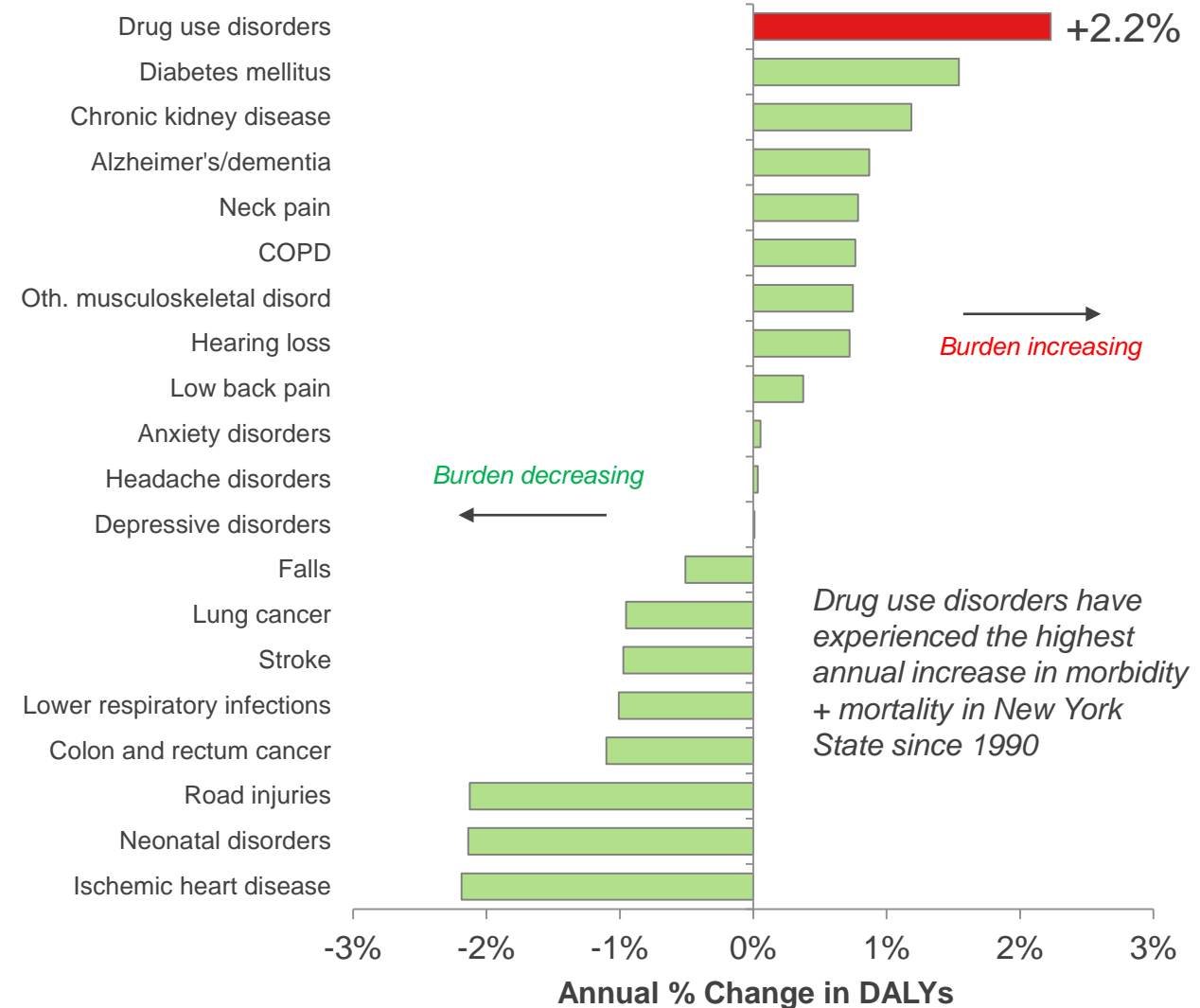
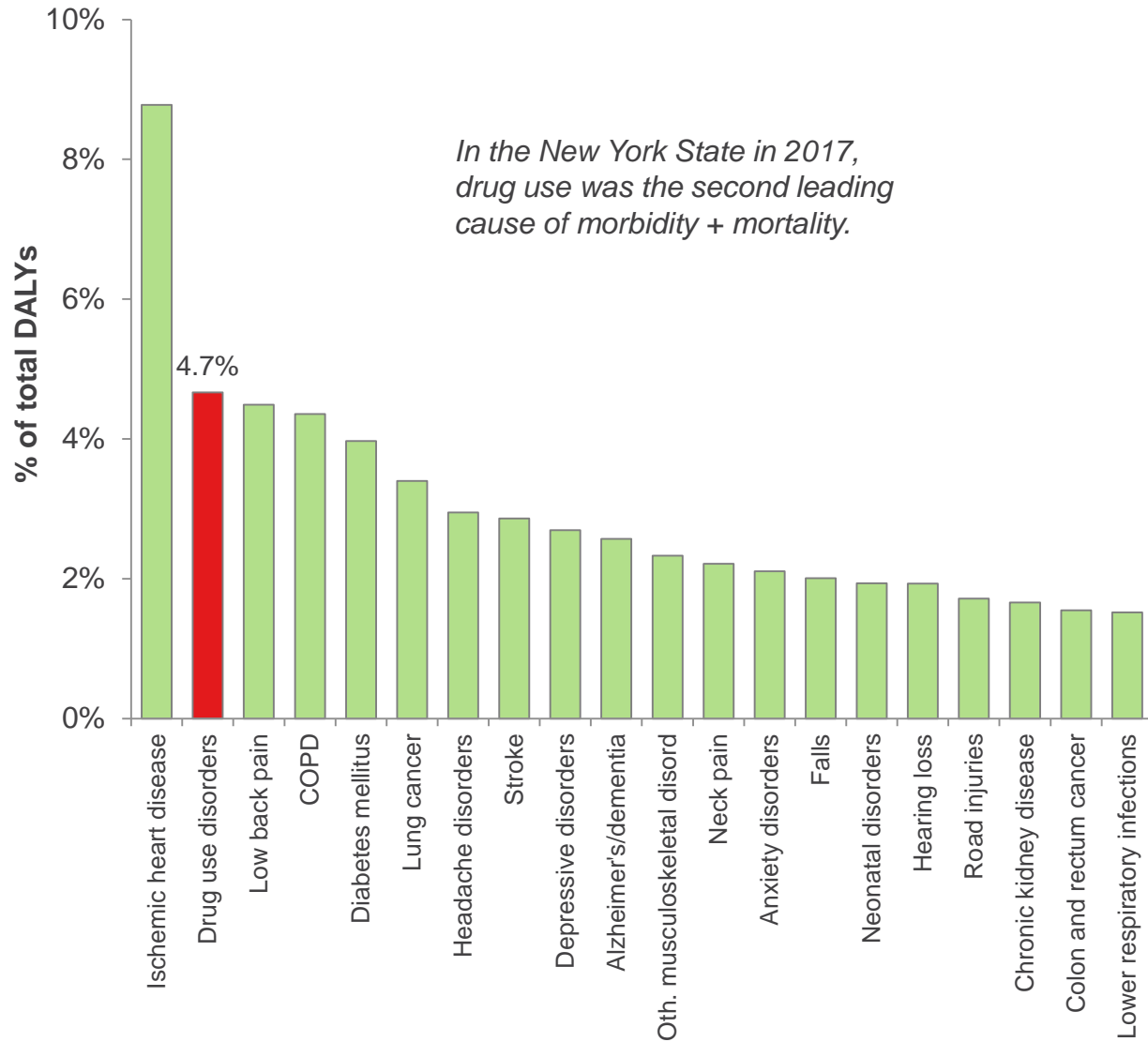


Bronx Community Health Dashboard: *Drug Use and Opioids*

Last Updated: 9/24/2019

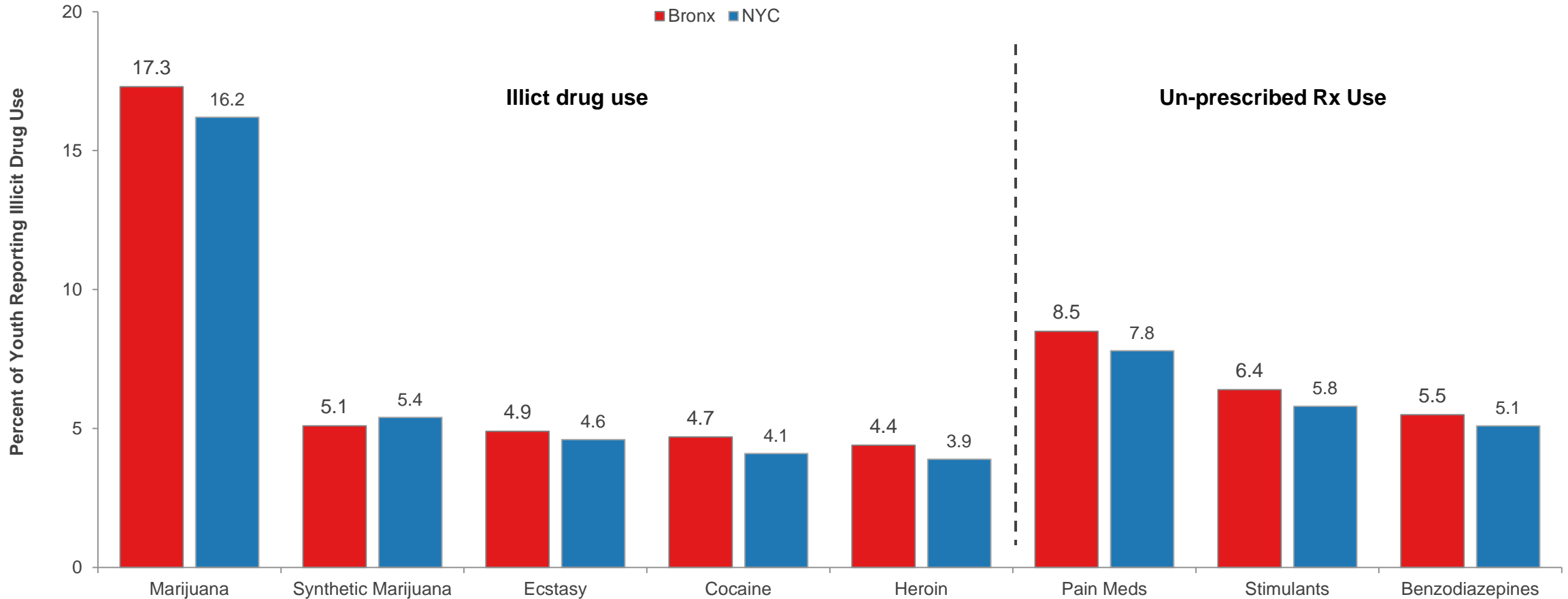
See last [slide](#) for more information about this project.

Drug use is a leading cause of morbidity & mortality in New York State

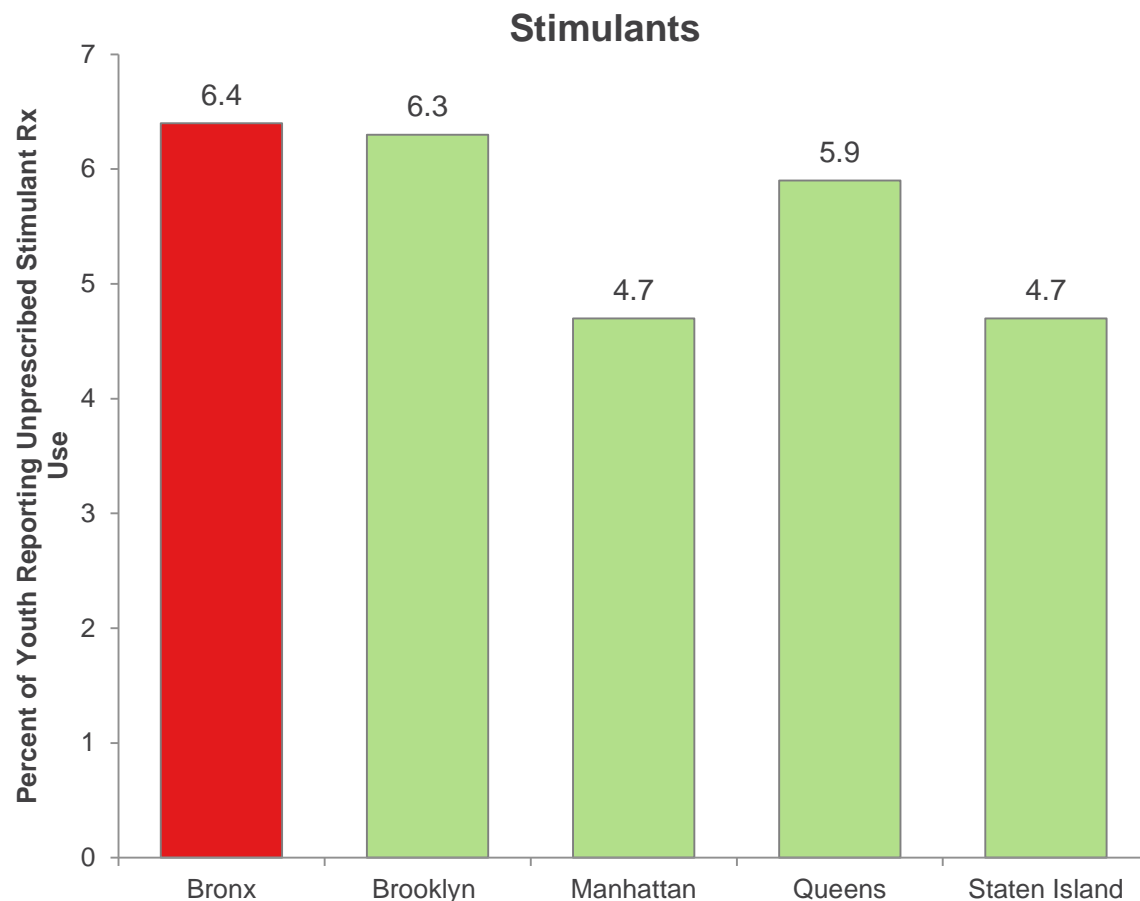
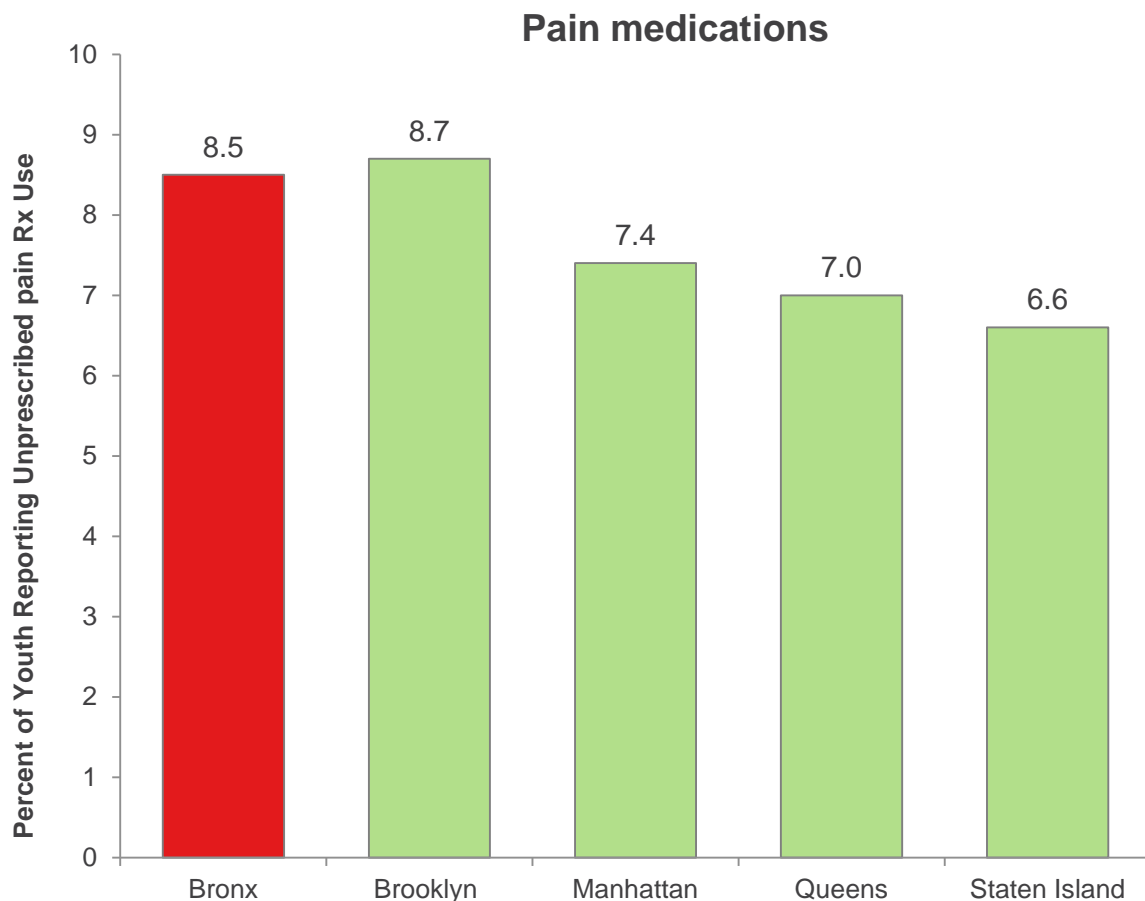


Youth Behavior

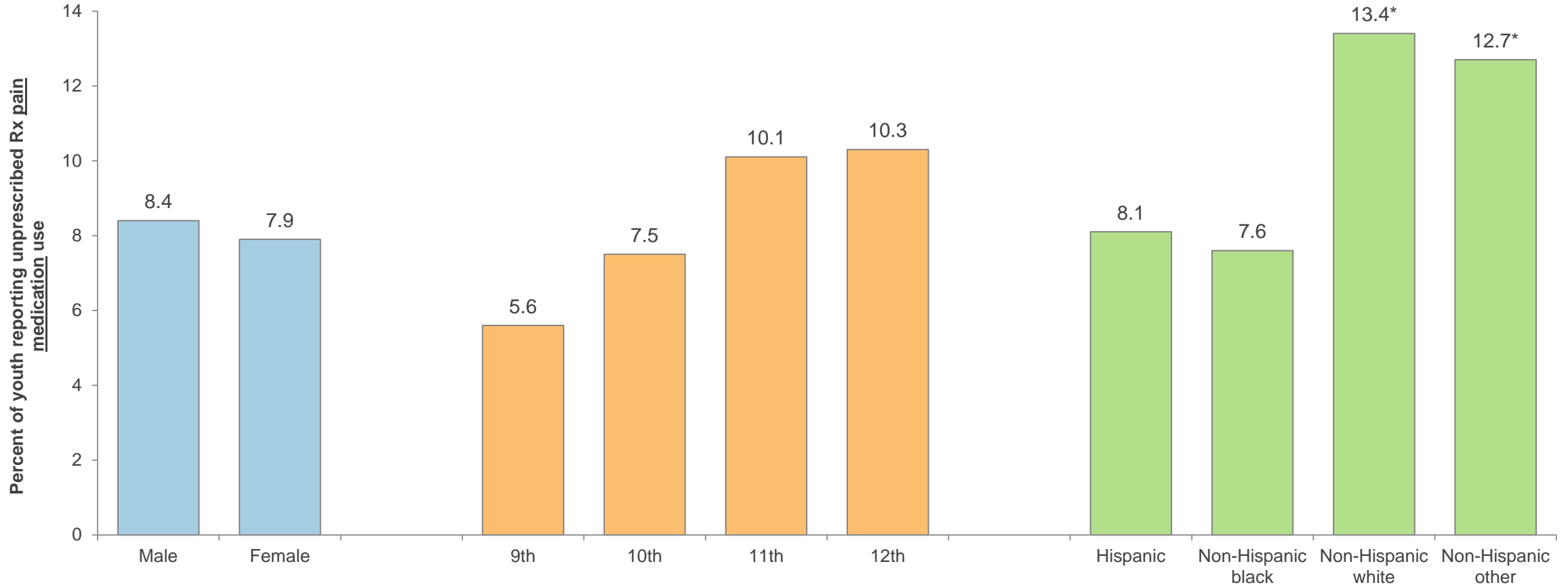
After marijuana, Bronx youth most commonly reported using pain, stimulant and benzodiazepine medications without an Rx in 2017



