



NEW JERSEY'S RESPONSE TO THE OPIOID OVERDOSE EPIDEMIC

A Year in Review
2020

New Jersey's Response to the Opioid Overdose Epidemic during the COVID-19 Public Health Emergency in 2020

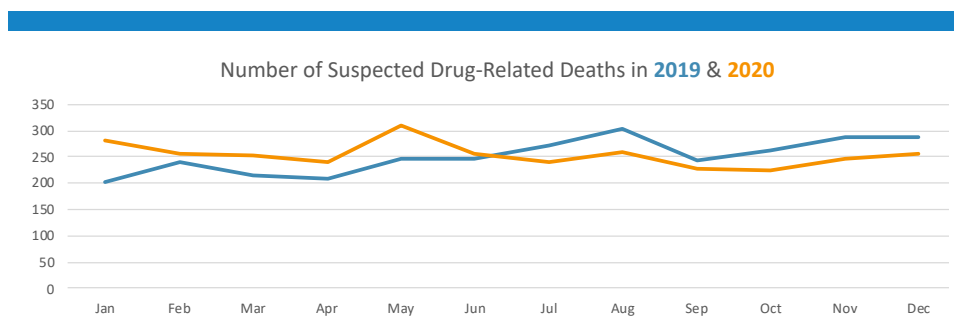
COVID-19 has heightened concerns around an uptick in substance use and drug-related deaths. The global pandemic has cast a long shadow of economic and social despair in communities across the country and world. Alongside COVID-19 has come social isolation, job loss, grief for the death of loved ones, financial insecurity, and housing insecurity; all of which have left individuals more vulnerable to increased substance use and drug-related death.¹

Given the augmented risk for overdoses during the pandemic, New Jersey, like other states, anticipated a substantial increase in annual drug-related deaths last year. Compared to 2019, New Jersey saw a slight increase in drug-related deaths but did not see the anticipated dramatic surge. New Jersey lost 3,046 lives to suspected drug-related deaths in 2020, compared to 3,021 suspected drug-related deaths in 2019. The 2019 numbers have been confirmed to be 2,914 lives lost to drug-related deaths.

In the Spring of 2020, predictions were that New Jersey's 2020 drug-related death numbers would be much higher than 2019 numbers. Indeed, New Jersey's 2020 suspected drug-related death statistics started at a high point, with 280 lives lost in January. These numbers decreased from February to April but then surged again in May, with 309 lives lost that month, the highest number of suspected drug-related deaths in any month not just for 2020 but for 2019 and 2018. Following the surge in May, the suspected drug-related deaths continued to decrease and plateau.¹

A recent CDC report, examining national data from June 2019 to May 2020, shows higher drug-related deaths during that period, with numbers accelerating during the COVID-19 pandemic across the country.³ According to the CDC report, synthetic opioids were the primary driver of the increases in drug-related deaths. During this same period as the CDC report, NJ also experienced higher suspected drug-related deaths but did not see an overall acceleration of deaths during the pandemic.

The first reported COVID-19 case in New Jersey was March 4th. Since March, New Jersey saw an overall downward trend line in suspected drug-related deaths apart from the surge in May.



This chart compares suspected drug-related deaths in 2019 to suspected drug-related deaths in 2020. We have not made a comparison using confirmed drug-related deaths, as 2020 confirmed drug-related deaths are not yet available. Furthermore, previous analysis demonstrates that the number of suspected drug-related deaths are highly predictive of the number of confirmed cases.



The lesson learned from 2020 is that we must stay vigilant. History teaches us that during national disasters and mass traumatic events and in their aftermath, substance use increases to cope with increased anxiety and trauma, especially among people in low and precarious socioeconomic strata.⁴ Studies have also shown that people can process social disasters as the manifestation of physical pain, which could intensify the demand for opioids and other substances.⁵ National trends from across the country also underscore that we must stay focused on addressing the overdose epidemic.

New Jersey, in part, was able to mitigate a drastic annual increase in drug-related deaths due to the foundation set by the Murphy Administration to address the overdose epidemic. Since 2018, when taking office, the Administration has employed an inter-departmental, data-driven, and compassionate approach. This report details overdose mitigation strategies taken over the course of the Administration and highlights select programs to address the overdose epidemic amidst COVID-19.

The Murphy Administration is focusing on four key strategies to address the overdose epidemic:



These strategies and programs are being implemented by several departments and offices across the Administration including:

Department of Human Services (DHS)

Department of Children and Families (DCF)

Department of Labor (DOL)

Department of Health (DOH)

Office of the Attorney General (OAG)

Division of Consumer Affairs (DCA)

Office of the Chief State Medical Examiner (OSCME)

Department of Corrections (DOC)

Note: The drug overdose epidemic involves different substances. We have marked those programs and metrics specifically focused on opioids with an asterisk [].*

Increasing access to treatment, harm reduction and prevention programs in our communities

Treatment

Waiving Prior Authorization: In 2019, DHS removed prior authorization requirements for medication-assisted treatment (MAT) (i.e., Methadone, Buprenorphine, Naltrexone) to treat opioid use disorder (OUD), immediately increasing treatment access and timeliness.

Office-Based Addiction Treatment (OBAT): In 2019, DHS launched OBAT, which enhanced training, support, and reimbursement rates to expand the number of primary care providers prescribing non-methadone MAT. As a result, over 100 providers have now treated 4,300 individuals in the privacy of a physician's office.

SUD Waiver Program: In 2018, DHS implemented significant policy changes allowing federal matching funds to be used for substance use disorder (SUD) service expansion.

