Drugs and Youth in Nassau County, January 1, 2018 - June 30, 2023

This report describes drug-related inpatient, outpatient, and ED visits in Nassau County from January 1, 2018 to June 30, 2023 in three age groups: 0-12, 13-17, and 18-24. Both illicit and non-illicit drug codes were utilized in this report. Diagnoses included drug use, abuse, and dependence for opioids, sedatives, cocaine, hallucinogens, inhalants, stimulants, and nicotine as well as drug poisonings due to opioids, sedatives, cocaine, hallucinogens, inhalants, and stimulants. Non-illicit drug poisonings such as those due to acetaminophen, ibuprofen, vitamins, naproxen, and antiemetic drugs were grouped as "other poisonings." Any diagnosis type codes were utilized unless identified as principal diagnoses. Total frequencies ten or less were suppressed to meet data suppression criteria.

Key Takeaways:

Nassau County has experienced 24,538 drug-related health-care visits among youth 0 to 24 from January 1, 2018 to June 30, 2023. During this time frame, the frequency of drug-related visits per year in Nassau County has decreased for those aged 18-24 while staying somewhat consistent for those aged 0 to 12 and 13-17. Apart from a dip in visits for 13 to 17-year-olds during the summer months, cumulative frequency by month also remained consistent for each age group.

Of the total number of drug-related visits for youth, 20,397 (83%) were between the ages of 18 and 24. Drug-related visits in this age group were 7 times more frequent than those among 13-17-year-olds. Infants were also found to be at risk of drug-related health-care visits as children less than 1 experienced a greater rate of visits (41 per 1,000 population less than 1 year of age) than that of 16-year-olds during this time frame (39 per 1,000 population aged 16). Ninety percent of newborns with drug-related diagnoses were affected by maternal use of a drug, including both illicit (55%) and non-illicit drugs.

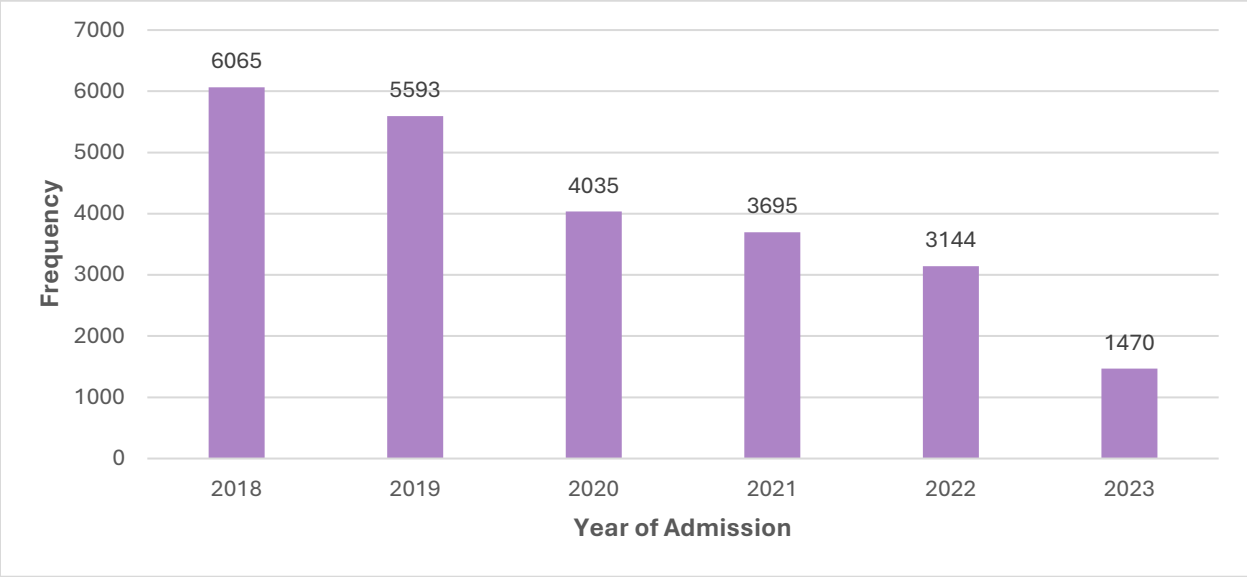
Notably, drug poisonings were a common principal diagnosis category for youth of all age groups. The number of drug poisonings not due to opioid, sedative, cocaine, hallucinogen, nicotine, inhalant, or other stimulant use (e.g. poisoning by acetaminophen) continued to increase across age groups. These other drug poisonings made up most visits for both 0 to 12-year-olds and 13 to 17-year-olds while also being present, though in a smaller percentage, among those 18-24. Alternatively, the majority (67%) of drug-related visits for those 18 to 24 were due to opioid use, abuse, or dependence.

Moreover, 13 to 17-year-olds experienced some concerning trends, with a greater percentage of self-harm (63%) and mental health co-diagnoses (66%) than other age groups. This age group also experienced a more widespread trend of drug-related visits by zip code, greater rates by zip code than other age groups, and a larger percentage of alcohol or cannabis co-diagnoses (32%).

The majority of drug-related visits among youth aged 0-12 (52%) and 18-24 (57%) were male while females comprised of 55% of drug-related visits in the 13-17 age group. Additionally, though most drug-related visits for all age groups identified as White (63%), the greatest rate of drug-related visits by race varied between age groups. Among 0 to 12-year-olds, White individuals experienced the highest rate (14.82 per 1,000) while of those aged 13 to 17, visits that identified as other race (59.53 per 1,000) and American Indian/Alaska Native (46.13 per 1,000) had the largest rates. In the 18-24 age group, individuals that identified as other race experienced the greatest rate (222.52 per 1,000) while those that identified as American Indian/Alaska Native (194.08 per 1,000), Black (190.89 per 1,000), and White (190.75 per 1,000) experienced similar rates of drug-related health-care visits.

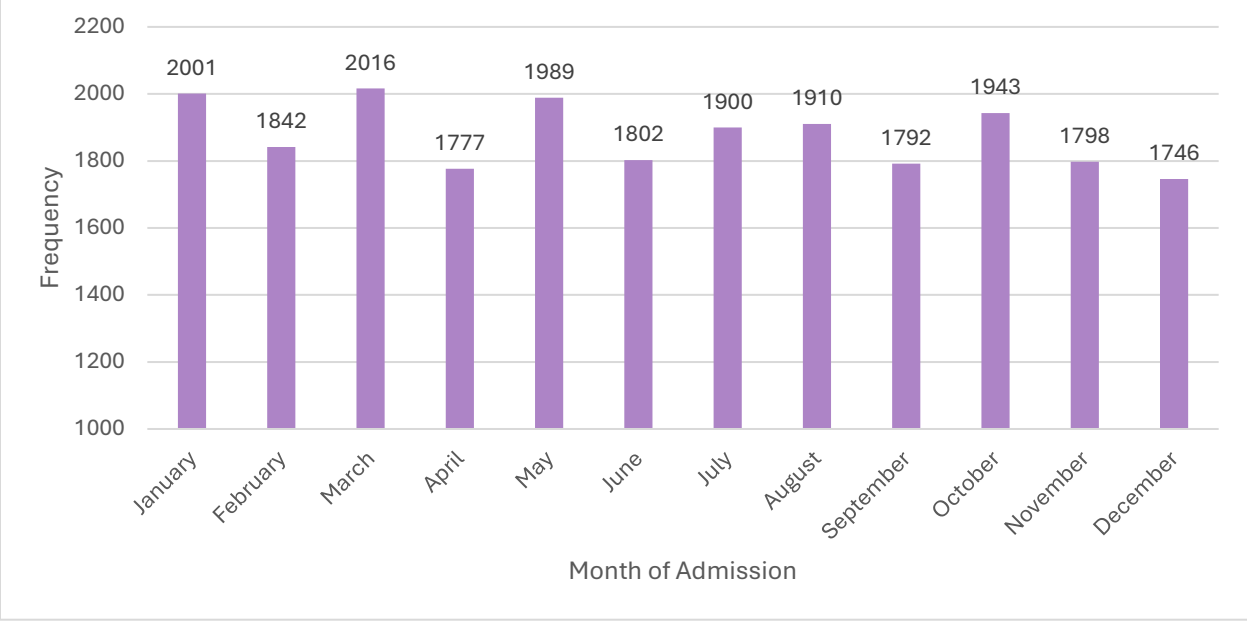
Nassau County also experienced 92 drug-related deaths among youth from 2018 to 2022, a cumulative mortality rate of 21.8 per 100,000. The majority of drug-related deaths were due to accidental poisonings and were among those aged 18-24.

Figure 1- Drug-Related Visits for Youth (Aged 0-24) by Year of Admission



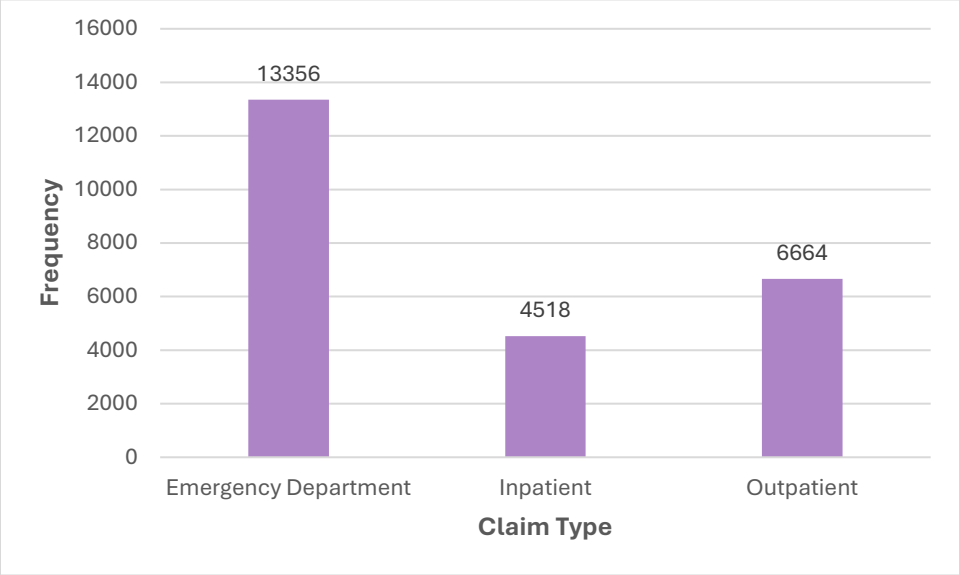
Nassau County had 24,538 drug-related health-care visits from January 1, 2018 to June 30, 2023. Five hundred thirty-six visits were missing date of admission but had a discharge date within this timeframe.

Figure 2- Drug-Related Visits for Youth (Aged 0-24) by Month of Admission – 2018 to 2022



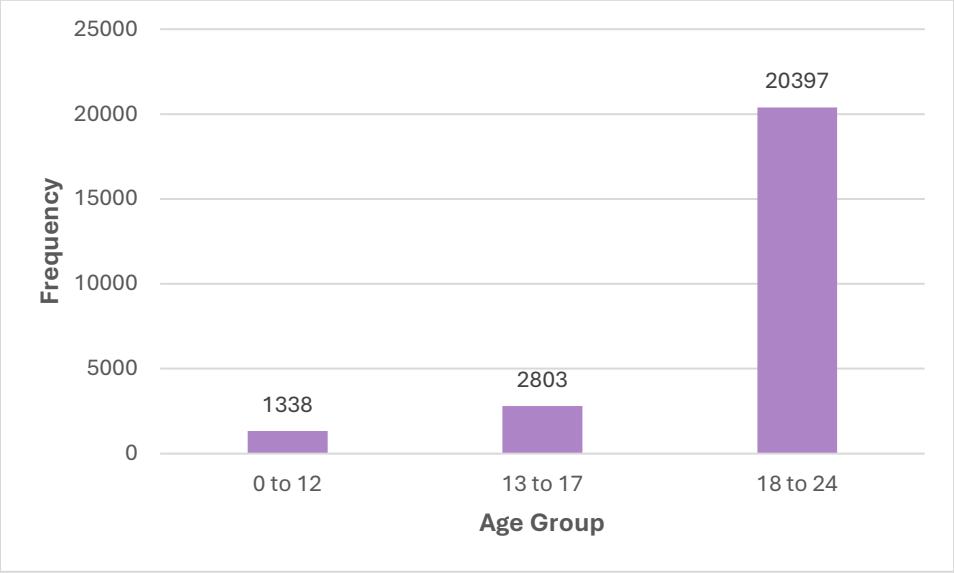
January (2,001 visits) and March (2,016 visits) had the greatest number of cumulative drug-related visits among youth from 2018 to 2022. Four hundred eighty-five visits were missing month of admission but had a discharge date within this timeframe.

Figure 3- Drug-Related Visits for Youth (Aged 0-24) by Claim Type



Fifty-four percent of drug-related visits among youth were to the emergency department.

Figure 4- Drug-Related Visits for Youth (Aged 0-24) by Age Group

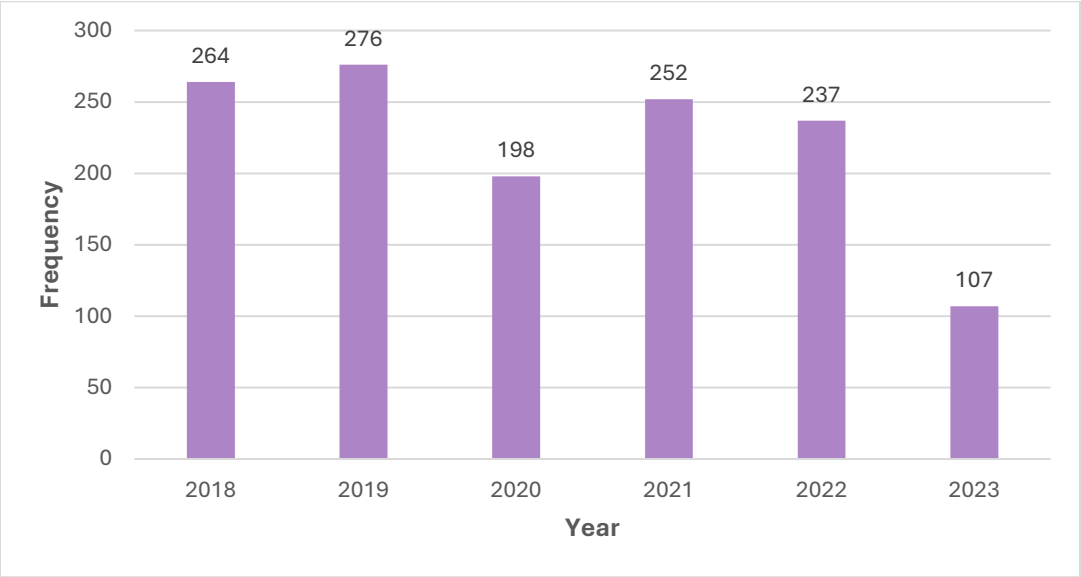


Those aged 18 to 24 have the most drug-related visits among youth in Nassau County.

AGE GROUPS

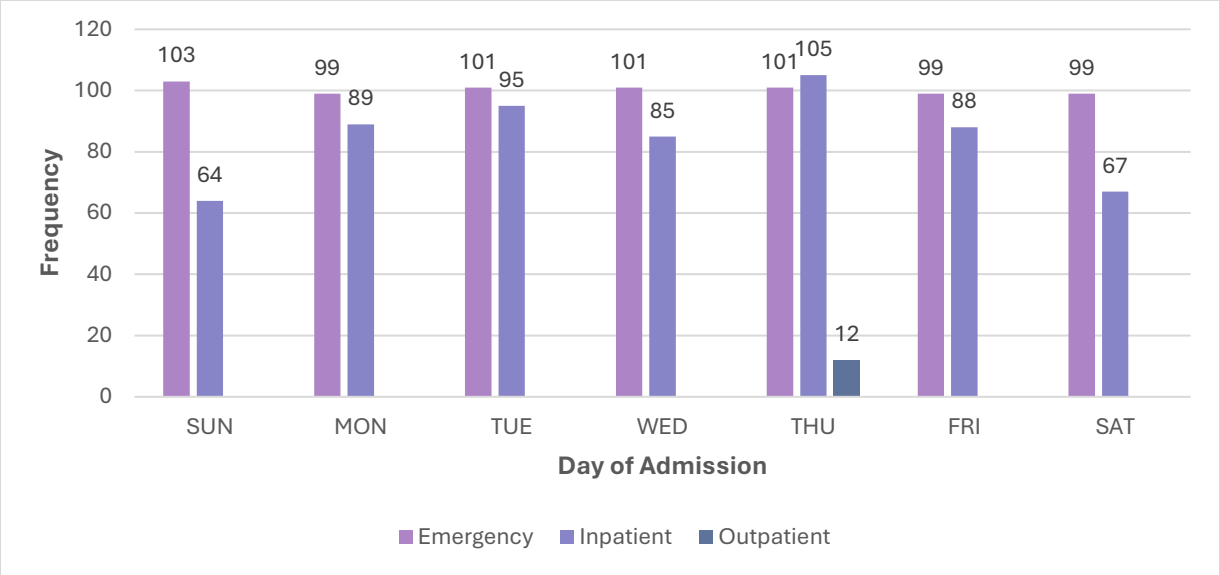
0 to 12-Years-Old

Figure 5- Drug-Related Visits for Children (Aged 0-12) by Year of Admission – January 1, 2018 to June 30, 2023



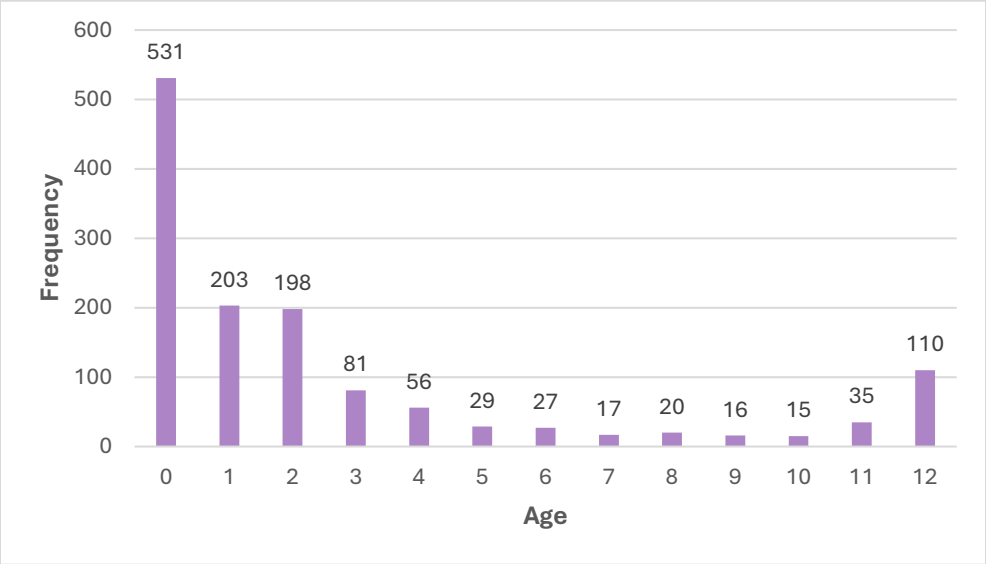
Nassau County had 1,338 drug-related visits between January 1, 2018 and June 30, 2023 for children aged 0 to 12. Four visits were missing admission date but have a discharge year between 2018 to 2023.

