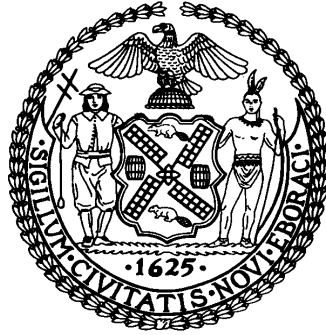


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THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE REPORT OF THE HUMAN SERVICES DIVISION

Jeffrey Baker, Legislative Director

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

Hon. Diana Ayala, Chairperson

June 5, 2018

PROPOSED INT. NO. 615-A:

By Council Members Ayala, Reynoso, Ampry-Samuel and Holden

TITLE:

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

ADMINISTRATIVE CODE:

Amends Administrative Code § 17-180.1

PROPOSED INT. NO. 618-A:

By Council Members Brannan, Holden and Ampry-Samuel

TITLE:

A local law to amend the administrative code of the city of New York, in relation to distributing educational materials on drugs and opiates awareness and prevention to middle and high school students

ADMINISTRATIVE CODE: Adds Administrative Code §§ 17-199.9, 21-410 and 21-969

PROPOSED INT. NO. 623-A: By Council Members Cohen, Holden and Ampry-Samuel

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

ADMINISTRATIVE CODE: Adds Administrative Code § 15-132

PROPOSED INT. NO. 667-A: By Council Members Torres, Holden and Ampry-Samuel

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

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

PROPOSED INT. NO. 668-A: By Council Members Torres and Holden

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

ADMINISTRATIVE CODE: Adds Administrative Code § 17-180.1

PROPOSED INT. NO. 669-A: By Council Members Torres and Holden

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

CHARTER: Amends Charter § 20-c

PROPOSED INT. NO. 717-A: By Council Members Williams, Holden and Ampry-Samuel

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

department to submit to the council reports relating to opioid antagonists

ADMINISTRATIVE CODE:

Adds § 14-176

RES. No. 197:

By Council Members Brannan and Holden

TITLE:

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

INTRODUCTION

On June 5, 2018 the Committee on Mental Health, Disabilities and Addiction, chaired by Council Member Diana Ayala, will hold a hearing on a package of seven bills aimed at combating the City's opioid epidemic. This will be the second hearing on these bills. This committee previously heard this package of bills during a joint oversight hearing held on February 27, 2018 with the Committee on General Welfare, chaired by Council Member Steven Levin.

BACKGROUND

Throughout the United States, the opioid epidemic has emerged as one of the most significant public health challenges of the 21st century. Opioids are drugs that interact with opioid receptors in the body to alleviate pain. However, regular usage of these substances can lead to dependence and addiction due to the euphoria that they can produce. Drugs that can be classified as opioids include prescription pills such as oxycodone (OxyContin), hydrocodone (Vicodin) as well as illegal drugs like Heroin and its synthetic variant, Fentanyl. According to the Centers for Disease Control (CDC), more than 600,000 people have died due to drug overdoses between 2000 and 2016 and opioids account for approximately two-thirds of all

overdose deaths (66 percent).¹ Additionally, statistics from the United States Department of Health and Human Services (HHS) indicate that deaths from prescription opioids have more than quadrupled since 1999 and that 116 people die every day from opioid-related overdoses.² CDC figures show that opioids were involved in 42,249 deaths in 2016.³ This crisis has also taken root in the state of New York, outside of and within the five boroughs. Between 2010 and 2014, opioid-related outpatient emergency department visits increased from 12,554 to 21,576 outside of New York City (an increase of 71.8 percent) and from 8,409 to 14,691 (an increase of 74.7 percent) in the city.⁴

The New York City Office of the Chief Medical Examiner found that 1,374 people died from overdoses in New York City in 2016, up from 937 in 2015, an increase of 46.6 percent.⁵ The Office of the Special Narcotics Prosecutor has reported that although overdose deaths have increased for six consecutive years in all five boroughs, the crisis has been particularly severe in the Bronx and Staten Island. In both 2015 and 2016, for example, the Bronx had the highest number of fatal overdoses (252 in 2015 and 279 in 2016, a 10.7 percent increase).⁶ Staten Island, however, had the highest rate of fatal overdoses, with 31.8 per 100,000, a 66 percent increase from 2015.⁷

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

² About the Epidemic. (2017, December 21). Retrieved February 06, 2018, from <https://www.hhs.gov/opioids/about-the-epidemic/>

³ Opioid Overdose. (2017, December 19). Retrieved February 06, 2018, from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

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

⁵ Del Real, J. A. (2017, October 12). The Bronx's Quiet, Brutal War With Opioids. Retrieved February 06, 2018, from <https://www.nytimes.com/2017/10/12/nyregion/bronx-heroin-fentanyl-opioid-overdoses.html>

⁶ *Epi Data Brief* (2016). Queens, New York: New York City Department of Health and Mental Hygiene.