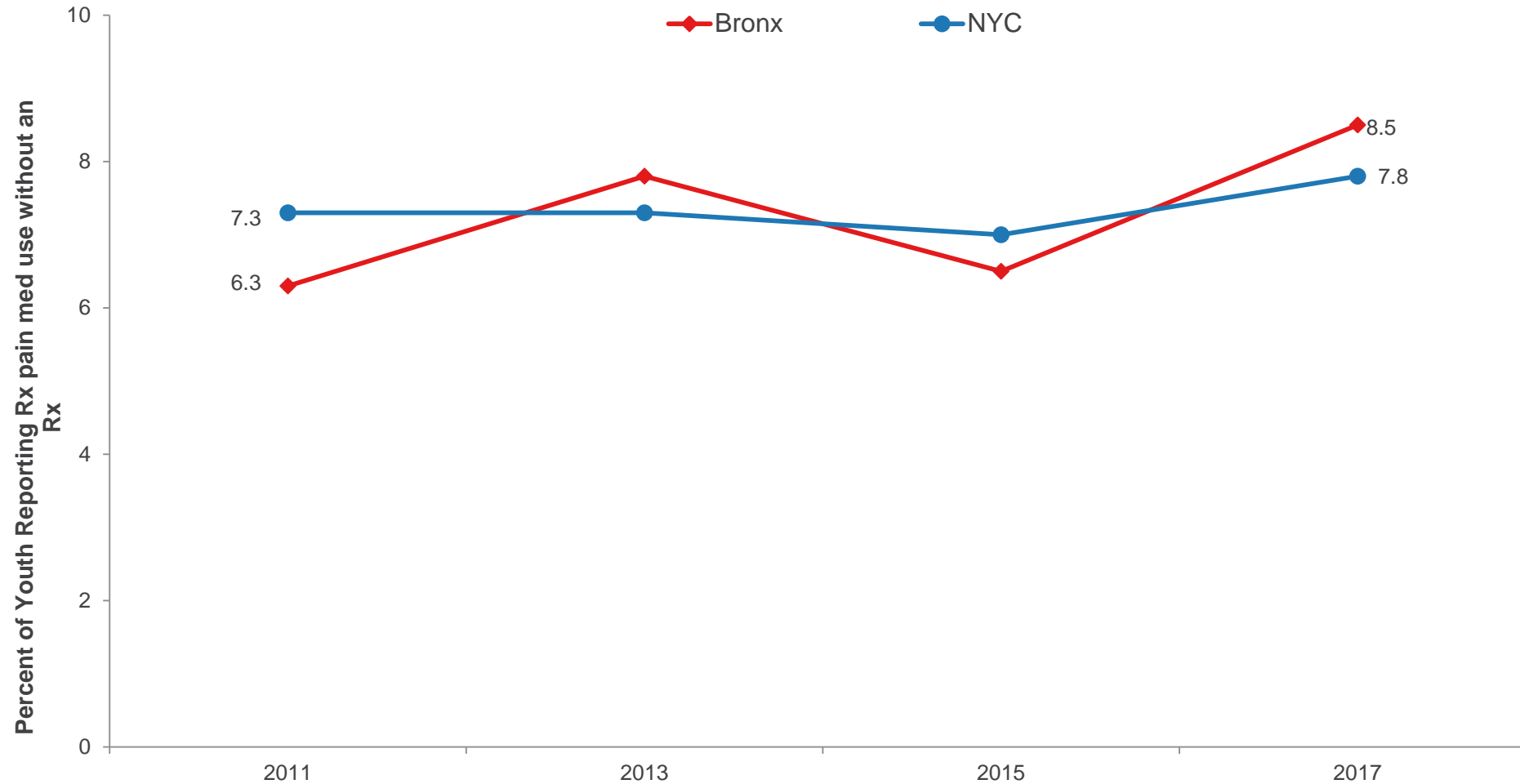
Youth in the Bronx and Brooklyn were more likely to report taking pain medications and stimulants without a doctor's prescription one or more times in the last year



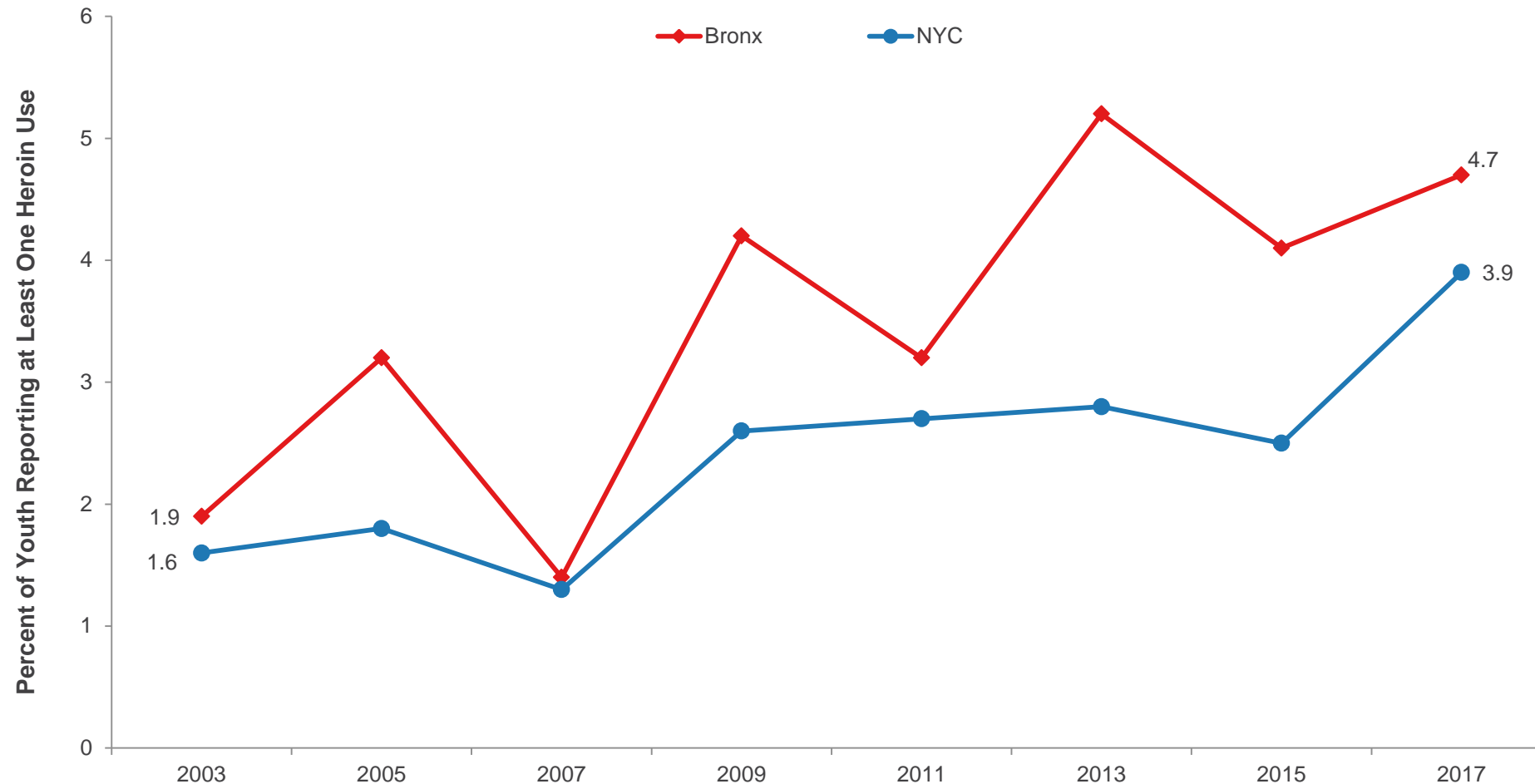
Use of unprescribed Rx pain medication is more common among Bronx youth in 11th and 12th grades



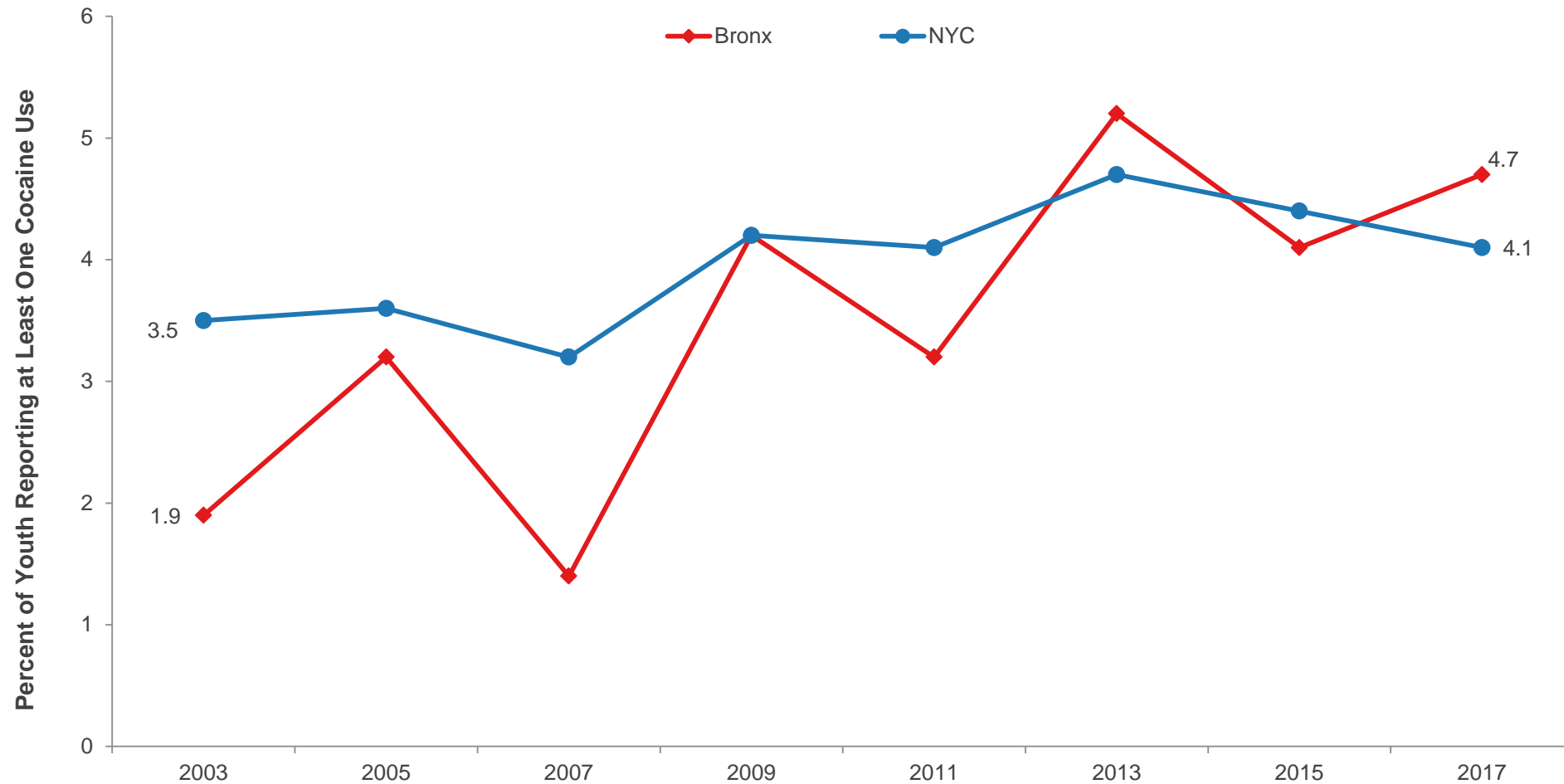
The percent of youth reporting using prescription pain medications without an Rx has increased in the Bronx since 2011



The percent of youth reporting ever use of heroin has increased in the Bronx since 2003



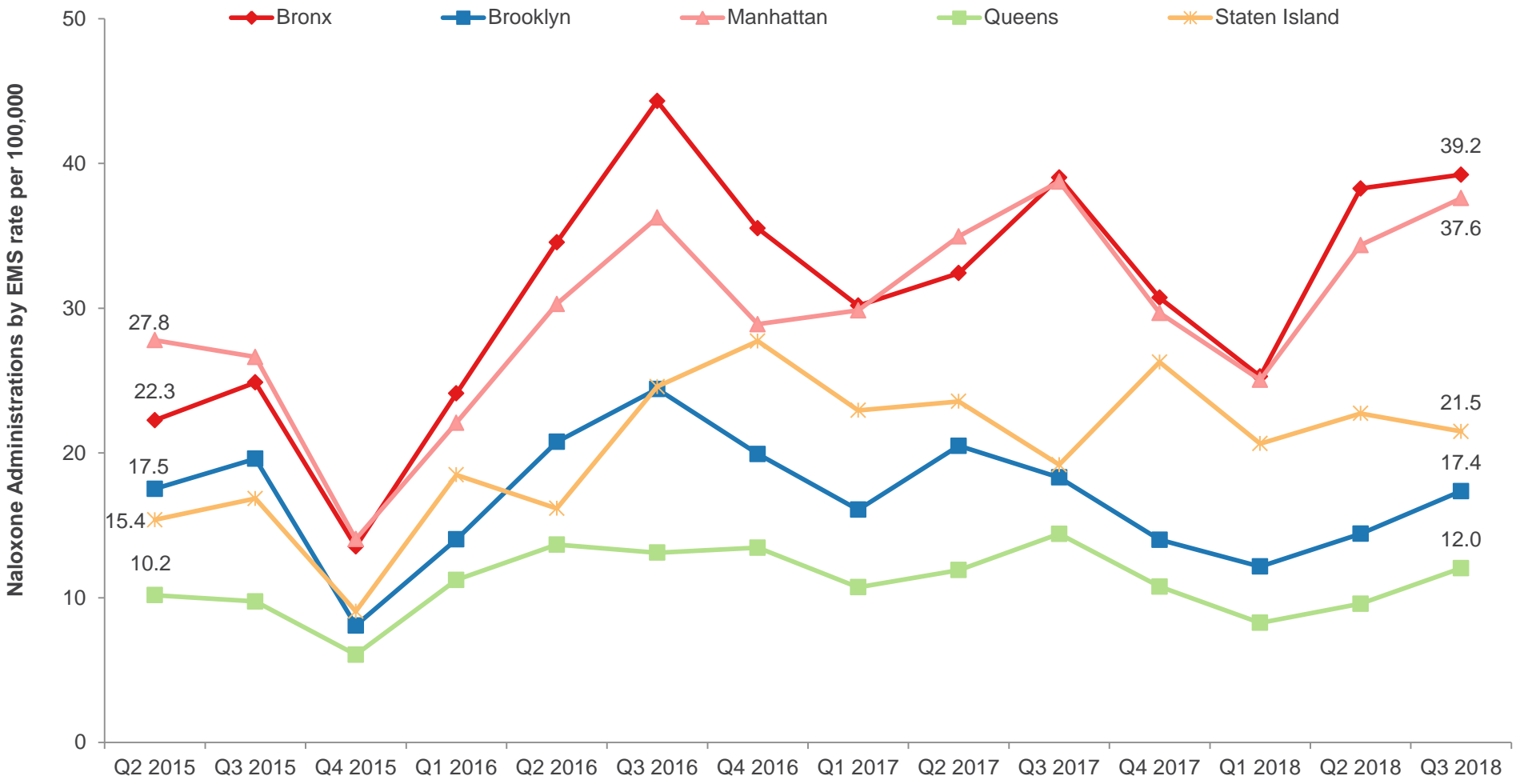
The percent of youth reporting ever use of cocaine has increased in the Bronx since 2003



Data source: NYC Youth Risk Behavior Study, 2003-2017.
Data collected every two years.

Drug Treatment and Opioid Prescribing Behavior

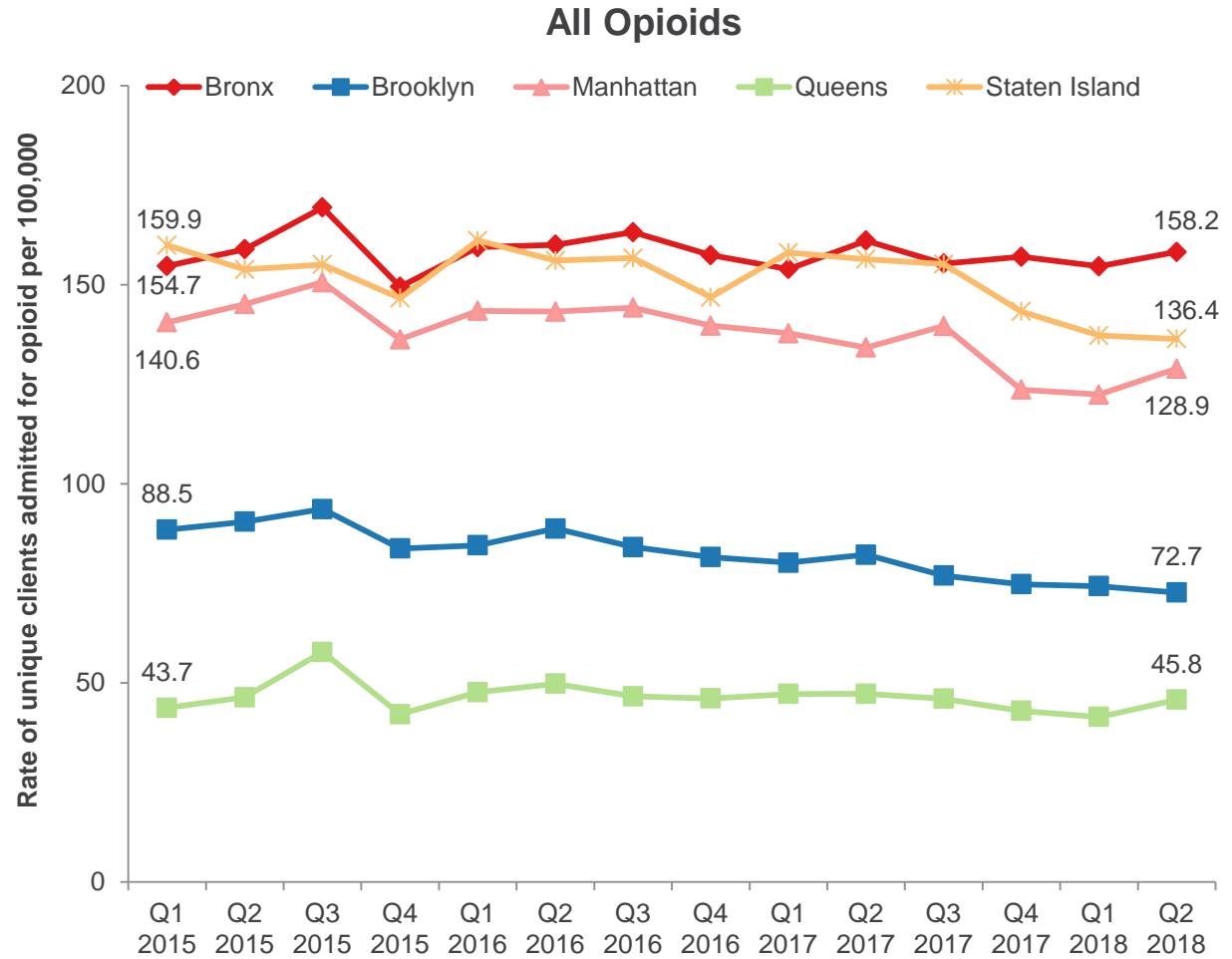
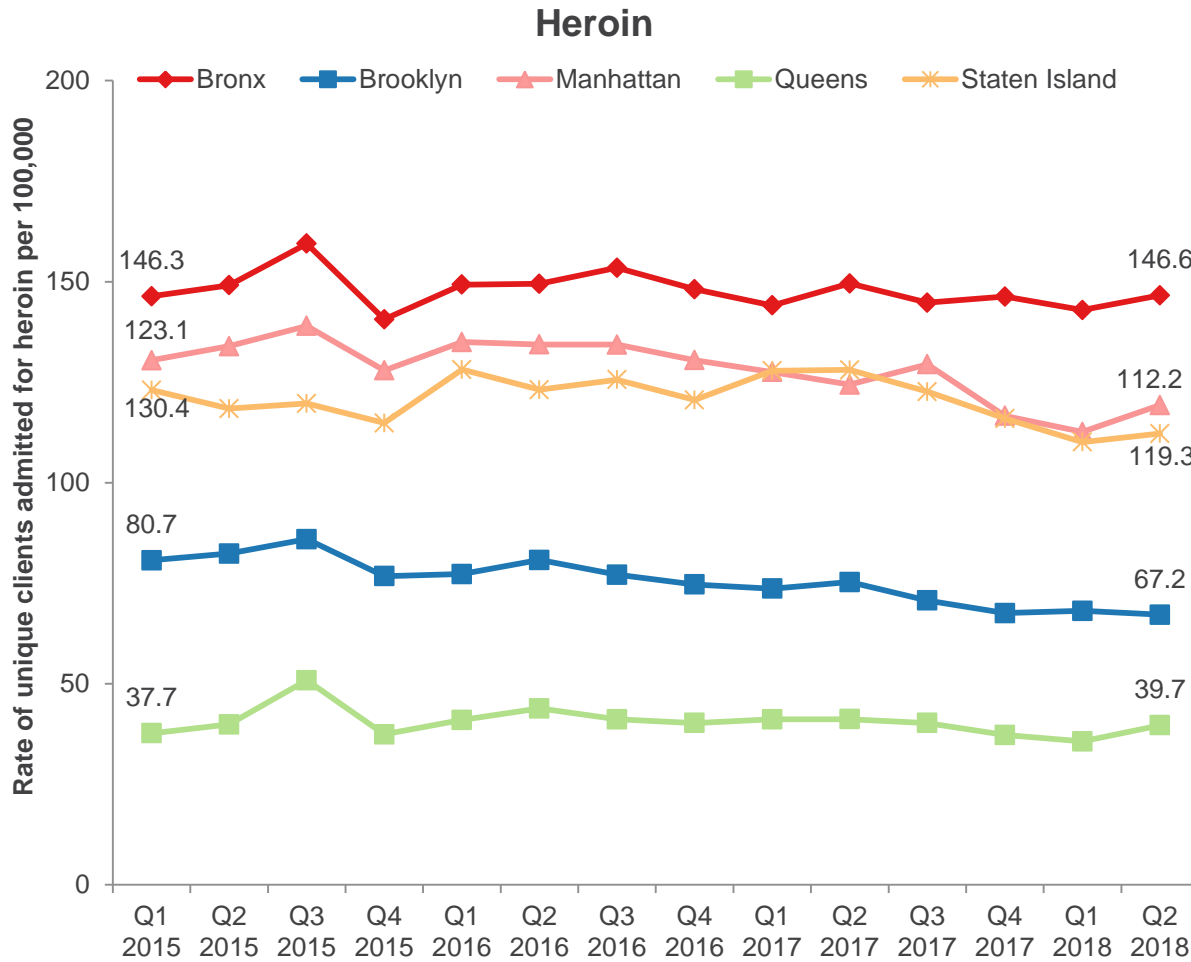
The Bronx and Manhattan have the highest naloxone administration rate reported by emergency medical services (EMS) per 100,000



