



# **Fentanyl in New York- Now and Then or Here, There, and Everywhere?**

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# NY continues to experience severe harm from fentanyl, and not just in injectable drug users

- **Two Charged With Federal Narcotics Offenses Resulting In Death In Connection With The Poisoning Of Four Children At A Bronx Daycare**
- Tuesday, September 19, 2023
- **For Immediate Release** U.S. Attorney's Office, Southern District of New York
- **The Defendants Stored Distribution Quantities of Fentanyl and Narcotics Packaging Equipment in the Daycare, Including a Kilogram of Fentanyl on Top of Children's Playmat**
- U.S. Attorney Damian Williams said: "Parents entrusted Grei Mendez with the care of their children. As alleged, instead of diligently safeguarding the well-being of those children, she and her co-conspirators put them directly in harm's way, running a narcotics operation and storing deadly fentanyl out of the very space in which the children ate, slept, and played. The disregard shown by Mendez and her co-conspirators for the lives of the children under her care is simply staggering."
- Deputy Attorney General Lisa O. Monaco said: "The charges announced today are the tragic result of fentanyl poisoning more innocent Americans, this time young children. The Department of Justice will continue to hold accountable anyone who plays a part in the supply-and-delivery chain that is flooding fentanyl into our communities. We will not rest in our efforts to protect the vulnerable."

# More fentanyl in the environment

- Increasing supply from China, Mexico and India
- Mixed with opioids, cocaine, stimulants for street use
- Used in manufacture of counterfeit prescription drugs
- Mixed in vape liquids
- Environmental exposures

# DRUG DEN PLAYPEN



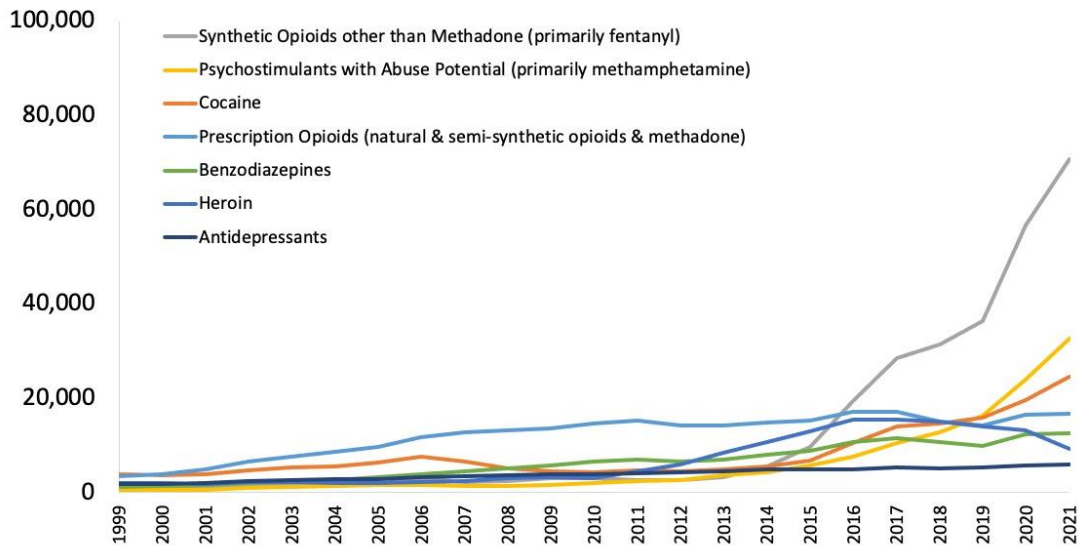
**Day care where kids OD'd is a front for dealers: police sources**



Greil Mendez De Ventura, the owner of the Bronx day-care center where four tots were exposed to lethal doses of suspected fentanyl — killing 1-year-old Nicholas Feliz Dominici (inset) — was hauled off to court in handcuffs yesterday (above) as law-enforcement sources told The Post the facility was also a front for a drug operation.

