

NEW YORK DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of New York.

New York At-a-Glance:

- In 2009-2010, New York was one of the top ten states for drug-use rates in several categories: past-year cocaine use among persons age 12 or older; illicit drug dependence among persons age 12 and older; and illicit drug dependence among young adults age 18-25.

 Source: National Survey on Drug Use and Health (NSDUH) 2009-2010.
- Approximately 9.82 percent of New York residents reported past-month use of illicit drugs; the national average was 8.82 percent.
- The rate of drug-induced deaths in New York is below the national average.
- Heroin is the most commonly cited drug among primary drug treatment admissions in New York. Data from the Treatment Episode Data Set (TEDS) indicate one third of primary treatment admissions in New York were for heroin in 2011.

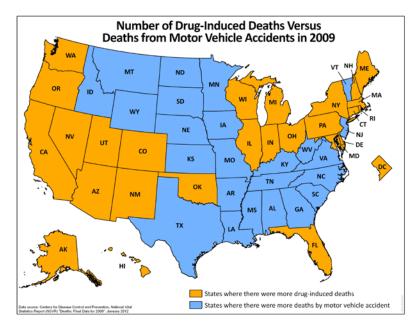
Drug Use Trends in New York

Drug Use in New York: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 9.82 percent of New York residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.7 percent of New York residents reported using an illicit drug other than marijuana in the past month (the national average was 3.6 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009-2010 National Survey on Drug Use and Health: http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf

Drug-Induced Deaths: As a direct consequence of drug use, 1,797 persons died in New York in 2009. This is compared to the number of persons in New York who died from motor vehicle accidents (1,265) and firearms (958) in the same year. New York drug-induced deaths (9.2 per 100,000 population) were lower than the national rate (12.8 per 100,000).

 ${\it Source}: \ WONDER \ online \ databases: \ \underline{http://wonder.cdc.gov/cmf-icd10.html}$

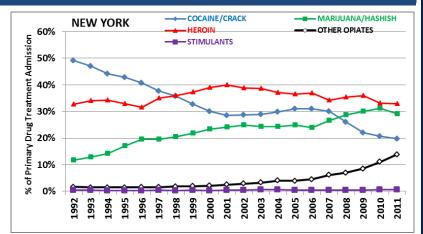


Substance Abuse Treatment Admissions Data

New York Primary Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in New York from 1992 to 2011. The data show that heroin, followed by marijuana and cocaine, is the most commonly cited drug among primary drug treatment admissions in the state.

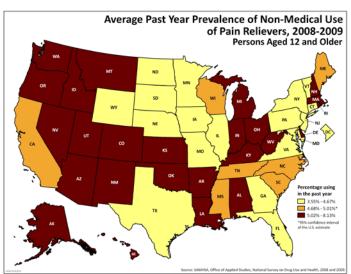
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/data/DASIS.aspx#teds



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis," provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **Official New York State Prescription Program**, established in 1972 with the state's Controlled Substances Act, monitors controlled substances in Schedules II, III, IV, and V. Prescription data are collected once per month from 4,500 dispensers, with 12 million prescriptions collected annually. The program, overseen by the state Department of Health, Bureau of Narcotic Enforcement, is working on a multi-media campaign to alert parents, practitioners, and related healthcare professionals to the prevalence and danger of prescription drug abuse, including among children.

Source: Alliance of States with Prescription Drug Monitoring Programs: http://www.namsdl.org/resources/New%20York1.pdf

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

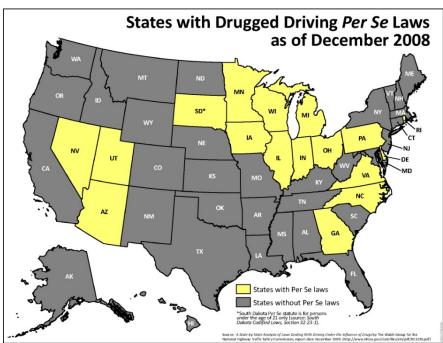
Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws driving. drugged against enforcement often lacks adequate to enforce and prosecute drugged driving. ONDCP encourages states to consider Per Se standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. Per Se standards have been adopted in 17 states.



