



# The Perfect Storm: COVID-19's Impact on Addiction Over the Past Year

## March 18, 2021

# Featured Panelists



Lt. Jason Piotrowski  
Drug Monitoring Initiative  
New Jersey State Police

Lt. Piotrowski began his career in law enforcement in 1995 serving as a local police officer before joining the New Jersey State Police in 2001. Jason was selected as an initial member of the state fusion center in 2006. During his fusion center tenure, Jason helped supervise the Crime and Threat analysis units, and served at the National Operations Center, in Washington DC. In 2014, Jason was selected to help develop the New Jersey Drug Monitoring Initiative, currently serving as the Unit Head of the Office of Drug Monitoring and Analysis. In this position, he oversees the collection, analysis, intelligence production, and training and outreach efforts related to the drug environment, specifically focused on the opioid epidemic.



Meg Fisher MD, FAAP  
Special Advisor to the Commissioner of Health  
New Jersey Department of Health

Dr. Fisher received her medical degree from the University of California at Los Angeles School of Medicine. She completed her Pediatric Residency and Fellowship Training in Pediatric Infectious Diseases at St. Christopher's Hospital for Children in Philadelphia. Dr. Fisher recently joined the New Jersey Department of Health as a Special Advisor to the Commissioner of Health. She is also the Medical Director of Clinical and Academic Excellence at Monmouth Medical Center and Clinical Professor of Pediatrics, Rutgers Robert Wood Johnson School of Medicine. Dr. Fisher has been involved in global health through the Gavi Vaccine Alliance, the Brighton Collaboration, the International Pediatric Association, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics.



Caitlin O'Neill  
Director of Harm Reduction Services  
New Jersey Harm Reduction Coalition

Caitlin O'Neill is a healer, a survivor and a harm reductionist. Caitlin was introduced to harm reduction in the 2000s by utilizing her local syringe access program and spent a dozen years or so informally serving as a friendly neighborhood harm reduction provider while working as a massage therapist and bodyworker. In 2019, Caitlin co-founded New Jersey Harm Reduction Coalition and currently serves as the Director of Harm Reduction Services, working to increase access to resources for all people who use drugs, no matter where they are, so that each individual may live their life as they see fit.



Jenna Mellor  
Executive Director  
New Jersey Harm Reduction Coalition

Jenna Mellor is currently the Executive Director at New Jersey Harm Reduction Coalition, which provides direct harm reduction services, advocates for equitable drug policy, and organizes by and with people harmed by overdose crisis and the War on Drugs. Jenna has over 10 years of experience at the intersection of direct service and public policy. Previously, she served as the Associate Director at Point Source Youth, aide to Congressman Jerrold Nadler and Outreach Manager at HIPS, and has advised the New Jersey Department of Health on harm reduction best practices. Jenna recently completed her Master's in Public Affairs at Princeton, focusing on drug and housing policies that promote public health and human dignity.



**Lt. Jason Piotrowski**  
**Drug Monitoring Initiative**  
**New Jersey State Police**



**The Partnership For A  
Drug-Free New Jersey**  
In Cooperation with the Governor's Council on Alcoholism  
& Drug Abuse and the NJ Dept. of Human Services

*Drug Monitoring Initiative*  
**Office of Drug Monitoring and Analysis**



**NJ Drug Environment**  
**Lt. Jason Piotrowski**



# *Drug Monitoring Initiative*

*DMI establishes an intelligence capacity that supports public safety and public health partners in:*

- Understanding of community drug harms at the state, county and local level
- Recognition of emerging drug threats in real-time or near real-time
- Identifying the areas, populations and people that are most at risk for overdose or death.

*What is DMI?*

- A multi-jurisdictional drug-incident information sharing environment.

*How?*

- A robust collection and analysis of drug correlated data.