Figure 6- Drug-Related Visits for Children (Aged 0-12) by Day of Admission



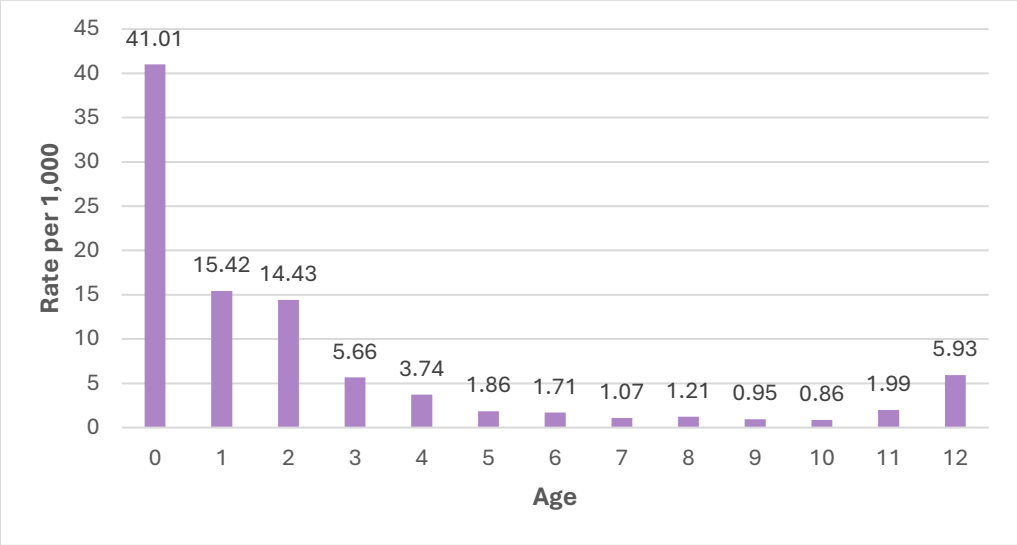
Outpatient values less than 11 were suppressed.

Figure 7- Drug-Related Visits for Children (Aged 0-12) by Age



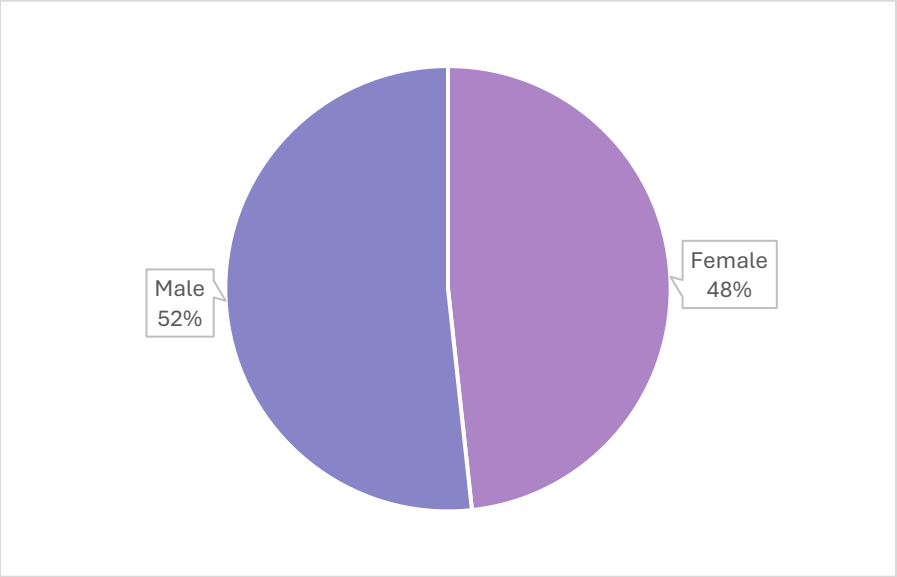
Infants less than one-year-old experienced the greatest frequency of drug-related visits in this age group.

Figure 8- Drug-Related Visits for Children (Aged 0-12) by Age – Rate per 1,000 Population 0-12



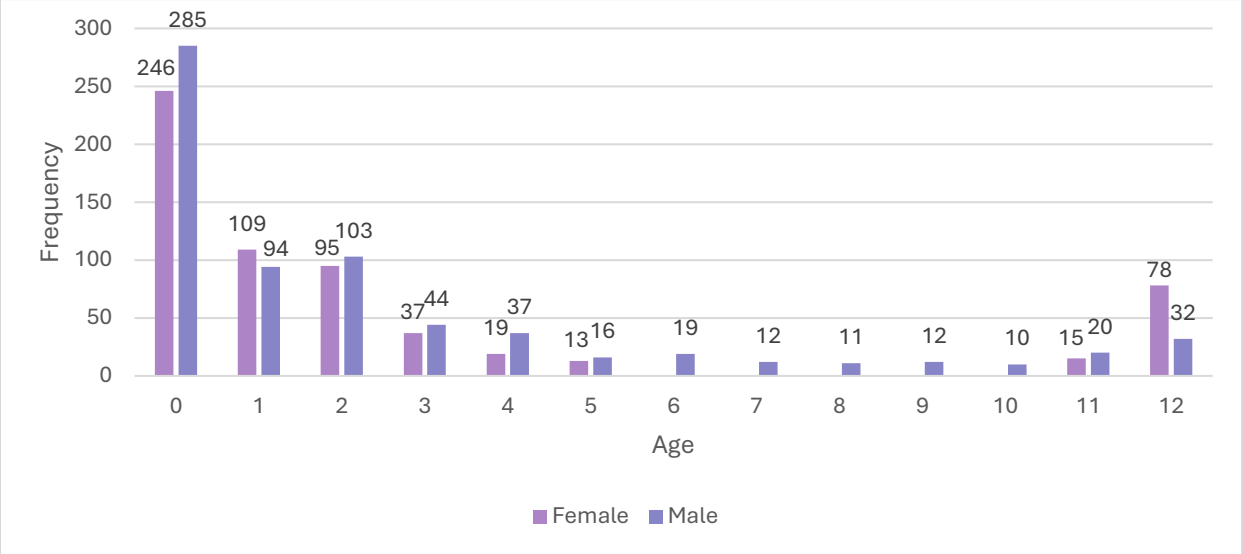
Infants less than one year old experienced the highest rate of drug-related visits among this age group.

Figure 9- Drug-Related Visits for Children (Aged 0-12) by Sex



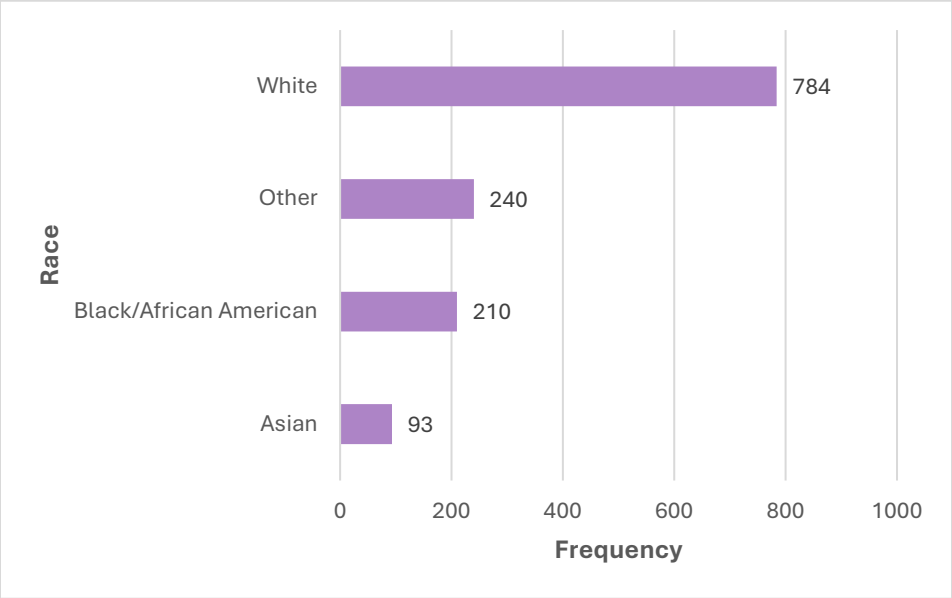
Fifty-two percent of drug-related visits among those aged 0 to 12 in Nassau County were male.

Figure 10- Drug-Related Visits for Children (Aged 0-12) by Age and Sex



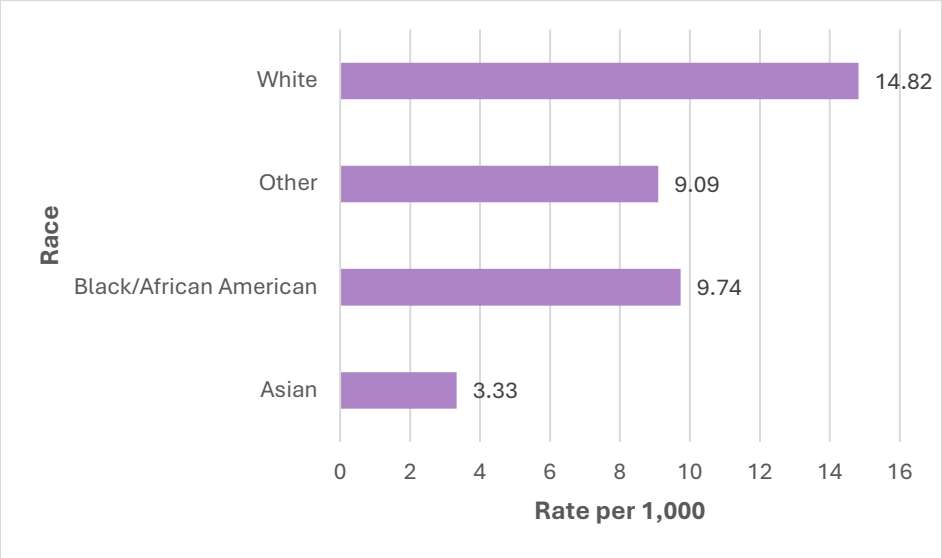
Data for females aged 6 to 10 years was suppressed.

Figure 11- Drug-Related Visits for Children (Aged 0-12) by Race



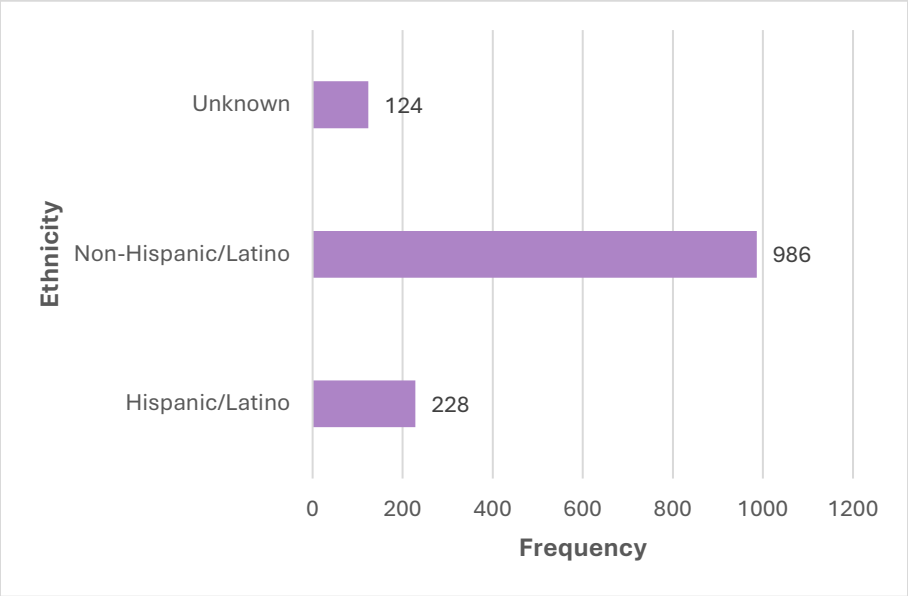
Fifty-nine percent of drug-related hospitalizations in this age group identify as White.

Figure 12- Drug-Related Visits for Children (Aged 0-12) by Race – Rate per 1,000 Population 0-12



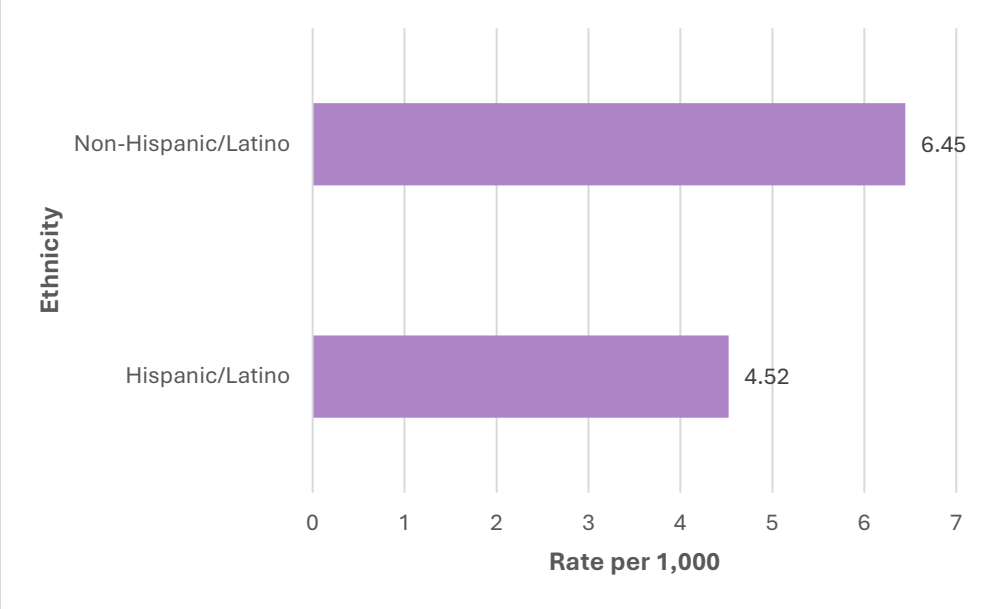
Individuals that identify as White experienced the highest count and rate of drug-related visits in this age group.

Figure 13- Drug-Related Visits for Children (Aged 0-12) by Ethnicity



The majority of drug-related visits among this age group identify as non-Hispanic or Latino (74%). The ethnicity of 186 visits is unknown.

Figure 14- Drug-Related Visits for Children (Aged 0-12) by Ethnicity – Rate per 1,000 Population 0-12



Non-Hispanic or Latino individuals had a higher count and rate of drug-related visits than Hispanic or Latino individuals in this age group.