**SEE PAGES 4-5**

## Figure 2. National Drug-Involved Overdose Deaths\*, Number Among All Ages, 1999-2021



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

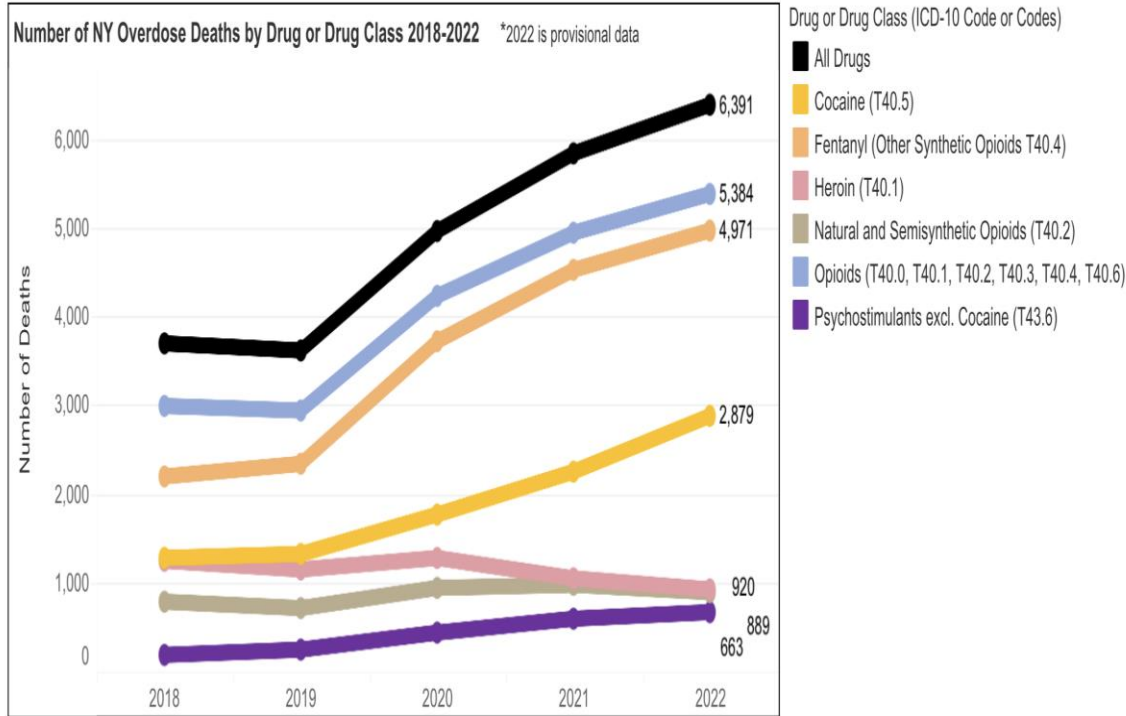
# New York mirrors national data for ODDs

NY Deaths by Drug Type

NY Deaths by Race/Ethnicity

Overdose County Map

Overdose County Map (Rate)



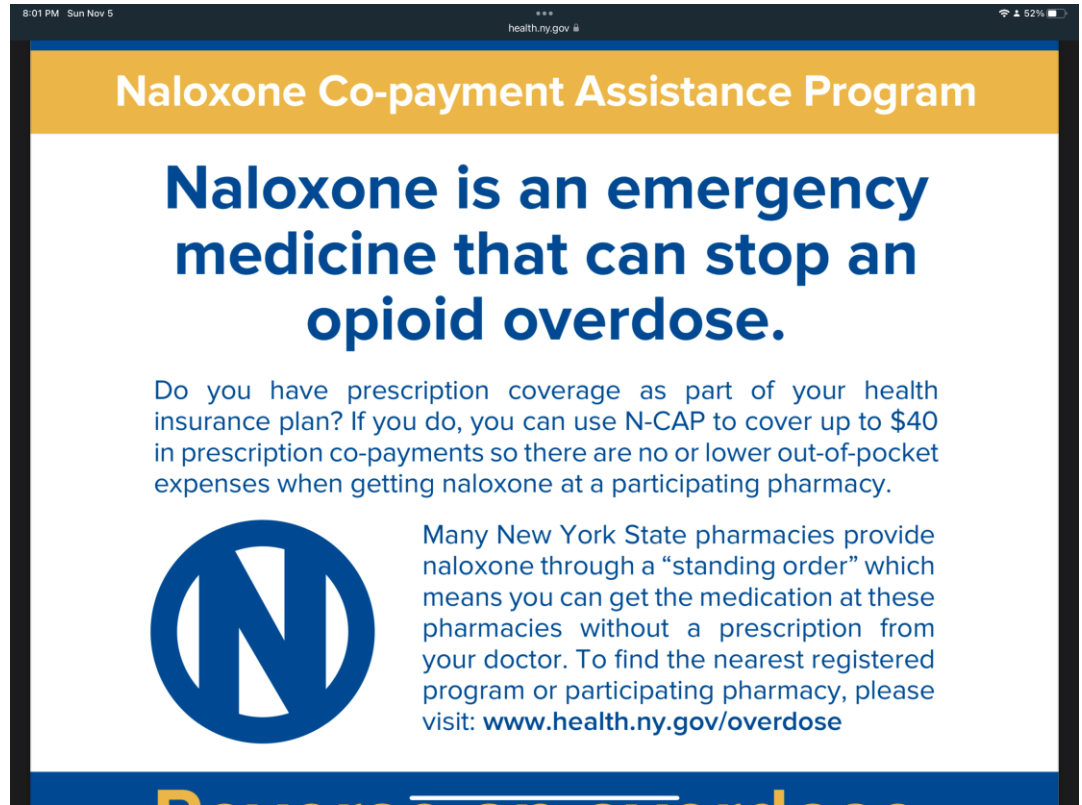
# Harm Reduction- Strategies and Interventions