⁷ Health Department Releases 2016 Drug Overdose Death Data in New York City - 1,374 Deaths Confirmed, a 46 Percent Increase From 2015. (n.d.). Retrieved February 06, 2018, from <https://www1.nyc.gov/site/doh/about/press/pr2017/pr048-17.page>

New York State's fiscal year (FY) 2018 budget allocated \$213 million for prevention, treatment, and recovery services, which represents a 13 percent increase from FY 2017. \$94 million of the \$213 million was earmarked for New York City.⁸ In January of 2018, the executive budget proposed by the governor included a 2 cent tax per milligram of active opioid ingredient in prescription drugs, which was expected to raise approximately \$170 million, which would be used to support the Opioid Prevention and Rehabilitation Fund.⁹

ANALYSIS OF LEGISLATION

ANALYSIS OF PROPOSED INT. NO. 615-A

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

Bill section one would require DOHMH to provide opioid antagonists such as Narcan to all syringe exchange programs operating within the City for as long as there is an urgent public health need. It also would require DOHMH to ensure that staff at syringe exchange programs receive overdose prevention and reversal training. Should DOHMH determine there is no longer an urgent public health need, DOHMH would be required to submit a report to the Speaker of the Council detailing the reasons why such determination was made.

Bill section two would provide that this legislation takes effect on the same date that proposed introduction number 668-A for the year 2018, takes effect.

SIGNIFICANT AMENDMENTS TO INT. NO. 615

⁸ Riback, L. (2017, April 21). More NY money to combat heroin, opioids. Retrieved February 15, 2018, from <https://www.lohud.com/story/news/politics/politics-on-the-hudson/2017/04/21/more-ny-money-combat-heroin-opioids/100750542/>

⁹ Harding, R. (2018, January 18). Cuomo's 'revenue raisers': Health care windfall tax, opioid surcharge and more. Retrieved February 15, 2018, from http://auburnpub.com/blogs/eye_on_ny/cuomo-s-revenue-raisers-health-care-windfall-tax-opioid-surcharge/article_d20a0a7b-7149-5c72-90d4-03d2d7d5e760.html

Int. No. 615 was amended to omit a section requiring the Department of Social Service to participate in training staff at syringe exchange program. Technical amendments were also made.

ANALYSIS OF PROPOSED INT. NO. 618-A

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

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

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

Bill section three would define key terms and would require DOE to make the educational materials developed by DOHMH available to every student at each school at the beginning of each academic year. DOE would also be required to post these materials on their website in English and in the designated citywide languages.

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

SIGNIFICANT AMENDMENTS TO INT. NO. 618

This bill was amended to require DOHMH to develop the educational materials by the beginning of the calendar year instead of the academic year. Additional technical amendments were also made.

ANALYSIS OF PROPOSED INT. NO. 623-A

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

Bill section one defines key terms used in the bill and would require that the commissioner of FDNY submit a quarterly report comprised of the number of opioid antagonists the department has available for use, the number of EMTs trained to administer opioid antagonists, and the number of times EMTs or other first responders administered an opioid antagonist to a patient. The commissioner of FDNY would be required to submit the report 30 days before the end of the corresponding quarter and may use preliminary data if necessary.

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

SIGNIFICANT AMENDMENTS TO INT. NO. 623

This bill was amended to omit reporting on the number of fatalities that were declared after an EMT administered an opioid antagonist to an overdose victim. There were also additional technical amendments.

ANALYSIS OF PROPOSED INT. NO. 667-A

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

Bill section one would require DSS to refer individuals who received an opioid antagonist to combat the effects of an overdose occurring within a HASA facility and who disclosed such overdose to their case manager to appropriate service providers for additional services.

Bill section two would require DHS to refer individuals who received an opioid antagonist to combat the effects of an overdose occurring within a shelter and who disclosed such overdose to their case manager to appropriate service providers for additional services.

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

SIGNIFICANT AMENDMENTS TO INT. NO.667-A

This bill was amended to require individuals suffering non-fatal overdoses to first disclose their overdose to their case managers before DSS and DHS are required to refer them to appropriate additional services.