Residential SUD Treatment: Since 2019, clinically managed programs are required to facilitate MAT.

SUD Services for Children and Families: DCF has offered a comprehensive range of services for parents, caregivers, and children to provide access to SUD treatment and recovery support services, and access to MAT throughout the continuum. DCF ensures that Plans of Safe Care for substance-exposed infants are developed in coordination with families and health care providers. The Children's System of Care is working with contracted treatment providers to ensure youth have access to MAT and are trained on the use of naloxone.

MAT Expansion in State Prisons: Since 2016, all Medical and Mental Health prescribers (52) working in the DOC, have a waiver to order Buprenorphine. Since 2019, DOC has partnered with a community Opioid Treatment Program to provide methadone maintenance to all incarcerated persons. From 2017 to present, a total of 3,719 individuals in prison have been placed on MAT. In 2020, the release of over 2,000 incarcerated persons via the Public Health Emergency Credit legislation effectively reduced the total number on MAT in prison.

MAT in County Jails: In 2019, DOC, DHS, and DOH launched a statewide initiative to increase all forms of MAT to treat OUD in county jails. Currently, 20 county jails are participating in the program.



Licensed Facilities: Throughout the COVID-19 public health emergency, DOH focused on keeping open DOH licensed community-based residential and ambulatory behavioral health programs, (mental health (MH), Opioid Treatment Programs (OTP) and SUD programs). These programs were considered essential and never required to close. The DOH also continued to issue licenses for new programs, renew licenses for current programs, and conduct initial inspections for immediate jeopardy concerns. In 2020, 43 SUD outpatient programs were either added or expanded, 1 new SUD ambulatory detox program was added, 4 new SUD residential programs were added, and 10 OTPs were added or expanded. Additionally, MAT was added to 88 outpatient and residential programs, and 44 MH programs were added or expanded. DOH is also continuing to make progress on developing the Single License, which will streamline the process by which a licensed facility may provide outpatient substance use disorder, behavioral health, and/or primary care services.

Expanding Treatment Through Telemedicine: During the pandemic, the Division of Consumer Affairs issued several administrative orders to ensure the availability of a robust workforce to address those with MH needs and SUDs, including expanded availability of telemedicine treatment.

Harm Reduction Centers

Harm Reduction Centers (HRCs): New Jersey has 7 HRCs in the state, located in

Asbury Park | Atlantic City | Camden | Jersey City | Newark | Paterson | Trenton

These centers not only provide clean syringes to prevent the spread of HIV, viral hepatitis and other bloodborne pathogens, they also provide free naloxone, fentanyl testing strips, prevention education, and linkages to care. During the COVID public health emergency, HRCs were considered an essential service. In 2020, NJ's HRCs served about 3,000 clients (2,935), approximately the same number of clients served in 2019 (3,323) and made over 1,000 referrals (1,116) to care, including for SUD treatment, HIV, HCV, STIs, PrEP, housing services, vaccines, naloxone, and Access to Reproductive Care and HIV (ARCH) services. HRCs also provide direct access to low threshold buprenorphine induction treatment at two of the seven HRCs, in Asbury Park and Atlantic City, and continued the provision of these critical services during the pandemic, and successfully linked 67 clients to drug treatment. In 2020, HRCs distributed 2,937 naloxone kits to clients.

Increasing access to treatment, harm reduction and prevention programs in our communities *(cont.)*

First Responder Prevention Efforts

Operation Helping Hand (OHH): Started in 2016, by the Attorney General while serving as Bergen County Prosecutor, OHH uses law enforcement encounters to connect individuals to systems of care. OHH provides participating law enforcement officers peer training on the science behind addiction, information on how to reach out to help those in need, partner with the treatment and recovery community, and use available data to inform the deployment of resources. From September 2018 to September 2019, OHH programs in 17 counties connected 776 individuals to treatment and/or recovery services with the assistance of federal funds. Starting September 2019, with state and federal funds, OHH expanded to all 21 counties.

5 Minutes to Help: In August 2019, DOH launched 'Five Minutes to Help,' one of the first training initiatives in the country focused on improving emergency medical services (EMS) linkages to care, SUD awareness education, and pre-hospital resources for non-fatal opioid overdose. Thus far, the program has trained 172 individuals and distributed 700 resource kits. The one-hour introduction course that is available online had over 1,000 responders attend since its initial launch in January 2020. In 2021, the program focuses on compassion fatigue, harm-reduction, trauma-informed care, and reducing stigma around mental health.

Paramedic Buprenorphine Initiative: In June 2019, New Jersey became the first state to allow paramedics to carry and administer buprenorphine under their medical command to treat acute withdrawal symptoms after patients have been revived from an opioid overdose with naloxone. By 2020, 79 patients received buprenorphine through this program. Of patients who accepted buprenorphine, 33% attended their first recovery appointment within 24 hours of their overdose emergency and 83% attended their 30-day appointment. Over half refused transport to the emergency room but all patients received follow-up information and resources.

Provider Trainings

MAT education: DHS contracted with two Centers of Excellence (COEs) for training and support of MAT prescribers. The COEs implemented a 24-hour call line, launched recurring online early morning and lunch hour discussion sessions, and provided training to primary care physicians, nurse practitioners, and physician assistants. In 2019, 368 prescribers participated in this training which is now offered entirely online by the Substance Abuse and Mental Health Services Administration.