Figure 15- Drug-Related Visits for Children (Aged 0-12) by Facility – Top 10 Facilities

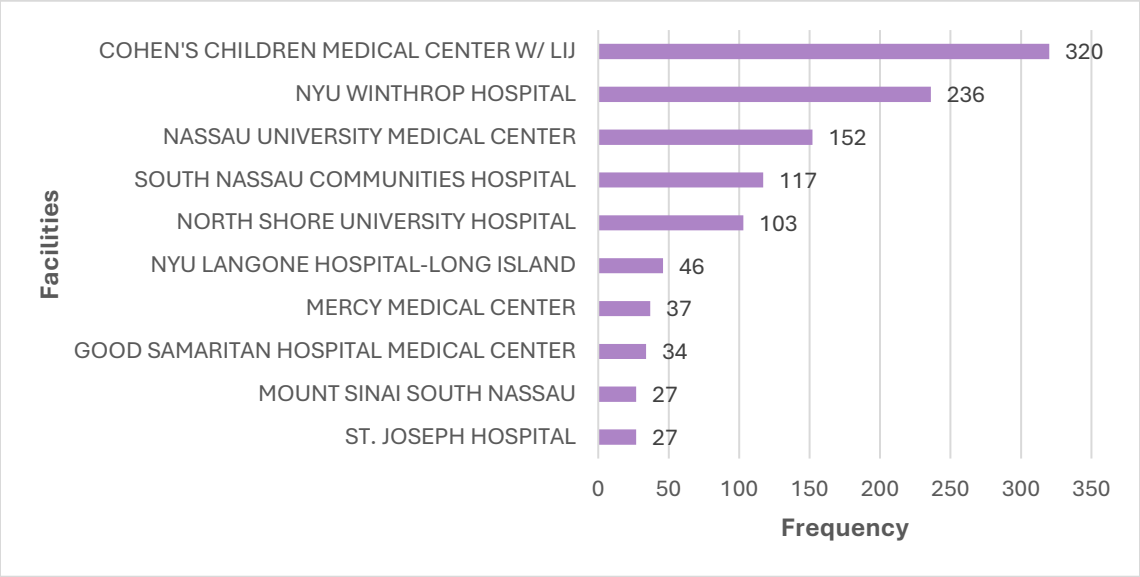
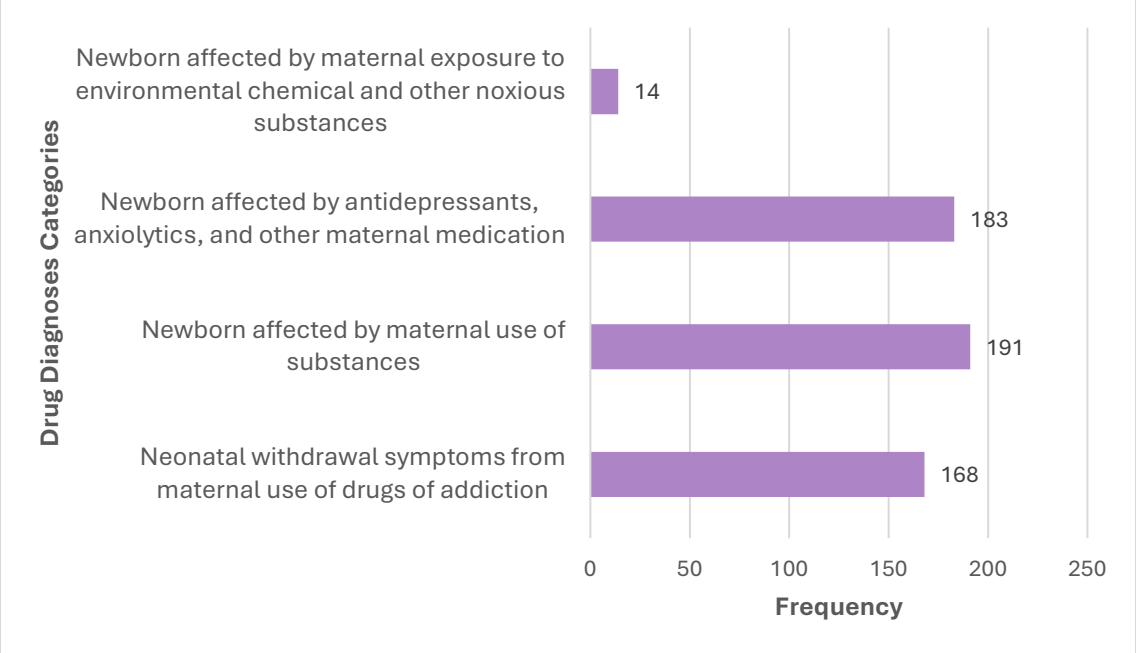
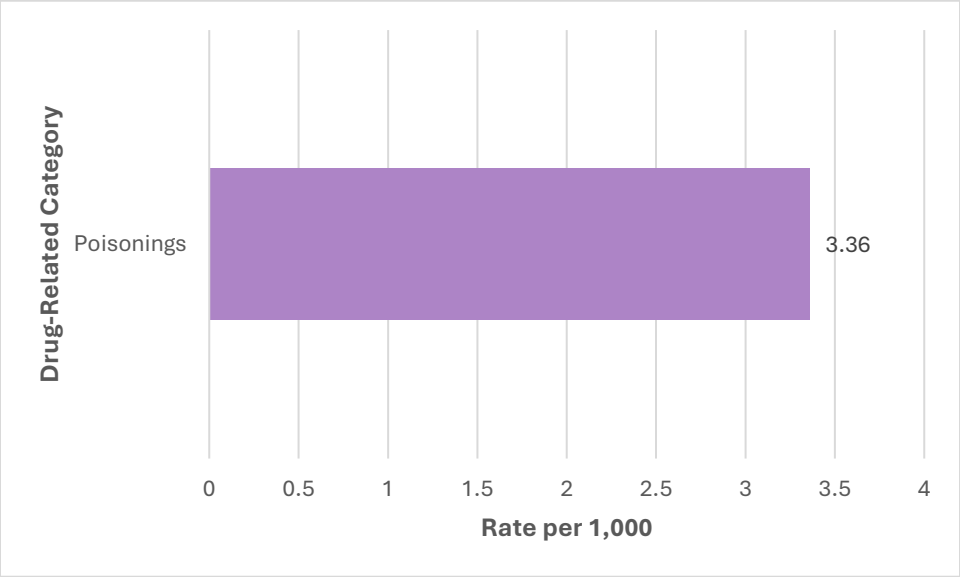


Figure 16- Drug-Related Diagnoses – Newborns Affected by Maternal Drug Use



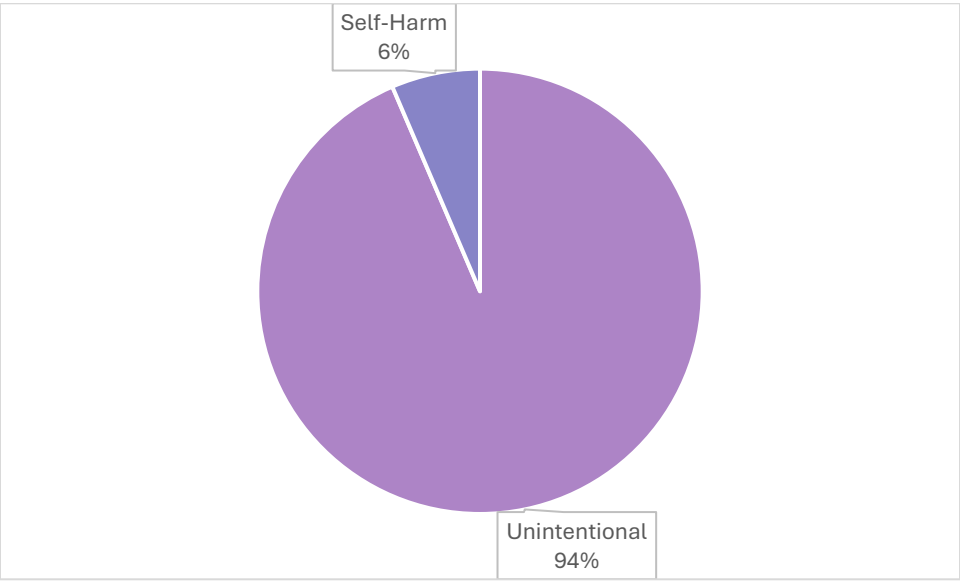
Thirty six percent of drug-related visits for infants less than 1 were affected by maternal use of substances including cocaine, opiates, sedatives, tobacco, amphetamines, or other drugs of addiction while 32% experienced withdrawal symptoms due to maternal use of drugs of addiction. Thirty four percent of newborns were affected by maternal use of non-illicit drugs such as antidepressants, anxiolytics, and other maternal medications.

Figure 17- Drug Principal Diagnoses for Children (Aged 0-12) – Rate per 1,000 Population 0-12



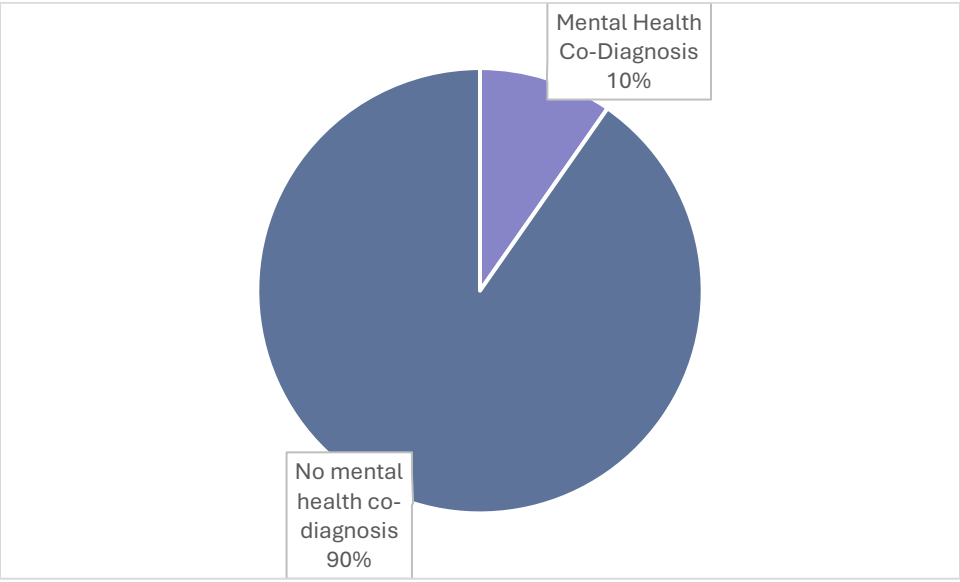
Of drug-related principal diagnoses among those aged 0 to 12, drug poisoning had the greatest rate of visits. Drug poisonings due to non-illicit substances like acetaminophen, ibuprofen, vitamins, naproxen, and antiemetic drugs made up the majority of poisonings in this age group. Other drug-related diagnosis categories were suppressed if the frequency of principal diagnoses were below 11.

Figure 18- Drug Poisoning Principal Diagnoses for Children (Aged 0-12) by Intent



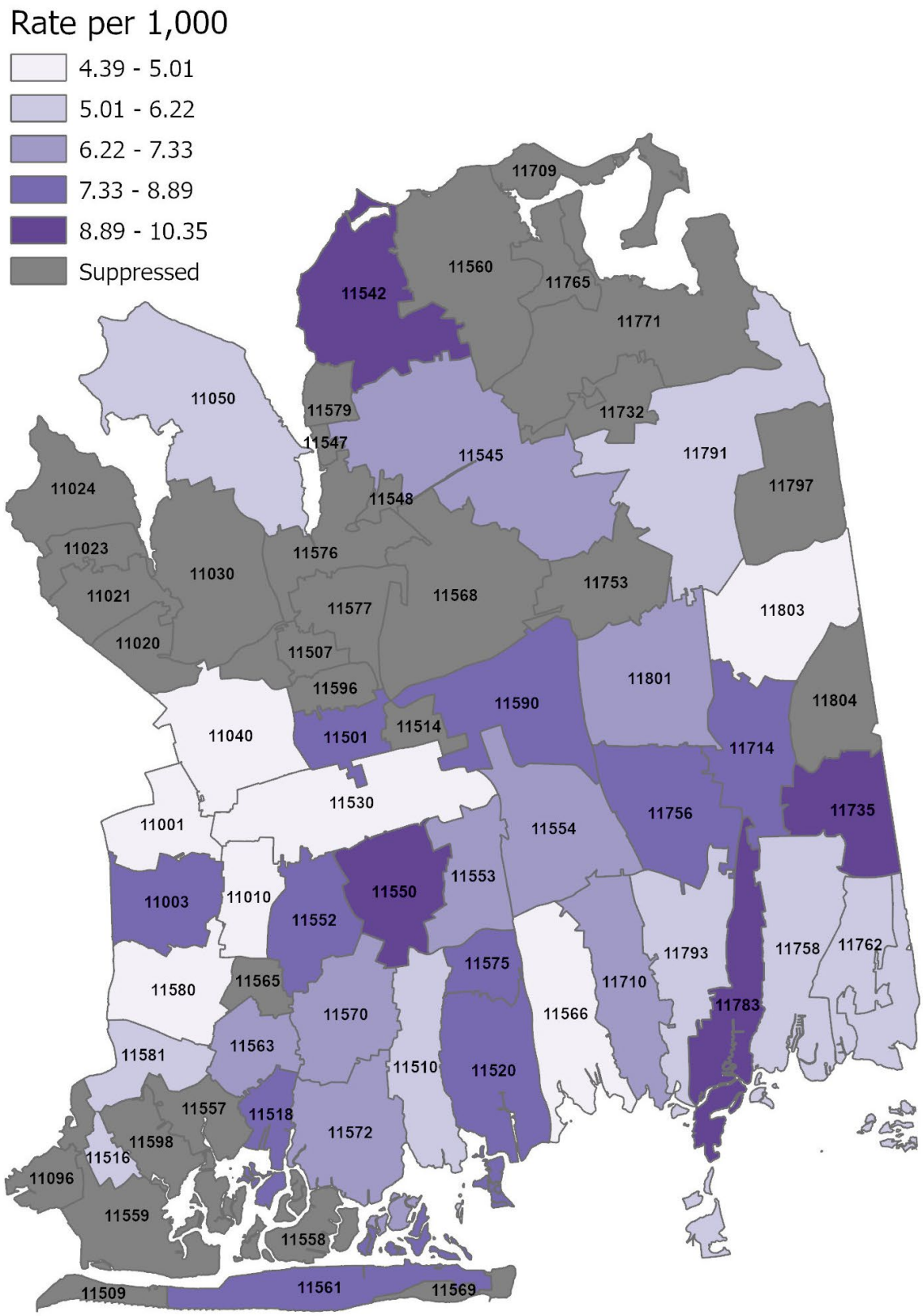
Of the 683 drug poisonings in this age group, 94% were unintentional.

Figure 19- Drug-Related Visits for Children (Aged 0-12) - Mental Health Co-Diagnoses



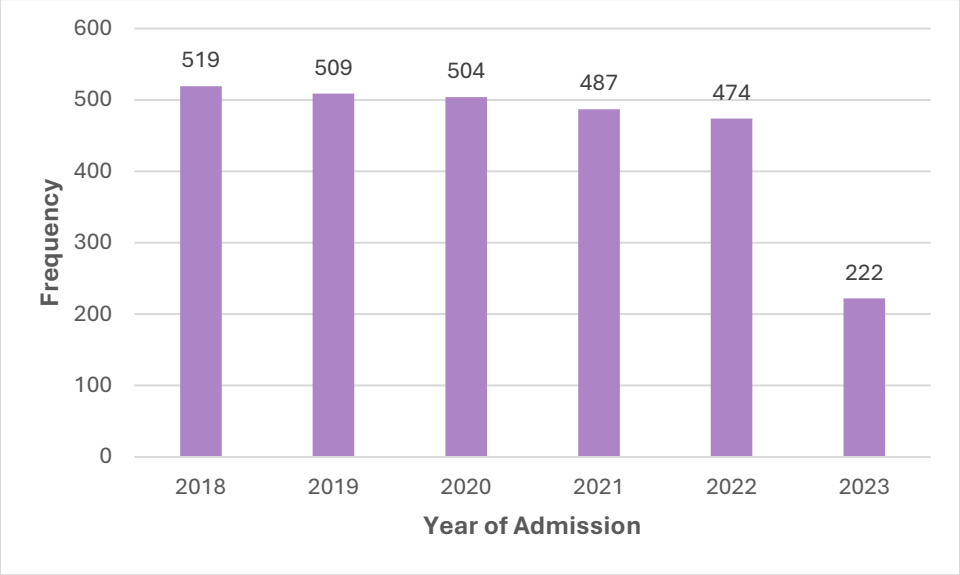
Ten percent of children with drug-related visits also had a mental health related diagnosis. Mental health diagnoses included anxiety, depression, suicidal ideation or attempt, psychosis, bipolar disorder, personality disorder, schizophrenia, attention-deficit disorder, adjustment disorder, mood disorder, post-traumatic stress disorder, panic disorder, schizoaffective disorder, phobia, delusion, or hallucination and excluded mental health diagnoses which were caused by alcohol or cannabis (i.e. alcohol induced anxiety disorder). All diagnosis type codes were utilized.

Figure 20- Drug-Related Visits for Children (Aged 0-12) by Zip Code



13 to 17-Years-Old

Figure 21- Drug-Related Visits for Adolescents (Aged 13-17) by Year of Admission – January 1, 2018 to June 30, 2023



Nassau County had 2,803 drug-related visits between January 1, 2018 and June 30, 2023 for those aged 13-17 years. Eighty-eight observations did not report admit year but had a discharge date within this timeframe.