- Education
- Needle Exchange
- Safe Injection Sites
- Fentanyl test strips
- Reducing barriers to SUD treatments
- Increasing access to Medication for Addiction Treatment

Increasing access to  
Naloxone-

Pharmacy availability  
without prescription;

Co-payment Assistance  
Program




8:01 PM Sun Nov 5 health.ny.gov 52%

## Naloxone Co-payment Assistance Program

# Naloxone is an emergency medicine that can stop an opioid overdose.

Do you have prescription coverage as part of your health insurance plan? If you do, you can use N-CAP to cover up to \$40 in prescription co-payments so there are no or lower out-of-pocket expenses when getting naloxone at a participating pharmacy.



Many New York State pharmacies provide naloxone through a “standing order” which means you can get the medication at these pharmacies without a prescription from your doctor. To find the nearest registered program or participating pharmacy, please visit: [www.health.ny.gov/overdose](http://www.health.ny.gov/overdose)

# 20% reduction in Opioid Overdose Deaths (OODs) with Public Health Interventions

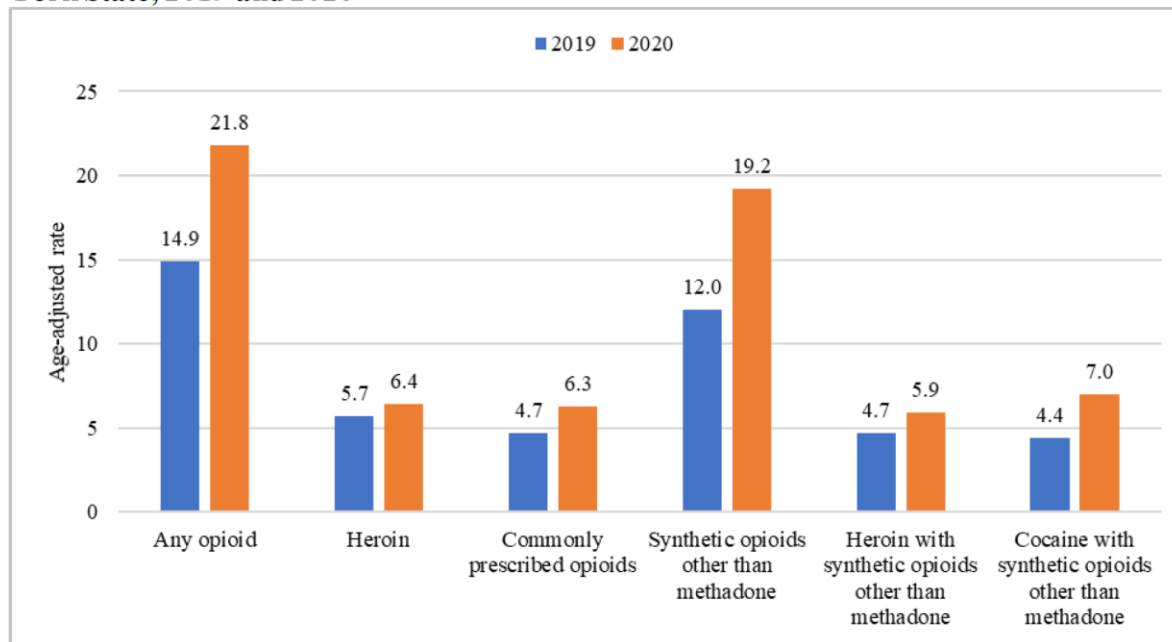
- **Estimated Reductions in Opioid Overdose Deaths With Sustainment of Public Health Interventions in 4 US States**
- *JAMA Netw Open.* 2023;6(6):e2314925.  
doi:10.1001/jamanetworkopen.2023.14925
- Intervention- Naloxone availability and Medication for Addiction Treatment
- a 2- to 5-fold increase in initiation and retention of medications for opioid use disorder along with increased supply of naloxone could reduce OODs by an estimated 13% to 17% in Kentucky, 17% to 27% in Massachusetts, 15% to 22% in New York, and 15% to 22% in Ohio after 2 years, compared with the status quo.