Motivational interviewing and cognitive behavioral therapy: DHS made available in-depth technical assistance, training and coaching to clinicians in SUD provider agencies on the use of evidence-based treatment (motivational interviewing and cognitive behavioral therapy) in their practice and in helping them strengthen their clinical skills.

6 Trauma Informed Care: Starting in 2019, DOH has invested in trauma informed care training among HRCs, and has recently, expanded to expand these training to the EMS community and community health workers.



Naloxone*

The Murphy Administration has invested new federal and State funds to increase annual naloxone kit distribution by about eight times the 2017 baseline of 5,015, with the number of distributed kits totaling almost 80,000 from the start of 2019 through the end of 2020. The Administration has held specific naloxone distribution days, as well as invested in naloxone distribution among homeless shelters, correctional facilities, harm reduction centers, and EMS.

Standing Order Program: Starting in 2019, the DOH naloxone standing order program permits pharmacists to dispense naloxone without a prescription. Since the start of the program in 2017, DOH has issued over 1,326 standing orders in the state.

Naloxone Co-Prescribing: To address the overdose epidemic during COVID-19, the Division of Consumer Affairs required prescribers to co-prescribe naloxone for patients receiving high doses of opioids or taking certain dangerous drug combinations. The four licensing boards regulating prescribers are in the process of making those reforms permanent.

Enabling Pharmacists to Anonymously Dispense Naloxone: To facilitate free naloxone by the DHS, the Board of Pharmacy adopted a pilot program in 2019 to allow for the provision of opioid antidotes to anonymous recipients.

5 Minutes to Help



172
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700
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Increasing access to treatment, harm reduction and prevention programs in our communities *(cont.)*

Public education campaigns

De-Stigmatizing MAT and OUD: In 2020, DHS directed two campaigns focused on eliminating stigma and discrimination surrounding OUD and the use of MAT, including online, social media, billboard, and radio outlets. DHS has also provided educational materials and outreach on the opioid epidemic to the general public and collaborated with DCF to provide education and outreach to prevent underage alcohol, marijuana, and prescription medication misuse.

Harm Reduction Social Media Campaign: DOH, in partnership with the state's HRCs, launched a social media campaign in 2020 to educate the public on the principles and philosophies of harm reduction, the types of services offered by these centers. Information, a [video](#), and HRC contact information were promoted.

Community Outreach: In 2019, the OAG hosted a forum with families affected by the opioid epidemic. In 2020, the OAG and the Partnership for a Drug Free New Jersey (PDFNJ) cosponsored six Knock Out Opioid Abuse Virtual Town Halls that were attended by over 3,000 people. A seventh virtual town hall addressing "Burnout on the Frontlines" was held on February 11, 2021.

Youth Outreach: The OAG produced a video with community partners to educate student athletes on the dangers of opioids and to offer alternative responses to sports-related injuries. The [video](#) is now required viewing for 16,000 student athletes and their parents. DHS also provided educational materials and outreach on the opioid epidemic to the general public and collaborated with DCF to provide education and outreach to prevent underage alcohol, marijuana, and prescription medication misuse.



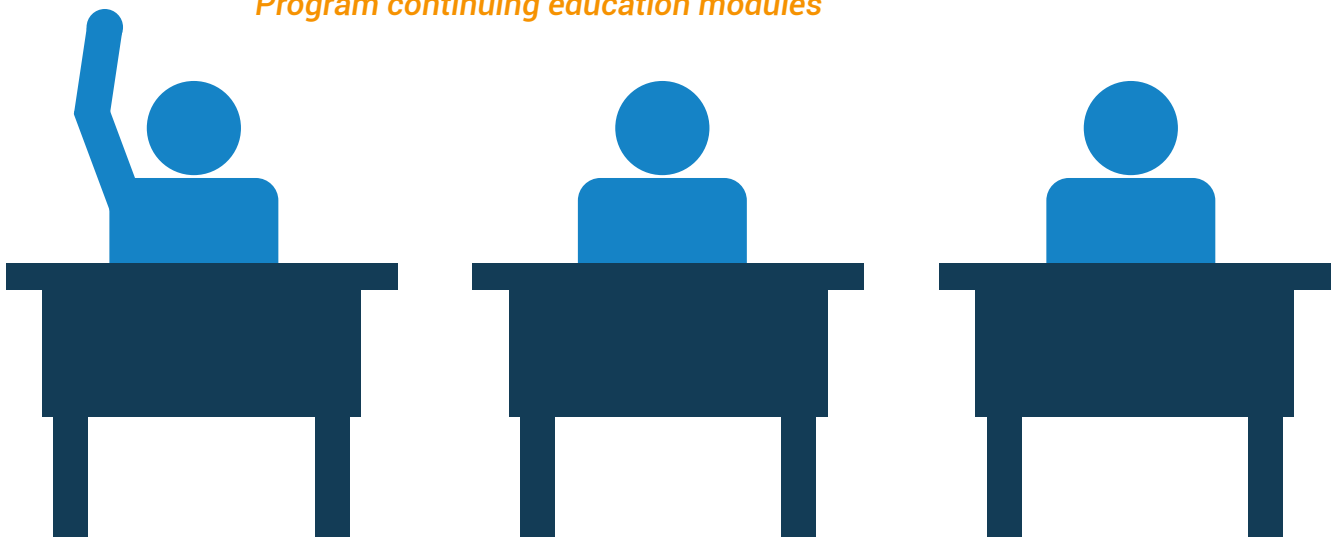


In 2019, the OAG launched a ***New Jersey Opioid Medical Education Program**** with Rowan University School of Osteopathic Medicine for New Jersey health professionals with prescribing authority on best practices in opioid prescribing and on patient care for prescribers, pharmacists, mental health professionals, nurses, and athletic trainers. Thus far, 2,952 professionals have completed or are in the process of completing one or more continuing education modules.