Figure 22- Drug-Related Visits for Adolescents (Aged 13-17) by Day of Admission

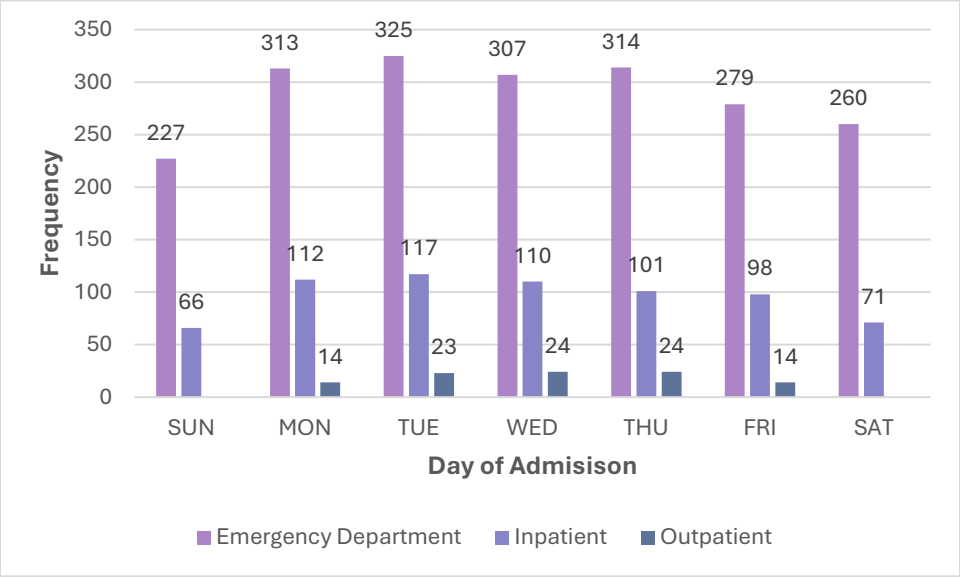
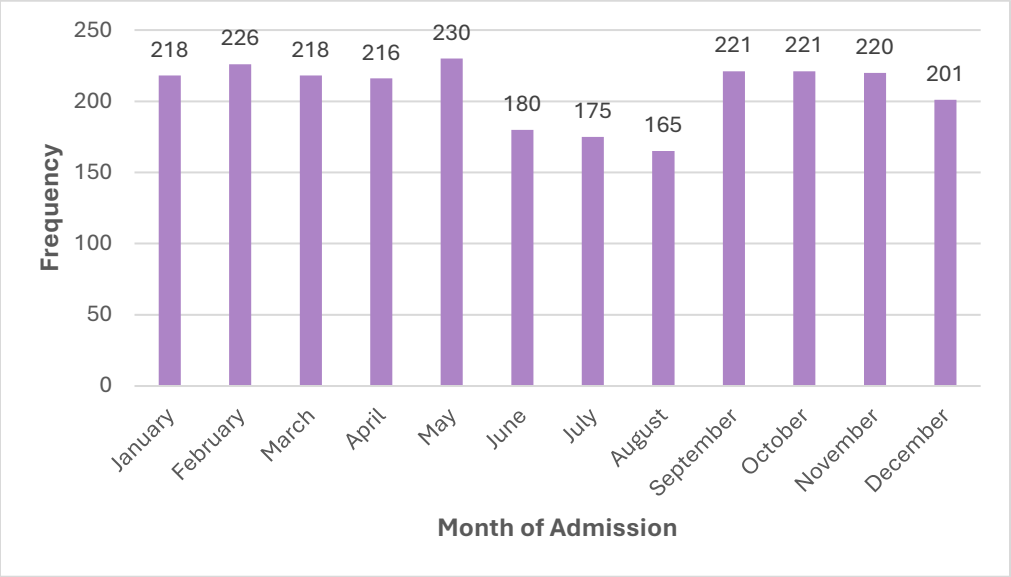


Figure 23- Drug-Related Visits for Adolescents (Aged 13-17) by Month of Admission – 2018 to 2022



June (180 visits), July (175 visits), and August (165 visits) had the least cumulative visits from January 2018 to December 2022 for those aged 13 to 17. Seventy-eight observations did not report admit year but had a discharge date within this timeframe.

Figure 24- Drug-Related Visits for Adolescents (Aged 13-17) by Age

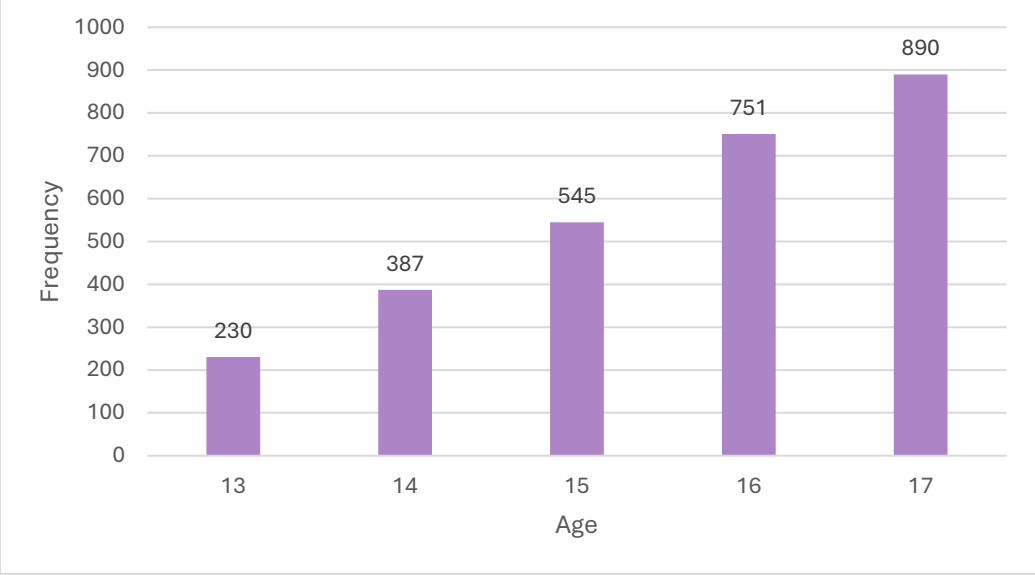


Figure 25- Drug-Related Visits for Adolescents (Aged 13-17) by Age – Rate per 1,000 Population 13-17

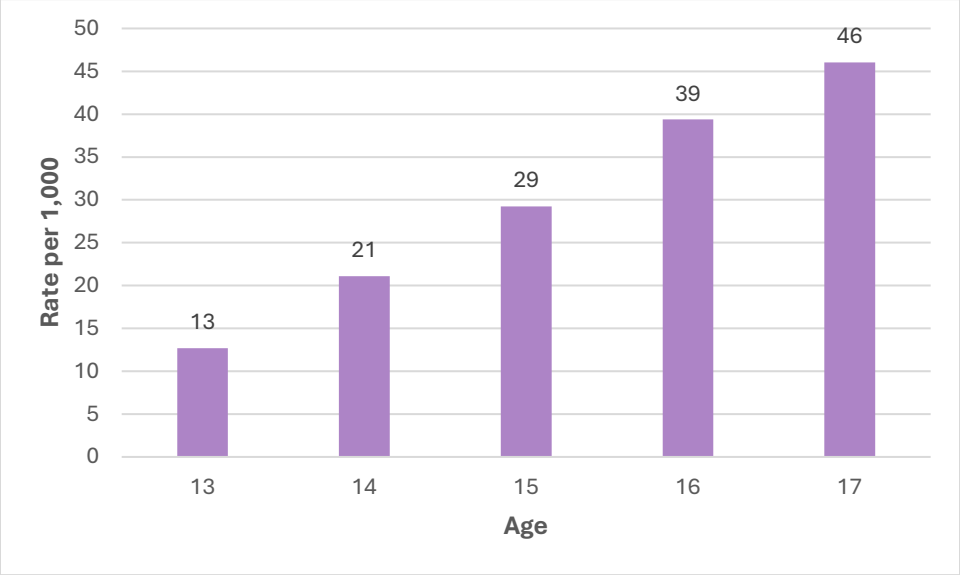
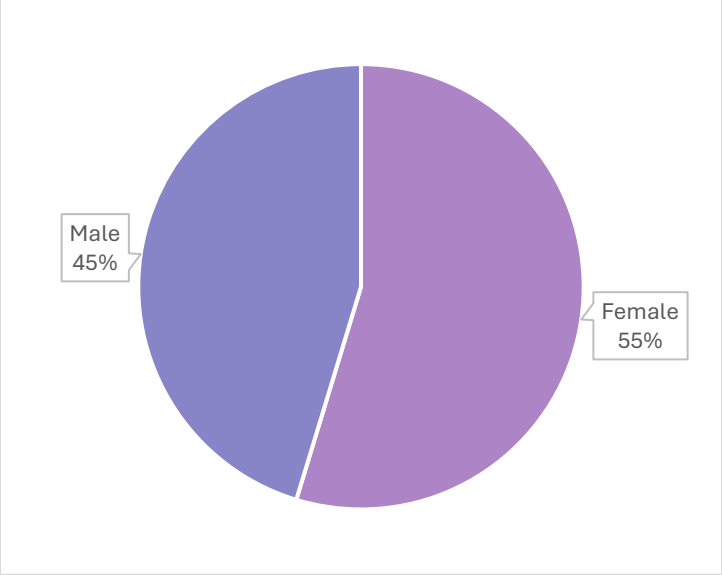
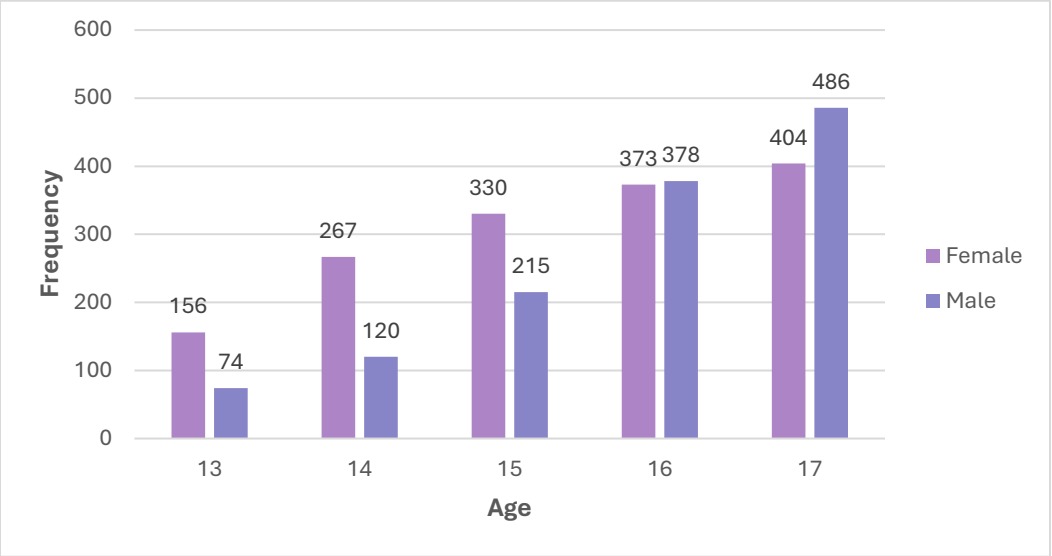


Figure 26- Drug-Related Visits for Adolescents (Aged 13-17) by Sex



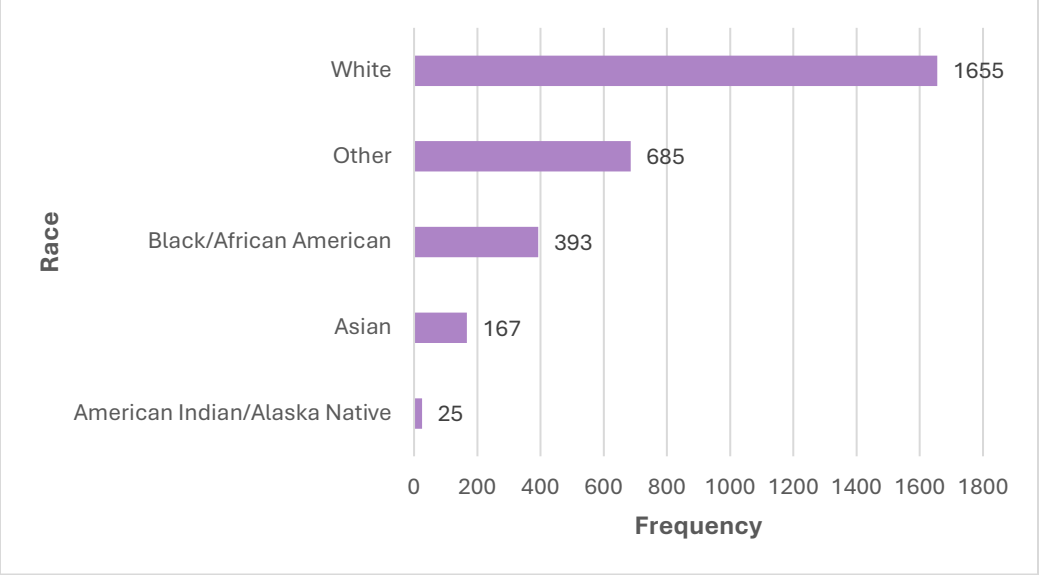
The majority of drug-related health-care visits among those aged 13 to 17-years-old were female.

Figure 27- Drug-Related Visits for Adolescents (Aged 13-17) by Age and Sex



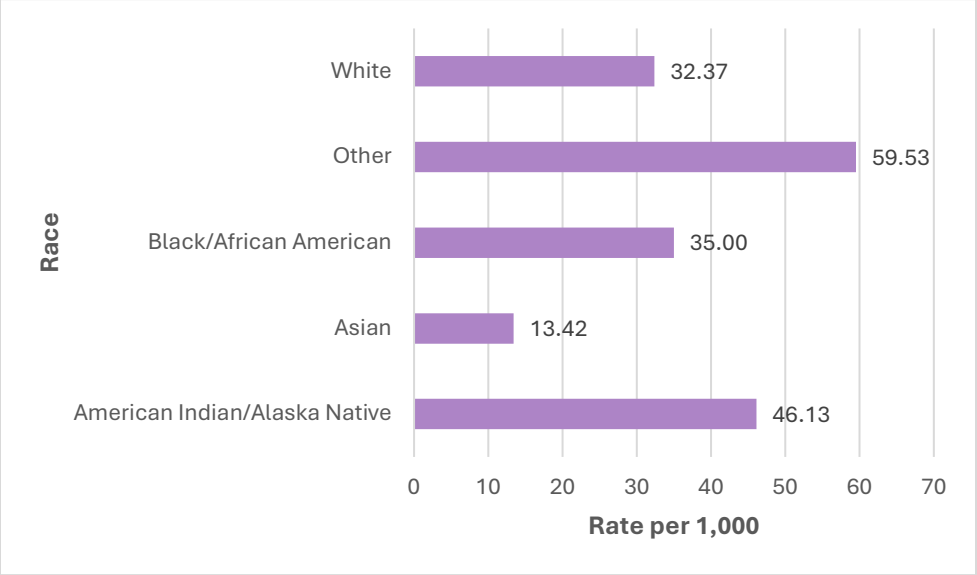
At younger ages, females experienced a greater cumulative frequency of drug-related visits than males. Starting age 16, males had a higher cumulative count of drug-related visits.

Figure 28- Drug-Related Visits for Adolescents (Aged 13-17) by Race



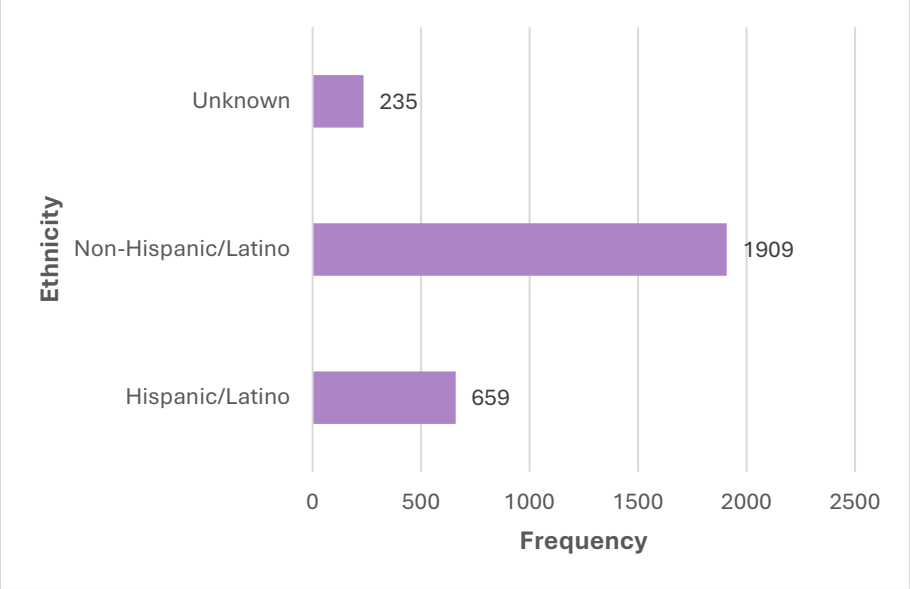
Fifty-nine percent of drug-related healthcare visits in this age group identified as White.

