

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention

Goal: Reduce substance use, misuse, overdose and/or associated harms.

What is Primary Prevention, Substance Misuse, and Overdose Prevention and Why is it Important?

Substance use, misuse, and overdose mortality are persistent public health challenges in NYS and have lasting negative social, medical, and economic outcomes across the life span.

Early initiation of alcohol use, social access and availability of substances including alcohol, prescription medications, and cannabis are recognized as contributing factors for youth substance use and misuse and the development of substance use disorder later in life.¹⁹⁷ Mediating these factors at the individual, family, and community-levels can greatly reduce the development of problematic substance use and its associated harms.¹⁹⁸ Well-supported scientific evidence demonstrates that factors influencing substance use and misuse can be positively moderated through the multi-pronged delivery of evidence-based primary, secondary and tertiary prevention practices.

Reducing access and availability of alcohol, cannabis, prescription drugs and other substances including opioids and stimulants through community-level policies and practices can effectively reduce substance use and decrease social norms favorable towards substance use.¹⁹⁹ Evidence-based environmental strategies such as reducing outlet density, monitoring prescriptions, providing lock boxes and drug destruction kits for cannabis and prescription medications provide opportunities to promote evidence-based community and individual level prevention strategies.

Additionally, it is critical to expand interventions and increase access to lifesaving treatments for youth, families and adults. Evidence-based programs such as Screening Brief Intervention and Referral to Treatment (SBIRT), Brief Screening and Intervention for College Students (BASICS) and Teen Intervene reduce the negative impact of alcohol and substance use and misuse across the life span.

The opioid epidemic continues to devastate communities nationwide, and in NYS disparities continue with increases in drug overdose deaths for Black non-Hispanic and Native Hawaiian or other Pacific Islanders non-Hispanic people between 2022 and 2023.²⁰⁰ Using the data to focus on the most vulnerable populations will address disparities and help dismantle the inequities, stigma and disparities which contribute to this vulnerability.

Statewide naloxone availability is paramount for reversing the effects of opioids, like heroin and fentanyl. When administered in timely fashion, naloxone can mean the difference between life and death. Access to Food and Drug Administration-approved medications for the treatment of opioid use disorder, such as buprenorphine and methadone, is critical as they not only address the urge to use opioids, but they also reduce the risk of overdose. LHDs, hospitals, and community organizations can collaborate with their impacted communities to offer and initiate these medications, ensure there is no interruption in care. Employing people with lived and living experience of using drugs to expand innovative harm reduction services can provide lifesaving services to people who use alone and may overdose.¹⁹⁹

By promoting the implementation of evidence-based and evidence-informed programs and interventions to address prevention priorities, NYS can ensure prevention services are accessible for vulnerable populations.

PRIMARY PREVENTION

SMART Objective

8.0 Reduce the percentage of high school students reporting alcohol use before the age of 13 from 17.2% to 15.5% (New York City).

8.1 Reduce the percentage of high school students reporting alcohol use before the age of 13 from 13.6% to 12.2% (New York State outside New York City).

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Decrease underage alcohol use	Percentage of high school students who had their first drink of alcohol before the age of 13 years (New York City)	YRBSS	High school students (New York City)	17.2% (2023)	15.5% (2030)
			Subpopulation of Focus	Baseline	Target
			High school students (New York State outside New York City)	13.6% (2023)	12.2% (2030)

PRIMARY PREVENTION

SMART(IE) Objective

9.0 Decrease episodes when an opioid-naïve patient received an initial opioid prescription, rate per 1,000 person-years from 86.5 to 77.9.

9.1 Decrease the percentage of episodes when patients were opioid-naïve and received an opioid prescription of more than seven days per 1,000 person-years from 15.1 to 13.6.

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Reduce exposure to opioid prescriptions and high-risk prescribing	Episodes when an opioid-naïve patient received an initial opioid prescription, rate per 1,000 person-years	New York Prescription Monitoring Program	Adults	86.5 (2023)	77.9 (2030)
			Subpopulation of Focus	Baseline	Target
			Patients who were opioid-naïve and received an opioid prescription of more than 7 days	15.1 (2023)	13.6 (2030)

SECONDARY PREVENTION

SMART(IE) Objective

10.0 Increase the number of unique individuals enrolled in OASAS treatment programs from 1,107.8 to 1,218.6.
10.1 Increase the number of unique individuals enrolled in OASAS treatment programs, who reported any opioid as the primary substance at admission from 465.2 to 511.7.
10.2 Increase the number of unique individuals enrolled in OASAS treatment programs, who reported alcohol as the primary substance at admission from 402.8 to 443.1.

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase treatment for substance use disorder	Unique individuals enrolled in OASAS treatment programs - rate per 100,000 population	OASAS Client Data System	People with Substance Use Disorder	1,107.8 (2023)	1,218.6 (2030)
			Subpopulation of Focus #1	Baseline	Target
			People with Substance Use Disorder who reported any <u>opioid</u> as the primary substance	465.2 (2023)	511.7 (2030)
			Subpopulation of Focus #2	Baseline	Target
			People with Substance Use Disorder who reported <u>alcohol</u> as the primary substance	402.8 (2023)	443.1 (2030)

SECONDARY PREVENTION


SMART Objective:





11.0 Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 446.0 to 490.6.