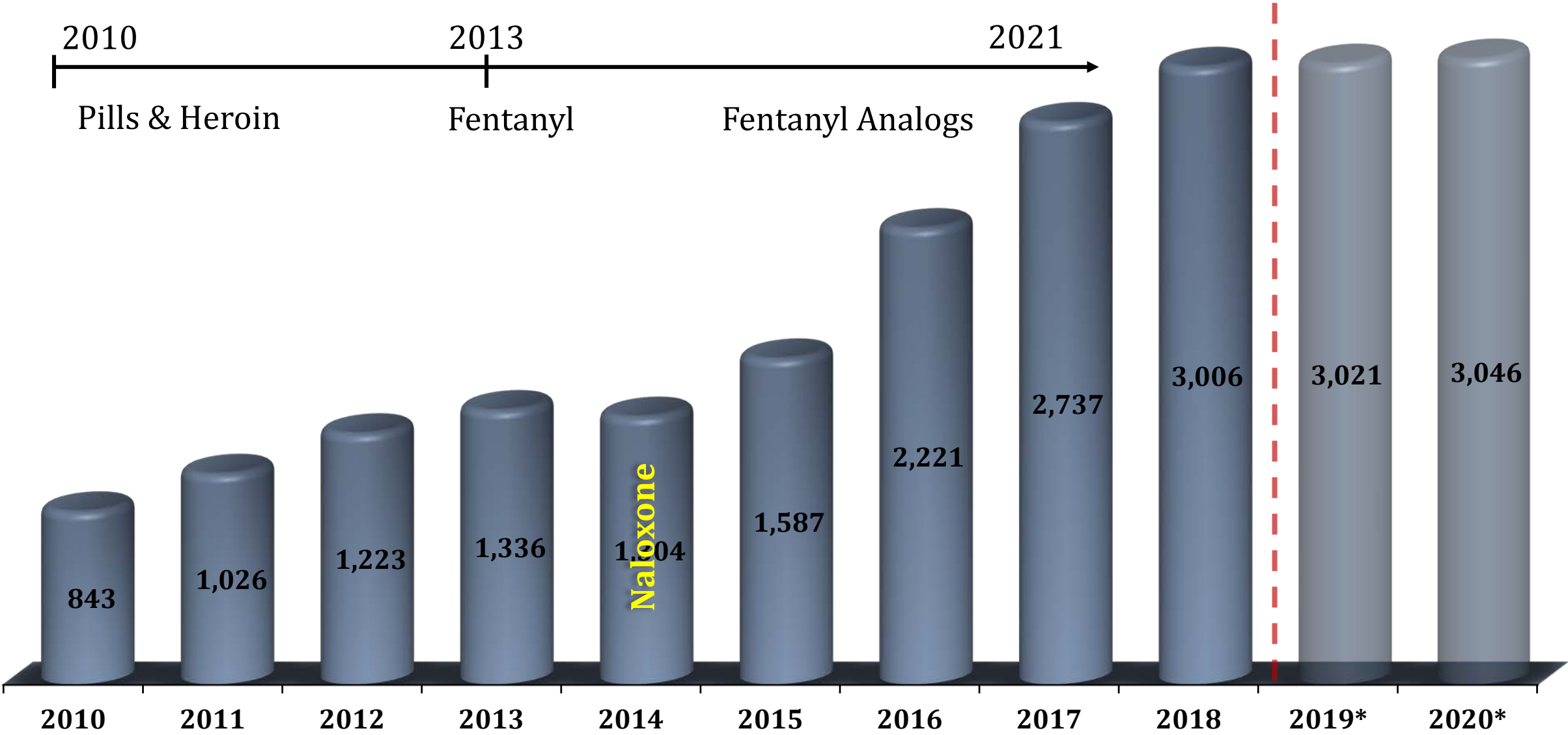
# *Drug Monitoring Initiative* **Intelligence-Led Policing & Prevention**

- ❖ Understand the scope of the overdose epidemic
- ❖ Understand the presence & prevalence of dangerous novel drugs
- ❖ Enhance policies and practices for mitigation of community drug harms