Figure 29- Drug-Related Visits for Adolescents (Aged 13-17) by Race – Rate per 1,000 Population 13-17



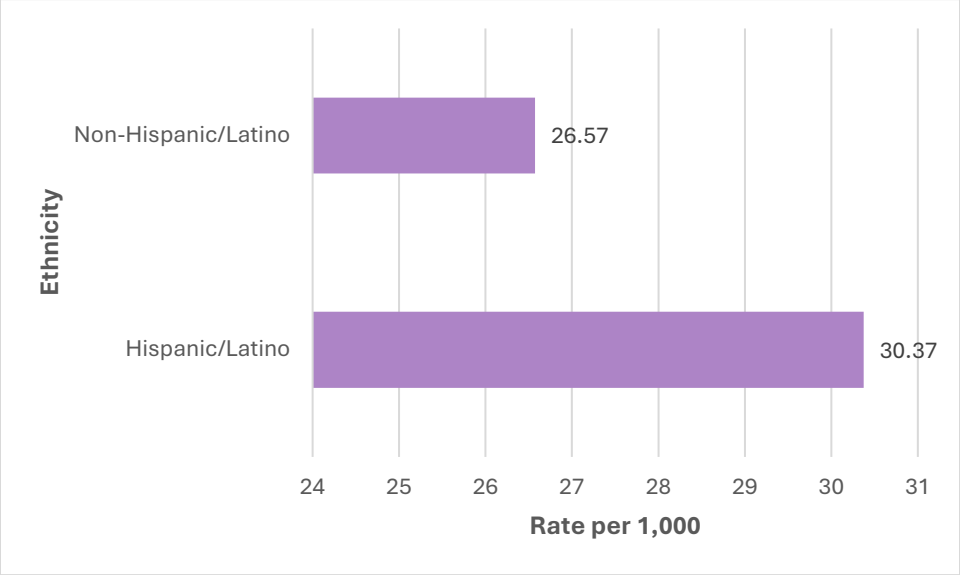
The highest rates of drug-related visits among 13 to 17-year-olds were observed among those that identify as other race (59.53 per 1,000) and American Indian/Alaska Native (46.13 per 1,000).

Figure 30- Drug-Related Visits for Adolescents (Aged 13-17) by Ethnicity



The majority of drug-related visits among this age group identify as non-Hispanic or Latino (68%). The ethnicity of 235 visits is unknown.

Figure 31- Drug-Related Visits for Adolescents (Aged 13-17) by Ethnicity – Rate per 1,000 Population 13-17



Hispanic/Latino individuals experienced a greater rate of drug-related visits than non-Hispanic/Latino individuals.

Figure 32- Drug-Related Visits for Adolescents (Aged 13-17) by Facility – Top 10 Facilities

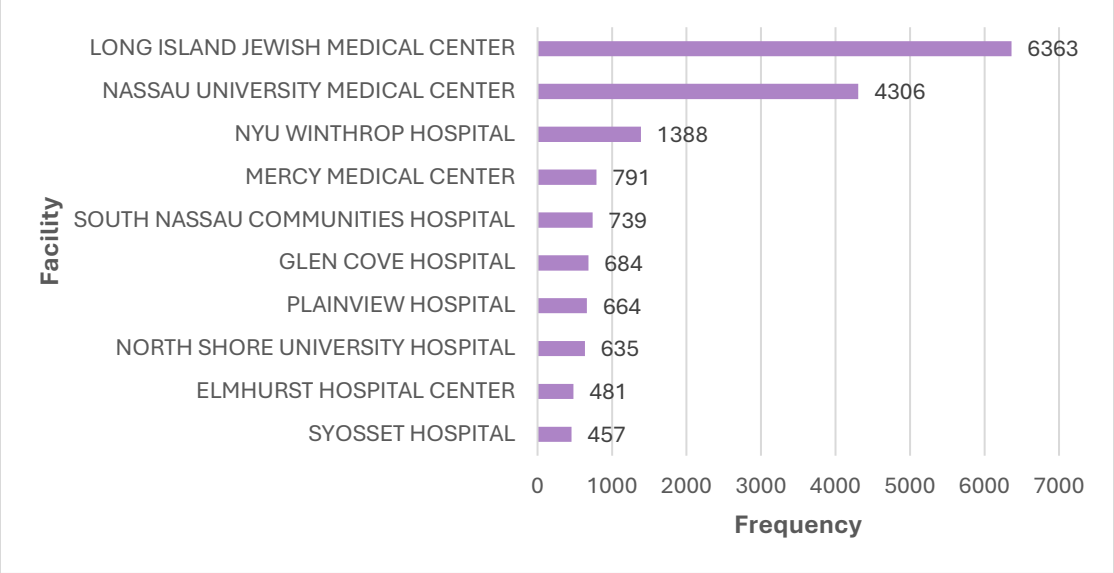


Figure 33- Drug-Related Principal Diagnoses for Adolescents (Aged 13-17)

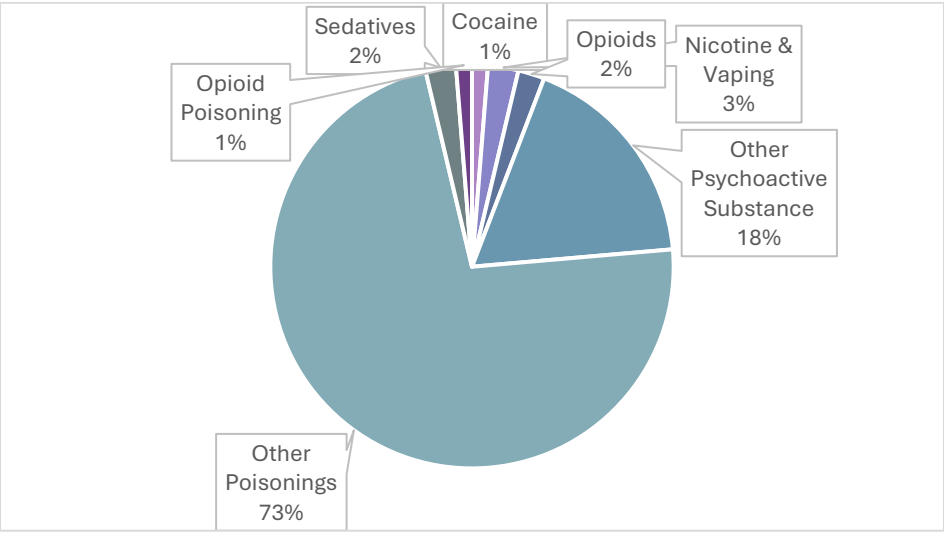
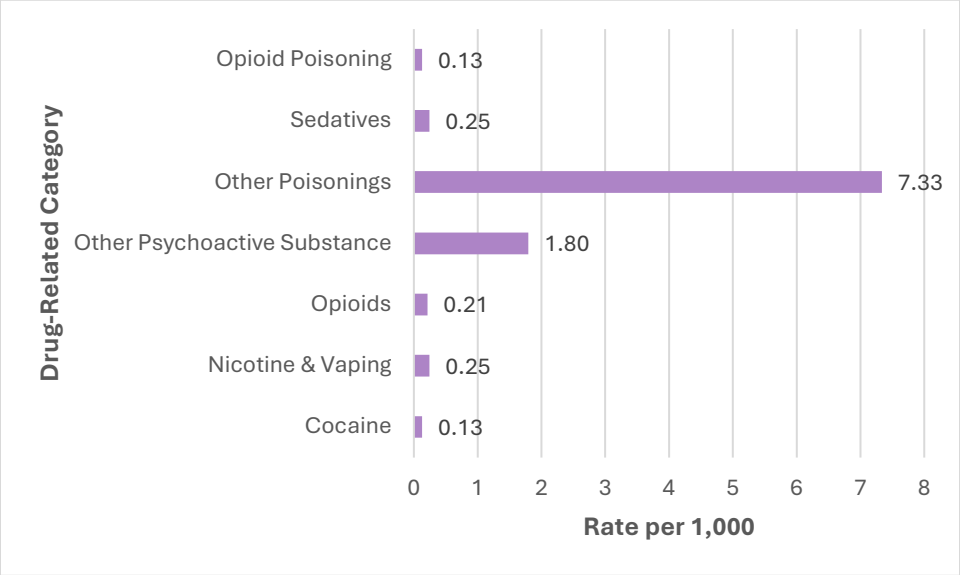
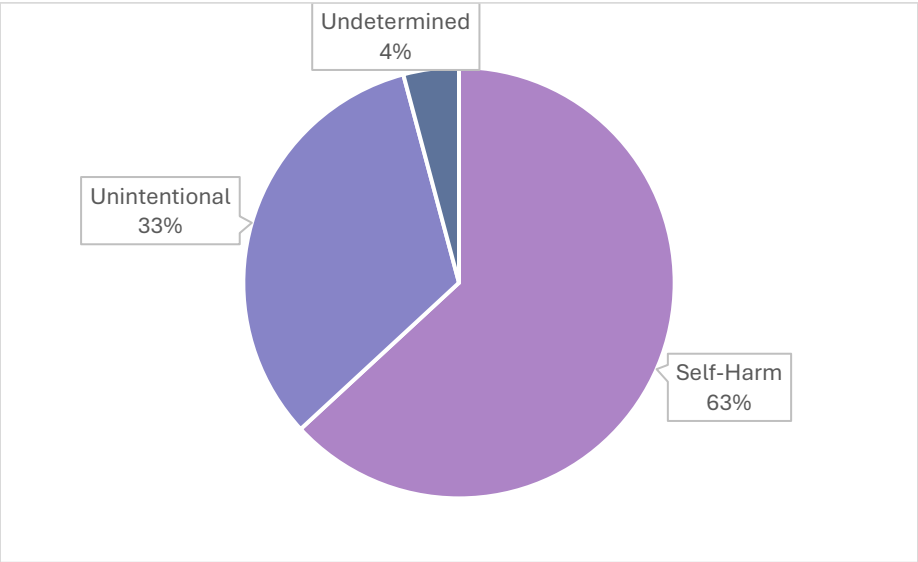


Figure 34- Drug-Related Principal Diagnoses for Adolescents (Aged 13-17) – Rate per 1,000 Population Aged 13-17



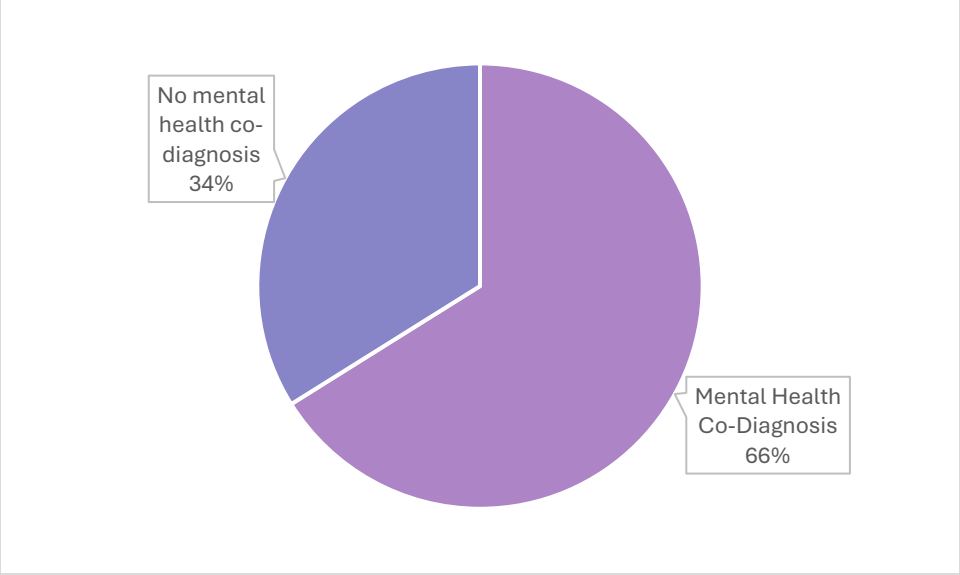
- Among those aged 13 to 17, the category with the greatest rate was other poisonings (7.33 per 1,000 population 13 to 17), making up 73% of drug-related principal diagnoses in this age group. Other drug poisonings include drug poisonings not due to opioid, sedative, cocaine, hallucinogen, nicotine, inhalant, or other stimulant use (e.g. poisoning by acetaminophen).
- Other psychoactive substance use/abuse/dependence followed with a rate of 1.8 per 1,000 population 13-17. Other psychoactive substance use/abuse/dependence made up 18% of alcohol-related visits in this age group.
- Other drug-related use/abuse/dependence diagnoses such as nicotine (3%), sedatives (2%), opioids (2%), and cocaine (2%) were also present in Nassau County adolescents. One percent of drug-related visits for this age group were for opioid poisonings.

Figure 35- Drug Poisoning Principal Diagnoses for Adolescents (Aged 13-17) by Intent



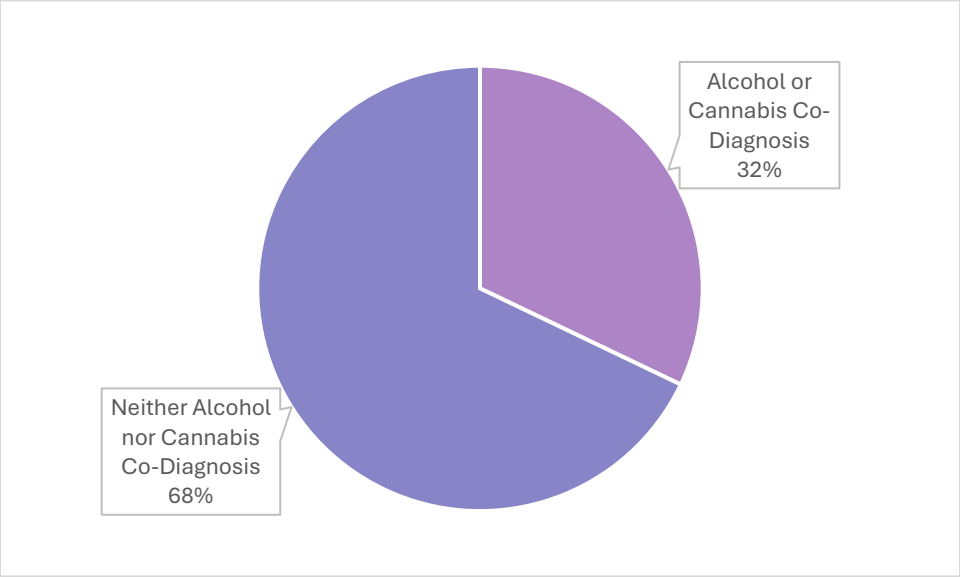
Of the 698 drug poisonings in this age group, 63% were intentional self-poisonings.

Figure 36- Drug-Related Visits for Adolescents (Aged 13-17) - Mental Health Co-Diagnoses



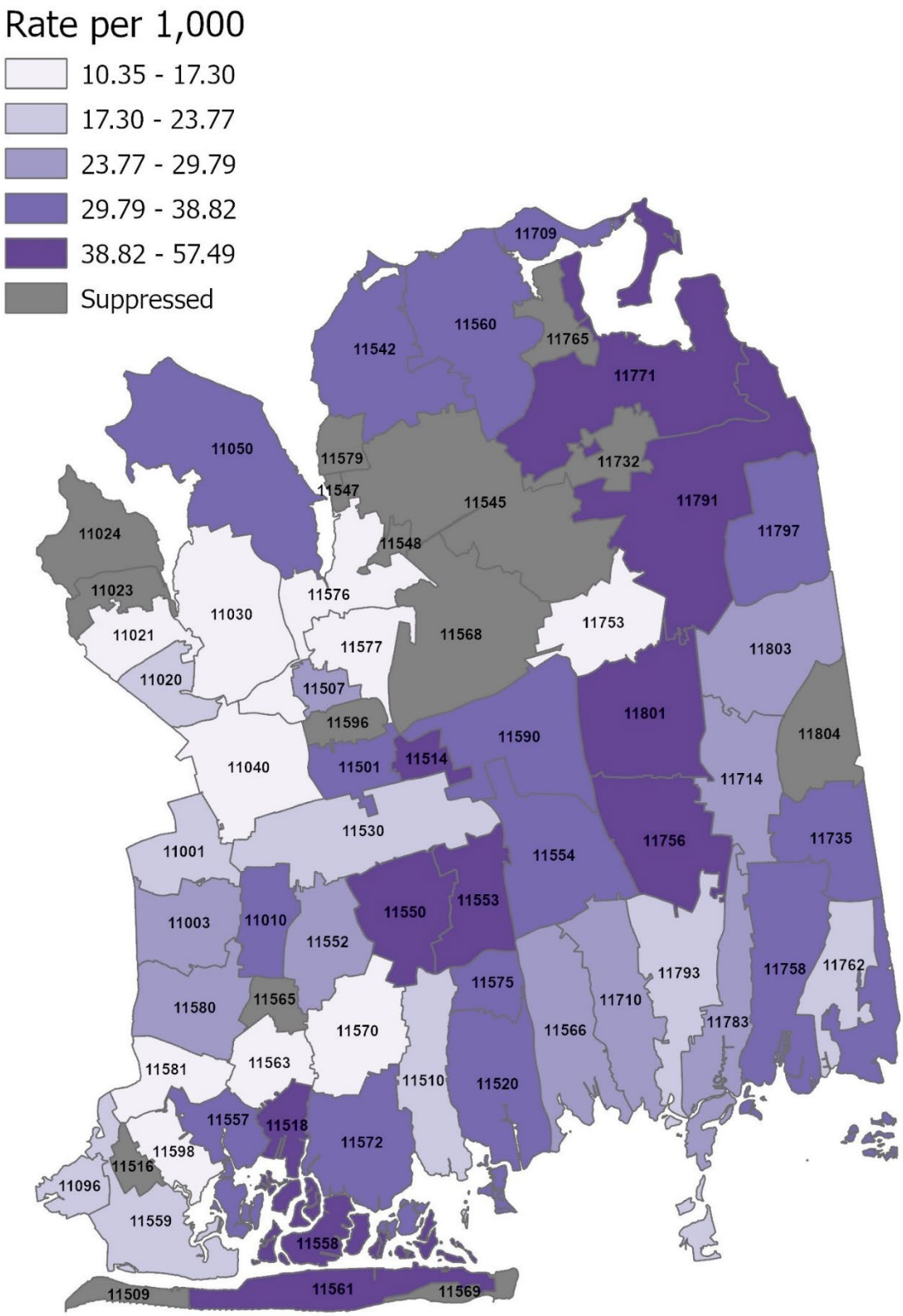
Sixty-six percent of adolescents with drug-related visits also had a mental health related diagnosis. Mental health diagnoses included anxiety, depression, suicidal ideation or attempt, psychosis, bipolar disorder, personality disorder, schizophrenia, attention-deficit disorder, adjustment disorder, mood disorder, post-traumatic stress disorder, panic disorder, schizoaffective disorder, phobia, delusion, or hallucination and excluded mental health diagnoses which were caused by alcohol or cannabis (i.e. alcohol induced anxiety disorder). All diagnosis type codes were utilized.

