



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW, Chair

May 12, 2010
Cicatelli, 505 Eighth Avenue, 2nd Floor, Oak Room
3:00 pm - 5:00 pm

Members Present: Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Jennifer Irwin, Rebecca Kim, Frank Machlica, Jan Carl Park, Glen Phillip, Kate Sapadin, PhD, Robert Steptoe, Ricardo Vanegas-Plata, DDS, Ed Viera, Jr.

Members Absent: Angela Aidala, PhD, Martin Bruner, Jose Gonzalez, Sabina Hirshfield, PhD (alt. for Mary Ann Chiasson, DrPH), Barbara Kobrin, Don McVinney, Freddy Molano, MD

NYC DOHMH Staff Present: Daliah Heller, PhD, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Derek Coursen

Material Distributed:

- Agenda
- Minutes from the April 7, 2010 Meeting
- NYC Vital Signs on Illicit Drug Use in New York City
- HIV Health and Human Services Planning Council Recommendations for AOD and Immigrant Populations
- Planning Council Calendar for May 2010

Welcome/Moment of Silence/Introductions/Review of the Meeting Packet/Review of the Minutes: Dr. Lee Hildebrand welcomed attendees. Members observed a moment of silence and subsequently introduced themselves. Nina Rothschild reviewed the contents of the meeting packet. Committee members reviewed the minutes from the April 7th meeting. An error in the date of the meeting was noted. The minutes were approved by all present with no votes in opposition and one abstention.

Prevalence and Health Care Burden of Alcohol and Illicit Drug Use in New York City: Dr. Daliah Heller, Assistant Commissioner of the Bureau of Alcohol and Drug Use Prevention, Care, and Treatment at the NYC DOHMH, presented on alcohol and drug use in New York City. She focused on the general population, not just the HIV-infected population. Dr. Heller noted that she was reporting on hidden behaviors, and piecing together what goes on behind the scene can be challenging.

- The Community Health Survey includes data on the frequency of drinking, the quantity drunk, and binge drinking. Half of New Yorkers drink. Among New Yorkers who drink, one in four binge drinks. Sexual risk taking is more likely with heavy drinking. Binge drinking goes down with age, but heavy drinking persists. Women are less likely to binge drink, but binge drinking among college women has risen in the last decade. As income increases, so does alcohol consumption, but alcohol-related health problems are a bit different for higher and lower income groups. In NYC, more binge drinking occurs in higher income communities. Areas of the City with binge drinking may have more young people.
- Prohibition was repealed because people were going to drink, no matter what, and drinking above ground is preferable to drinking underground because alcohol sales can be regulated by an orderly market, and temperance (moderation) could be promoted.
- The YRBS (Youth Risk Behavioral Survey) in 2007 examined consumption patterns among individuals between the ages of 12 and 18 and detected a slight decrease in drinking, compared with drinking in 1997. The data is for NYC public school students, not for private school students.
- The correlation between when an individual first starts social drinking and lifetime development of alcohol dependence is very direct. Basically, the later an individual initiates social drinking, the lower the likelihood of developing alcohol dependence.
- The National Survey on Drug Use and Health (NSDUH) shows that NYC is about the same as the rest of the country in terms of drug use but that New Yorkers use more cocaine and heroin. Use of psychotherapeutic medications and pain relievers for non-medical purposes is higher elsewhere. Nationally, the US has seen a 300% increase in prescription drug overdose deaths over ten years.
- Use of psychotherapeutics is highest among Whites. Heroin use is highest among Hispanics.
- As the baby boomers age, we are seeing a higher prevalence of drug problems. We are not currently seeing an increase in heroin use, but we are seeing an increase in use of cocaine and prescription opioids among men.

- The Drug Abuse Warning Network (DAWN) is a surveillance system for emerging drug problems through data collection on drug-related emergency department visits. (Drug use may not be the immediate cause of the visit.) Cocaine is over-represented in drug-related ED use. Cocaine use probably exacerbates heart problems. Cocaine-related ED visits are much higher among men than among women. Alcohol is an underlying cause of 25-40% of ED visits.
- Providers caring for people with chronic pain need to be careful about caring for the patient while not promoting dependence. We don't want to create a landscape with more prescription opioid dependence.
- For disposing of unused medications, the FDA recommends flushing opioids but not antibiotics. The EPA recommends mixing opioids with kitty litter or used coffee grounds.
- SPARCS is hospitalization data among individuals over the age of 12 and includes hospital stays for detox. One in 10 hospitalizations is drug-related.
- Drug-related hospitalizations by borough of residence follow income: the highest rate is among Bronx residents, and the second highest is among Manhattan residents.
- We see more morbidity and mortality among lower income individuals because they have less access to the health care system.
- Trends might be different among different subpopulations – for example, on use of crystal meth by HIV+ individuals.
- Drug overdose deaths have declined in the past three years.
- Buprenorphine access has been expanding in recent years, but we see a drop-off of about one-third. People may be using Buprenorphine to taper off heroin use and resolve a problem and then go back to using drugs.
- The NHBS looks at MSM, IDU, and high-risk heterosexual populations, using respondent-driven sampling methodology to obtain data on marginalized and stigmatized groups. A round of data collection on IDU populations was just completed, and researchers are working on an analysis of the relationship between recent sexual behavior and recent drug and alcohol use. The aim is to learn more about what drugs are associated with risk-taking.
- A lot of IPV (intimate partner violence) is reported as “an accident.” IPV is very associated with alcohol use.
- If DOHMH or PC members are interested in seeing some specific data not captured by the surveys reported here, one option is to make the item(s) a mandatory data collection point at Ryan White-funded CBOs.

Development of a Service Model for Substance Using Populations: Jan Park noted that DOHMH is developing a new service model for substance abuse services and will examine how other jurisdictions provide these services. He noted that crafting an RFP for very specific populations – e.g.,

MSM who use crystal meth – would be difficult. He suggested inviting the grantee (DOHMH) to present on its vision for services. Guillermo Garcia-Goldwyn noted that the NA Committee never received a presentation from the CBOs on their substance use services. Mr. Garcia-Goldwyn also noted that the Needs Assessment Committee hasn't discussed some populations, such as Caribbean Americans, at all. Mr. Park responded that the Integration of Care Committee will invite providers and consumers as it prepares the new service model. He also noted that in many jurisdictions, IOC and NA are combined into a single committee.

Health Care Reform: Mr. Park noted with health care reform, we can expect to see people moving out of Ryan White and into Medicaid as Medicaid is expanded. One of the big unaddressed populations is immigrants. Even documented immigrants with HIV cannot access public health care services for five years.

Adjournment: The meeting was adjourned.