Data source: New York State: County Opioid Quarterly Report, 2015-2019. Data are not age-adjusted. Numbers represent naloxone administration events reported electronically, actual number of events may be higher



The Bronx has the highest rate of unique clients admitted for heroin and all opioids per 100,000 persons

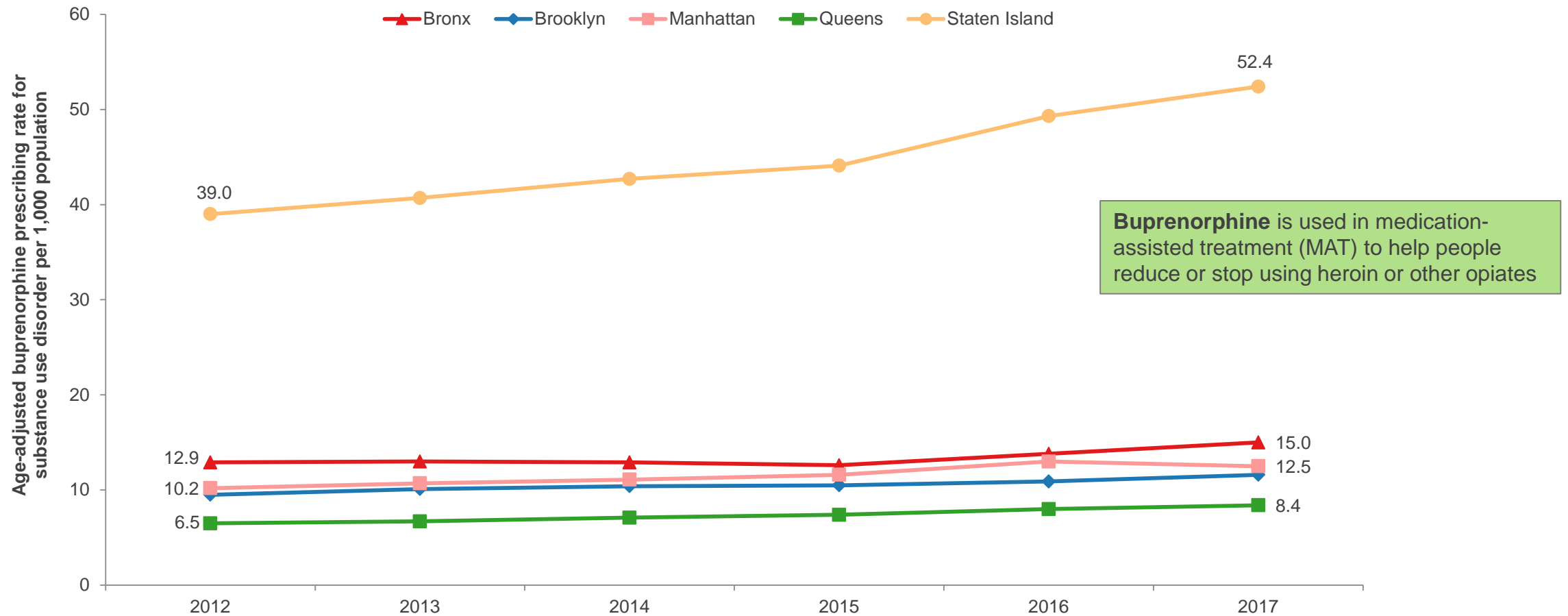


Data source: New York State: County Opioid Quarterly Report, 2015-2019

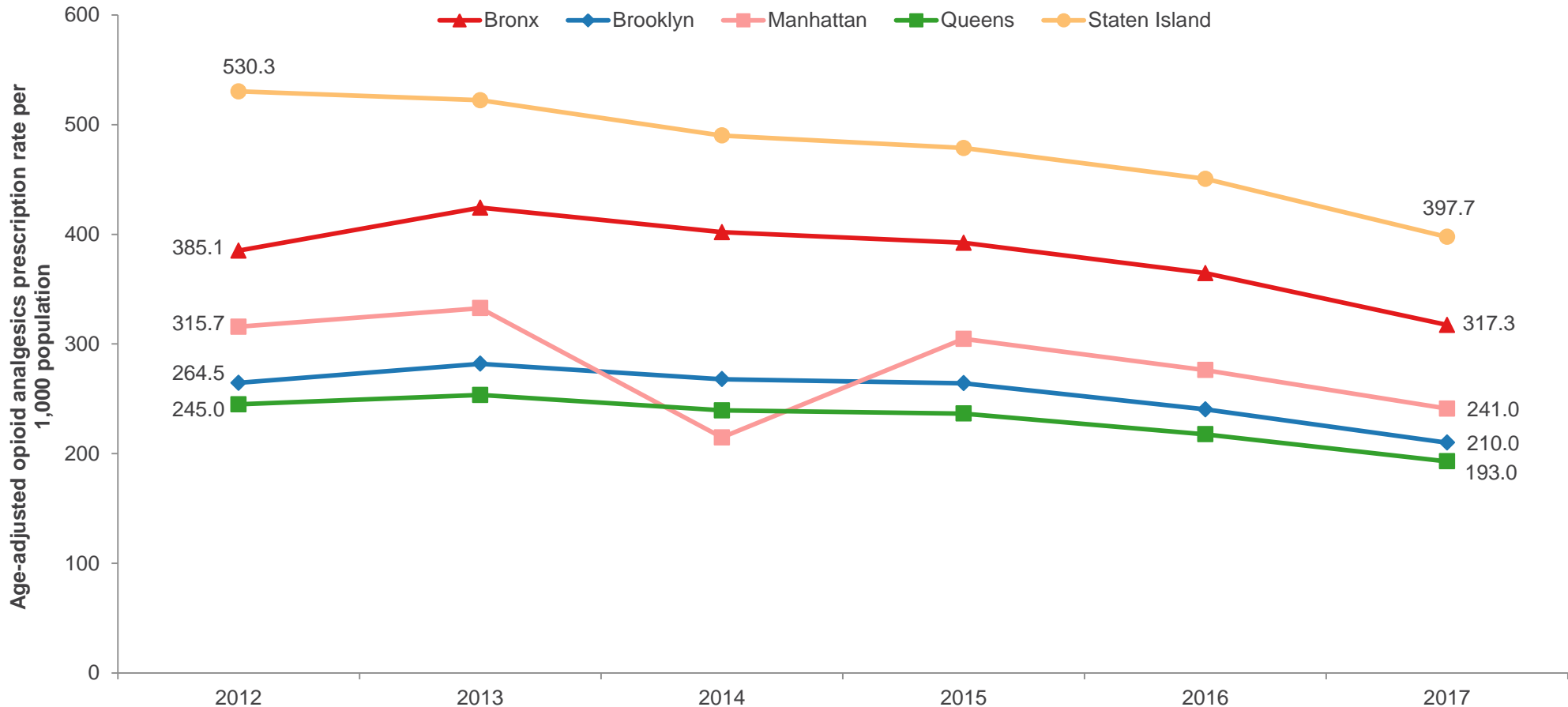
Data are not age-adjusted.

Data reflect admissions to OASAS-certified chemical dependence treatment programs in New York State.

Despite having the highest drug-related mortality rate, the Bronx has only a slightly elevated buprenorphine prescribing rate, significantly lower than Staten Island

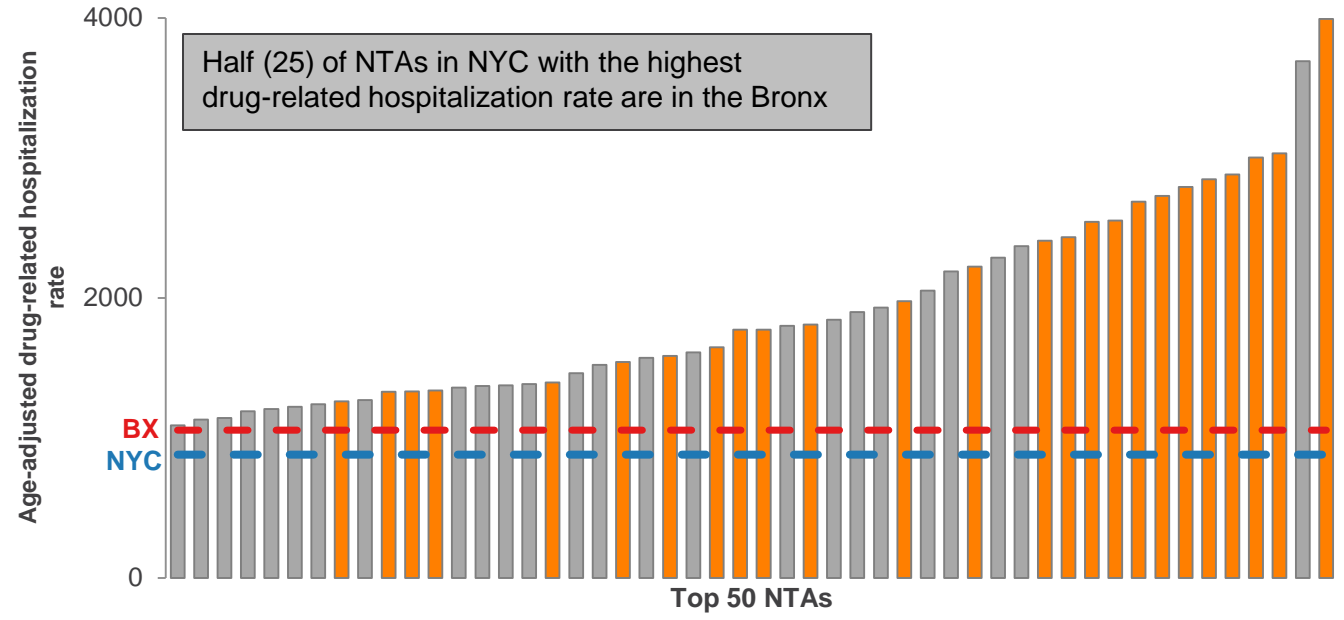
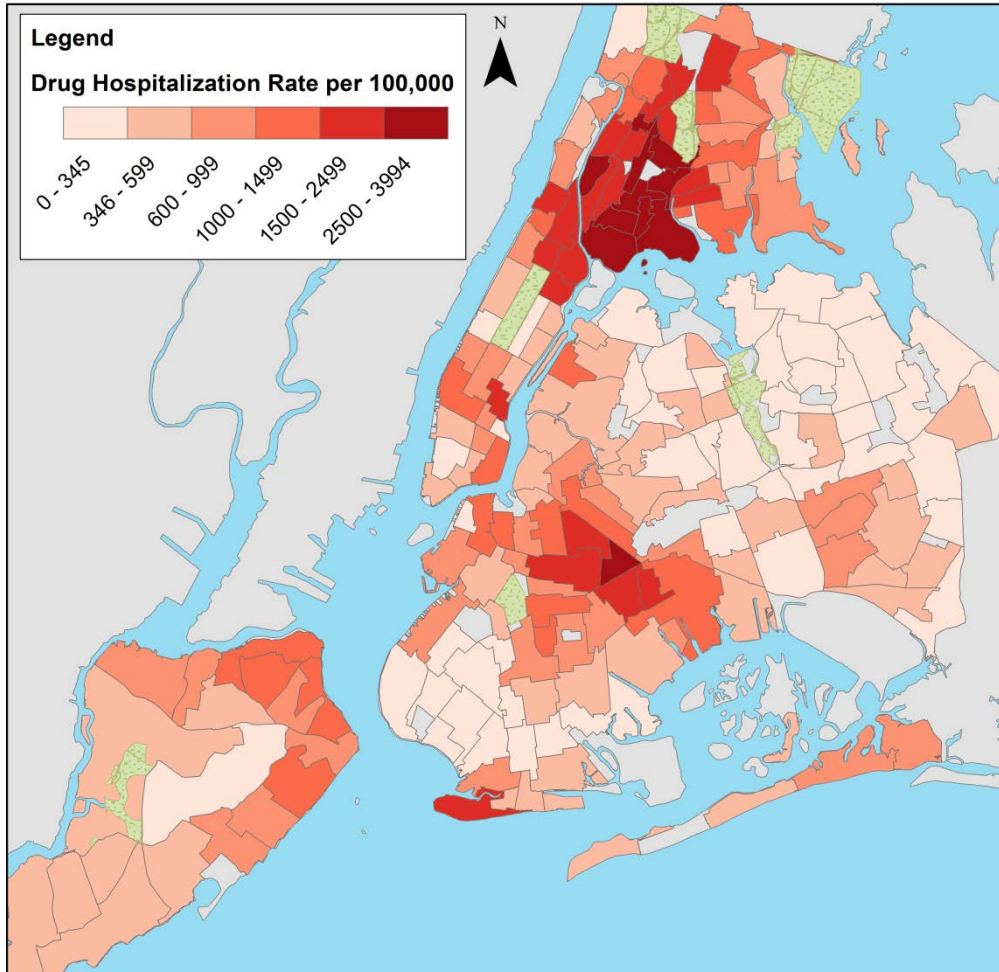


The Bronx has the second highest opioid prescribing rate in NYC, but it has declined slightly since 2012



Drug-related hospitalizations

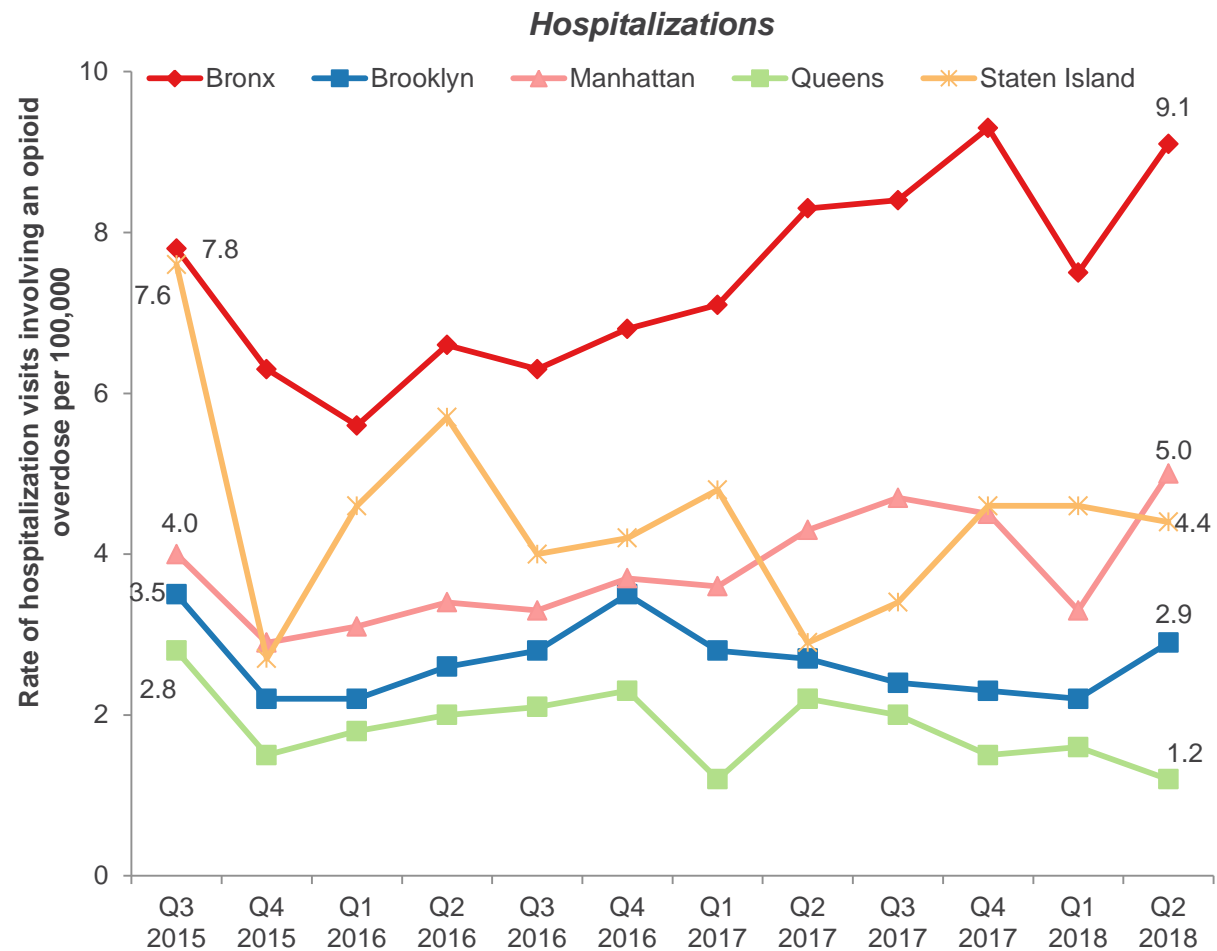
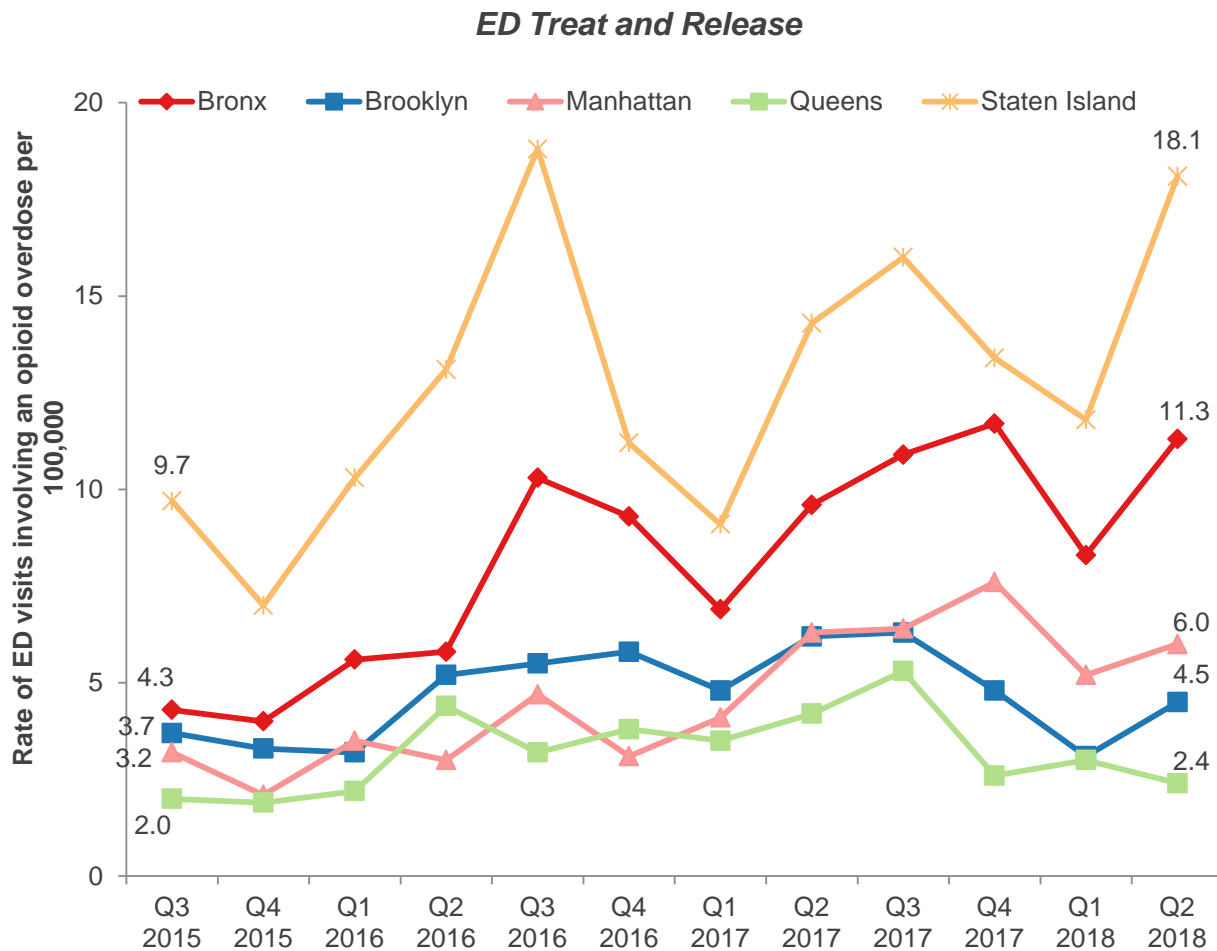
9 of 10 NTAs* with highest drug-related hospitalizations are in the Bronx



Bronx NTA	Drug Hospitalization Rate per 100,000
Top 5 Bronx Neighborhoods	
1. Claremont-Bathgate	3993.7
2. Melrose South-Mott Haven North	3032.5
3. East Tremont	3003.6
4. Morrisania-Melrose	2883.5
5. Hunts Point	2847.4
Bottom 5 Bronx Neighborhoods	
32. Schuylerville-Throgs Neck-Edgewater Park	694.5
33. Spuyten Duyvil-Kingsbridge	638.8
34. Co-op City	577.8
35. Pelham Bay-Country Club-City Island	574.8
36. North Riverdale-Fieldston-Riverdale	304.1