Figure 37- Drug Related Visits for Adolescents (Aged 13-17) – Alcohol or Cannabis Codiagnoses



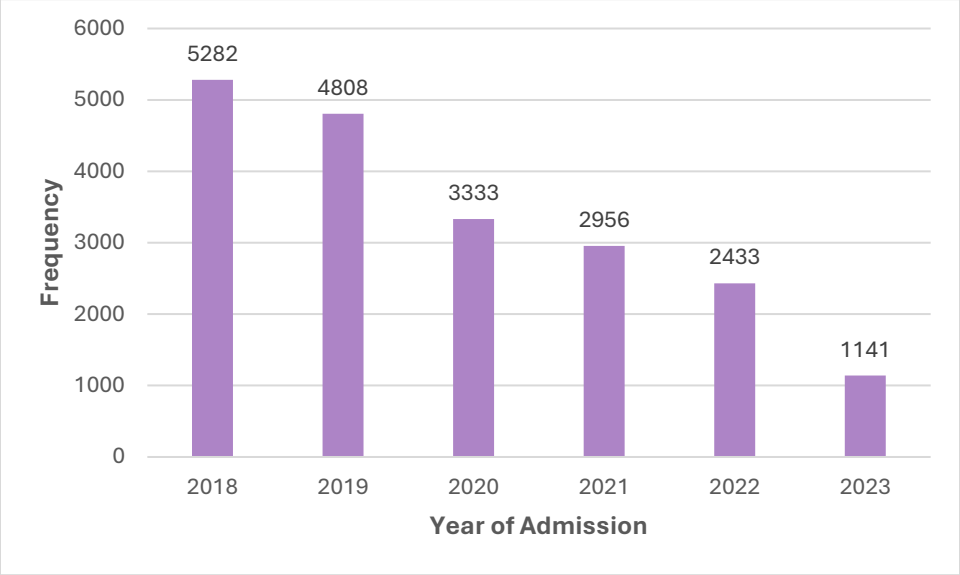
Thirty-two percent of drug-related visits also had an alcohol or cannabis related diagnosis.

Figure 38- Drug-Related Visits for Adolescents (Aged 13-17) by Zip Code



18 to 24-Years-Old

Figure 39- Drug-Related Visits for Young Adults (Aged 18-24) by Year of Admission – January 1, 2018 to June 30, 2023



Nassau County had 20,397 drug-related visits between January 1, 2018 and June 30, 2023 for those aged 18-24 years. Four hundred forty-four observations did not report admit year but had a discharge date within this timeframe.

Figure 40- Drug-Related Visits for Young Adults (Aged 18-24) by Day of Admission

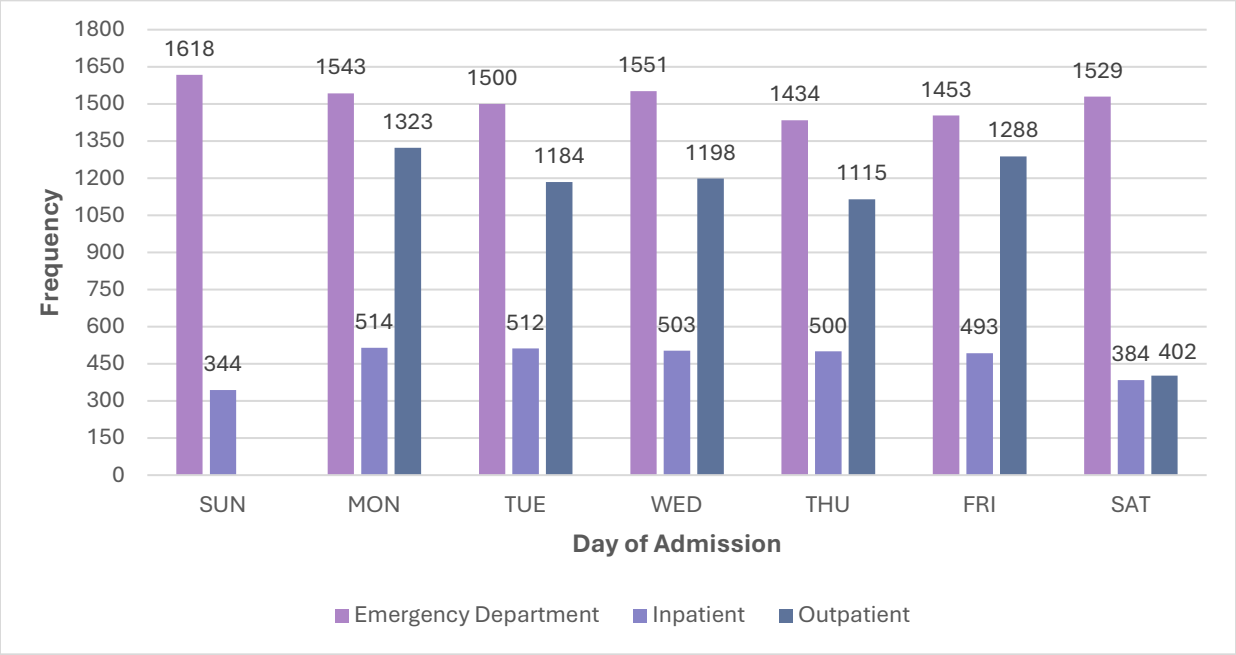


Figure 41- Drug-Related Visits for Young Adults (Aged 18-24) by Age

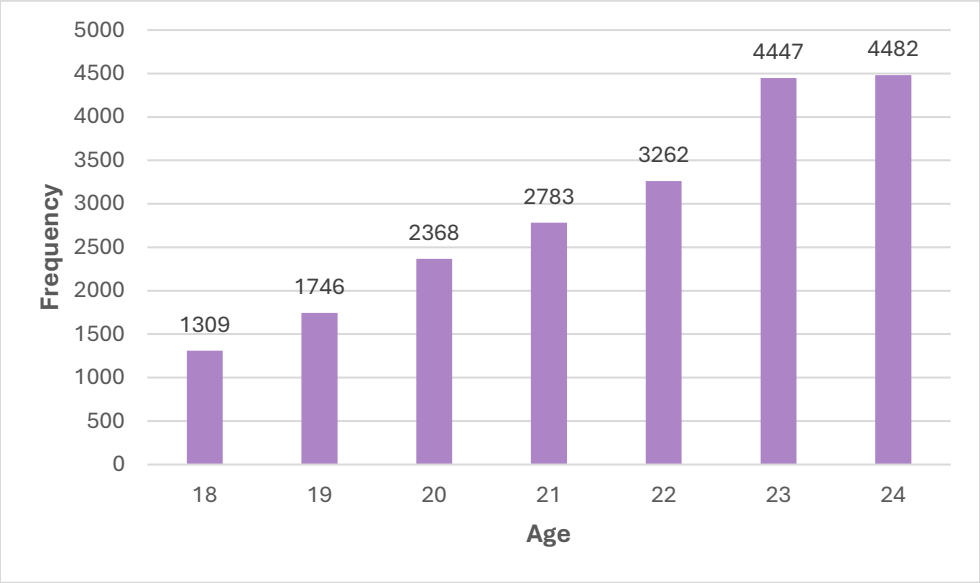


Figure 42- Drug-Related Visits for Young Adults (Aged 18-24) by Age – Rate per 1,000

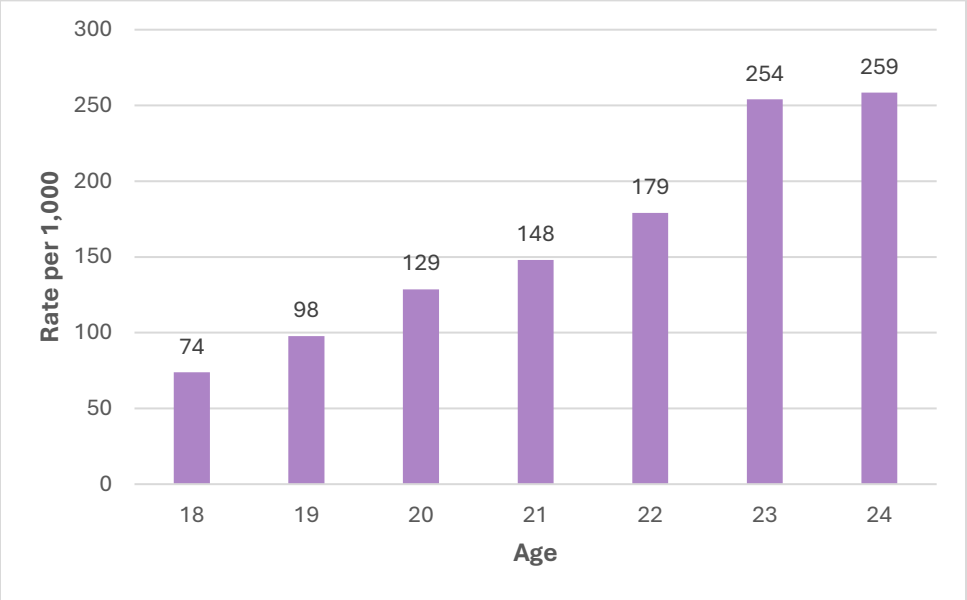
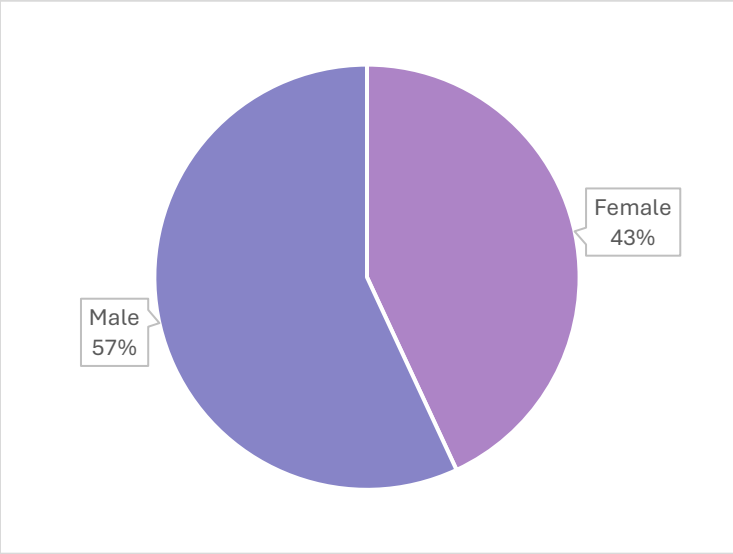


Figure 43- Drug-Related Visits for Young Adults (Aged 18-24) by Sex



Fifty-seven percent of alcohol-related visits in this age group were male.

Figure 44- Drug-Related Visits for Young Adults (Aged 18-24) by Age and Sex

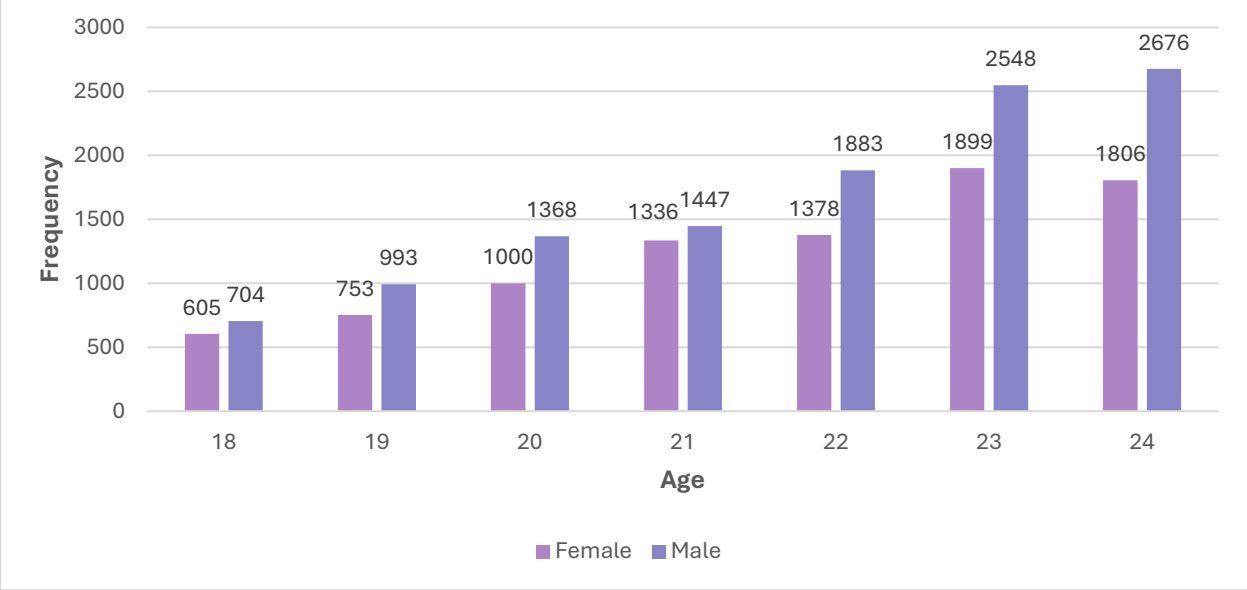
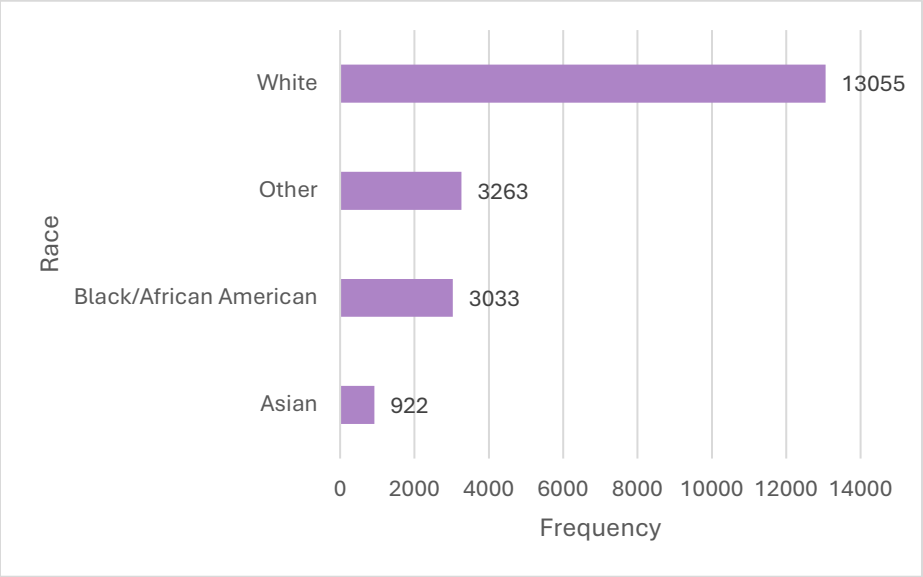
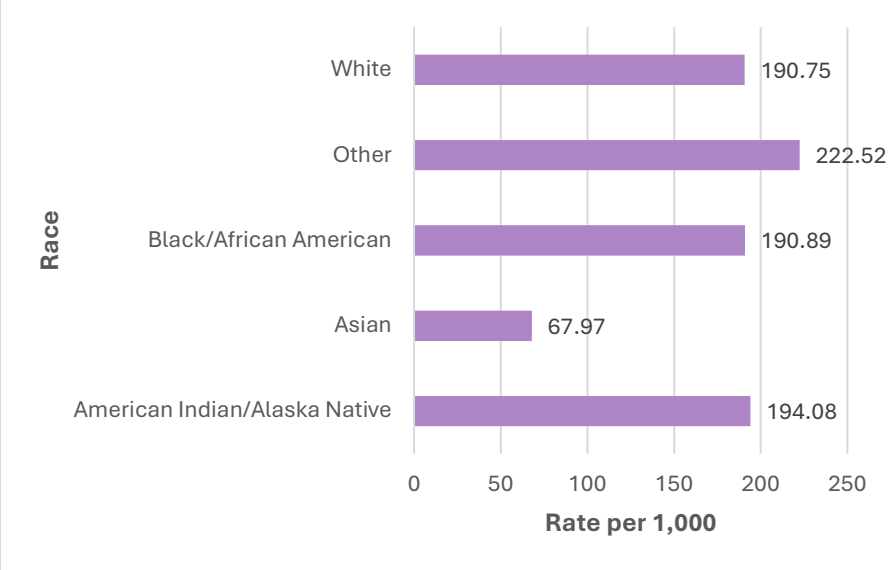


Figure 45- Drug-Related Visits for Young Adults (Aged 18-24) by Race



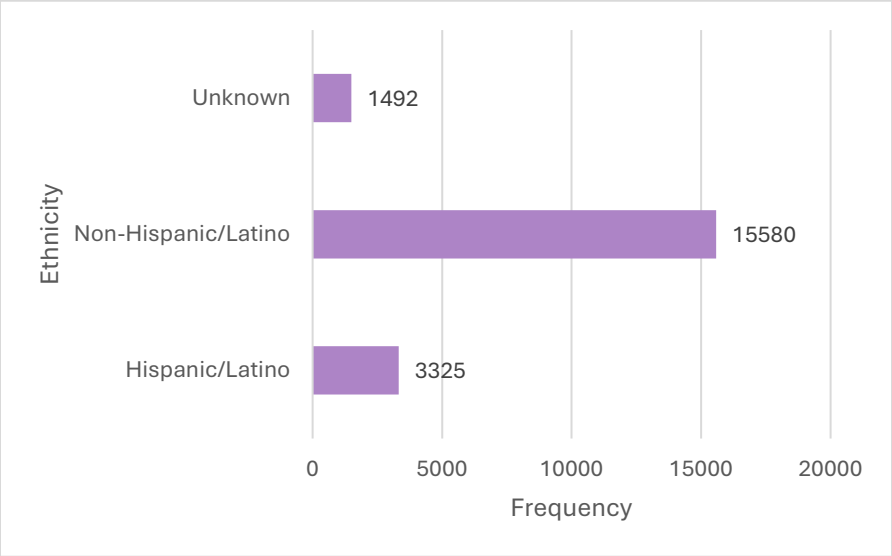
Sixty four percent of drug-related visits for those aged 18 to 24 identify as White. One hundred eighteen visits identify as American Indian or Alaska Native.