# Continuing Challenges

- 20% reduction in deaths is substantial, but inadequate.
- Need to develop more effective policies and interventions to reduce demand
- There are continued issues with access to medication for addiction treatment

**Figure 1.1 Overdose deaths, age-adjusted rate per 100,000 population, by substance, New York State, 2019 and 2020**

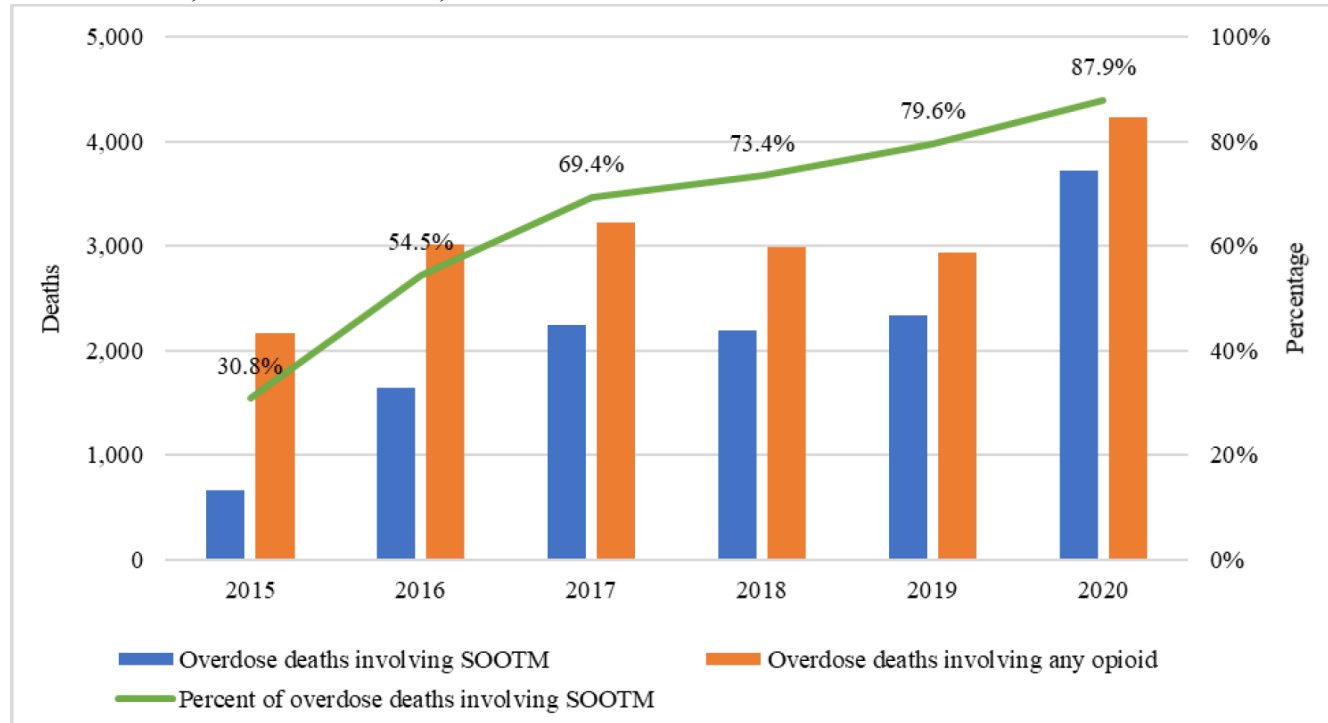


Multiple cause of death ICD-10 definitions: Any opioid – T40.0 (Opium), T40.1 (Heroin), T40.2 (Other opioids), T40.3 (Methadone), T40.4 (Synthetic opioids other than methadone), T40.6 (Other and unspecified narcotics); Heroin – T40.1; Commonly prescribed opioids – T40.2 (e.g., hydrocodone, oxycodone), T40.3; Synthetic opioids other than methadone – T40.4; Heroin with synthetic opioids other than methadone – T40.1 AND T40.4; Cocaine with synthetic opioids other than methadone – T40.5 (cocaine) AND T40.4.

Data source: CDC WONDER; Accessed January 2022

For complete data, see [Appendix: Data Table 1.1](#).

**Figure 1.2 Percentage of opioid overdose deaths involving synthetic opioids other than methadone\*, New York State, 2015-2020**