In 2019, DOH and DHS launched ***Opioid Reduction Options (ORO) Program****, which seeks to reduce opioid prescribing and provide alternatives to treat chronic pain. Currently, 11 hospitals are enrolled in the ORO program.

Starting in May 2020, DOH launched a 3-part training curriculum on ***best practices in pain management among dentists**** to reduce opioid prescribing rates in New Jersey. There have been over 440 registrants and over 130 completions of the modules. It is anticipated that by Spring 2021, over 250 students will be enrolled in the program at the Rutgers School of Dental Medicine.

Thus far, 2,952 professionals have completed or are in the process of completing one or more New Jersey Opioid Medical Education Program continuing education modules



Enhancing Referral, Case Management, and other Social Supports

Reach NJ: In 2020, DHS continued to fund ReachNJ and the Interim Managing Entity (IME). These services have been vital in facilitating statewide access and linkage to residential and outpatient SUD treatment. Since January 2018, ReachNJ and the IME have received a total of 145,048 calls. DHS also supports case management services for addiction recovery, community behavioral health, maternal wraparound services, supportive housing, and prison and jail reentry.

Peer Supports and Navigators: Several departments (DCF, DOC, DHS, and OAG) have invested in peer supports and navigator programs in child welfare systems, OBAT, hospital emergency departments, jails and prisons, and warm handoff support lines. In July 2019, peer recovery specialist services became reimbursable under Medicaid.

Employment: In 2019, NJDOL, in partnership with DHS, established the Pathways to Recovery Initiative* to provide support and training to eligible participants who have become separated from employment due to the opioid crisis. The main goal of this program is to promote successful and sustainable reentry into the workforce. Since its inception, Pathways to Recovery has served 1,440 workers, of which 891 have received training and 582 have been placed into employment.

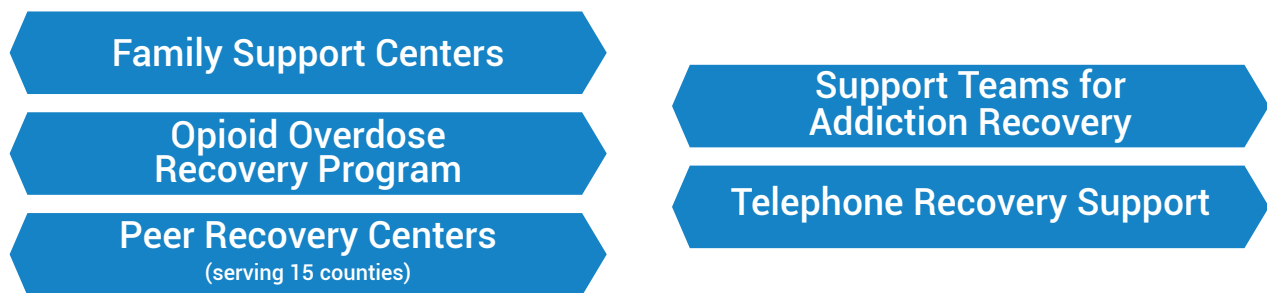
Housing: Several departments have implemented connections to housing as part of their strategy to address the opioid epidemic and address the medical and social complexities of their clients.

DCF has expanded the **Keeping Families Together (KFT)** model of supportive housing and wrap-around services for child welfare-involved families coping with multiple challenges, including caregiver substance use, who would otherwise face homelessness or child protective removal of children. Throughout 2020, over 600 families with child protection involvement were housed safely, together.⁶ These families face multiple complex risk factors, including significant trauma histories, SUD, mental illness, and chronic illness. During the pandemic, KFT families were able to safely shelter in place and focus on mental health, coping with the pandemic, children's educational needs, and sustaining their households.



Referral and Case Management: DHS continues to support an extensive network of recovery support programs primarily in community settings and serving individuals who are (a) reluctant to start treatment but willing to talk with peers in recovery, (b) engaged in treatment but could benefit from support as they transition from one level of treatment to the next, (c) concerned about loved ones who have a SUD and want to learn about the disease of addiction and how they can support themselves, their family and/or their loved one, and (d) in recovery and want to be connected with someone to support them in their own recovery.

Statewide DHS-funded recovery support programs include the:



DCF has funded peer recovery support services for parents involved with child welfare services.

New recovery support programs in 2020 included:

- ◆ **Recovery housing and support services for college students in recovery (DHS)**
- ◆ **Support and wrap around services for pregnant and postpartum women (DHS and DCF)**
- ◆ **Jail recovery services to establish pre-release plans for services in the community (DOC and DHS)**