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase treatment for SUD	Patients who received at least one buprenorphine prescription for opioid use disorder - crude rate per 100,000 population	New York Prescription Monitoring Program	People with Substance Use Disorder	446.0 (2023)	490.6 (2030)

TERTIARY PREVENTION					
SMART(IE) Objective:					
12.0 Reduce the crude rate of overdose deaths involving drugs, per 100,000 population, from 32.3 to 22.6. 12.1 Reduce the crude rate of overdose deaths for Black, non-Hispanic residents, per 100,000 population, from 59.2 to 35.5.					
Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Reduce fatal drug overdoses	Overdose deaths involving drugs - crude rate per 100,000 population	NYS Vital Statistics	Adults	32.3 (2023)	22.6 (2030)
			Subpopulation of Focus	Baseline	Target
			Black, non-Hispanic residents	59.2 (2023)	35.5 (2030)

TERTIARY PREVENTION					
SMART Objective:					
13.0 Increase the number of naloxone kits distributed from 397,620 to 596,430.					
Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Provide or increase access to naloxone to reduce overdose fatalities	Number of naloxone kits distributed (excluding NYC)	New York Community Opioid Overdose Prevention Program Dataset; New York Emergency Medical Services Data; New York Law Enforcement Naloxone Administration Dataset	Adults	397,620 (2023)	596,430 (2030)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Featured Intervention: Provide or expand access to naloxone to reduce overdose fatalities.²⁰⁰</p> <p>LHD H O</p>	Populations living in communities with high levels of alcohol retailer density (often under-resourced communities)	All ages	Population support for policy (NYS Chronic Disease Public Opinion Poll)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Featured Intervention: Expand universal implementation of Teen Intervene (TI) in primary care settings (e.g., pediatrician’s offices).²⁰¹</p> <p>LHD H O</p>	Youth and young adults with problem substance use, families with substance use disorder	Youth and young adults	Number of schools and practitioners trained in Teen Intervene
 <p>Provide or expand access to Food and Drug Administration (FDA)-approved medications for opioid use disorder (OUD), such as buprenorphine and methadone, to reduce overdose fatalities, while encouraging institutions and community partners to initiate treatment and ensure continuity of care. Examples include:</p> <ul style="list-style-type: none"> • Corrections and other criminal justice settings • Emergency departments and inpatient hospital settings • Emergency medical services • Nursing homes and long-term care facilities • Drug treatment • Community-based organizations • Primary care providers and other specialist services including obstetrics and gynecology (OBGYN)^{200, 202-206} <p>LHD H O</p>	Everyone	All ages	Participation among local organizations of focus Number of people provided OUD medications
 <p>Support on-premises and off-premises alcohol and cannabis retailers to purchase and use ID scanners.²⁰⁷</p> <p>LHD O</p>	Youth and young adults	Under age 21	YRBS & BRFSS questions on underage cannabis and alcohol use
 <p>Expand or promote access to lock bags and education for safe storage of medication and cannabis.²⁰⁸</p> <p>LHD O</p>	General population, patients with controlled substances in need of safe disposal options	Adults over age 21	YRBS and BRFSS questions on access and availability

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Implement a statewide environmental change strategy to increase the perception of harm from underage substance use.²⁰⁹</p> <p>LHD O</p>	General population, parents, caregivers	Under age 21	YRBS and BRFSS questions on underage substance use and use under the age of 13 years
 <p>Offer evidence-based primary prevention family-focused programs to high-risk families accessing state or county-sponsored services.²¹⁰</p> <p>LHD H O</p>	Families, parents, caregivers	Adults	Participation rate among organizations providing services to population of focus Number of families served by intervention
 <p>Support the implementation of alcohol, cannabis and other substance screenings for high-risk youth and adults.²⁰¹</p> <p>LHD O</p>	Youth and young adults	Age 12+	BRFSS Screening and Brief Intervention and Referral to Treatment (SBIRT) module
 <p>Expand community-level prevention and substance misuse prevention coalitions.²¹¹</p> <p>LHD H O</p>	Youth, young adults, high-risk communities	Age 12+	YRBS and BRFSS data & student-level survey data
 <p>Expansion of Primary Prevention Services in schools, school districts, and youth-based settings without primary prevention services.²¹²</p> <p>LHD H O</p>	Schools and communities without primary prevention services	Pre-K through high school	Participation rate among organizations of focus. Number of youth to whom primary prevention services are easily accessible
 <p>Expand Screening Brief Intervention and Referral to Treatment Services (SBIRT) across the life span.²¹³</p> <p>LHD H O</p>	Youth, adults with problem substance use	Age 12+	Medicaid reimbursement for SBIRT

Lead Partner Agencies and Organizations

[NYS Department of Health](#)

[NYS Office of Mental Health](#)

[NYS Office for Addiction Services and Supports](#)

[NYS Office of Cannabis Management](#)

[NYS Liquor Authority](#)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Community Coalitions, Chambers of Commerce

Community pharmacies

Implementation Resources

[NYS Department of Health \(DOH\) - Opioid Overdose Prevention Program](#)

[NYS DOH - Standing Order for Naloxone in Pharmacies](#)

[NYRx, the New York Medicaid Pharmacy Program](#)

[National Council for Mental Wellbeing - Tools for Overdose Prevention](#)

[SAMHSA - Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUBG\)](#)

[National Academy for State Health Policy - Funding Options for States](#)

[OASAS - Opioid Settlement Funding Initiatives](#)

[Evidence Based Prevention Programs | Office of Addiction Services and Supports](#)

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