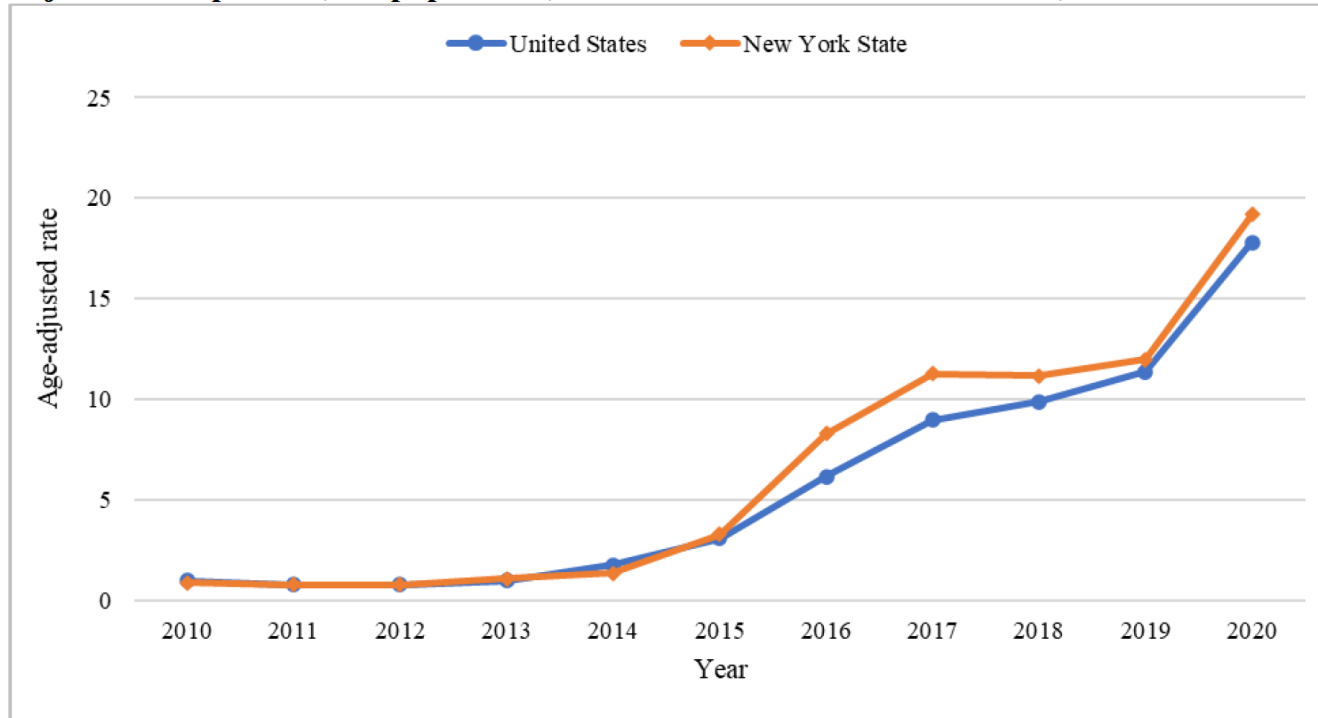


\*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.

Data source: CDC WONDER; Accessed January 2022

For complete data, see [Appendix: Data Table 1.2](#).

**Figure 1.7 Overdose deaths involving synthetic opioids other than methadone\*, age-adjusted rate per 100,000 population, New York State and United States, 2010-2020**

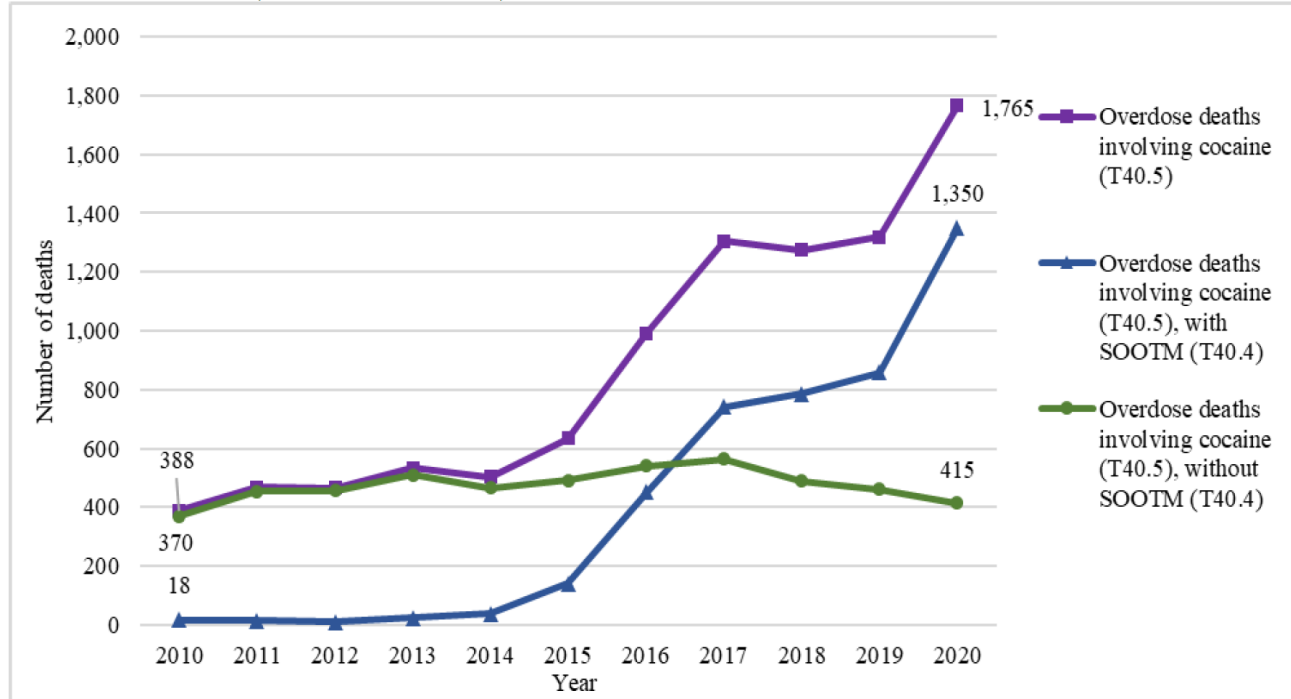


\*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.