16 Data source: NYC Neighborhood Health Atlas, 2014. Data is age-adjusted and includes those 15 to 84.
 * NTA stands for Neighborhood Tabulation Area

Staten Island has the highest rate of opioid overdoses occurring in the ED (treat and release) while the Bronx has the highest rate of hospitalization opioid overdoses

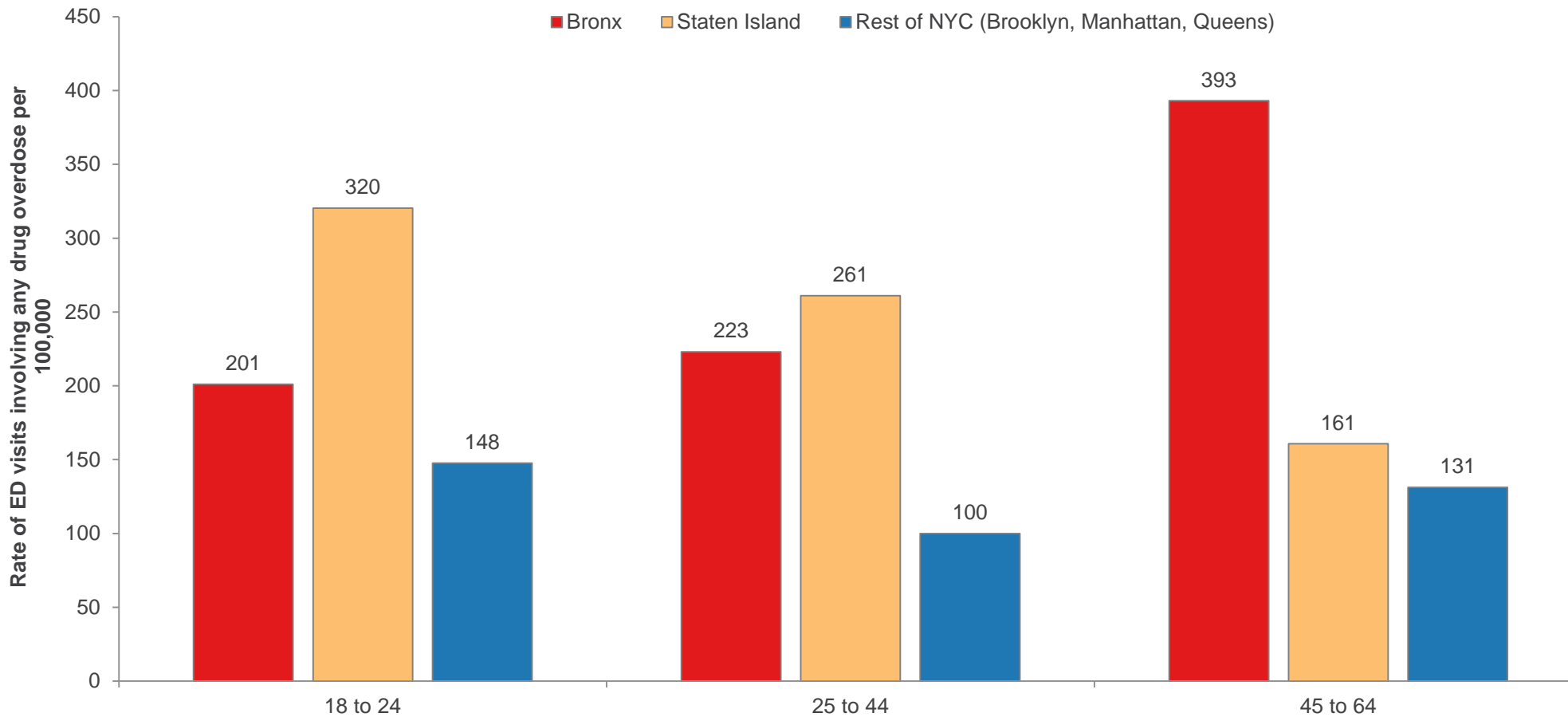


Data source: New York State: County Opioid Quarterly Report, 2015-2019

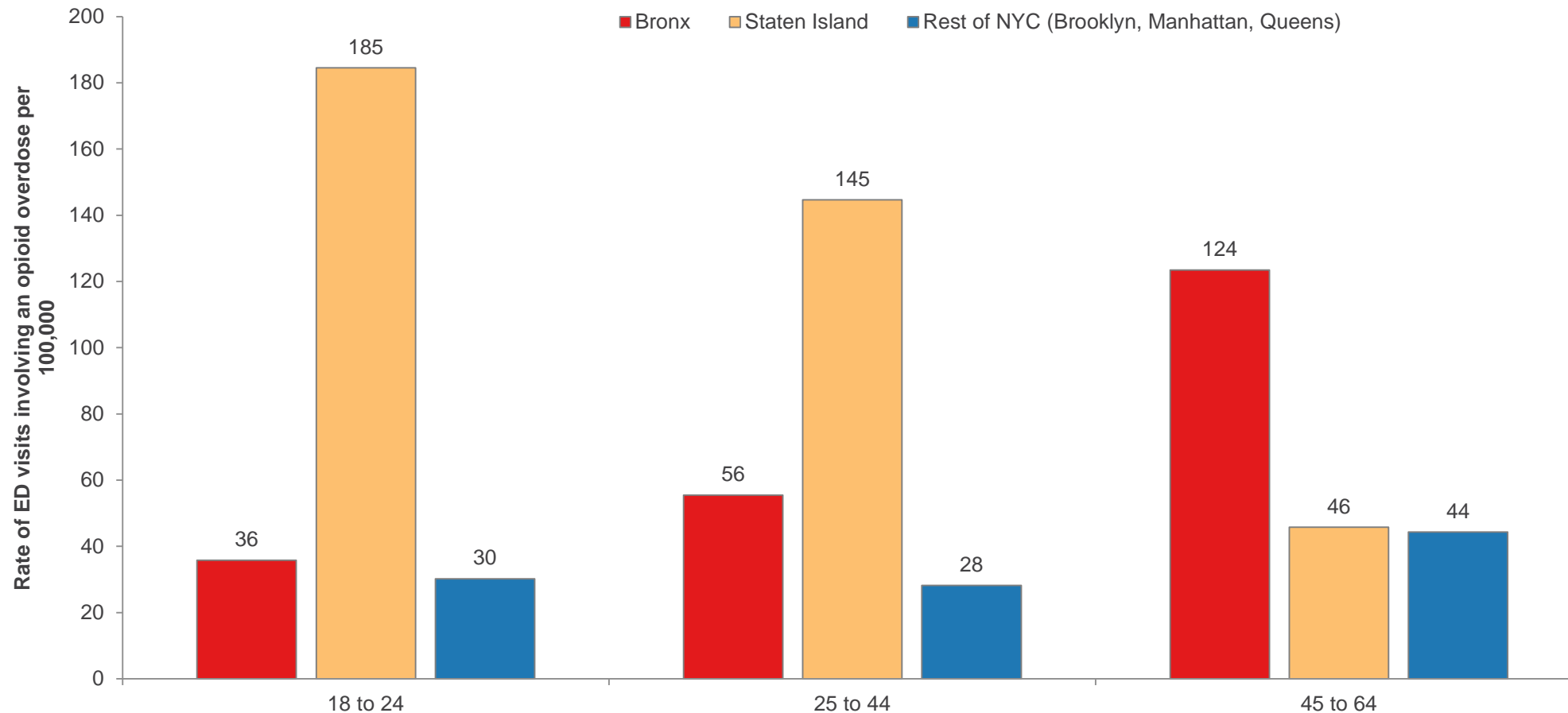
Data are not age-adjusted. ED Treat and Release are sometimes called outpatient emergency department visits; and hospitalizations are sometimes referred to as inpatient visits



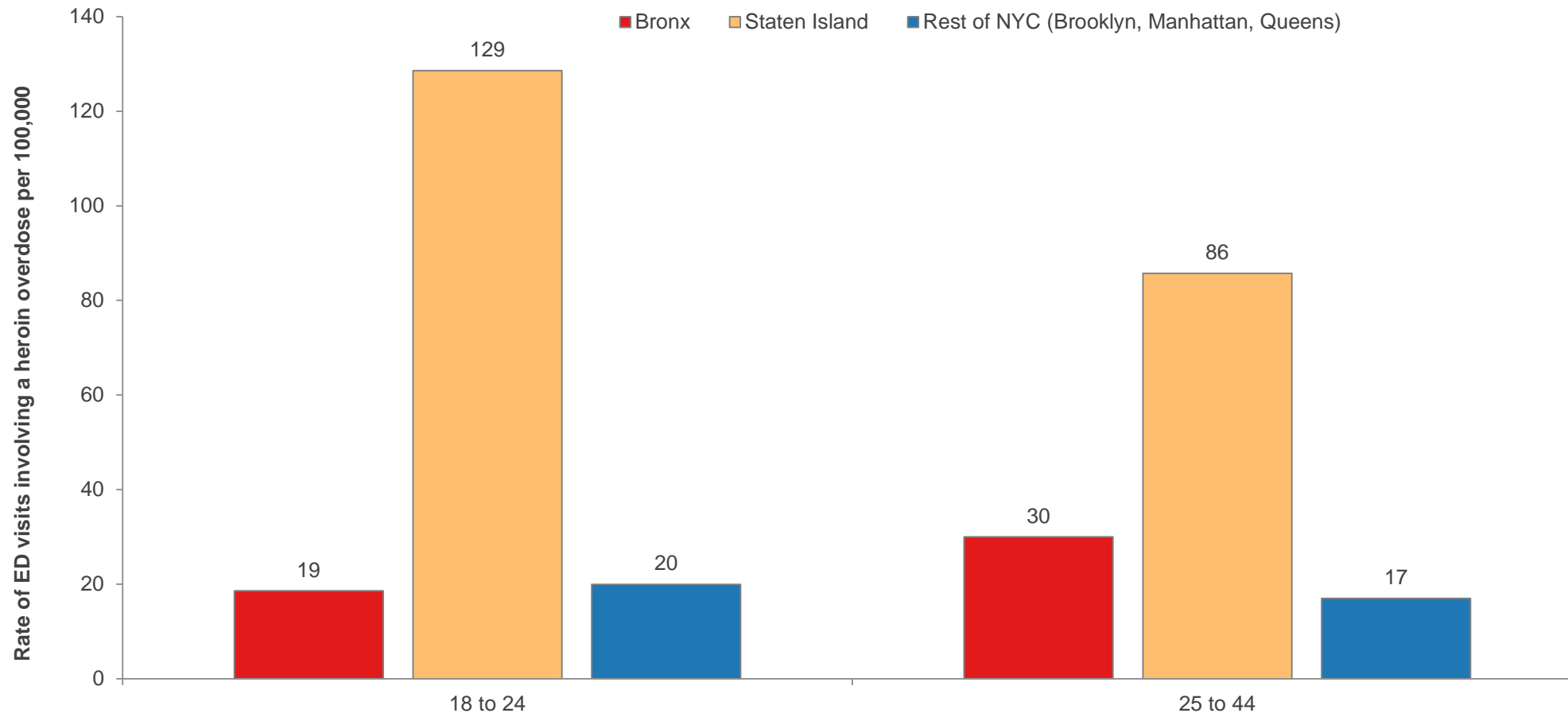
The Bronx has the highest ED visit rate involving any drug overdose for those ages 45 to 64



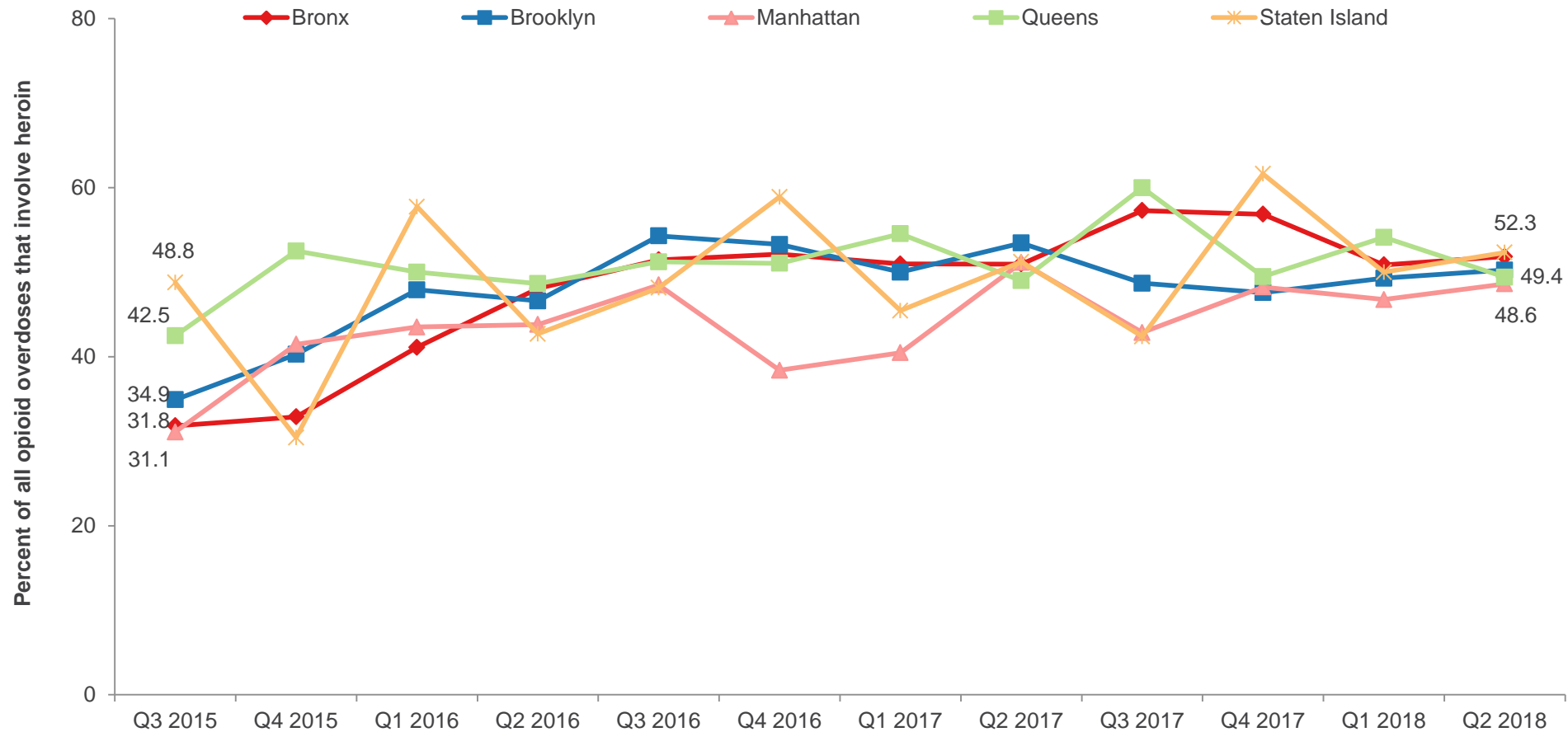
The Bronx has the highest ED visit rate involving an opioid overdose for those ages 45 to 64



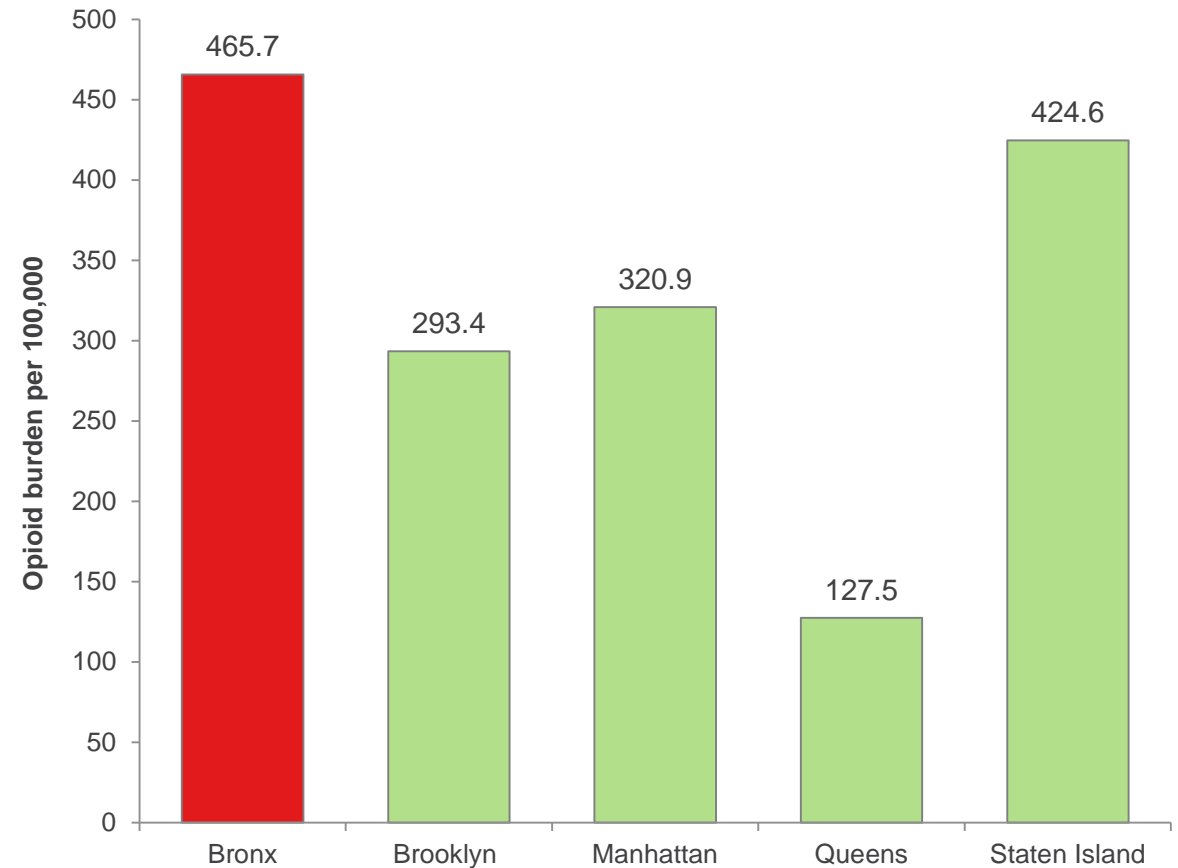
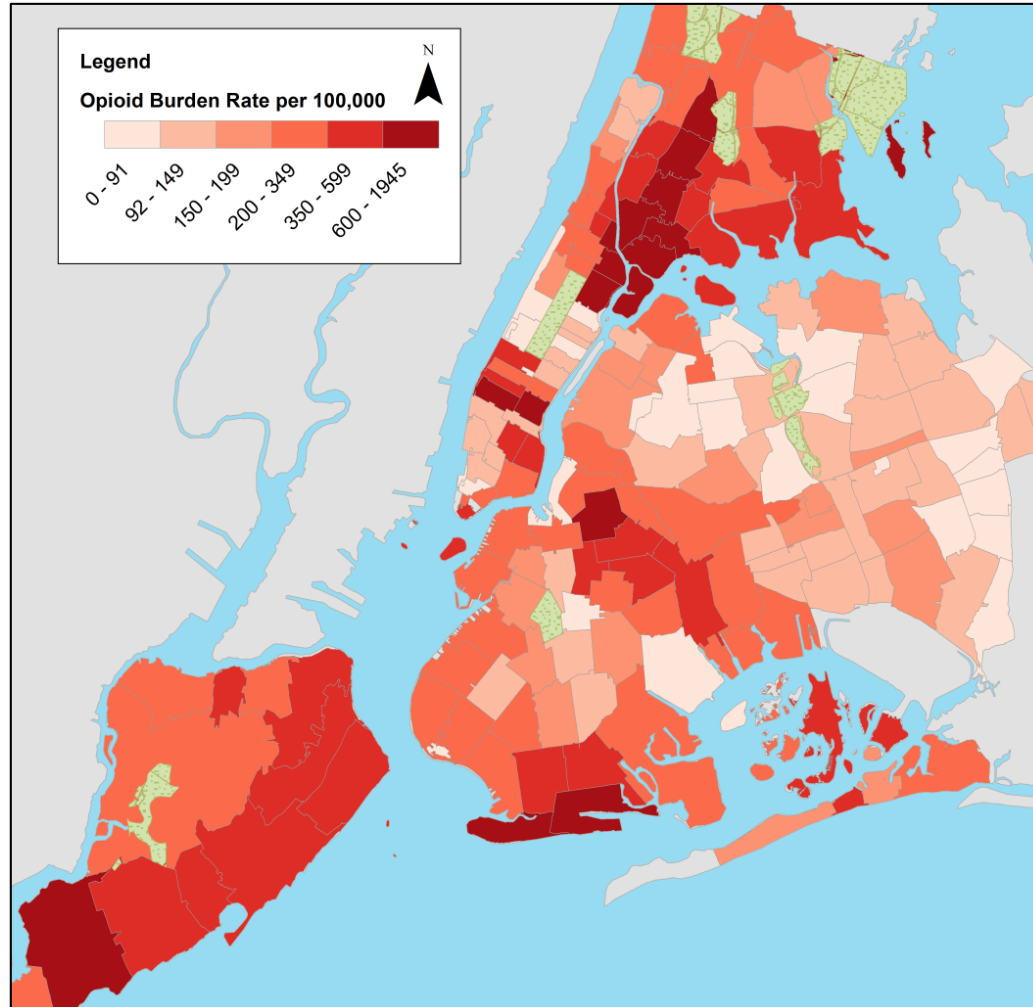
Staten Island has the highest rate of ED visits involving a heroin overdose



