**5,924**	**12,403**
Q1	1,472	1,459	2,931
Q2	1,671	1,464	3,135
Q3	1,813	1,620	3,433
Q4	1,523	1,381	2,904
2018	**6,936**	**6,788**	**13,724**
Q1	1,449	1,575	3,024
Q2	1,855	1,863	3,718
Q3	2,053	1,849	3,902
Q4	1,579	1,501	3,080
2017	**7,742**	**8,207**	**15,949**
Q1	1,745	2,032	3,777
Q2	2,058	2,291	4,349
Q3	2,197	2,168	4,365
Q4	1,742	1,716	3,458

Note: Counts may have been affected by changes in documentation systems used by EMS agencies. Additional data validation steps have been taken to de-duplicate multiple naloxone administrations for the same patient encounter. As a result, counts may differ from previous reports.
Data source: NYSDOH, Bureau of Emergency Medical Services; Data as of July 2020.
Back to Table of Contents.

Data Table 57. Unique naloxone administrations by EMS agencies, by age group, gender, and incident location type*, New York State, 2019

Subpopulation	Number	Percentage
Patient age		
Age 0-17	108	0.9%
Age 18-24	887	7.2%
Age 25-44	5,328	43.0%
Age 45-64	4,508	36.5%
Age 65+	1,482	11.9%
Unknown	90	0.7%
Patient gender		
Male	8,588	69.2%
Female	3,748	30.2%
Unknown	67	0.5%
Incident location type*		
Public	2,364	19.6%
Residential	5,623	46.6%
Unknown	4,083	33.8%

*Incident location type excludes Suffolk County, as data were not available. As such, the total count for this category will differ from other categories shown.
Data source: NYSDOH, Bureau of Emergency Medical Services; Data as of July 2020.
Back to Table of Contents.

Data Table 58. Unique naloxone administrations by EMS agencies, by incident day of week, New York State, 2019

Day of unique naloxone administration incident	Number	Percentage
Sunday	1,672	13.5%
Monday	1,642	13.2%
Tuesday	1,710	13.8%
Wednesday	1,715	13.8%
Thursday	1,679	13.5%
Friday	2,020	16.3%
Saturday	1,965	15.8%
Total	12,403	100.0%

Data source: NYSDOH, Bureau of Emergency Medical Services; Data as of July 2020.
Back to Table of Contents.

Data Table 59. Unique naloxone administrations by EMS agencies, crude rate per 1,000 unique 911 EMS dispatches, by county, New York State*, 2019

County	Total 2019 (numerator)	Unique EMS dispatch volume (denominator)	Crude rate per 1,000
Albany	262	72,088	3.63
Allegany	25	7,198	3.47
Broome	163	40,089	4.07
Cattaraugus	47	14,695	3.20
Cayuga	65	15,770	4.12
Chautauqua	81	22,972	3.53
Chemung	153	14,790	10.30
Chenango	28	4,984	5.62
Clinton	14	5,789	2.42
Columbia	58	14,819	3.91
Cortland	35	8,999	3.89
Delaware	15	9,034	1.66
Dutchess^	247	45,455	5.43
Erie	499	139,544	3.58
Essex	12	2,987	4.02
Franklin	8	2,750	2.91
Fulton	40	10,667	3.75
Genesee	32	10,590	3.02
Greene	37	7,861	4.71
Hamilton	0	451	0.00
Herkimer	42	8,703	4.83
Jefferson	70	17,103	4.09
Lewis	9	2,920	3.08
Livingston^	9	6,492	1.39
Madison	13	9,321	1.39
Monroe	477	132,359	3.60
Montgomery	50	13,031	3.84
Nassau	675	235,174	2.87
Niagara	85	25,690	3.31
Oneida	246	47,556	5.17
Onondaga	564	109,875	5.13
Ontario	55	17,291	3.18
Orange^	193	41,176	4.69
Orleans	24	5,094	4.71
Oswego	146	26,873	5.43
Otsego^	12	6,353	1.89
Putnam	33	11,049	2.99
Rensselaer	114	17,733	6.43

County	Total 2019 (numerator)	Unique EMS dispatch volume (denominator)	Crude rate per 1,000
Rockland	29	36,171	0.80
Saratoga	81	23,076	3.51
Schenectady	160	37,317	4.29
Schoharie	2	2,674	0.75
Schuyler	0	1,898	0.00
Seneca	19	4,071	4.67
St. Lawrence^	14	5,695	2.46
Steuben	68	16,875	4.03
Suffolk	---	n/a	n/a
Sullivan	58	10,245	5.66
Tioga	18	5,833	3.09
Tompkins	66	15,526	4.25
Ulster^	117	22,015	5.31
Warren	40	11,250	3.56
Washington	25	8,039	3.11
Wayne	44	15,072	2.92
Westchester	191	76,877	2.48
Wyoming^	10	2,302	4.34
Yates	6	3,215	1.87
NYS excl. NYC	5,586	1,483,476	3.77
Bronx	1,805	335,856	5.37
Kings^	1,594	453,802	3.51
New York	1,795	407,125	4.41
Queens	981	309,657	3.17
Richmond^	304	83,203	3.65
New York City	6,479	1,589,643	4.08
New York State	12,065	3,073,119	3.93

Note: Rates may be unstable for counties with fewer than 10 naloxone administrations.

*Dispatch data for Suffolk County were not available and, as a result, no rate could be calculated. Both the NYS excluding NYC and NYS totals exclude the number of unique naloxone administrations reported and the number of unique dispatches for Suffolk County.

^Data for this county may be incomplete due to a reporting error. Please interpret with caution.

Data source: NYSDOH, Bureau of Emergency Medical Services; Data as of July 2020.

Back to Table of Contents.

Data Table 60. Naloxone administration reports by responder type, New York State 2019

Responder	Naloxone administration reports
Emergency Medical Services (EMS)	12,403
Law Enforcement (LE)	1,558
Community Opioid Overdose Prevention (COOP) Programs	2,749

Note: The EMS category does not capture administrations reported with missing incident county. The law enforcement category does not capture administrations reported in New York City, and does not comprehensively capture administrations reported in Nassau County.

Data sources: New York State Department of Health Bureau of Emergency Medical Services, New York State Department of Health AIDS Institute; Data as of June 2020.

Back to Table of Contents.