Data source: CDC WONDER; Accessed January 2022

For complete data, see [Appendix: Data Table 1.7](#).

**Figure 1.10 Overdose deaths involving cocaine with and without synthetic opioids other than methadone\*, New York State, 2010-2020**



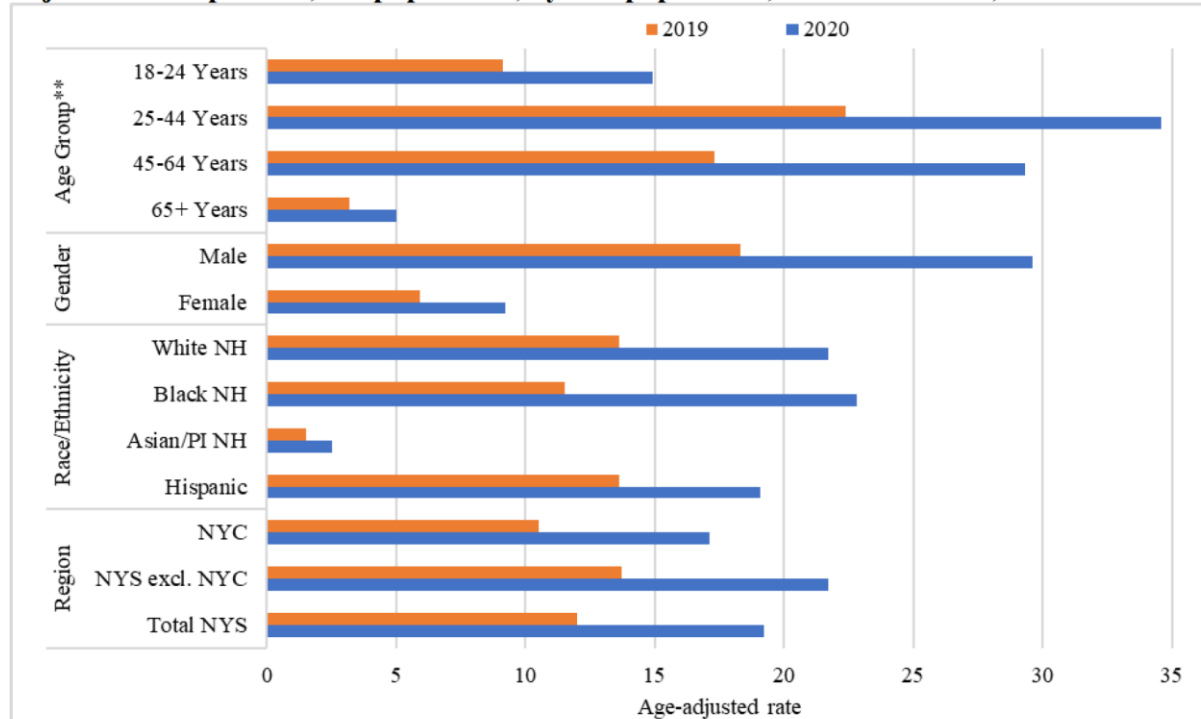
\*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.

Note: Cocaine overdose is identified by ICD-10 code T40.5.

Data source: CDC WONDER; Accessed January 2022

For complete data, see [Appendix: Data Table 1.10](#).

**Figure 1.12 Overdose deaths involving synthetic opioids other than methadone\*, age-adjusted\* rate per 100,000 population, by sub-population, New York State, 2019 and 2020**