Heroin overdoses are contributing to a growing percentage of all opioid overdoses in NYC



In the Bronx, the opioid burden is highest in the south and center of the borough

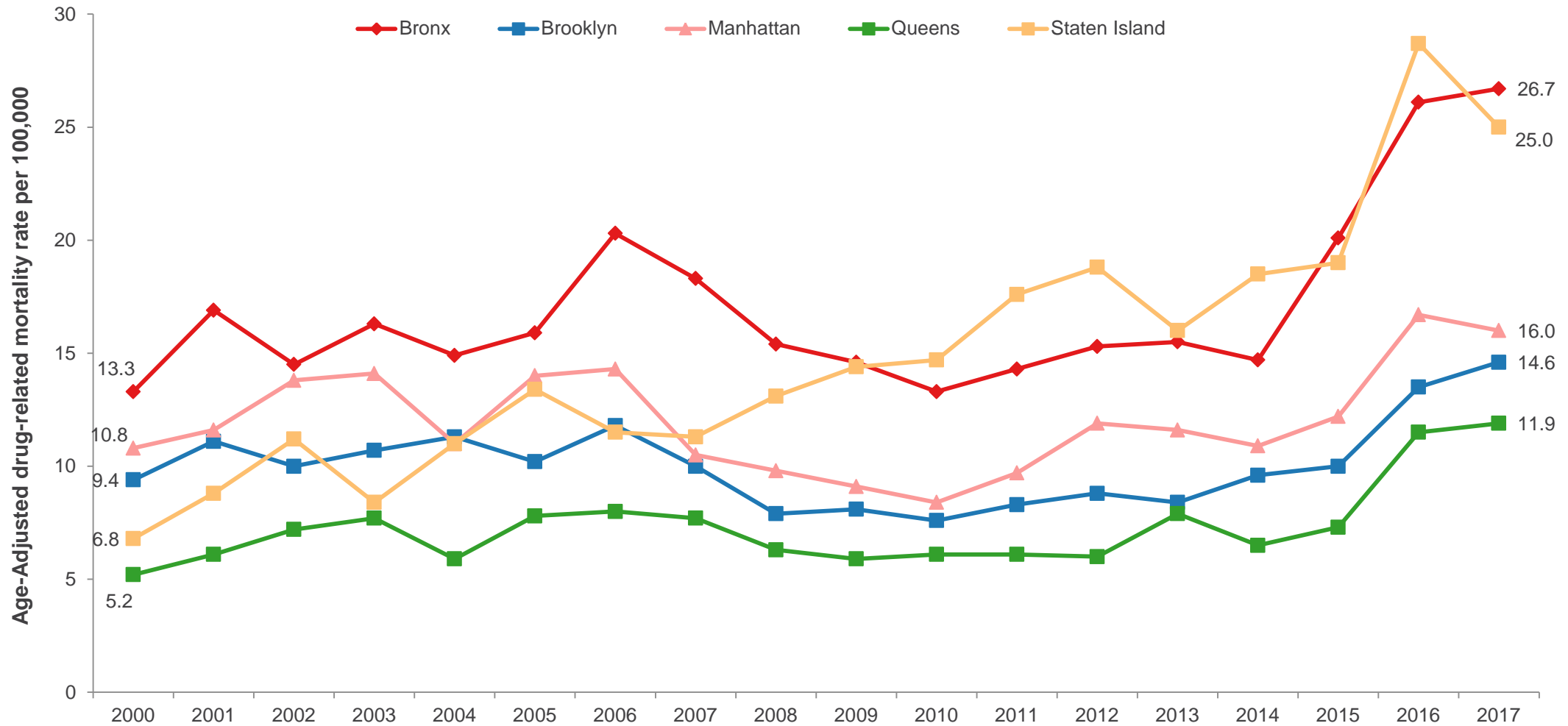


Data Source: New York State Opioid Data Dashboard, 2016. Data presented at the ZIP-code level.

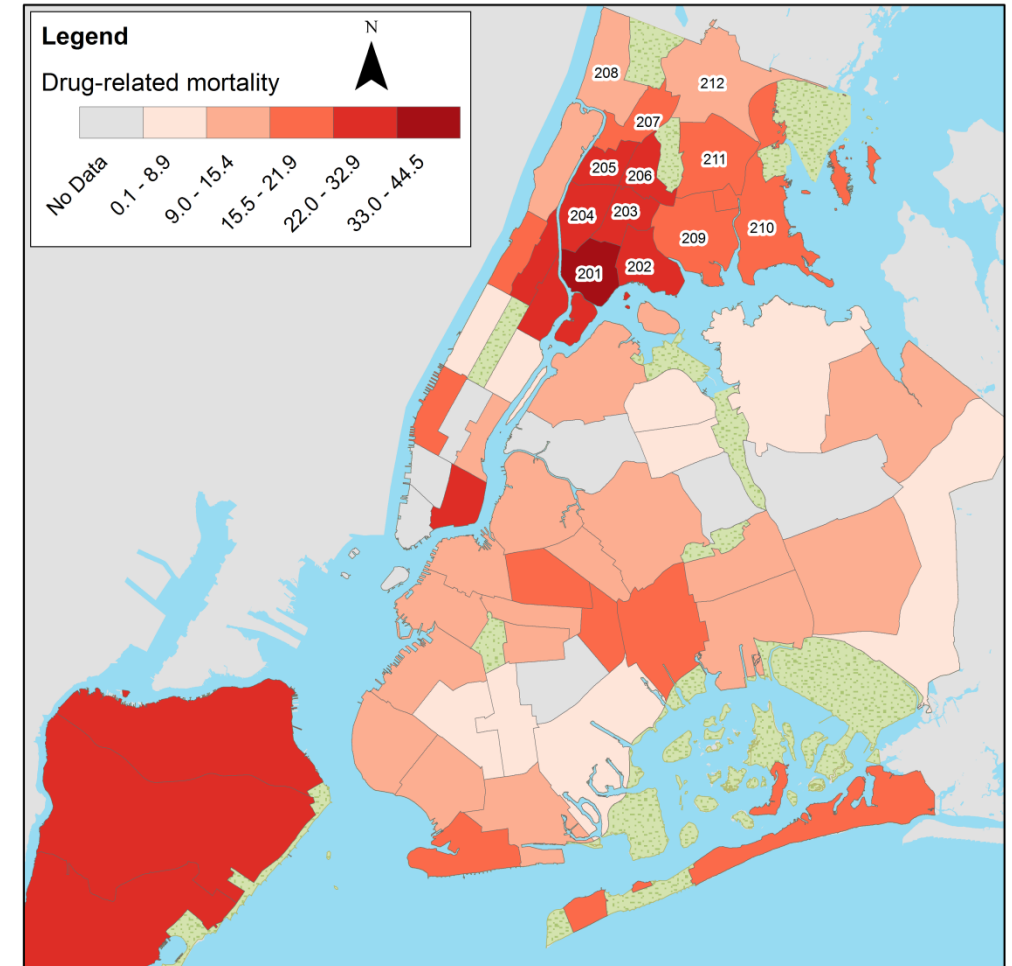
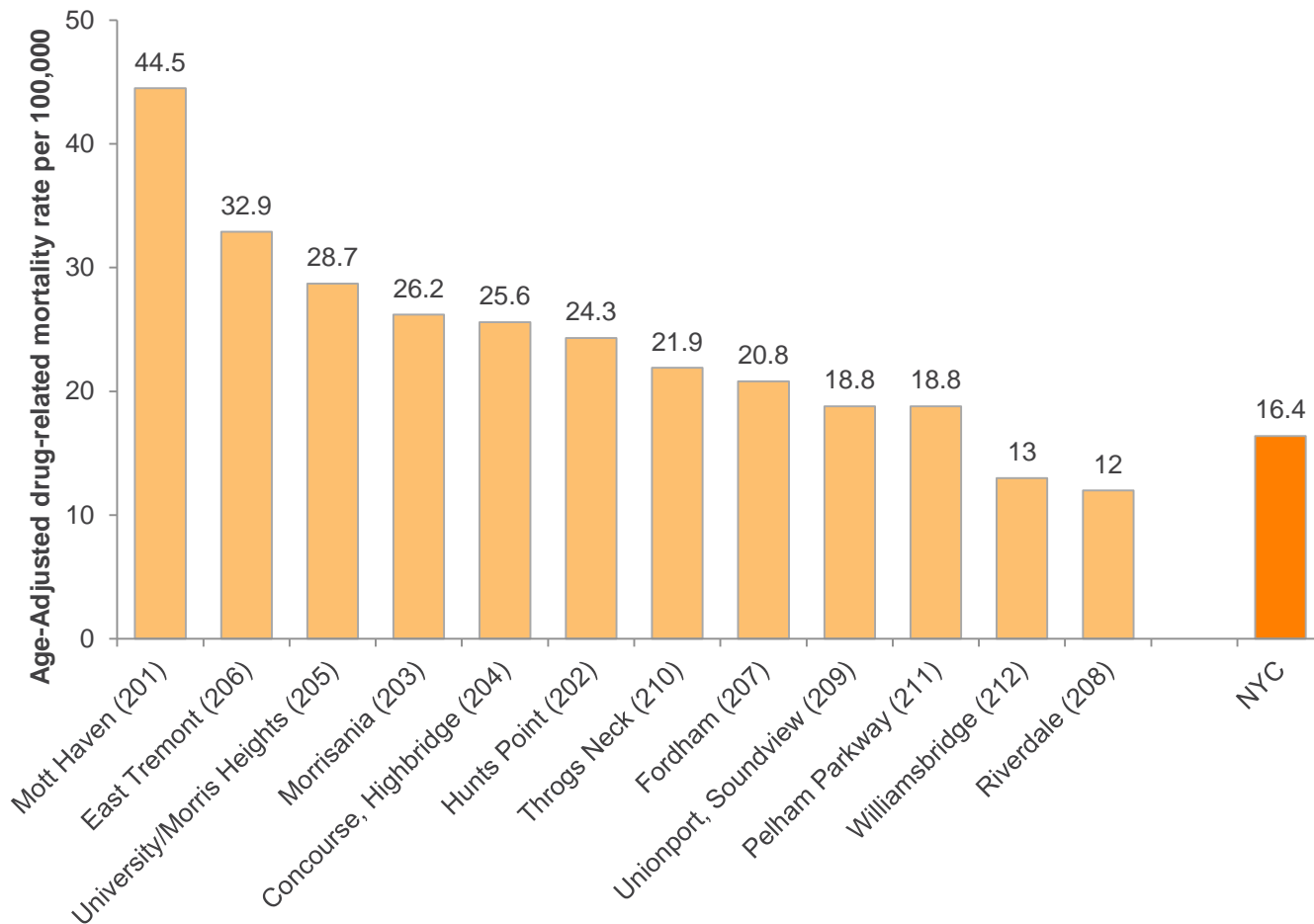
The opioid burden includes outpatient ED visits & hospital discharges for non-fatal opioid overdose, abuse, dependence & unspecified use; and opioid overdose deaths.

Overall Drug-Related Mortality

Bronx and Staten Island have the highest drug-related mortality of the boroughs



The 3 districts with the highest drug-related mortality rates are in the Bronx

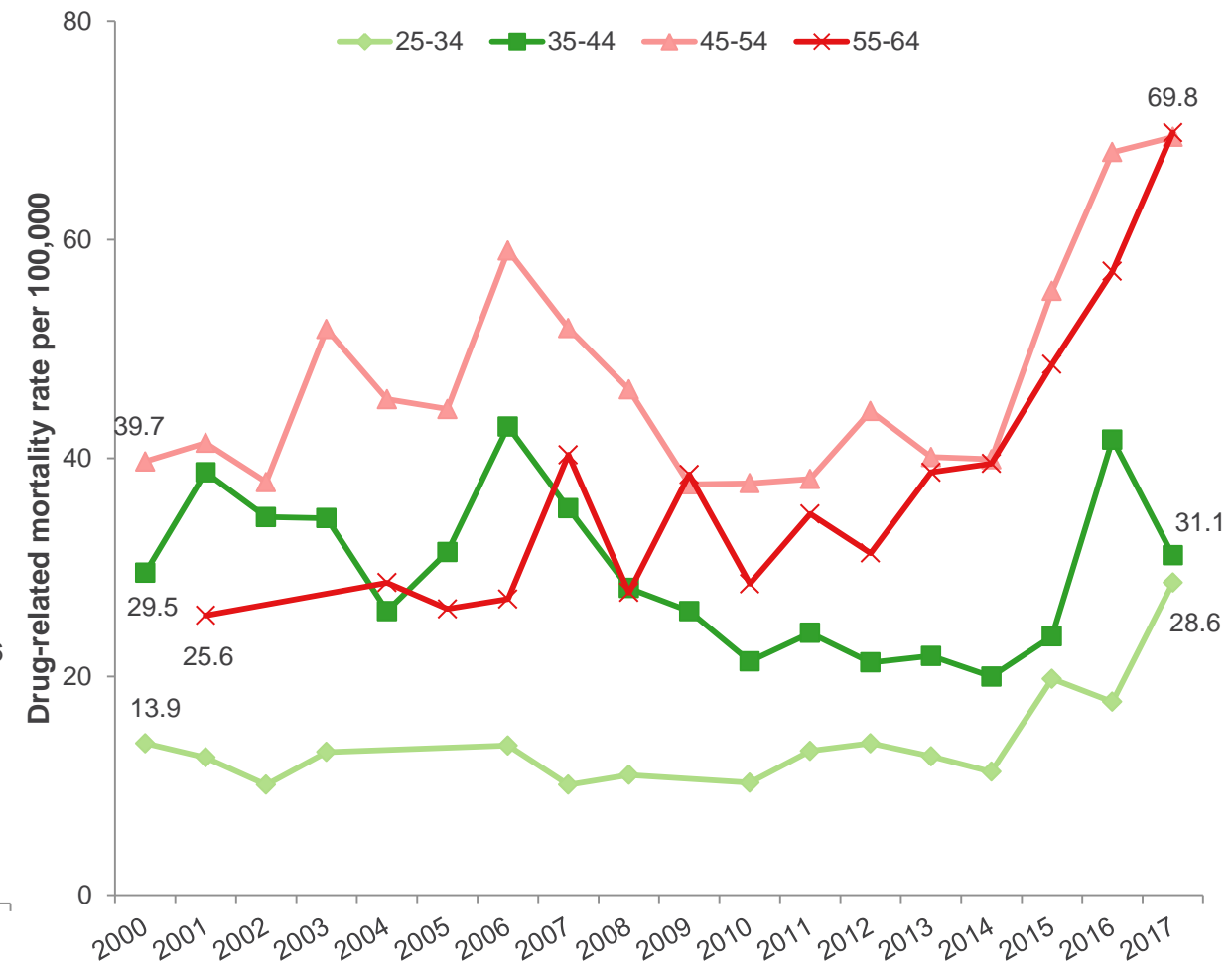
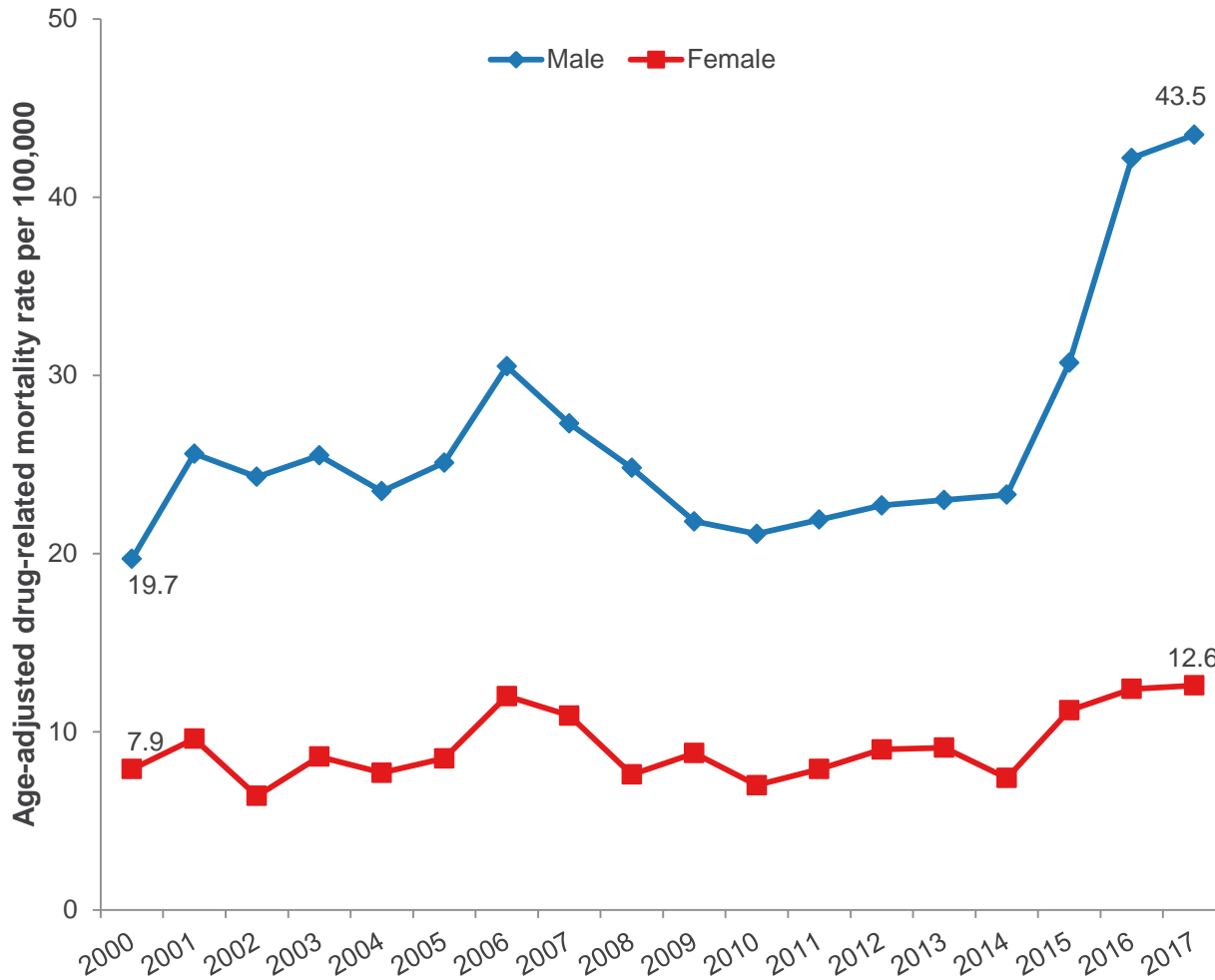


Data source: EpiQuery, NYC Death/Mortality Data, 2016.

Results are age-adjusted. Data presented at the community district level.