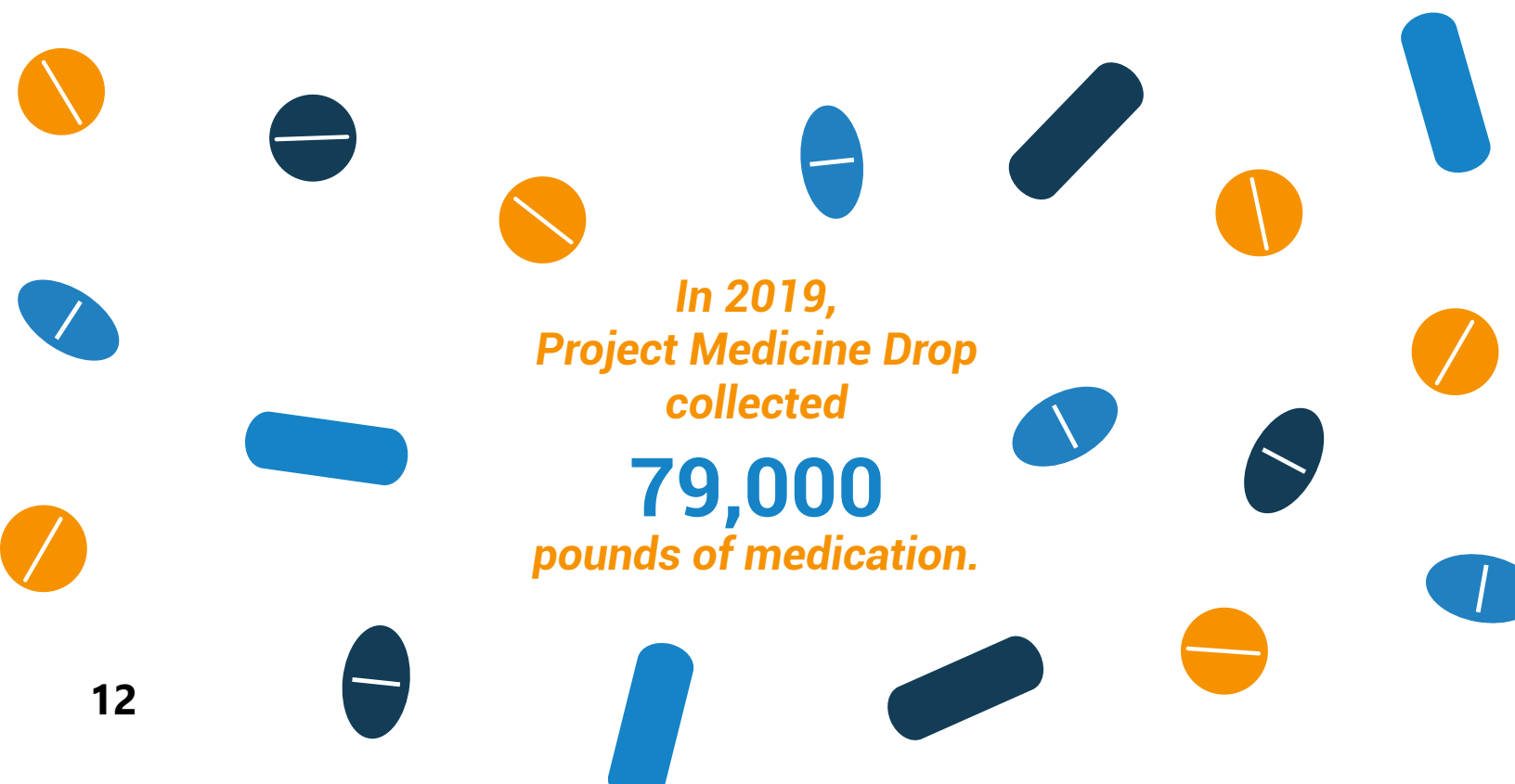
DHS launched two housing initiatives in 2019. The first is permanent Supportive Housing coupled with case management services, 181 individuals diagnosed with an opioid use disorder who were at risk of or experiencing homelessness have been served in this lease-based housing model since the program's launch in 2019. The second initiative, Recovery Housing Services provides transitional housing to individuals with an OUD who are in need stable, recovery-oriented housing as they await transition from one level of treatment to another. 25 individuals have been served in this program since its launch in 2019.

Robust Law Enforcement to Stem the Supply of Illicit Drugs

New Jersey Prescription Drug Monitoring Program (NJMPMP): The NJMPMP tracks information on prescription sales of Controlled Dangerous Substances (CDS), Human Growth Hormone (HGH), and gabapentin dispensed in outpatient settings in New Jersey, and by out-of-State pharmacies dispensing into New Jersey. It has been a critical tool to halt the abuse and diversion of drugs by helping prescribers improve clinical decision making about whether to prescribe opioids, preventing doctor- and pharmacy-shopping among patients, and monitoring inappropriate prescribing. Eighteen states/territories currently share PMP data with New Jersey.

NJMPMP Compliance: Since 2015, the NJMPMP has seen a 30% increase in the registration compliance rates among providers (including physicians, APNs, dentists, physician assistants, podiatrists, optometrists, and certified nurse midwives). A letter campaign to physicians, which started in 2018, has since expanded to include advanced practice nurses, dentists, podiatrists, optometrists, and certified nurse midwives, and has increased registration rates to more than 97%. In 2020, 99% of eligible physicians were registered to access the PMP.

Integration with Electronic Health Records (EHRs): Between 2018 and 2020, the NJMPMP integrated with the EHR systems of over 375 hospital systems, pharmacies, and other healthcare facilities, streamlining access to PMP data to guide their practices. This integration facilitated over 1.2 million patient queries in 2018, over 19.5 million patient queries in 2019, and over 48.7 million patient queries in 2020. The online NJMPMP portal has facilitated just over 34.5 million patient queries over the last nine years.



*In 2019,
Project Medicine Drop
collected
79,000
pounds of medication.*

Drug Seizures and Criminal Enforcement: The Attorney General (AG) has worked to end the trafficking of dangerous drugs like heroin and fentanyl. Under the supervision of the New Jersey State Police, the AG's Opioid Enforcement Task Force (OETF) disrupted or dismantled 33 heroin "mills" from October 2018 through December 2020, as well as one pill mill producing fentanyl-based counterfeit Oxycodone and Vicodin pills, and arrested 325 suspects.