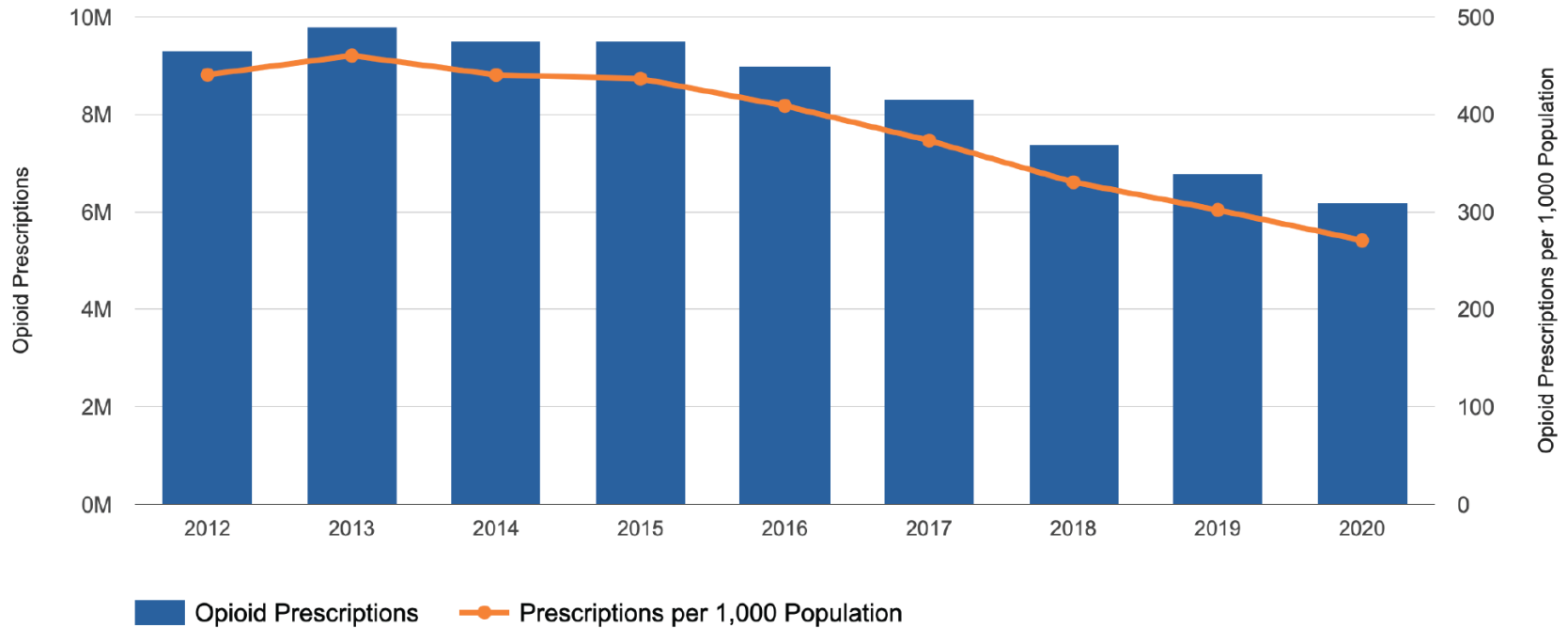
\*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.

Data source: CDC WONDER; Accessed January 2022

\*\*Age groups show crude rates.

For complete data, see [Appendix: Data Table 1.12](#).

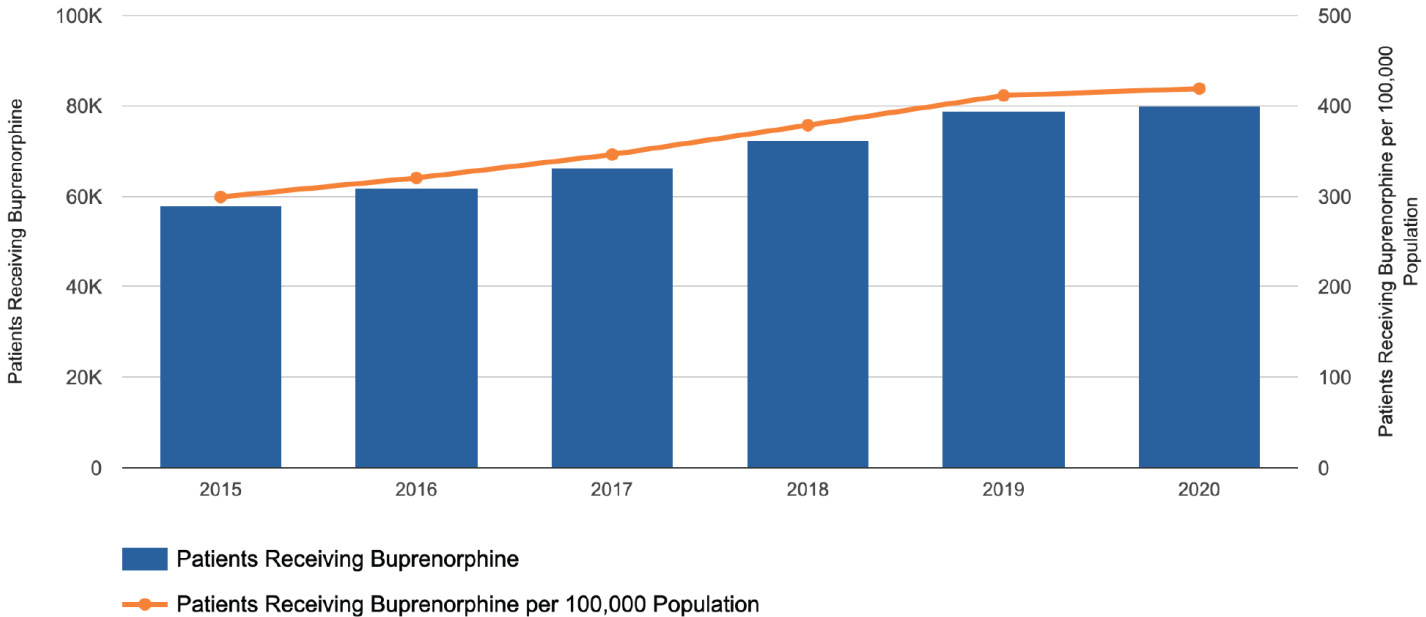
**FIGURE 8**  
**New York Opioid Analgesic Prescriptions, 2012–2020**



Note: Rates are age-adjusted.