ANALYSIS OF PROPOSED INT. NO. 668-A

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

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

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

SIGNIFICANT AMENDMENTS TO INT. NO. 668

There were no significant amendments made to Int. No. 668 since it was first introduced.

ANALYSIS OF PROPOSED INT. NO. 669-A

This bill would add to Local Law 48 of 2017 and require the Municipal Drug Strategy Advisory Council, a council made up of health care professionals, advocates, and persons suffering from substance misuse disorder, to report on the number of opioid overdose reversal drugs that are distributed to City agencies

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

Bill section two would provide that this legislation take effect immediately, and shall expire and be deemed repealed on the same date local law number 48 for the year 2017 expires and is deemed repealed.

SIGNIFICANT AMENDMENTS TO INT. NO. 669

Int. No. 669 was amended to omit reporting on the number of fatalities that were declared after an officer administered an opioid antagonist to an overdose victim.

ANALYSIS OF RES. NO. 197

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

SIGNIFICANT AMENDMENTS TO RES. NO. 197

There were no changes or amendments to Res. No. 197 since it was first introduced.

Proposed Int. No. 615-A

By Council Members Ayala, Reynoso, Ampy-Samuel and Holden

A LOCAL LAW

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

Be it enacted by the Council as follows:

1 Section 1. Section 17-180.1 of the administrative code of the city of New York, as added
2 by a local law amending the administrative code of the city of New York, in relation to overdose
3 prevention and reversal training, as proposed in introduction number 668-A for the year 2018, is
4 amended to add subdivisions d, e and f to read as follows:

5 d. For as long as the department determines there is an urgent public health need, the
6 department shall provide opioid antagonists to all syringe exchange programs operating within the
7 city.

8 e. The department shall require that the staff at all syringe exchange programs operating in
9 the city receive overdose prevention and reversal training. Such training shall teach staff:

10 1. How to recognize an opioid overdose; and

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

12 f. Thirty days prior to the department's determination that there is no longer an urgent
13 public health need, pursuant to subdivisions b, c and d of this section, the department shall submit
14 a report to the speaker of the council detailing the reasons for such determination.

15 § 2. This local law takes effect on the same date that a local law amending the
16 administrative code of the city of New York, in relation to overdose prevention and reversal
17 training, as proposed in introduction number 668-A for the year 2018, takes effect.

SSY
LS # 5749
5/30/2018 7:10 pm

Proposed Int. No. 618-A

By Council Members Brannan, Holden and Ampry-Samuel

A LOCAL LAW

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

Be it enacted by the Council as follows:

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

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

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

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

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

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

9 c. Such materials shall be made available by the department to DYCD and DOE at the
10 beginning of each calendar year.

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

14 § 2. Chapter 4 of title 21 of the administrative code of the city of New York is amended
15 by adding a new section 21-410 to read as follows:

16 § 21-410 Distribution of educational materials on drugs and opiates to youth services
17 programs.

1 a. The department shall make available the educational materials on drugs and opiates
2 awareness and prevention developed by the department of health and mental hygiene pursuant to
3 section 17-199.9 to youth attending afterschool programs funded by the department for students
4 in grades six to twelve.

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

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

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

13 Middle and high school. The term "middle and high school" means any school of the city
14 school district that contains any combination of grades from grade 6 through grade 12.

15 Student. The term "student" means any pupil under the age of 21 as of September 1 of the
16 relevant academic year, who does not have a high school diploma and who is enrolled in grade 6
17 or higher.

18 b. Each academic year, the department shall make available educational materials on
19 drugs and opiates awareness and prevention developed by the department of health and mental
20 hygiene pursuant to section 17-199.9 to students at each middle and high school.

21 c. The department shall make available such educational materials in English and in each
22 of the designated citywide languages as defined in section 23-1101 in each middle and high
23 school and on the department's website.

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

NJC/SSY
LS 5394
5/30/2018 10:06pm

Proposed Int. No. 623-A

By Council Members Cohen, Holden and Ampry-Samuel

A LOCAL LAW

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

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 15 of the administrative code of the city of New York is
2 amended by adding a new section 15-136 to read as follows:

3 § 15-136 Opioid antagonist report a. Definitions. For the purpose of this section, the
4 following terms have the following meanings:

5 De-identified. The term “de-identified” means health information that cannot be used to
6 identify an individual as established in section 164.514 of title 45 of the code of federal
7 regulations.

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

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

13 Patient. The term “patient” shall mean a person receiving emergency medical care and
14 treatment from the department.