Prescriber Accountability*: Since 2018, the AG has suspended, revoked, or limited the professional licenses of 45 individuals that indiscriminately prescribed opioids to patients.

Project Medicine Drop: The OAG's Project Medicine Drop allows consumers to anonymously dispose of unused and expired medications 24/7 at drop boxes located at participating police departments. There are currently 279 boxes. In 2019, this project collected 79,000 pounds of medication.

Individual and Corporate Accountability*: Through multi-state litigation and investigation, the AG is pursuing manufacturers, distributors and marketers for their actions that have fueled the opioid crisis. Through independently pursued enforcement action, the AG has held individuals accountable, including eight members of the Sackler family responsible for developing a marketing and sales strategy for Purdue Pharma, the manufacturer of Oxycontin. Recent settlements with the Chairman of the Board of Insys, the manufacturer of Subsys, as well as with marketing consultants require corporate reforms as well as funding for the abatement of opioid harms in the future.



Support Data-Driven Work and Strengthen System-wide Infrastructure

Health Information Technology Interoperability Project for community providers:

In 2019, DOH and DHS launched the SUD Promoting Interoperability Project in partnership with the New Jersey Institute of Technology (NJIT) to improve the technology infrastructure among SUD providers. At the end of 2020, 73 SUD providers had executed agreements participating in the program.

Centers of Medicare & Medicaid Services SUD Waiver Data and Monitoring: The DHS has been collecting and reporting data to monitor the effectiveness of policy changes implemented because of the CMS SUD Waiver Program.

Data and Surveillance Tools:

- The OCSME was one of the first in the country to develop a robust surveillance system that allows us to identify and report probable drug-related deaths rapidly (within one week).
- The DOH maintains a surveillance system monitoring the epidemic's impact on hospitals and EMS to bolster our capacity to support these vital stakeholders in their response to the epidemic.
- Under the OAG, the Office of Forensic Sciences is responsible for processing and analyzing drug seizure cases. In 2019, they processed a record number of cases, 44,404 cases, and are diligently working to process a significant backlog of cases. Due to the COVID-19 pandemic, reduced staff impacted the productivity of each regional laboratory, resulting in fewer cases being completed than in the previous year. In 2020 the laboratory system completed 24,662 cases.

Overdose Fatality Review Teams (OFRTs): In June 2020, DOH announced a funding opportunity for local health departments to establish multi-disciplinary, county-wide OFRTs to analyze data, identify regional trends, and develop prevention strategies. Under this program, 19 Local Health Departments are participating.

ODMAP: In February 2018, the New Jersey State Police rolled out an electronic mapping tool developed by Washington/Baltimore HIDTA to 7,700 users statewide that enables first responders to enter detailed incident data at the scene of an overdose, thus arming public health and safety agencies with critical data to analyze trends and identify hot spots in near real-time.



Public Facing Dashboards and Resources:

- ◆ **NJCARES:** OAG maintains an up-to-date [dashboard](#) of opioid-related data including suspected overdose deaths, naloxone administrations by law enforcement and EMS, and opioid prescriptions.

- ◆ **DOH Overdose Data Dashboard:** The New Jersey DOH Overdose Data Dashboard uses interactive data visualizations to display opioid and other drug-related overdose indicators for public health practitioners, researchers, policy-makers, and the public. In 2019, the dashboard added data on neonatal abstinence syndrome and hepatitis.

APPENDIX

NEW JERSEY'S

OVERDOSE EPIDEMIC:

SUMMARY STATISTICS

Summary Statistics

The below statistics underscore the complexity of the overdose epidemic, and how it has evolved over time. In recent years, New Jersey has seen an increase in deaths due to heroin, fentanyl, and cocaine, but a decrease in the percentage of deaths due to prescription opioids, as the supply for prescriptions has dramatically decreased. Treatment for heroin abuse has increased, as well as for alcohol use disorder and cocaine use disorder. The data also show that hospitals and first responders (law enforcement and EMS) continue to be on the front lines of the epidemic. Emergency Department (ED) visits involving heroin and prescription opioid overdoses have been on the rise since 2014. As the opioid epidemic has amplified the risk for HIV and hepatitis, we are also seeing the formation of new clusters of HIV, and an increase in hepatitis, especially among persons who inject drugs. Certain populations, such as infants and children, are especially at risk in the epidemic as indicated by the rates in neonatal abstinence syndrome in recent years.

Drug-Related Hospital Visits⁸

Emergency Department (ED) visits involving heroin and prescription opioid overdoses have been on the rise since 2014. However, in 2019, ED visits involving heroin overdose decreased 20%.

ED visits for heroin overdoses surpassed the number of ED visits for prescription opioid overdoses in 2010.