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

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

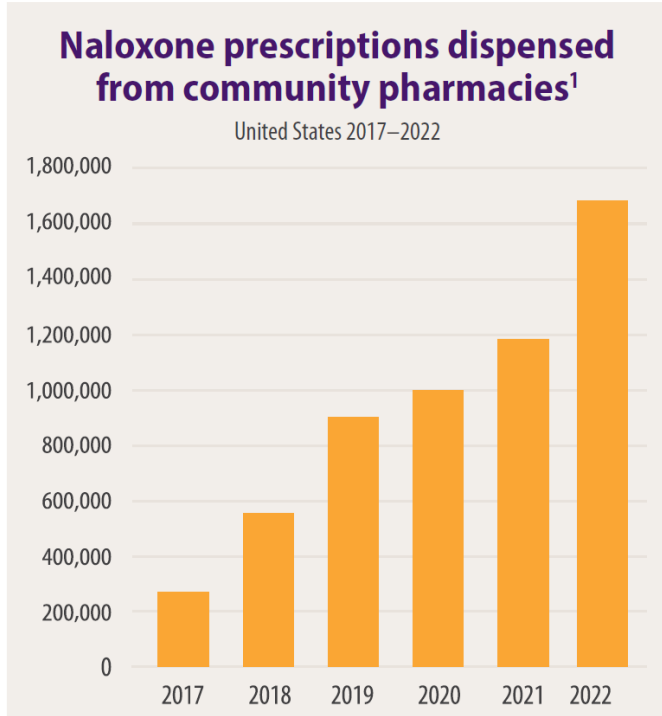


Note: Rates are age-adjusted.

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



# #NaloxoneSavesLives



The AMA urges physicians to educate patients on naloxone and prescribe to patients at risk of overdose, and also successfully advocated for naloxone to be available over the counter to make it readily accessible to everyone as an essential step to save lives from opioid-related overdose.

Harm reduction and other community-based organizations **distributed more than 3.7 million doses of naloxone between 2017–2020.**<sup>6</sup>

From August 2021 to July 2023, national harm reduction organization, Remedy Alliance For The People, sent **1,639,542 doses of generic injectable naloxone to 196 harm reduction projects in 44 US states, DC, and Puerto Rico, of which 206,371 doses were provided at no-cost to 138 under-resourced harm reduction projects.**<sup>7</sup>

# Harm Reduction Strategies Work

- Further Expansion of Access to Naloxone
  - All Stimulant Users (such as Cocaine, Crystal Methamphetamine, illegally manufactured/distributed Adderall)
- Syringe Services Programs
- Fentanyl Test Strips – and Other Drugs As They Are Emerging
  - Such As Xylazine
- Overdose Prevention Centers

# OVERDOSE EPIDEMIC REPORT 2023

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Physicians' actions to help end the nation's drug-related overdose and death epidemic—and what still needs to be done.

# Five key trends in nation's overdose epidemic

1. Nearly 50 percent decrease in opioid prescriptions since 2012; 60 percent decrease in MME since 2012
2. PDMP use nationally now at 1.3B queries (up from 1.1 B in 2021)
3. Naloxone prescribing and community distribution is perhaps the only real progress point
4. Buprenorphine for OUD prescribing is flat for the 3<sup>rd</sup> consecutive year—next year will be critical to see if federal flexibilities (e.g. telehealth, removing x-waiver) increases utilization
5. Significant policy wins, including OTC naloxone; removal of telehealth, x-waiver and other MOUD barriers; revision of 2016 CDC opioid prescribing guideline; decriminalization of fentanyl test strips

# Five key policy-focused realities

1. Health insurance companies continue to put up barriers to MOUD, including prior authorization, step therapy, buprenorphine dosage caps
2. Health insurance companies' MH/SUD parity violations continue with only minor state/federal enforcement
3. No correlation between reduced opioid prescribing and improved patients' pain outcomes, OUD treatment or opioid-related mortality
4. States, pharmacy chains, health insurers and others have not acted on CDC opioid prescribing guideline revisions to remove arbitrary numeric thresholds
5. If it wasn't for naloxone, tens of thousands more Americans would be dead; harm reduction, however, needs to be more than just naloxone



**Thank You!**