Figure 46- Drug-Related Visits for Young Adults (Aged 18-24) by Race – Rate per 1,000 Population 18-24



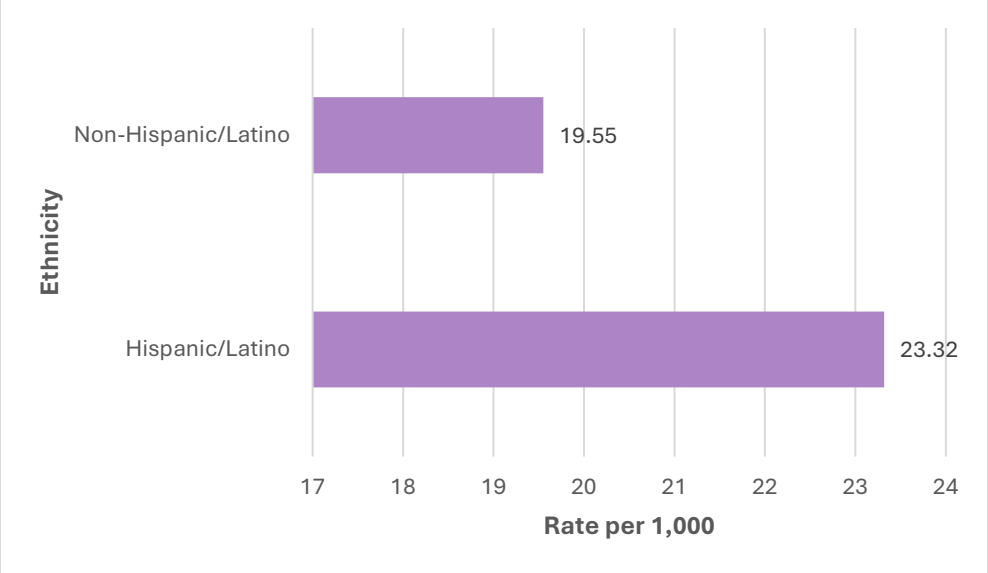
The highest rate of visits in this age group was observed among individuals that identified as other race (222.52 per 1,000). Those that identify as American Indian or Alaska Native (194.08 per 1,000), Black or African American (190.89 per 1,000) and White (190.75 per 1,000) experienced similar rates of drug-related visits.

Figure 47- Drug-Related Visits for Young Adults (Aged 18-24) by Ethnicity



Seventy-six percent of drug-related visits among this age group identify as non-Hispanic/Latino.

Figure 48- Drug-Related Visits for Young Adults (Aged 18-24) by Ethnicity – Rate per 1,000 Population 18-24



Hispanic/Latino individuals experienced a higher rate of drug-related visits than those that identify as non-Hispanic/Latino.

Figure 49- Drug-Related Visits for Young Adults (Aged 18-24) by Facility – Top 10 Facilities

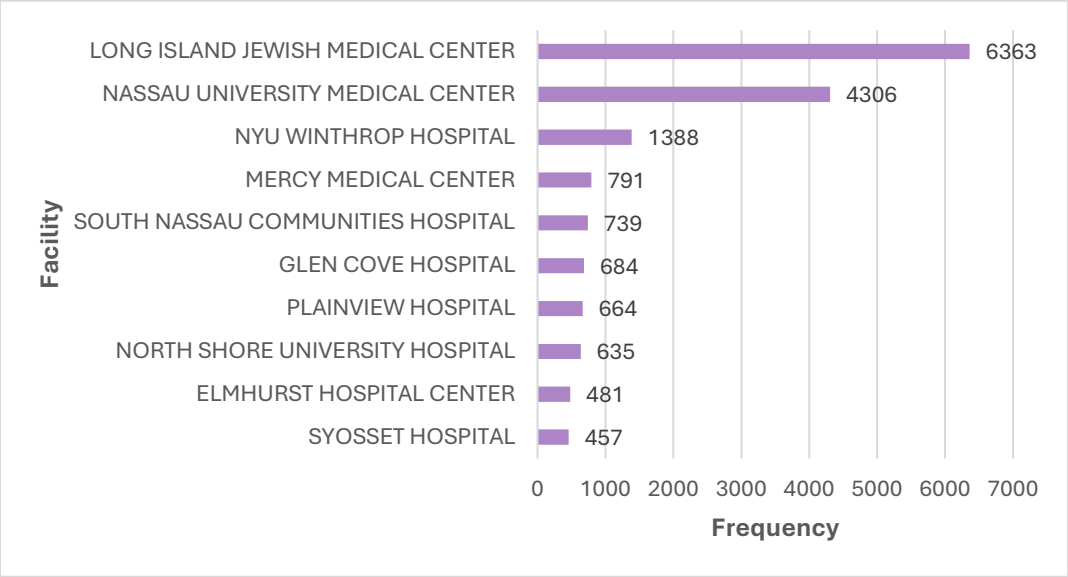


Figure 50- Drug-Related Principal Diagnoses for Young Adults (Aged 18-24)

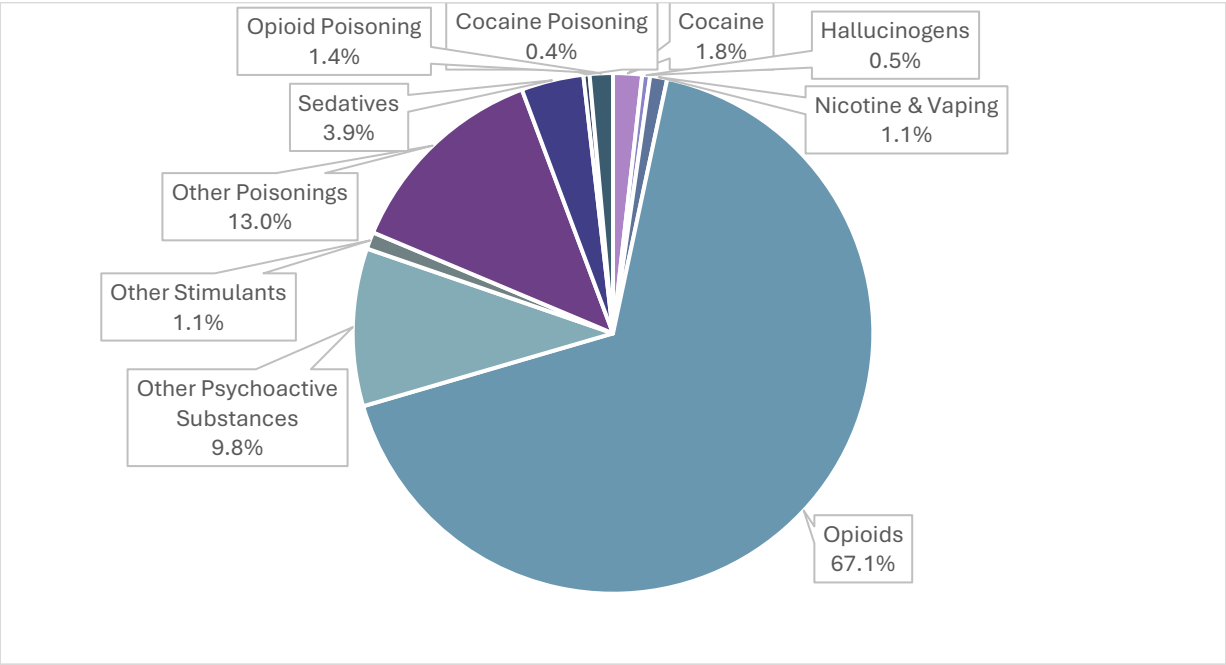
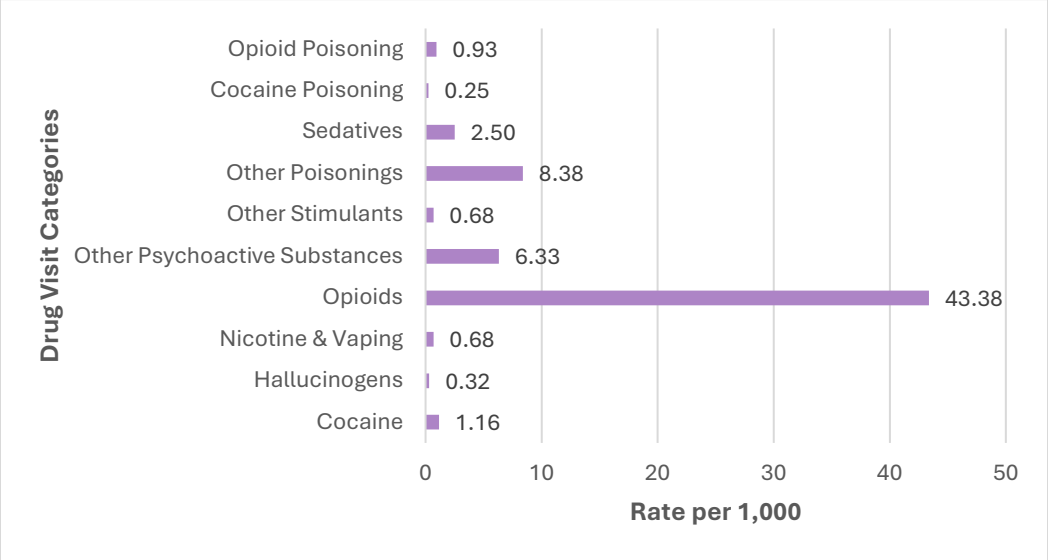
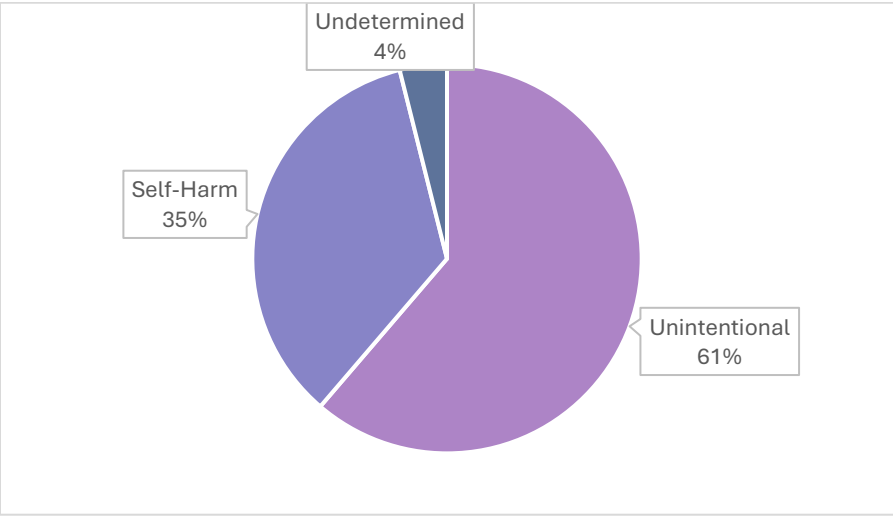


Figure 51- Drug-Related Principal Diagnoses for Young Adults (Aged 18-24) – Rate per 1,000 Population 18-24



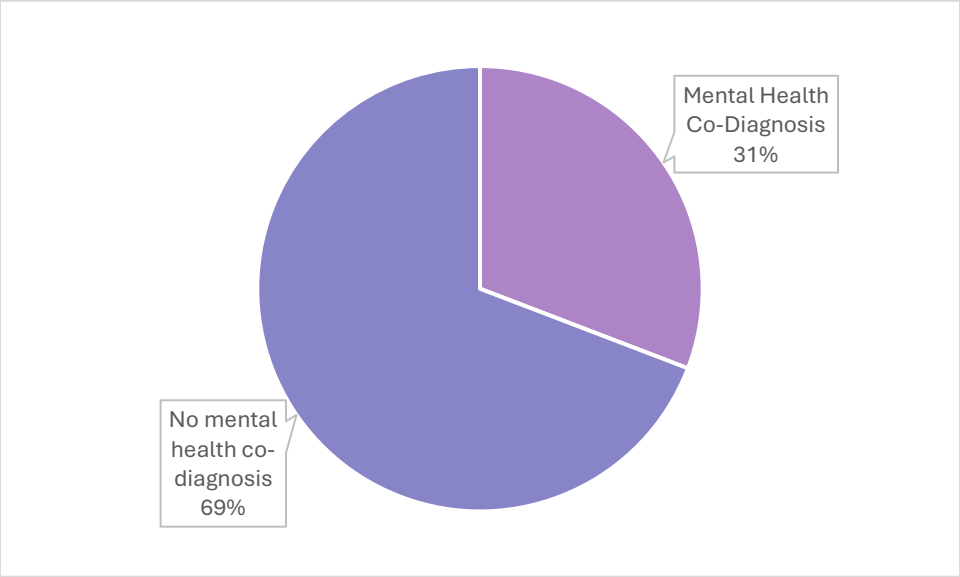
- Among those aged 18 to 24, the category with the greatest rate was opioid use/abuse/dependence (43.38 per 1,000 population 18 to 24), making up 67% of drug-related principal diagnoses in this age group.
- Other poisonings (13%) and other psychoactive substance use/abuse/dependence (13%) followed. Other poisonings include drug poisonings not due to opioid, sedative, cocaine, hallucinogen, nicotine, inhalant, or other stimulant use (e.g. poisoning by acetaminophen).
- Other drug-related use/abuse/dependence diagnoses such as sedatives (4%), cocaine (2%) hallucinogens (1%), nicotine (1%), and other stimulants (1%) were also present among Nassau County adolescents as well as opioid (1%) and cocaine (<1%) drug poisonings.

Figure 52 - Drug Poisoning Principal Diagnoses for Young Adults (Aged 18-24) by Intent



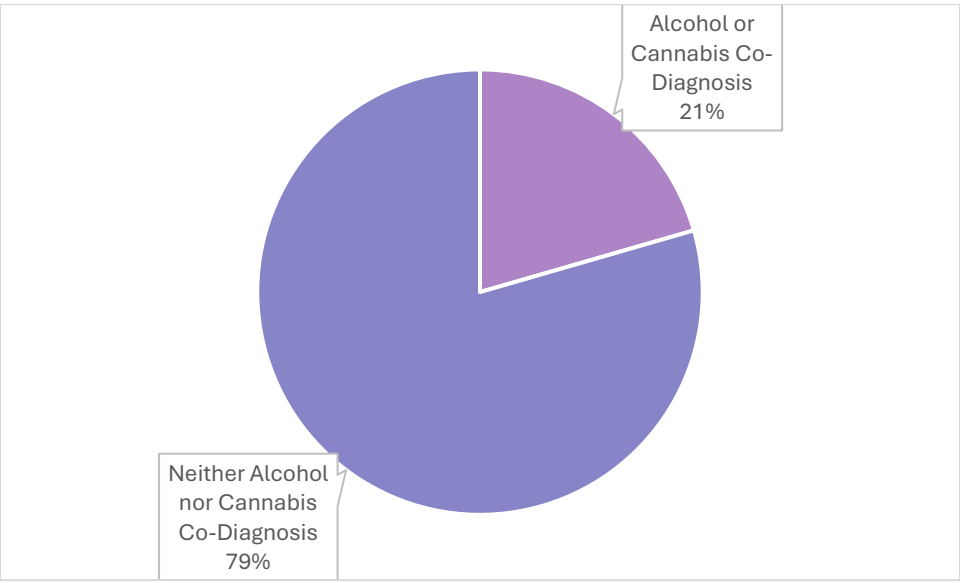
Of the 1203 drug poisonings in this age group, 61% were unintentional.