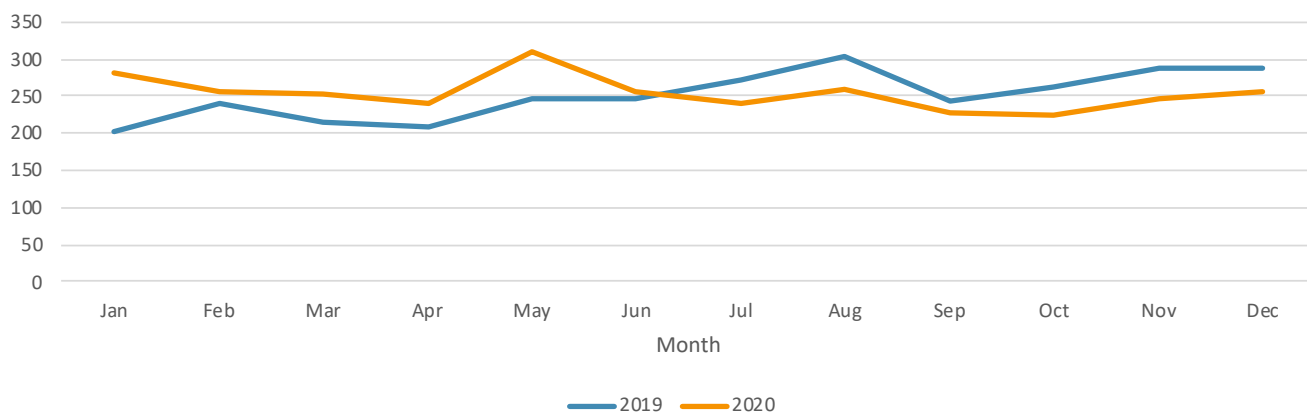
From 2014-2019, hospital inpatient stays involving drug overdose for the 20-30 age group were predominantly related to heroin use, whereas hospital inpatient stays for the 40-60 age group were predominantly related to prescription drug use.

Summary Statistics (cont.)

Drug-Related Deaths⁷

Overdose deaths are confirmed based on an analysis of the decedent's history, death scene investigation, autopsy findings, and toxicology results. These numbers may also include drug-related deaths involving suicide and undetermined intent.

Number of Suspected Drug-Related Deaths in 2019 & 2020



New Jersey lost 3,046 lives to suspected drug-related deaths in 2020, compared to 3,021 suspected drug-related deaths in 2019. The 2019 numbers have been confirmed to be 2,914 lives lost to drug-related deaths.

The number of suspected drug-related deaths for 2020 are similar to 2019 (less than a 1 percent increase), although 2020 began with a higher count than the same time the previous year and included a surge in May that was not observed in 2019.

Drug-related deaths between 2017 and 2018 involving heroin decreased by 5%; deaths involving fentanyl and its analogs increased by 42%; and deaths involving cocaine increased by 17%.

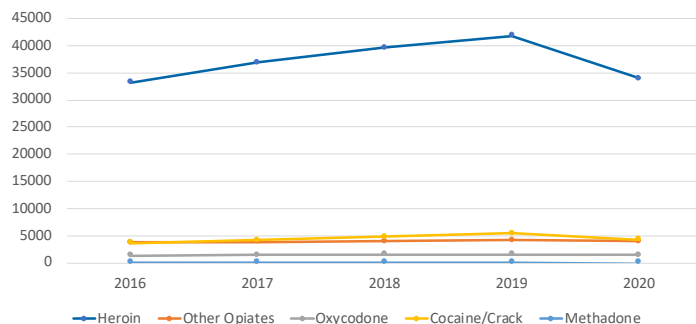
Substance Use Disorder Treatment⁹

The primary opioid accounting for admissions is heroin, followed by cocaine and other opiates. Heroin admissions increased from 33,206 in 2016 to 41,856 in 2019, followed by a decrease to 33,955 in 2020.

Heroin accounted for 41% of all substance use disorder admissions in 2020.

Oxycodone and methadone account for a very small percentage of admissions and show little change from 2016 to 2020.

Substance Use Disorder Admissions by Opioid Drugs (2016-2020)



Viral Hepatitis¹⁰

Hepatitis B and C are liver diseases commonly related to intravenous drug use. Today most people become infected with hepatitis by sharing needles/equipment to inject drugs.

In 2019, there were 6,289 new cases of chronic hepatitis C and 103 new cases of acute hepatitis C in New Jersey.

In 2019, there were 332 new cases of chronic hepatitis B and 78 new cases of acute hepatitis B.

Overall, between 2014-2019, more males than females are affected by hepatitis B and C.

In 2019, 59% of new hepatitis C cases were amongst 18-34-year-olds. This is consistent pattern comparing to the previous years.

In 2020, Salem and Cape May had the highest opioid prescription rates at 627 and 1,000 per 1,000 residents, respectively.

Fentanyl Class Compounds, Cocaine, and Methamphetamine¹¹

In 2020, New Jersey had the highest amount of fentanyl and adulterants in the drug environment than ever reported.

93% of suspected heroin cases to forensic labs contained fentanyl or fentanyl class compounds in the fourth quarter of 2020.

The number of cases containing methamphetamine also increased in 2020.

Naloxone Incidents*¹²

Naloxone is a medication that rapidly reverses the effect of an opioid overdose.

A naloxone incident is defined as an event in which a patient received at least one dose of naloxone from an EMS provider or law enforcement personnel (does not include those administered by family, friends, and bystanders).

There were 13,233, naloxone incidents between January 1 and December 31, 2020, a 3.5% decrease from the 13,716 naloxone incidents during the same period in 2019. The overall 911 calls for that same period, however, showed a decrease of 8.2% (likely due to COVID concerns and stay at home orders).

