

Community Service Board (CSB)– Substance Use Subcommittee Meeting

January 29, 2026, 3:00pm – 4:30pm

Subcommittee Member Attendees: Felecia Pullen, Sarah Church, Debbie Pantin, Adrienne Abbate, Graciela Razo, Sonia Lopez, Soteri Polydorou

Attendees: Tina Saha, MD Nass, Shivani Mantha, Rebecca Linn-Walton, Maggie Stokes, Winnie Ho, Naomi Legros, Julia DeWalt

I. DOHMH 2024 Overdose Mortality Presentation:

1. Shivani Mantha, MPH (Senior Director of Research, Surveillance, Policy and Communications) from the NYC Department of Health and Mental Hygiene’s (DOHMH) Bureau of Alcohol and Drug Use presented on NYC’s 2024 overdose mortality data. The presentation was originally scheduled for November 2025, but had to be rescheduled as members could not attend. Presentation content included: annual trends in overdose mortality across the city overall and broken down by gender, race/ethnicity, age, and gender, data trends about specific neighborhoods and boroughs, data trends about the unregulated drug supply in NYC, and as well as service provision data (such as DOHMH naloxone distribution, buprenorphine prescriptions).

II. Discussion and feedback related to 2024 Overdose Mortality Presentation:

- **Question from CSB subcommittee member:** *What is the reason for the large difference in overdose deaths by race between 2020 and 2021? (Slide 11)*
 - COVID introduced many gaps in care and can likely partially explain the gap by race between 2020 and 2021 (i.e., COVID worsened already existing inequities across our healthcare system). Some overdose mortality rates by race have returned to pre-COVID rates, such as among white New Yorkers.
 - Interest expressed from CSB subcommittee group in seeing Office of Addiction Services and Supports (OASAS) treatment outcomes bifurcated by race and how that compares to trends in overdose mortality rates by race.
- **Question from CSB subcommittee member:** *1) Have Opioid Treatment Program (OTP) participation rates increased in NYC? 2) Are caps on OTP admissions the reason for census numbers not increasing?*
 - 1) For the most part, we have not seen increases in OTP participation in NYC neighborhoods with the highest rates of overdose. There is variation by neighborhood, which is something we are actively working to understand and drives our community-level strategies.
 - 2) OTP census/admissions: As the opioid crisis has worsened over the last several years, OASAS has prioritized increasing access to Medications for Opioid Use

Disorder (MOUD) including relaxing the processes for OTPs to treat individuals beyond OTPs' licensing capacity.

- **Question/comment from CSB subcommittee member:** *How can we collectively continue to incorporate conversations about cocaine in the unregulated drug supply?*
 - DOHMH operates drug checking at 6 Syringe Service Programs (SSPs) and we do not frequently find fentanyl in samples sold as cocaine. This does not mean it does not occur, but it is rare. That said, while opioids continue to drive overdose deaths (in 2024, 78% of overdose deaths involved an opioid), DOHMH is always looking into how to improve data collection and education on polysubstance use and/or other substances apart from opioids.
- **Question from CSB subcommittee member:** *1) While the current presentation is on 2024 data, have there been preliminary data to suggest that 2025 is trending in the same way? 2) Additionally, where does DOHMH overdose mortality data come from?*
 - 1) Yes, preliminary overdose data indicate that overdose deaths have remained stable in NYC in 2025 since decreasing in 2024.
 - 2) DOHMH receives overdose data from the Office of the Chief Medical Examiner (OCME). DOHMH is actively working on how to close gaps and reduce delays in data reporting. Delays in reporting citywide overdose deaths often come from delays in confirming the cause of death of individual cases.
- **Question from CSB subcommittee member:** *1) Did NYC experience an increase in medication for opioid use disorder (MOUD) prescriptions after COVID (i.e., after regulations were relaxed on in-person visits to obtain or receive MOUD)? 2) Is there data about awareness or familiarity among providers of the different formulations of buprenorphine?*
 - 1) **Next step:** DOHMH can look into whether MOUD prescriptions increased during/after COVID. Generally, there likely has not been an increase in the *number* of providers prescribing buprenorphine since COVID; this is an important factor affecting the availability and accessibility of buprenorphine, regardless of COVID prompting the relaxation of certain in-person regulations.
 - 2) **Next step:** DOHMH to look into if this data exists regarding provider awareness of different buprenorphine formulations.
 - Discussion of state free buprenorphine program (Buprenorphine Assistance Program (BUPE-AP)):
 - BUPE-AP is a state-run program similar to other payment assistance initiatives managed by New York State. DOHMH's 22 Substance Use Nurse Care Manager Initiative (SUNCMI) sites can choose to offer BUPE-AP, but they are not default providers. More information on

the program can be found here: [Buprenorphine Assistance Program \(BUPE-AP\)](#).