Figure 53- Drug-Related Visits for Young Adults (Aged 18-24) - Mental Health Co-Diagnoses



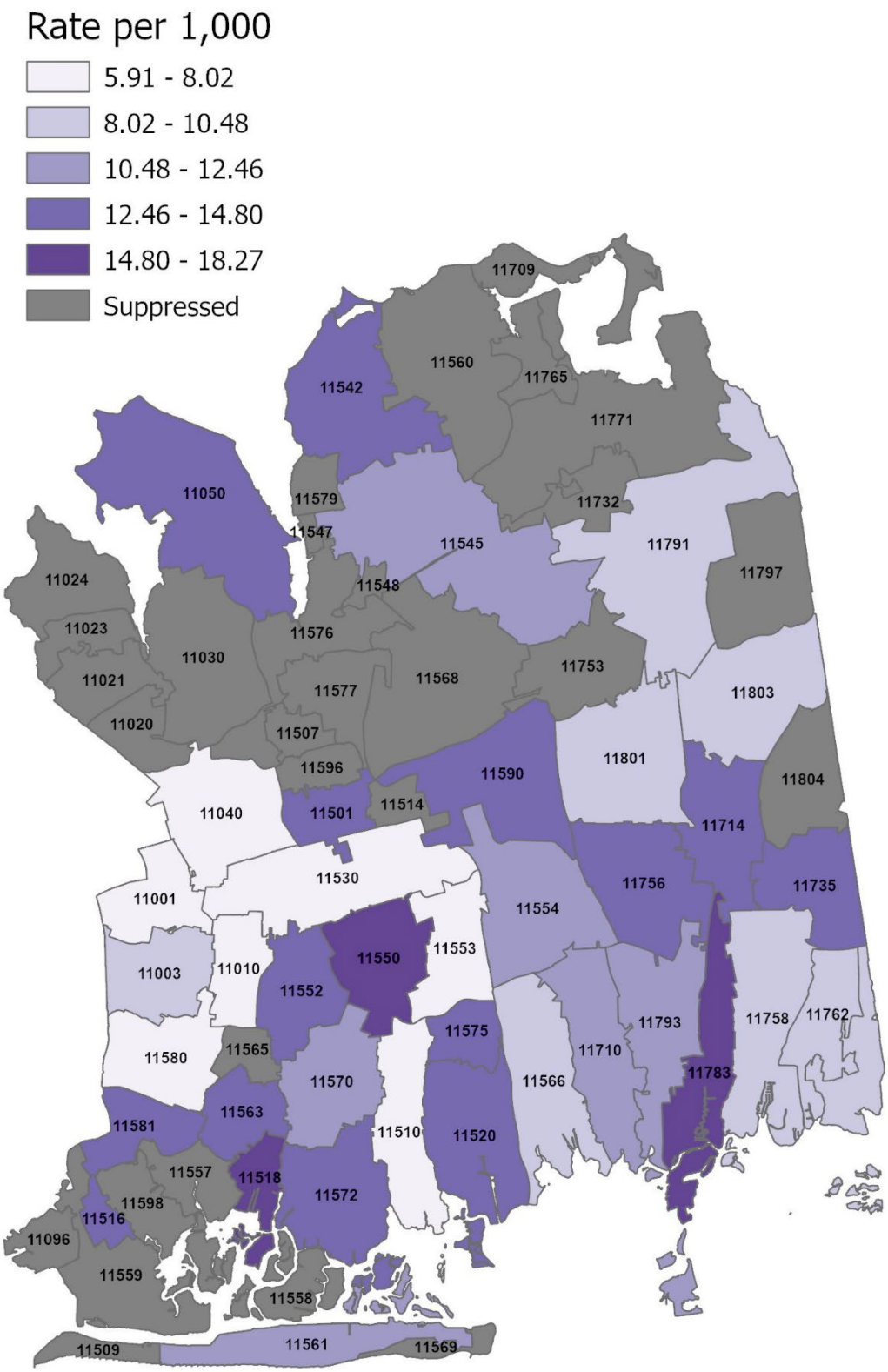
Thirty-one percent of young adults with drug-related visits also had a mental health related diagnosis. Mental health diagnoses included anxiety, depression, suicidal ideation or attempt, psychosis, bipolar disorder, personality disorder, schizophrenia, attention-deficit disorder, adjustment disorder, mood disorder, post-traumatic stress disorder, panic disorder, schizoaffective disorder, phobia, delusion, or hallucination and excluded mental health diagnoses which were caused by alcohol or cannabis (i.e. alcohol induced anxiety disorder). All diagnosis type codes were utilized.

Figure 54 – Alcohol or Cannabis Co-Diagnoses



Twenty-one percent of drug-related visits also had an alcohol or cannabis related diagnosis.

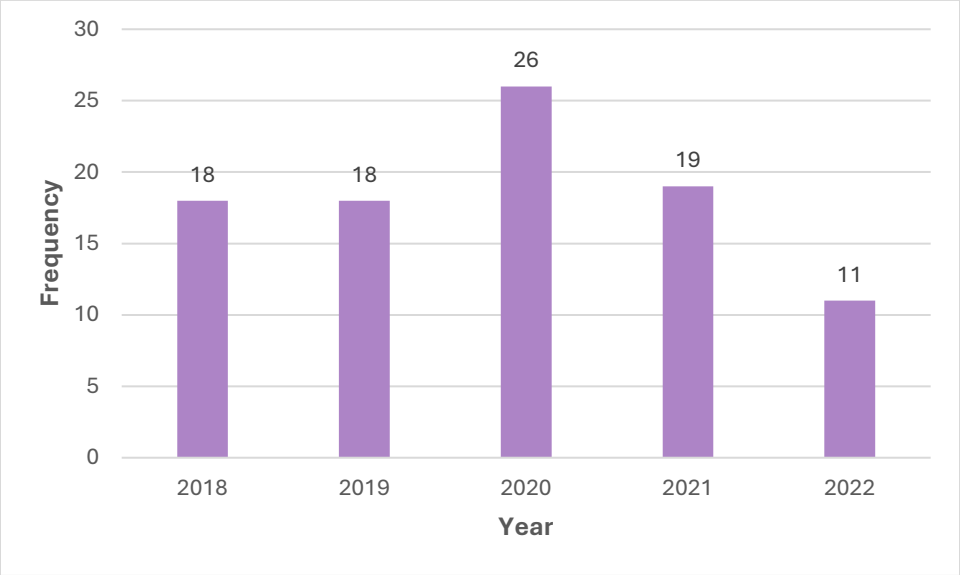
Figure 55- Drug-Related Visits for Young Adults (Aged 18-24) by Zip Code – Rate per 1,000 Population 18-24



DRUG-RELATED MORTALITY

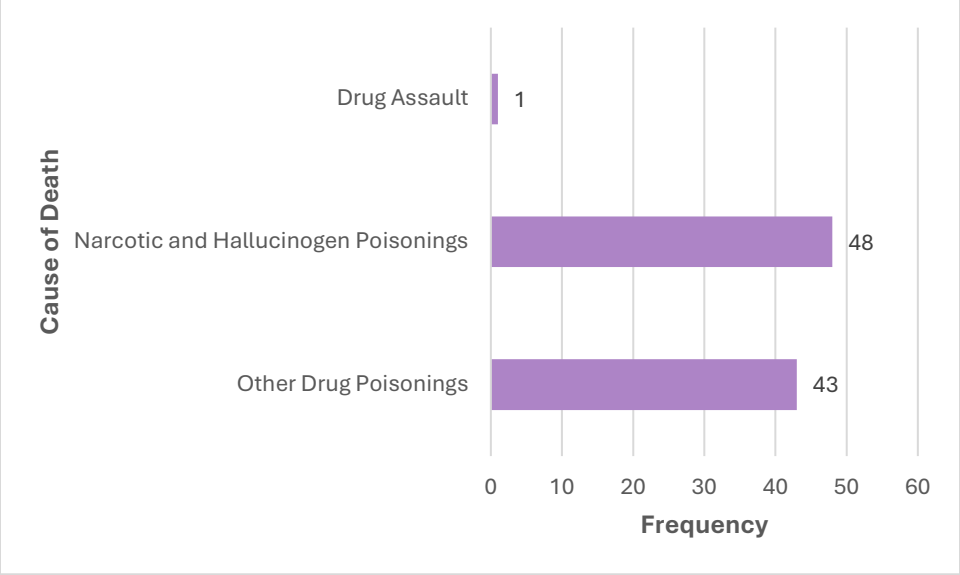
This data includes Nassau County residents that died in Nassau County from 2018 to 2022 and residents that died in NYC from 2018 to 2021.

Figure 56 – Drug-Related Deaths for Youth (Aged 0-24) by Year



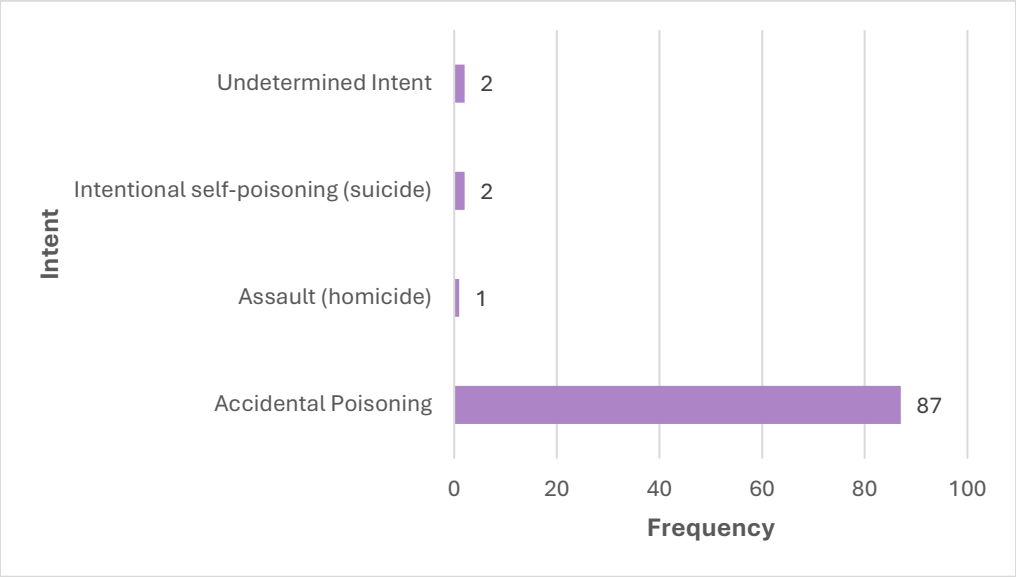
Nassau County experienced 92 drug-related deaths from 2018 to 2022.

Figure 57 – Drug-Related Deaths for Youth (Aged 0-24) - Cause of Death



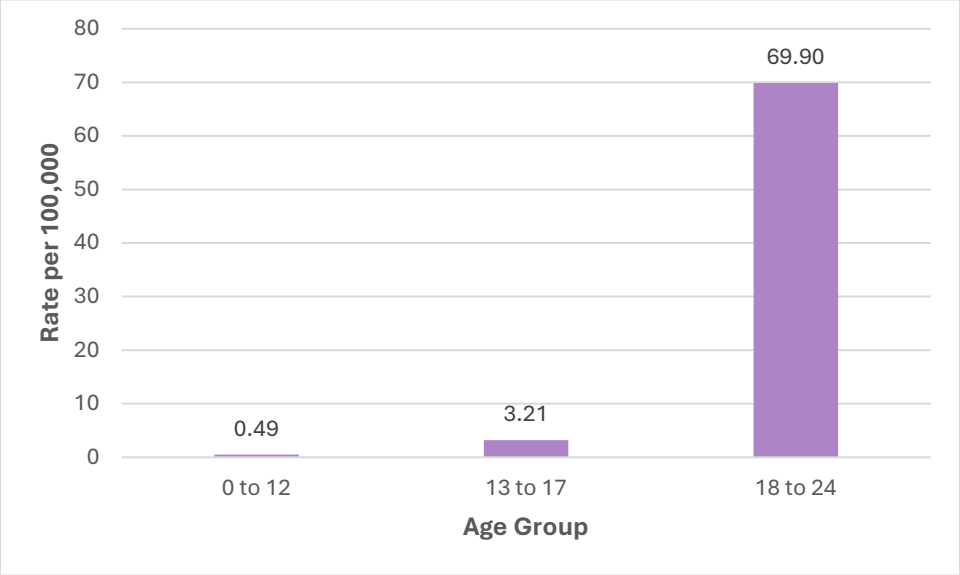
Fifty-two percent of drug-related deaths in Nassau County were due to narcotic and hallucinogen poisonings. Death counts under 5 are likely subject to random variation, please interpret data with caution.

Figure 58 – Drug-Related Deaths for Youth (Aged 0-24) by Intent



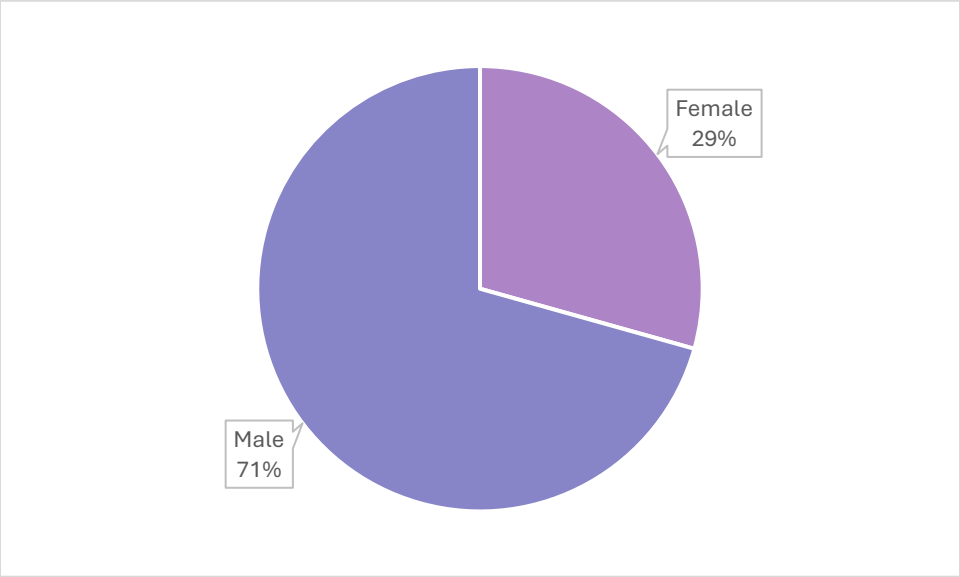
The majority of drug-related deaths among youth were accidental. Death counts under 5 are likely subject to random variation, please interpret data with caution.

Figure 59 – Drug-Related Deaths for Youth (Aged 0-24) by Age – Rate per 100,000



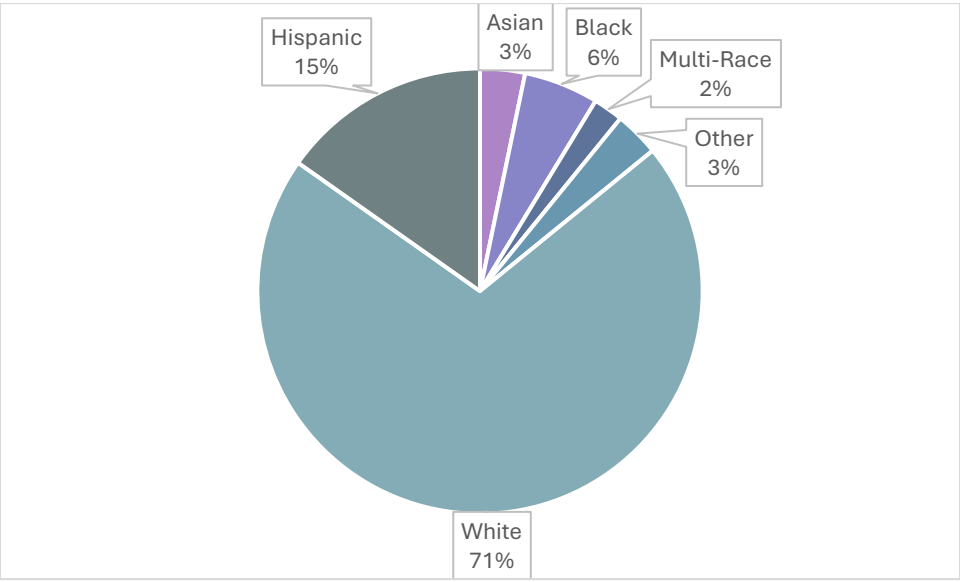
Most drug-related deaths among youth were aged 18 to 24-years-old. Death counts under 5 are likely subject to random variation, please interpret data with caution.

Figure 60 – Drug-Related Deaths for Youth (Aged 0-24) by Sex



The majority of drug-related deaths were among men.

Figure 61 – Drug-Related Deaths for Youth (Aged 0-24) by Race and Ethnicity



Seventy-one percent of drug-related deaths identified as White, non-Hispanic. Fifteen percent identified as Hispanic. Death counts under 5 are likely subject to random variation, please interpret data with caution.

Sources: NYS SPARCS Data, NYC Vital Statistics, NYS Vital Statistics, Census 2020, ACS 2022

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