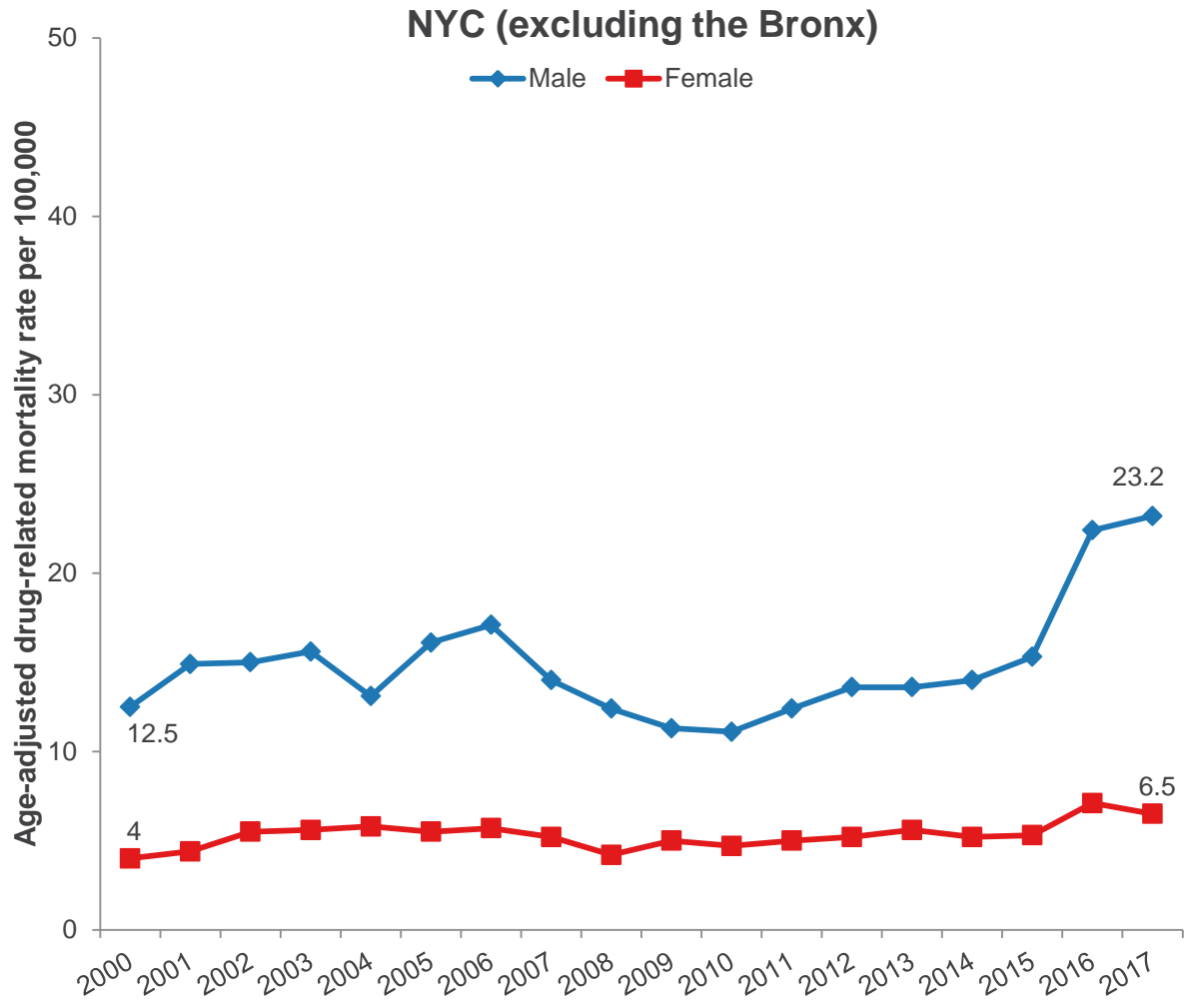
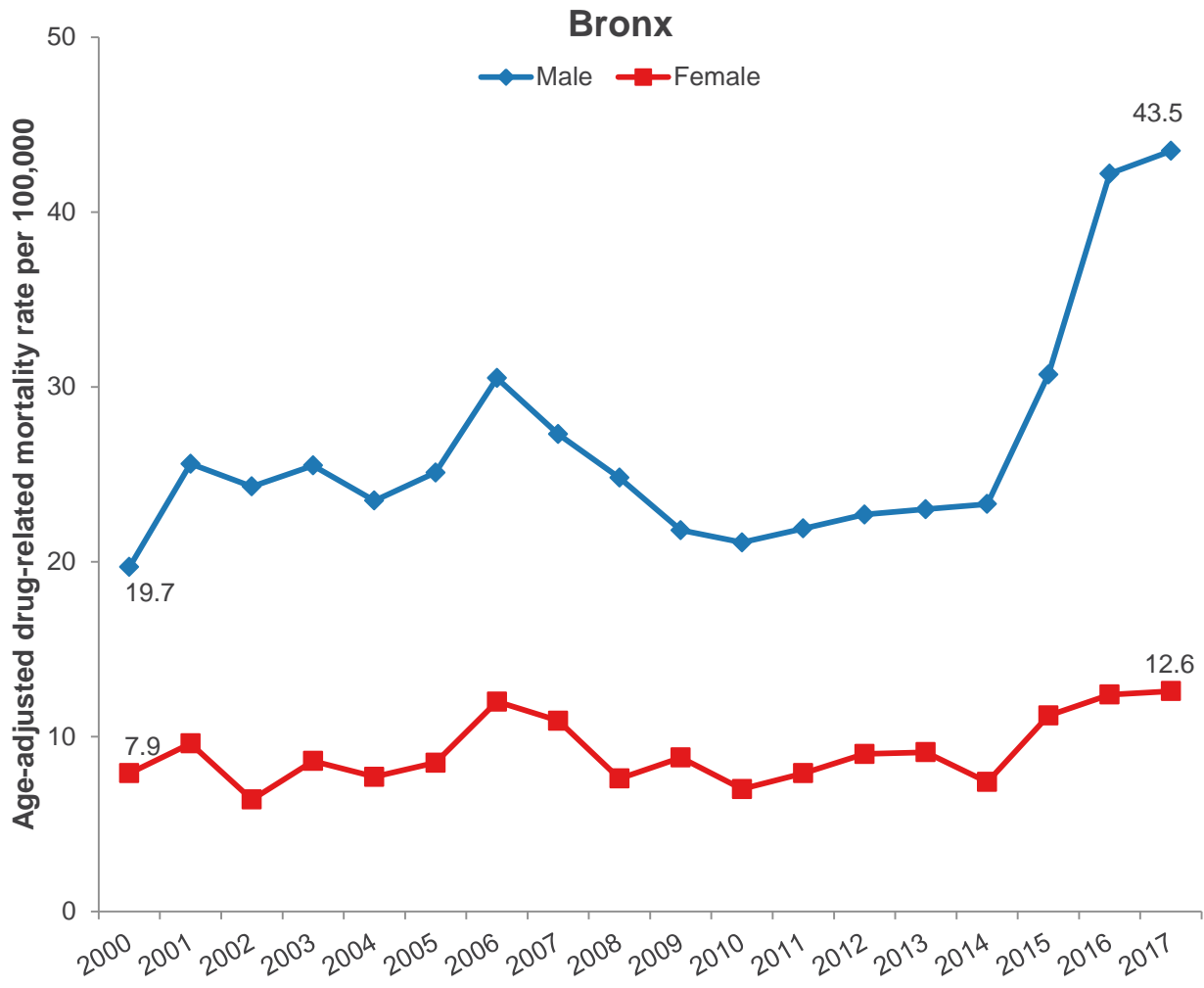
25 Drug-related mortality defined as death due to “mental and behavioral disorders due to use of or accidental poisoning by psychoactive substances excluding alcohol or tobacco”

Males and those 45-64 have the highest drug-related mortality rates in the Bronx, similar to the rest of NYC



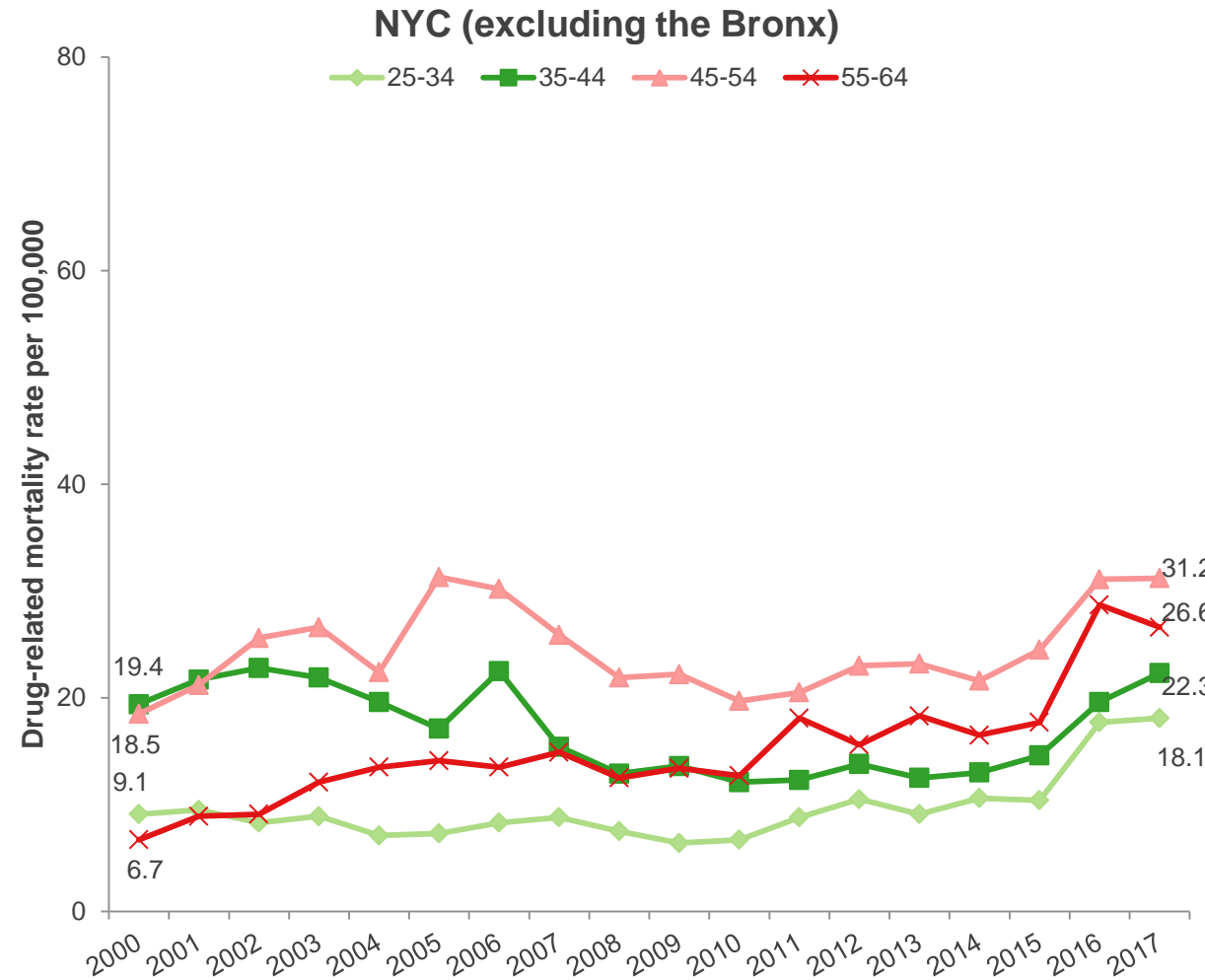
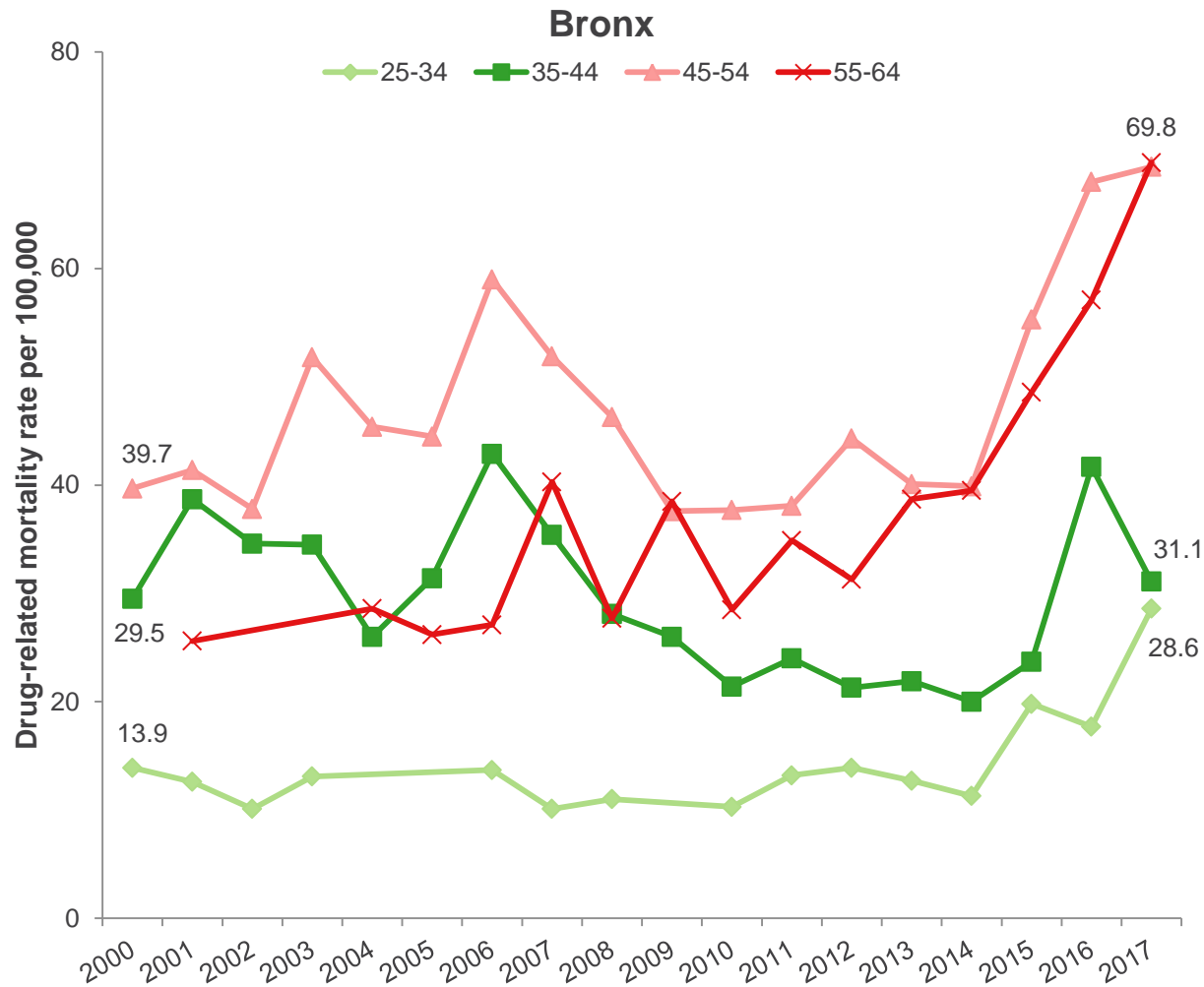
Data source: Underlying Cause of Death, 2000-2017. Age-specific rates are not age-adjusted. 25-34 year data unstable 2004-2005, 2009. 55-64 year data unstable 2000, 2002-2003.

The increase in drug-related mortality among men is stronger than the rest of NYC



Data source: Underlying Cause of Death, 2000-2017.
 Age-specific rates are not age-adjusted. 25-34 year data unstable 2004-2005, 2009. 55-64 year data unstable 2000, 2002-2003.

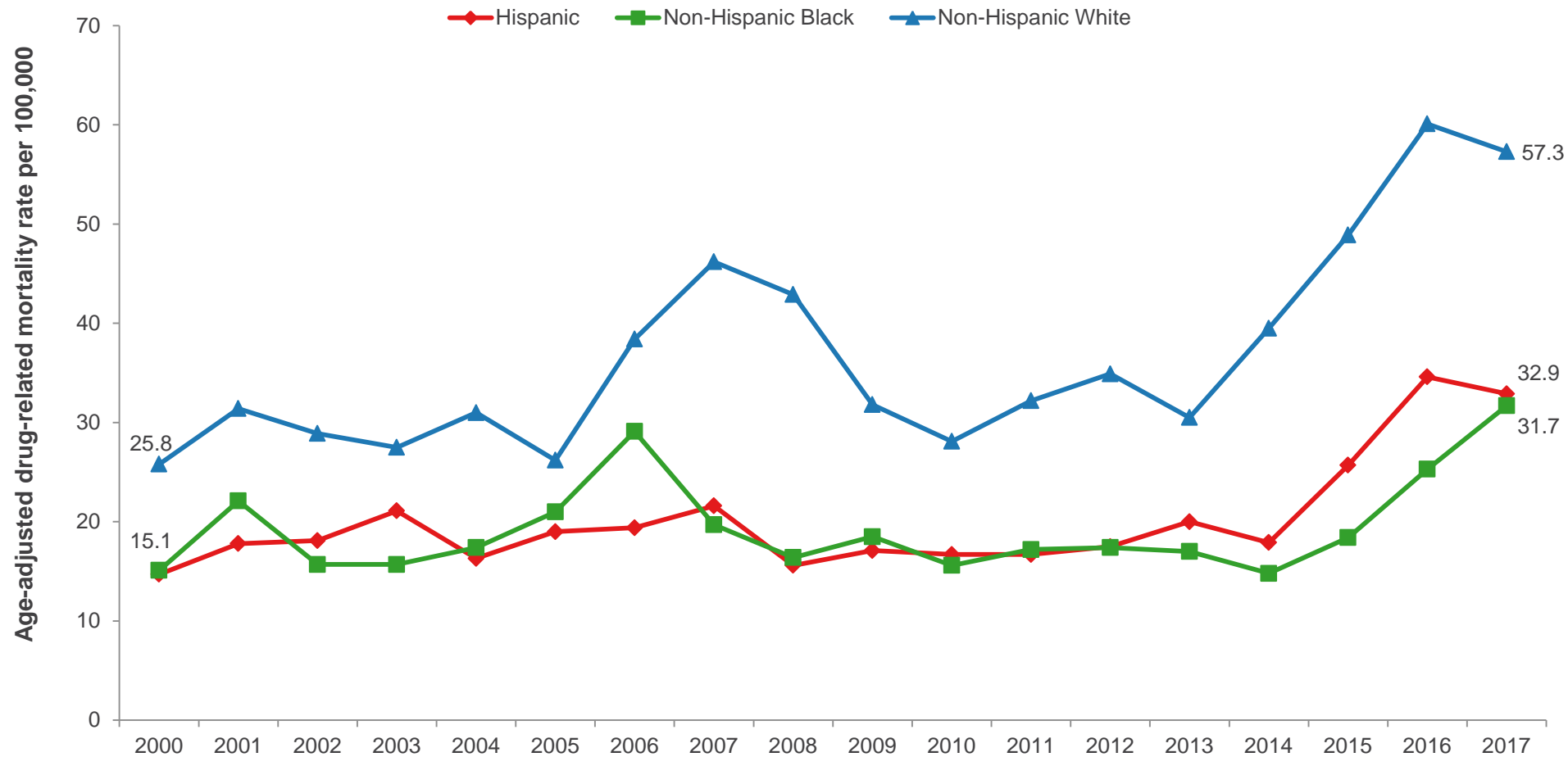
Drug-related mortality among those 45-64y has increased more in the Bronx than the rest of NYC



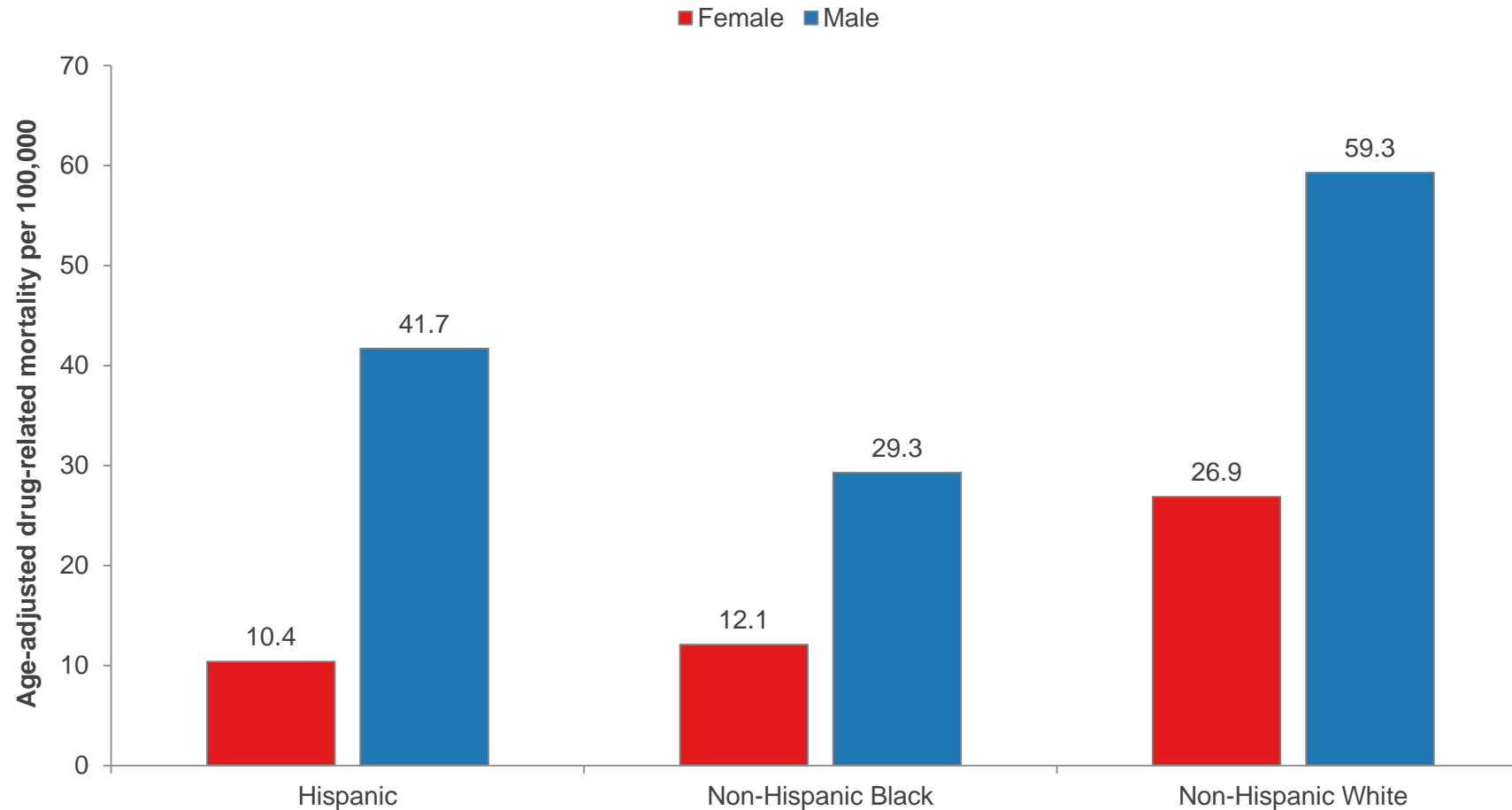
Data source: Underlying Cause of Death, 2000-2017.

Age-specific rates are not age-adjusted. 25-34 year data unstable 2004-2005, 2009. 55-64 year data unstable 2000, 2002-2003.