New York does not have a Per Se

standard. However, under Section 1192 of the **Consolidated Laws of New York**, no person shall operate a motor vehicle while the person's ability to do so is impaired by the use of a drug, as listed and defined elsewhere in the statute. Proof required: that the person was operating a motor vehicle in New York while using a drug, and that the drug impaired the person's ability to operate the vehicle. No possible defenses are found. Refusal to submit to a drug test is admissible in civil and criminal cases.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2012, the following New York coalitions received grants from ONDCP:

- Alcohol and Substance Abuse Prevention Partners (ASAPP'S)
- Amityville COMPASS Coalition
- Ardsley SAYF Coalition
- City of White Plains
- Commack Coalition of Caring
- Community Coalition for Healthy Youth
- Community Partnership for a Safer New Paltz
- Cortland Area Communities that Care Coalition/Catholic Charities of Cortland
- Cortlandt Community Coalition
- Croton Community Coalition
- Genesee County Drug Free Communities Coalition
- Glen Cove Community PRIDE Project Coalition
- Healthy Communities That Care Coalition of Livingston County
- HEART Coalition for a Drug Free Rochester
- Hoosick Area Partnership for Parents and Youth
- Islip Drug Education Awareness Coalition
- KYDS Coalition
- Lake Placid/Wilmington Connecting Youth and Communities
- Larchmont-Mamaroneck Responsible Action: Drug and Alcohol Resource (RADAR) Coalition
- Long Beach Coalition to Prevent Underage Drinking
- Madison County's Council on Alcohol/Substance Abuse/Promise – The Youth Alliance
- Manhasset Community Coalition Against Substance Abuse, Inc.
- Middletown Cares Coalition
- Mount Kisco Drug & Alcohol Prevention Council

- Mount Vernon Communities That Care
- North Fork Alliance (NFA)
- Orleans County United Against Substance Abuse
- Ossining Communities That Care
- PACT Parents and Community Together
- Partners for Prevention in Allegany County
- Partnership for Ontario County, Inc.
- Plattsburgh Campus and Community Partnership
- Port Chester Cares Community Coalition
- Putnam County Community Board Coalition
- Rensselaear County Underage Drinking Coalition
- Saratoga Partnership for Prevention
- Schuyler County Commission on Underage Drinking and Drugs (SCCUDD)
- South Orangetown Community Awareness of Substance Abuse
- TEAM Newburgh Substance Abuse Action Team
- Throggs Neck Community Action Partnership
- UNIDOS Inwood Coalition
- Wellcore, Inc.
- West Islip Compass Coalition
- West Side Youth Development Coalition
- Westchester Coalition for Drug and Alcohol Free Youth
- Wyandanch Compass Coalition
- Wyoming Cty/Partners for Prevention

Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in New York

New York/New Jersey HIDTA: New York City (Bronx, Kings, New York, Richmond, and Queens counties), Albany, Clinton, Erie, Franklin, Monroe, Nassau, Onondaga, Orange, St. Lawrence, Suffolk, and Westchester counties.

- The NY/NJ HIDTA invests in innovative partnerships with law enforcement agencies across four key areas: drug enforcement, information sharing, training, and drug abuse prevention.
- Major HIDTA-supported initiatives include:
 - o The New York OCDETF Strike Force, the New Jersey Drug Trafficking Organization Task Force, the El Dorado Money Laundering Task Force, and drug enforcement task forces upstate, all of which focus on disrupting and dismantling drug trafficking and/or money laundering operations;
 - o The Regional Fugitive Task Force, which focuses on apprehending most wanted fugitives; and
 - The Investigative Support Center, which provides HIDTA partners with strategic and timely drug intelligence.

Federal Grant Awards Available to Reduce Drug Use in the State of New York

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Department of Agriculture \$ 13/792,157 National institute of food and Agriculture \$ 13/792,157 Cooperative Extension Service \$ 13,792,157 Department of Education \$ 90,139,782 Office of Elementary and Secondary Education \$ 2,791,663 Safe and Drug-Free Schools and Communities National Programs \$ 2,791,663 Twenty-First Century Community Learning Centers \$ 1,467,653,893 Department of Health and Human Services \$ 1,467,653,893 Administration for Children and Families \$ 49,140 Promoting Safe and Stable Families \$ 2,586,057 Centers For Medicare and Medicaid Services \$ 2,586,057 Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse \$ 1,042,581,556 National Institutes Of Health \$ 2,586,057 Alcohol Research Program - Grants to States for Medicaid To Treat Substance Abuse \$ 16,182,604 Substance Abuse and Medicaid Services \$ 196,182,604 Substance Abuse and Medicaid Services Administration \$ 196,182,604 Block Grants for Prevention and Treatment of Substance Abuse \$ 1,463,7337 Projects for Assistance in Transition from Homelessness (PATH) \$ 4,677,000	Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The St	ate of NY	
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Federal Grant Awards That Help Reduce the Availability and Misuse Of Drug	s In The State of N	
Department / Office / Program Name		2012
Department of Transportation	\$	6,225,211
National Highway Traffic Safety Administration		
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$	6,225,211
Department of Veteran's Affairs	\$	11,462,358
Veterans Health Administration		
VA Homeless Providers Grant and Per Diem Program	\$	11,462,358
Executive Office of The President	\$	18,153,599
Office of National Drug Control Policy		
Drug-Free Communities Support Program Grants	\$	5,774,801
High Intensity Drug Trafficking Areas Program	\$	12,378,798
Grand Total	\$	1,875,136,099

File updated January, 2013.