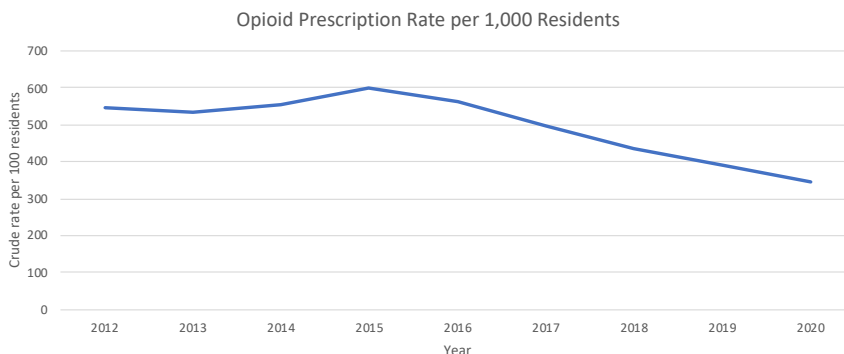
Summary Statistics *(cont.)*

Opioid Analgesics Prescriptions, 2012-2020¹³

Opioid prescription crude rates are defined as the number of Schedule II, III, and IV opioid analgesic prescriptions dispensed per 1,000 state residents.

There was a 42% decrease in the opioid prescription rate between 2015 to 2020.

In 2020, Salem and Cape May counties had the highest opioid prescription rate per 1,000 residents. Salem county had an opioid prescription rate of 627 per 1,000 residents and Cape May county had 595 per 1,000 residents, compared to the statewide opioid prescription rate of 344 per 1,000 residents.



HIV

There were two new HIV clusters among people who inject drugs (PWID) in Atlantic (9 persons) and Camden (10 persons) counties in 2019. Both were investigated and show no signs of growth as many of the PWID involved have successfully been linked to care and are virally suppressed. Community partners in both counties worked quickly and effectively with Division of HIV, STD, and TB Services (DHSTS) to ensure that all involved PWIDs were linked to appropriate care wherever possible.

Neonatal Abstinence Syndrome¹⁴

Neonatal Abstinence Syndrome (NAS) can occur in infants who have been exposed to opioids, alcohol, or other addictive substances while in the womb.

The rate of NAS per 1,000 births steadily increased from 2008 (3.3) to 2017 (7.3) but decreased by 13.7% by 2019 (6.3).

The rates of NAS tended to be higher among newborn males than females.

The NAS rates among Hispanics, Black non-Hispanics, and Asian/Pacific Islander non-Hispanics have been significantly lower than White non-Hispanics between 2008 and 2019. The rate of NAS almost tripled among White non-Hispanics from 2008 to 2017 before decreasing 19% by 2019. From 2018 to 2019, the NAS rate among Hispanics almost doubled while the rate among Black non-Hispanics decreased by 23%.

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Endnotes

¹ Wakeman, S.E., Green, T.C. & Rich, J. An overdose surge will compound the COVID-19 pandemic if urgent action is not taken. *Nat Med* **26**, 819–820 (2020). <https://doi.org/10.1038/s41591-020-0898-0>. For other articles discussing surge in overdose deaths during the pandemic, please see: <https://www.ama-assn.org/delivering-care/opioids/covid-19-surges-ama-sounds-alarm-nation-s-overdose-epidemic>.

² Data sources: Office of the Chief State Medical Examiner.

³ CDC Press release, Overdose Deaths Accelerating during COVID-19 (17 Dec 2020); <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

⁴ See Dasgupta N, Beletsky L, Ciccarone D. Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *Am J Public Health*. 2018;108(2):182-186. doi:10.2105/AJPH.2017.304187 (discussing intensifying substance use as response to natural and social disasters). See also: Cerdá M, Tracy M, Galea S. A prospective population-based study of changes in alcohol use and binge drinking after a mass traumatic event. *Drug Alcohol Depend*. 2011;115(1–2):1–8; Richman JA, Wislar JS, Flaherty JA, Fendrich M, Rospenda KM. Effects on alcohol use and anxiety of the September 11, 2001, attacks, and chronic work stressors: a longitudinal cohort study. *Am J Public Health*. 2004;94(11):2010–2015.

⁵ See Dasgupta N, Beletsky L, Ciccarone D. Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *Am J Public Health*. 2018;108(2):182-186. doi:10.2105/AJPH.2017.304187 (discussing how people manifest social and natural disasters into physical pain). See also Yabe Y, Hagiwara Y, Sekiguchi T et al. Influence of living environment and subjective economic hardship on new onset of low back pain for survivors of the Great East Japan Earthquake. *J Orthop Sci*. 2017;22(1):43–49.

⁶ For families enrolled in the KFT program, 550 of these families are grappling with the SUD.

⁷ Data Sources: Office of the Chief State Medical Examiner, NJCARES, NJ Overdose Data Dashboard. Suspected overdose death counts are preliminary and may change as more information about the cases become available.

⁸ Data Source: New Jersey Hospital Discharge Data Collection System, NJ Overdose Data Dashboard. Definitions were modeled after the CDC Prevention for States Indicator Support Toolkit. Note that cases are identified using the principal diagnosis only.

⁹ Data source: Division on Mental Health and Addiction Services (www.state.nj.us/humanservices/dmhas/publications/statistical/), NJ Opioid Data Dashboard.

¹⁰ Data Source: NJDOH Communicable Disease Service, NJ Overdose Data Dashboard.

¹¹ Data Source: New Jersey State Police Forensic Lab

¹² Data Sources: Department of Health, Office of Emergency Medical Services & NJ State Police, NJ Overdose Data Dashboard.

¹³ Data Sources: NJ Division of Consumer Affairs, NJ Overdose Data Dashboard. Definitions were modeled after the CDC Prevention for States Indicator Support Toolkit (<https://www.cdc.gov/drugoverdose/resources/data.html>).

¹⁴ Data Source: New Jersey Hospital Discharge Data Collection System