Non-Hispanic white populations have the highest rates of drug-related mortality in the Bronx



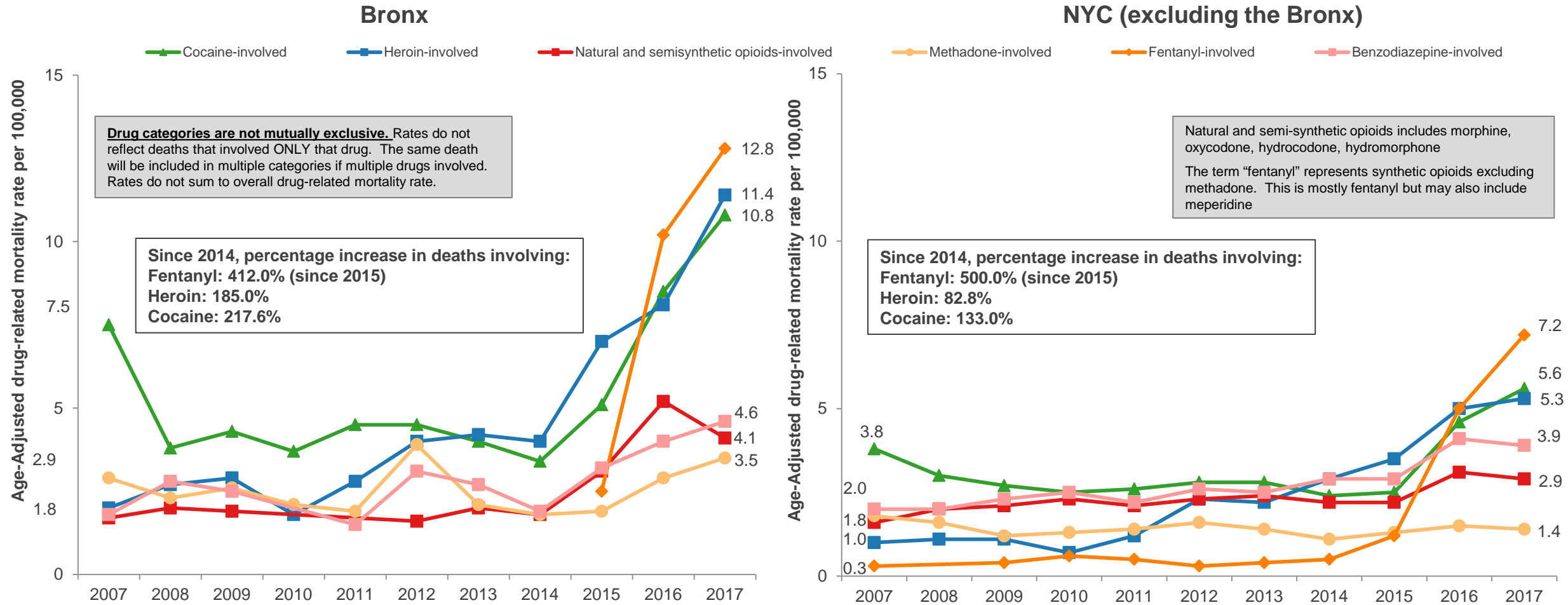
The relationship between gender and drug-related mortality varies by race/ethnicity



Mortality Separated by Drug Type

*Contribution of specific drugs
to drug-related mortality*

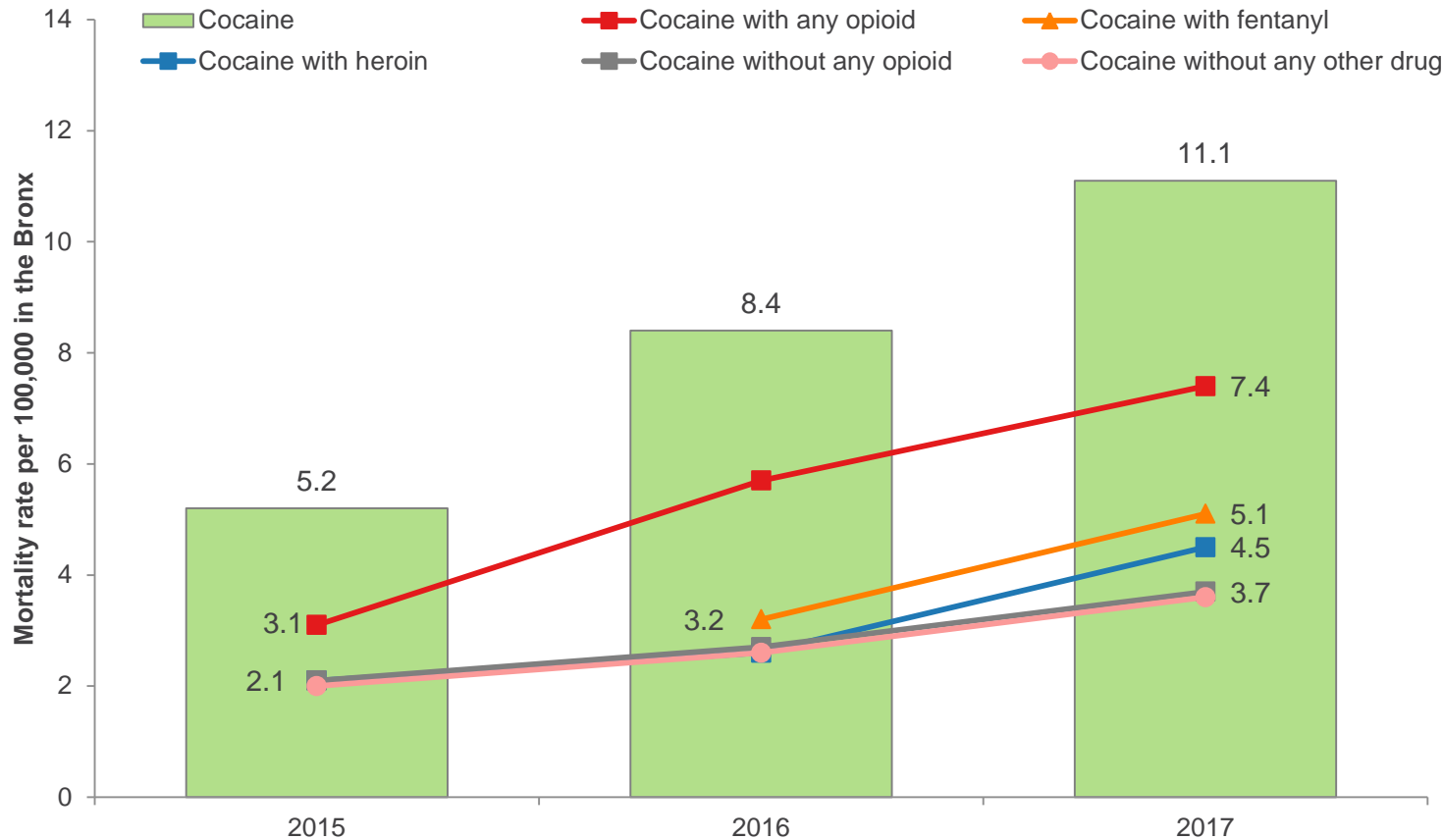
The mortality-rate involving heroin or cocaine have increased more in the Bronx than the rest of NYC since 2014



Data source: Multiple Cause of Death, 2007-2017. In the Bronx, natural and semisynthetic opioids unstable 2010-2011; fentanyl unstable prior to 2015; Benzodiazepine unstable in 2010. In NYC, fentanyl unstable in 2008.

The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine

In 2017 in the Bronx, two-thirds of cocaine-related deaths involved opioids, with an increasing percentage involving fentanyl



Drug categories are not mutually exclusive. Rates do not reflect deaths that involved ONLY that drug. The same death will be included in multiple categories if multiple drugs involved. Rates do not sum to overall drug-related mortality rate.

	2015	2017
Any Opioid	59.6%	66.7%
Fentanyl	38.1%*	45.9%
Heroin	40.4%	40.5%
Without any opioid	40.4%	33.3%
Without any other drug* indicated	38.5%	32.4%

*Data is for 2016

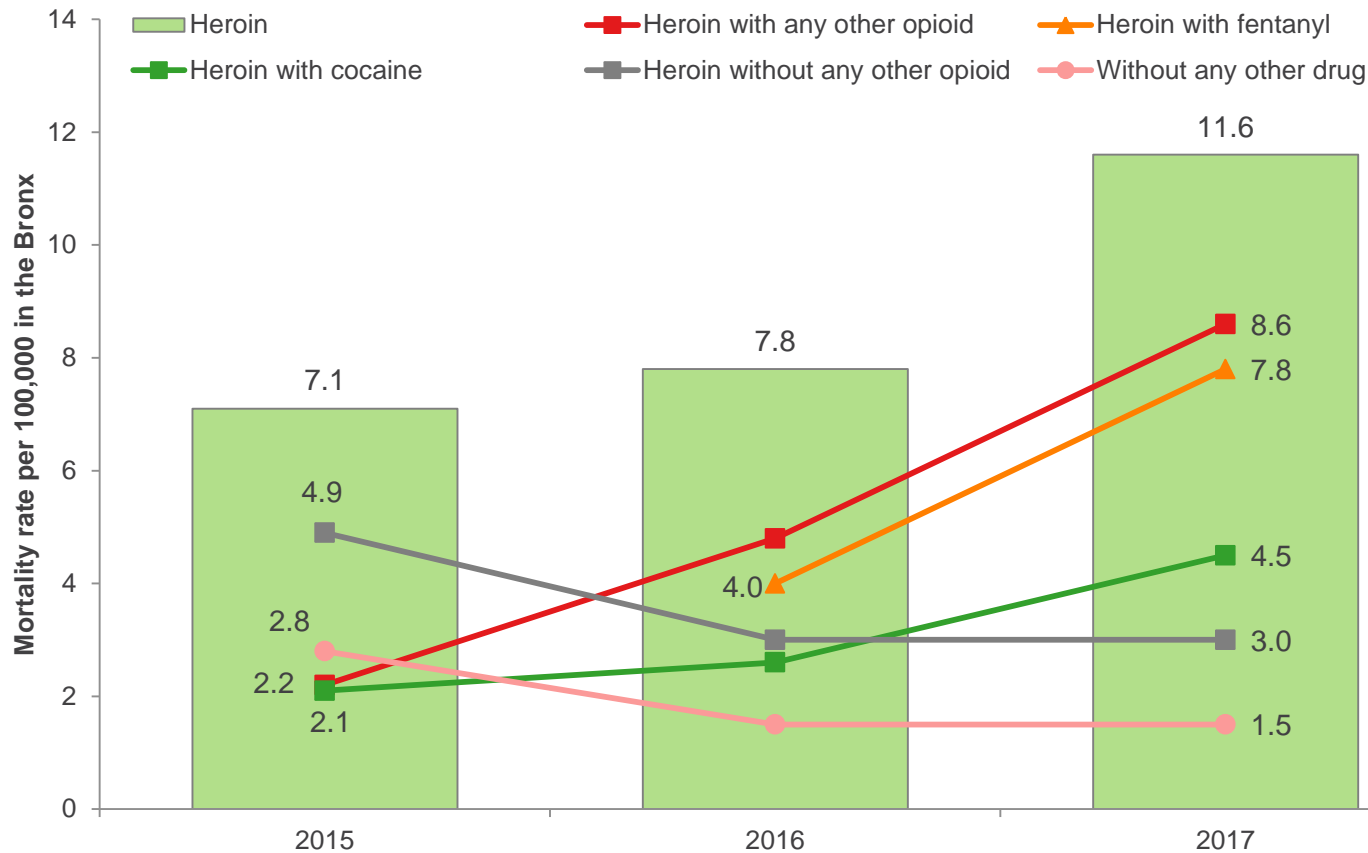
*Other drugs include heroin, fentanyl, natural/semi-synthetic opioids, methadone, benzodiazepine

Data source: Multiple Cause of Death, 2015-2017.

33 Data is not age-adjusted.

The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine.

In 2017 in the Bronx, almost three-quarters of heroin-related deaths involved other opioids, an over two-fold increase since 2015



Drug categories are not mutually exclusive. Rates do not reflect deaths that involved ONLY that drug. The same death will be included in multiple categories if multiple drugs involved. Rates do not sum to overall drug-related mortality rate.

Percent of heroin-related deaths involving...		
	2015	2017
Any Other Opioid	30.9%	74.1%
Fentanyl	51.2%*	67.2%
Cocaine	29.6%	38.8%
Without any other opioid	69.0%	25.9%
Without any other drug* indicated	39.4%	12.9%

*Data is for 2016

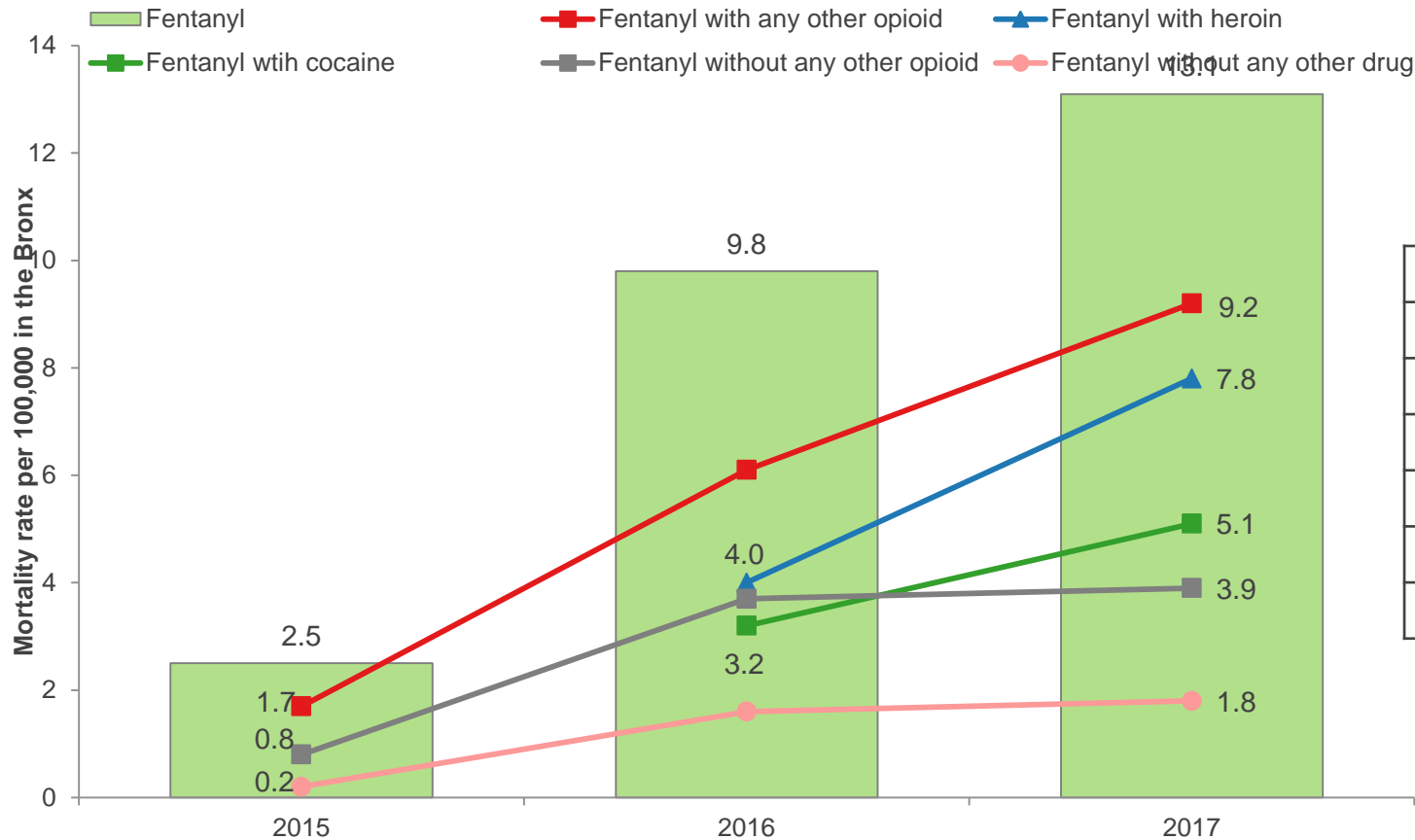
*Other drugs include heroin, fentanyl, natural/semi-synthetic opioids, methadone, benzodiazepine

Data source: Multiple Cause of Death, 2015-2017.

34 Data is not age-adjusted.

The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine.

In the Bronx, the percent of fentanyl-related deaths involving cocaine or heroin increased between 2016 and 2017



Drug categories are not mutually exclusive. Rates do not reflect deaths that involved ONLY that drug. The same death will be included in multiple categories if multiple drugs involved. Rates do not sum to overall drug-related mortality rate.

	2016	2017
Any other opioid	68.0%	70.2%
Heroin	40.8%*	59.5%
Cocaine	32.7%*	38.9%
Without any other opioid	32.0%	29.8%
Without any other drug* indicated	8.0%	13.7%

*Data is for 2016

*Date is for 2016

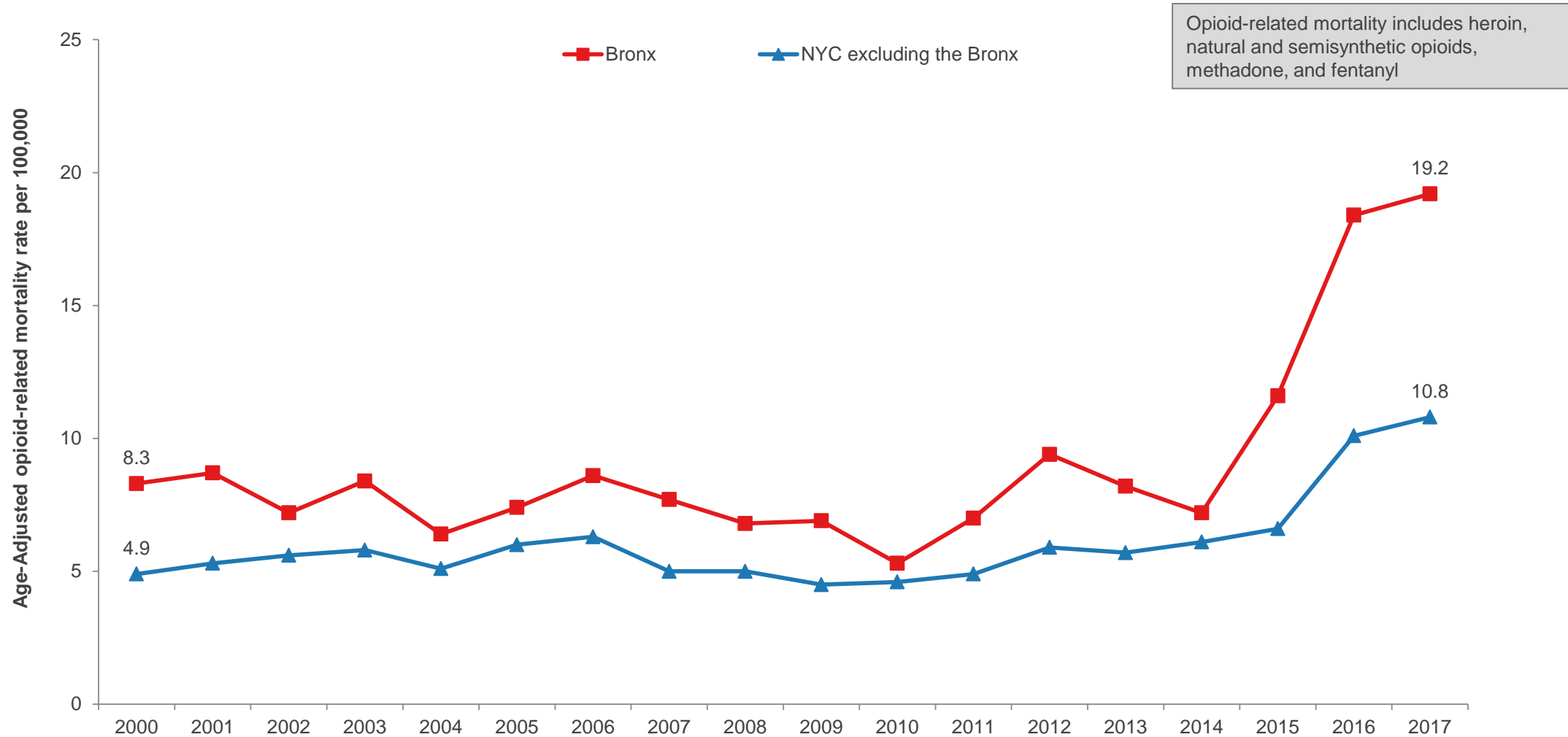
*Other drugs include heroin, fentanyl, natural/semi-synthetic opioids, methadone, benzodiazepine

Data source: Multiple Cause of Death, 2015-2017.