- **Discussion question from CSB subcommittee member for consideration:** *Even with our collective efforts to reduce barriers into substance use disorder (SUD) care, are more New Yorkers actually receiving care?*
 - It was noted that what we are defining as “SUD care” is important to consider for this question. For example, at many SSP’s in NYC, one of the first priorities for participants who use drugs is getting them off the streets, obtaining an ID for them, and other services that aren’t directly related to substance use. In other words, much of the care the organizations provide does not directly have to do with drug use, but assistance with basic needs (such as having an income, having a place to stay) can help reduce overdose deaths.
 - **Next step:** BADU to look into arranging a future presentation on breadth of harm reduction services in the city as well as city-level harm reduction data.
- **Question/comment from CSB subcommittee member:** *The harm reduction and recovery arms of the substance use care continuum have grown in recent years. Are there ways to track the impact of the expansion of those two arms?*
 - Comment from CSB subcommittee member: If we can demonstrate the positive impacts of expanding services such as harm reduction and recovery as a city through data, then it might help educate and inform federal or state government administrations in the future about the benefits of these services.
 - DOHMH continues to consider ways to track harm reduction and recovery program outcomes (for example, we are hoping to continue developing our data on *where* our naloxone ends up and/or its use *after* it has been distributed to Opioid Overdose Prevention Programs).
- **Feedback from CSB subcommittee about 2024 Overdose Mortality Presentation:**
 - Suggestion to amend several slide titles (slide 4, slide 12) to emphasize that persistent disparities in overdose deaths by race/ethnicity, age, neighborhood are the priority talking point, even though we have seen significant reductions in overdose deaths citywide and among certain groups.
 - Suggestion from CSB subcommittee to collect and incorporate additional data in future presentations on treatment outcomes and map out where in the treatment process patient attrition occurs.
 - Related anecdote from subcommittee member:
 - A patient recently expressed to a provider that they are stigmatized for *not* using drugs from their peers and friends who continue to use them, suggesting that difficulty with maintaining

treatment or recovery goals is often a result of a many factors, some of which are related to service delivery and reach but some of which are due to complex social factors, stigma, etc.

III. Pre-determined Discussion Questions and Discussion:

1. *Novel substances in NYC's unregulated drug supply, such as medetomidine, continue to impact our work and the populations we collectively serve.*
 - a. *Some providers have informed us that they are seeing more patients experiencing suspected medetomidine intoxication (symptoms include low heart rate, low BP, and extreme sedation) or withdrawal (symptoms include fast heart rate, high BP, heavy sweating, shaking or twitching, anxiety/restlessness, nausea and intractable vomiting, chest pain, and waxing and waning alertness). Are you seeing this in your practice/program?*
 - b. *Currently, are there any new unmet needs that we should be aware of due to frequent changes or specific substances in the drug supply?*
2. *What interventions should the Health Department consider for neighborhoods showing the smallest decreases in overdose death rates in 2024 (South Bronx, East Harlem)?*

Discussion:

1. Questions 1a & 1b:
 - a. CSB subcommittee members generally reported not seeing recent/new changes in the unregulated drug supply. While not necessarily a new substance in the supply, Xylazine continues to be an issue for providers and continues to require adjustments to services or monitoring at drop-in centers (i.e., new symptoms require closer monitoring and monitoring for longer periods of time, use of Pulse Oximeter, etc.). Drug checking results from VOCAL still show more xylazine than medetomidine in samples (medetomidine is present in approximately 30% of opioid samples). The group discussed that Nitazene prevalence in the supply is still low.
 - b. **Next step:** DOHMH is currently working on a drug checking report and will share with this group when it is finalized.
2. Suggestions for discussion question 2:
 - a. Increase affordable housing
 - b. Expand lower threshold shelter options
 - c. Street outreach teams: some areas for improvement in the way teams interact with PWUD, as well as improvements in referral systems

- d. Increased focus on where deaths are occurring (in residences versus in public spaces or in shelters, for example) and how to tailor resources for those settings
- e. Addressing social supports and interpersonal factors among people who use drugs
- f. Continued work with providers (education on medications for addiction treatment, stigma, as well as addressing ways for providers to become more comfortable with treating substance use disorders (i.e., provider mentorship programs))

IV. Other/Miscellaneous Discussion:

- CSB subcommittee expressed interest in communicating more as group and inquired about virtual meetings.
- The CSB subcommittee also expressed interest in a future policy-focused meeting and providing input to DOHMH's policy work and related deliverables.