15 Patient information. The term “patient information” shall have the same meaning as set
16 forth in section 18 of the public health law.

17 b. Beginning with the calendar quarter starting on January 1, 2019, the commissioner
18 shall submit to the speaker of the council and the department of health and mental hygiene,
19 within 25 days of the end of each quarter and post to the department’s website five days

1 thereafter, a report comprised of de-identified patient information relating to the
2 administration of opioid antagonists.

3 c. Such report shall include:

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

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

9 3. The number of instances in the quarter that an emergency medical technician or other
10 first responder employed by the department administered an opioid antagonist to a patient,
11 disaggregated by borough, division, and by method of administration, such as syringe injection
12 or nasal atomizer; and

13 4. The number, expressed in both absolute terms and as a percentage of all
14 administrations, of instances in which the patient responded to the administration of an opioid
15 antagonist.

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

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

SSY
LS # 4306
5/30/18 6:59 pm

Proposed Int. No. 667-A

By Council Members Torres, Holden and Ampry Samuel

A LOCAL LAW

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

Be it enacted by the Council as follows:

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

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

b. The department shall refer any individual who discloses to their case manager, as defined in section 21-127, that while in a HASA facility, they received an opioid antagonist to combat symptoms consistent with those of an opioid overdose occurring within a HASA facility, to appropriate service providers for appropriate additional services.

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

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

b. The department shall refer any individual who discloses to their case manager, as defined in section 21-314, that while in shelter they have received an opioid antagonist to combat the

symptoms consistent with those of an opioid overdose, to appropriate service providers for appropriate additional services.

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

SSY
LS # 4936
5/30/18 7:34 pm

Proposed Int. No. 668-A

By Council Members Torres and Holden

A LOCAL LAW

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

Be it enacted by the Council as follows:

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

3 § 17-180.1 Overdose prevention and reversal training. a. Definitions. For the purposes of
4 this section, the following terms have the following meanings:

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

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

11 b. For as long as the department determines there is an urgent public health need, the
12 department shall offer overdose prevention and reversal training to the general public. Such
13 training shall include:

14 1. How to recognize an opioid overdose; and

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

16 c. For as long as the department determines there is an urgent public health need, the
17 department shall offer a public awareness strategy to inform the public of the existence of such
18 trainings and the danger of opioid addiction and abuse.

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

SSY
LS # 4924
5/29/2018 1:06

Proposed Int. No. 669-A

By Council Members Torres and Holden

A LOCAL LAW

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

Be it enacted by the Council as follows:

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

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

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

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

18 3. An overview of programs, legislation or administrative action to promote and support
19 health and wellness related to drug use, as well as to improve the public health and safety of the
20 city's individuals, families, and communities by addressing the health, social and economic

1 problems associated with illicit and non-medical drug use, past or current drug policies, and to
2 reduce any stigma associated with drug use;

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

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

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

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

14 § 2. This local law takes effect immediately, and shall expire and be deemed repealed on
15 the same date local law number 48 for the year 2017 expires and is deemed repealed.

SSY
LS # 4880
5/30/2018 7:33 pm

Proposed Int. No. 717-A

By Council Members Williams, Holden and Ampry-Samuel

A LOCAL LAW

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

Be it enacted by the Council as follows:

1 Section 1. Chapter one of title 14 of the administrative code of the city of New York is
2 amended to add a new section 14-176 to read as follows:

3 § 14-176 Opioid antagonist report. a. For the purpose of this section, the following terms
4 have the following meanings:

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

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

10 b. Beginning with the calendar quarter starting on January 1, 2019, the commissioner shall
11 submit to the speaker of the council and the department of health and mental hygiene, within 25
12 days of the end of each quarter and post to the department’s website five days thereafter, a report
13 relating to opioid antagonists, which shall include:

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

16 2. The number of officers trained in the department to administer opioid antagonists to
17 overdose victims, disaggregated by patrol borough; and

18 3. The number of times in the quarter that an officer administered an opioid antagonists to
19 an overdose victim, disaggregated by patrol borough and by the way in which the opioid antagonist

1 was administered to such overdose victim, such as by syringe injection or nasal atomizer. Such
2 number shall be expressed in both absolute terms and as a percentage of all administrations.

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

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

CJG/JDK/SSY
LS #1911/Int. 548/2014
LS # 400
5/30/18 8:00 pm

Res. No. 197

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

By Council Members Brannan and Holden

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

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

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

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

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

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

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

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

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

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

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

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

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2/5/18
KJ