35 Data is not age-adjusted.

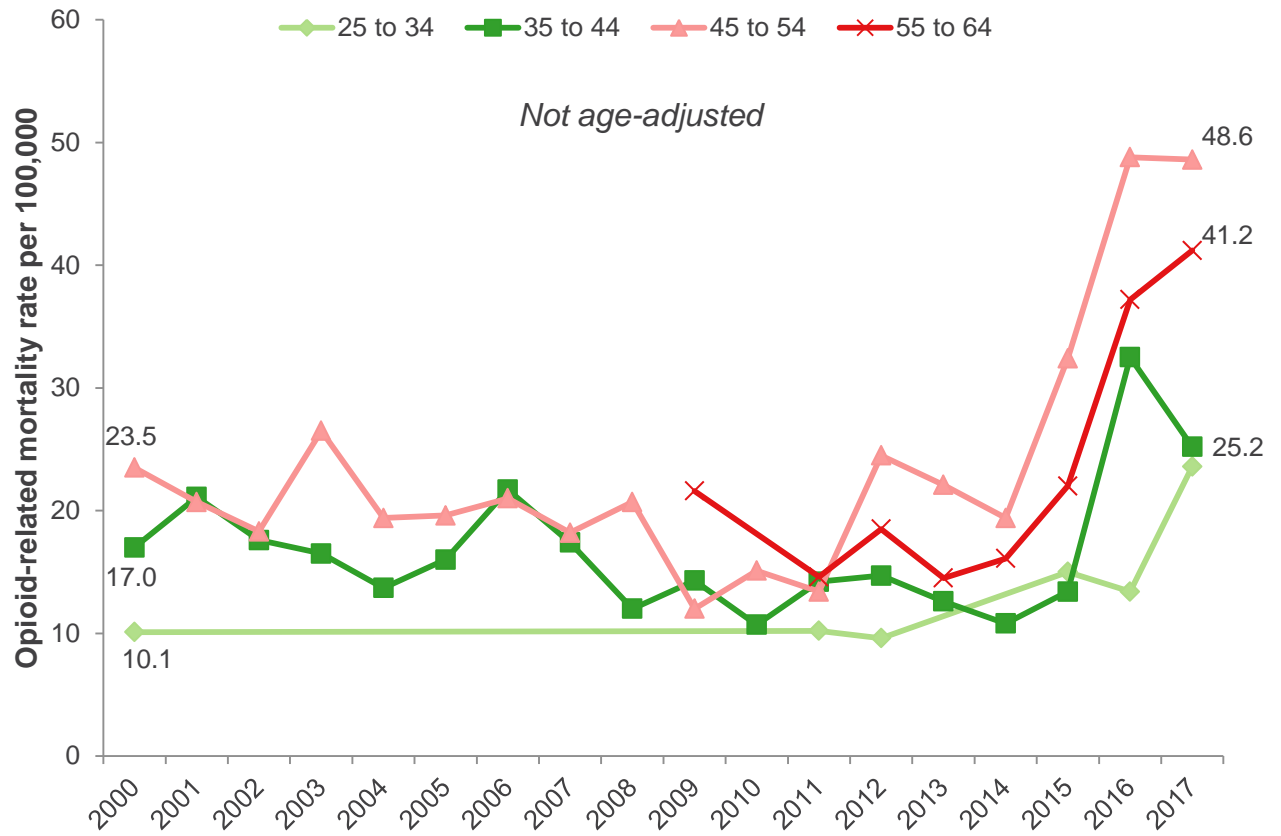
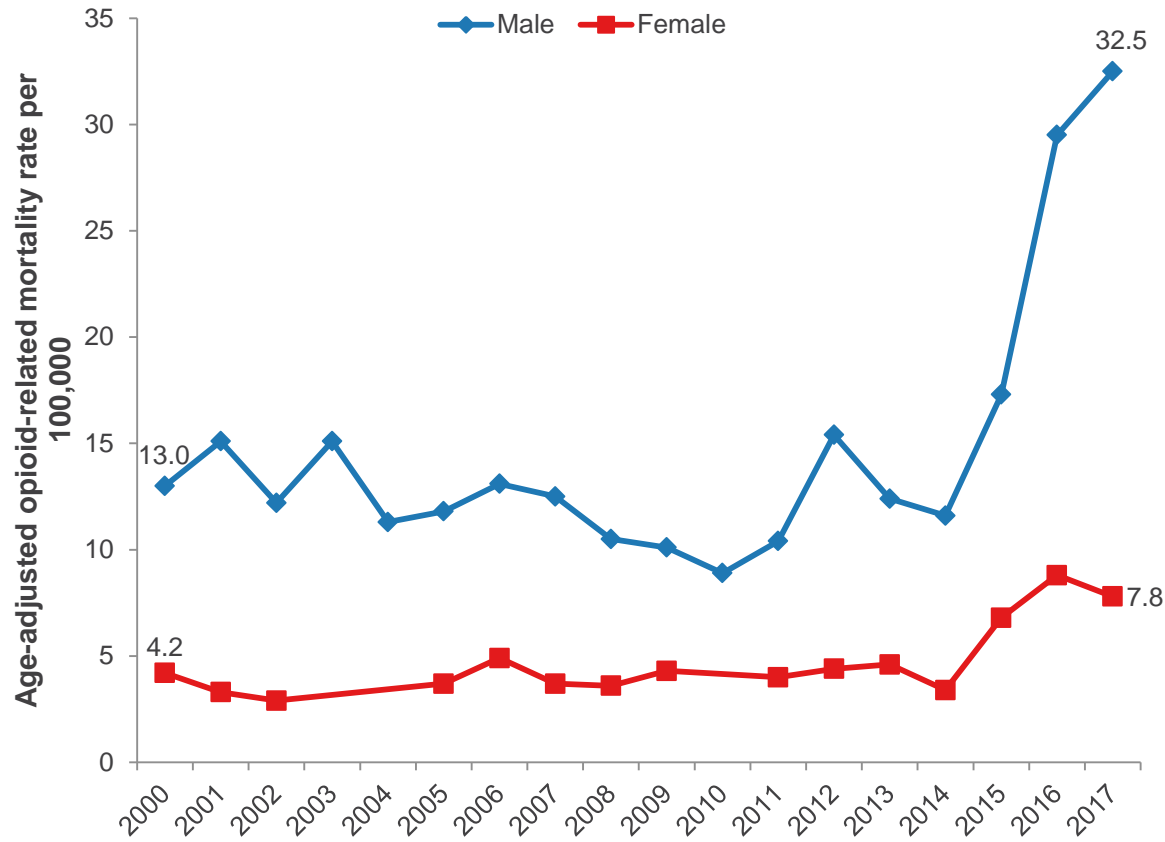
The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine.

Opioid-related mortality rates are increasing at a higher rate in the Bronx



The increase in opioid-related mortality is particularly profound among men

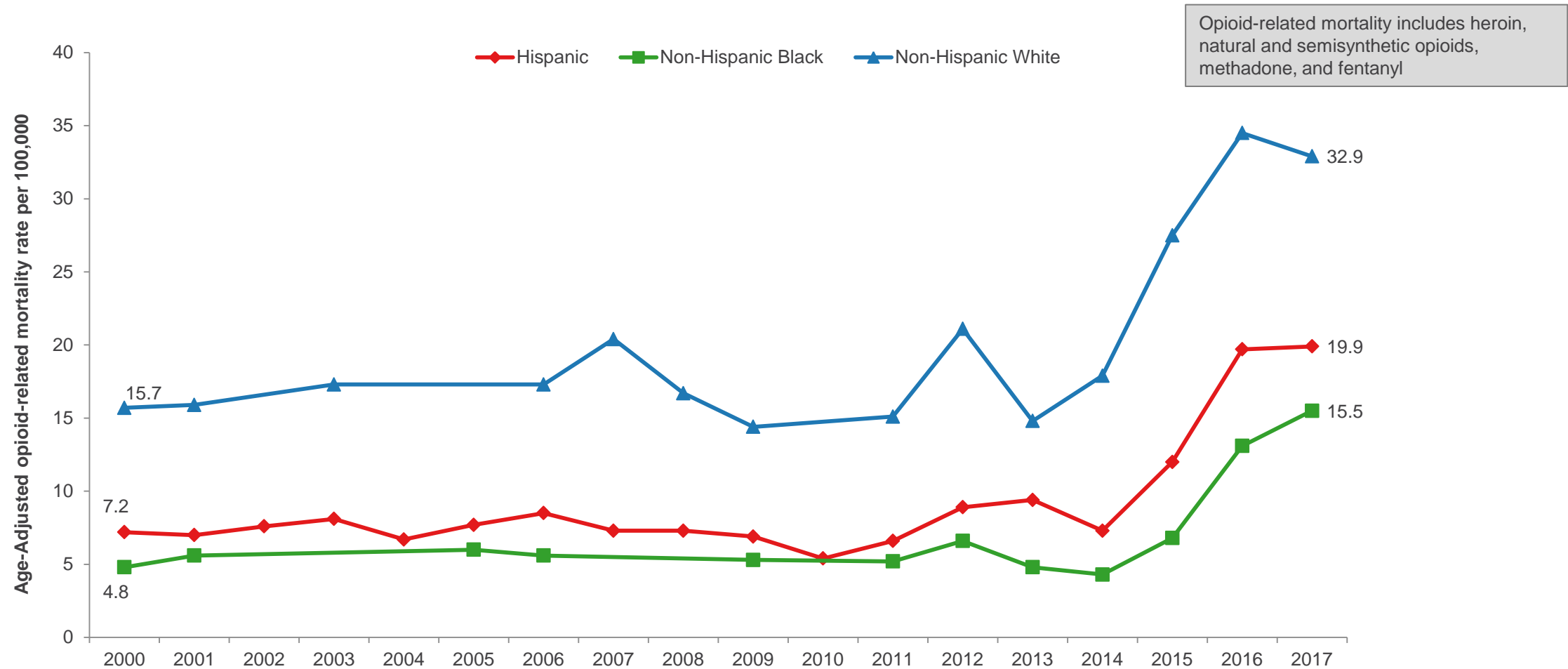
Opioid-related mortality includes heroin, natural and semisynthetic opioids, methadone, and fentanyl



Data source: Multiple Cause of Death, 2000-2017. Female data unstable 2003-2004, 2010. Age-specific rates are not age-adjusted. 25-34 year data unstable 2001-2010; 2013-2014. 55-64 year data unstable 2000-2008; 2010.

The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine.

Opioid-related mortality rates remain highest for non-Hispanic white residents, followed by Hispanic residents

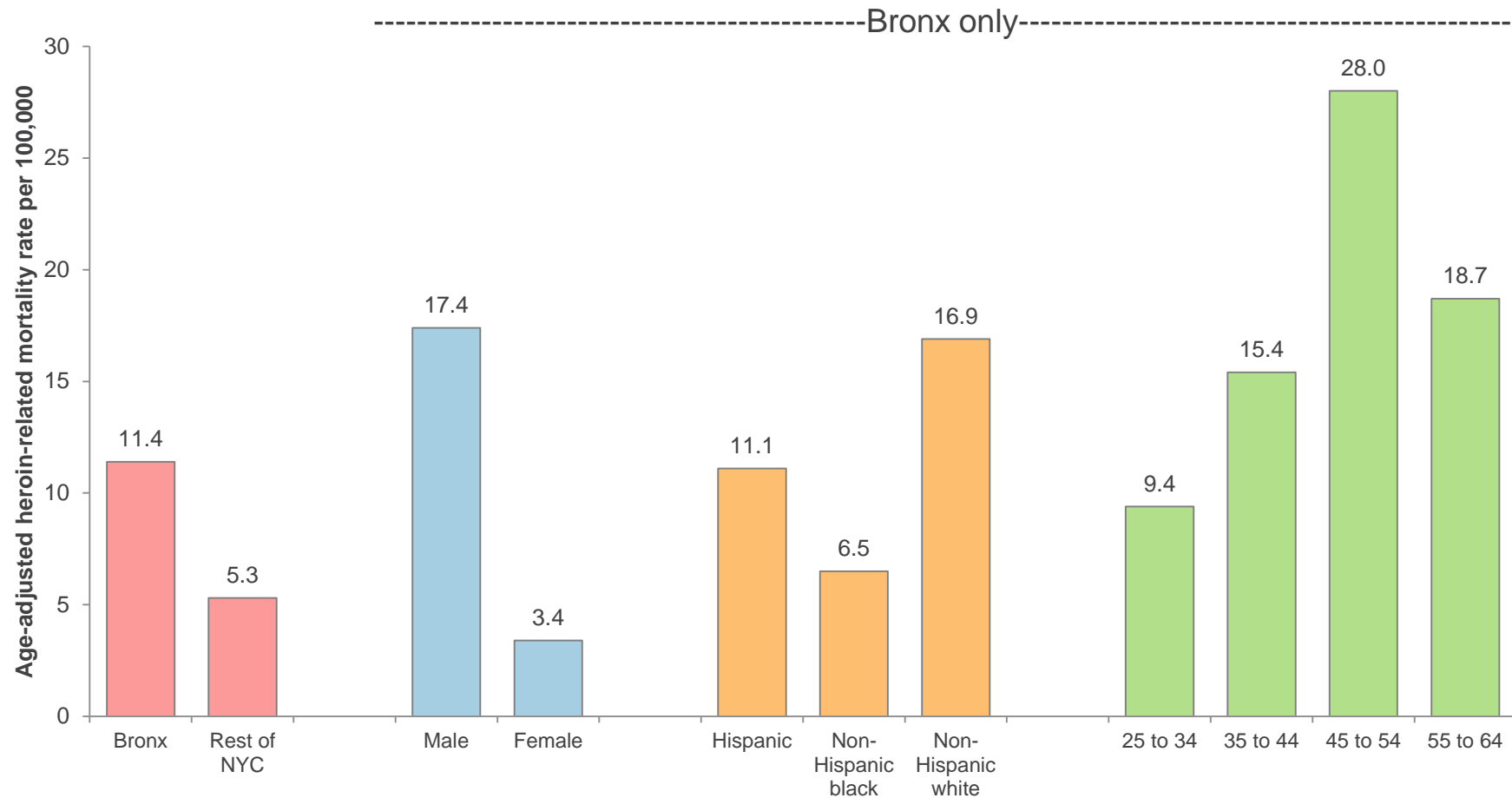


Data source: Multiple Cause of Death, 2000-2017.

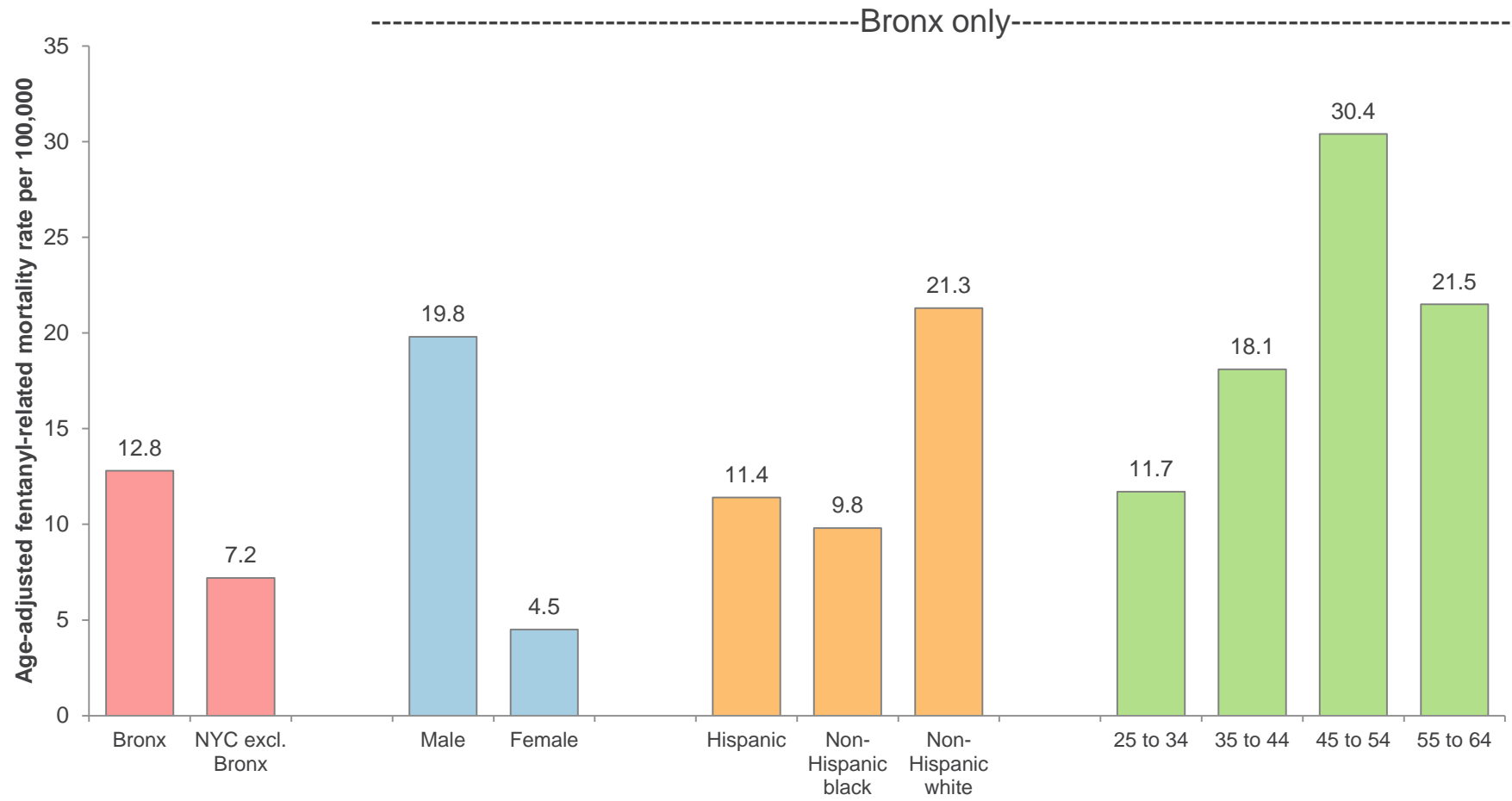
Non-Hispanic white rates are unstable 2002, 2004-2005, 2010; non-Hispanic black rates are unstable 2002-2004, 2007-2008, 2010.

The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine.

In the Bronx, the heroin-related mortality rate is highest for men and non-Hispanic white, older residents



Similar to heroin, the mortality rate for fentanyl is highest for males and those who are non-Hispanic white and 45 to 54 year olds in the Bronx

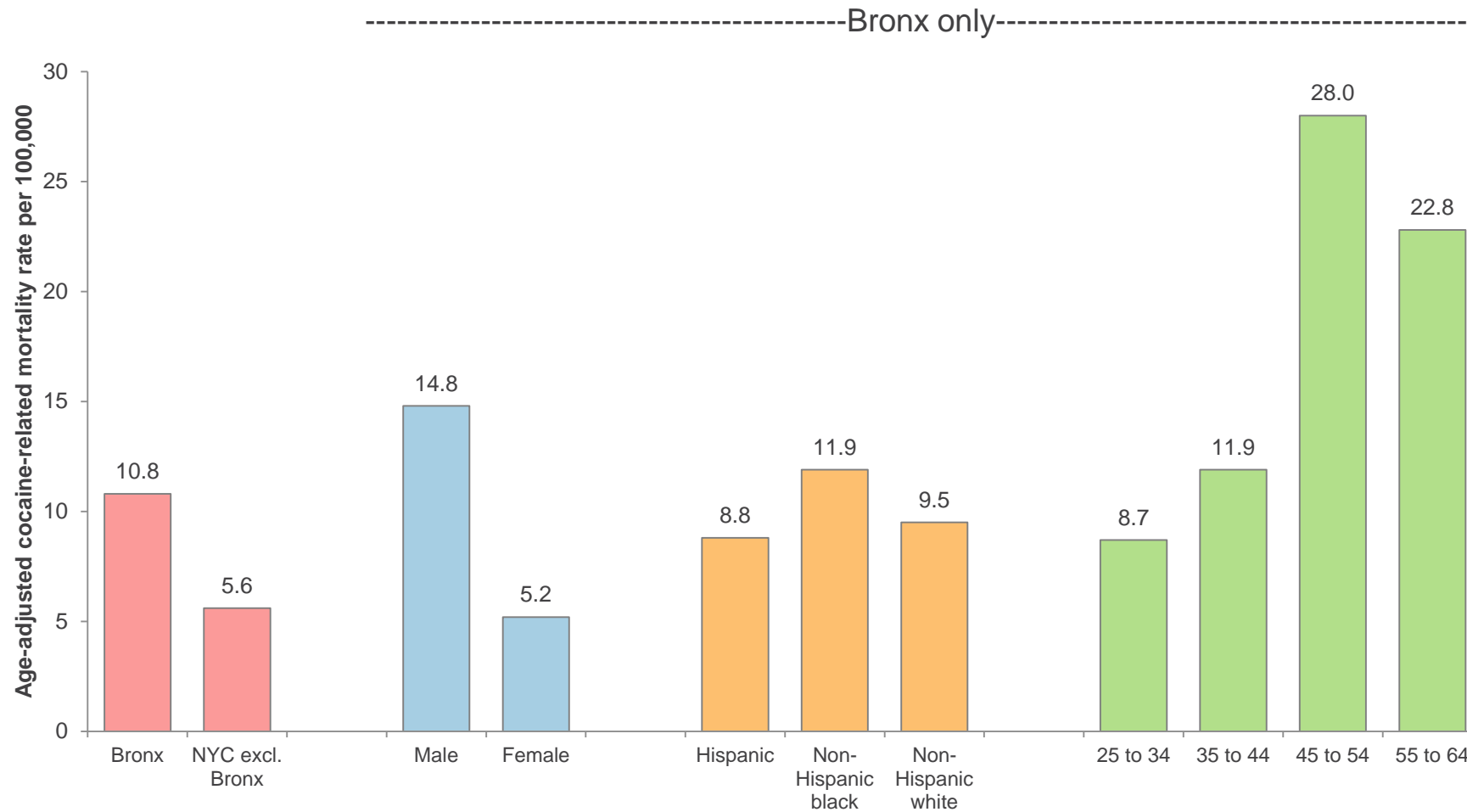


Data source: Multiple Cause of Death, 2016-2017.

Age data are not age-adjusted.

The term "fentanyl" represents synthetic opioids excluding methadone. This is mostly fentanyl but may also include meperidine

Cocaine-related mortality is highest for the non-Hispanic black population in the Bronx



About the Community Health Dashboard Project

- The goal of the project is to provide Bronx-specific data on risk factors and health outcomes with an emphasis on presenting data on trends, socio-demographic differences (e.g., by age, sex, race/ethnicity, etc.) and sub-county/neighborhood level data
- Will be periodically updated as new data becomes available.
- Produced by Montefiore's Office of Community & Population Health using publicly-available data sources
- For more information please contact us at OCPHDept@montefiore.org