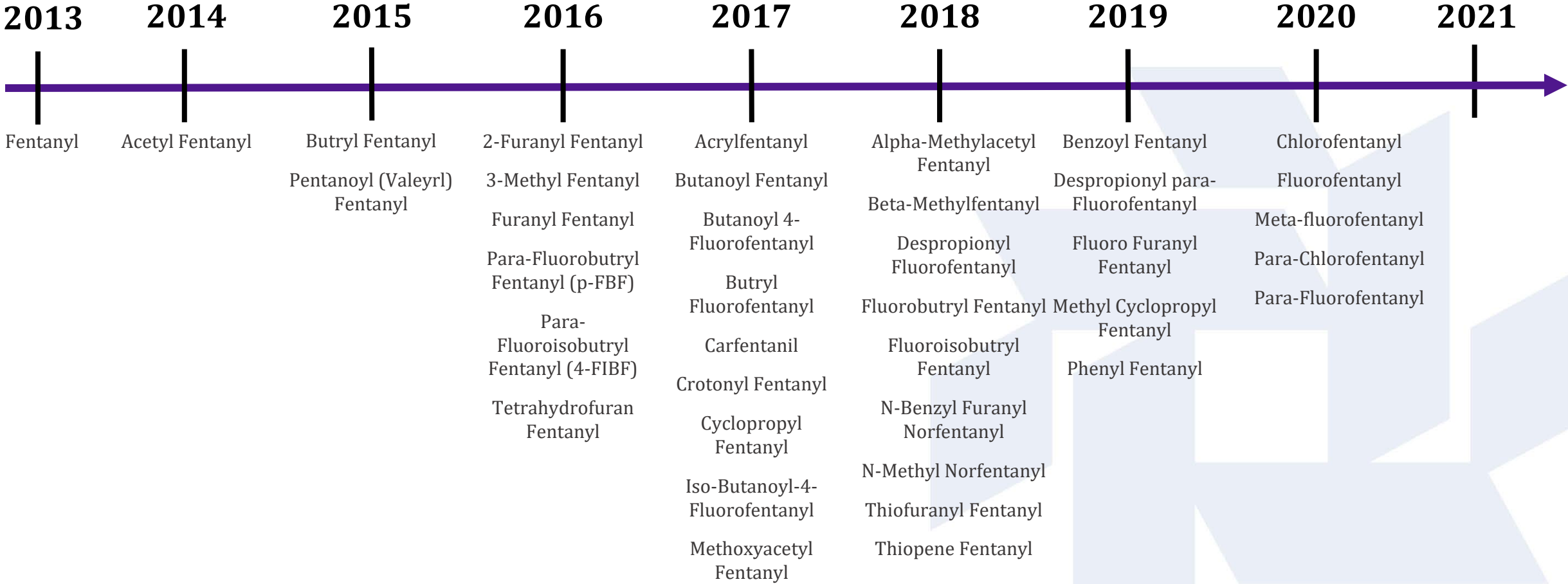
# Drug Overdose Death Trend



*\*Preliminary Medical Examiner Data*



# Fentanyl Analogs First Identified in NJ



Total number of fentanyl class substances identified in NJ: **38**





# Temporary Increase in Suspected Drug-Related Deaths

- Reporting of suspected drug-related deaths in New Jersey significantly increased during COVID-19 (particularly March, April, & May of 2020), when compared to the same time period in 2019.
  - Mar – May 2019 = 672 drug-related deaths
  - Mar – May 2020 = 803 drug-related deaths
  - 19% increase when comparing 2019 to 2020.
- Statewide, 309 suspected drug-related deaths were reported for the month of May, the highest amount of suspected drug-related deaths reported since the DMI began collecting the data.
- Starting in July 2020, suspected drug-related deaths were lower every month when compared to 2019.

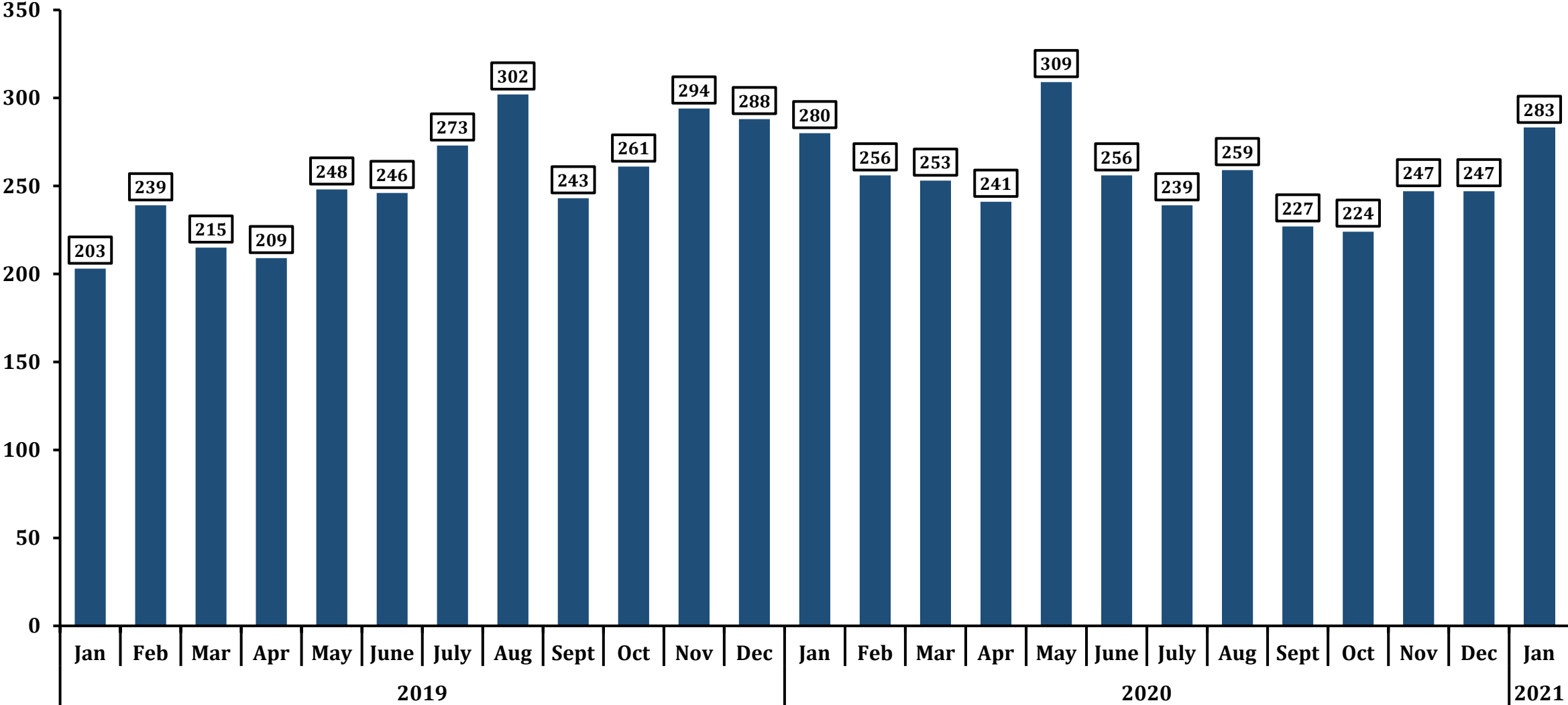
Month	Mar	Apr	May
2019	215	209	248
2020	253	241	309
% Change	18%	15%	25%



Month	July	Aug	Sept	Oct	Nov	Dec
2019	273	302	243	261	294	288
2020	239	259	227	224	247	247
% Change	-12%	-14%	-7%	-14%	-16%	-14%



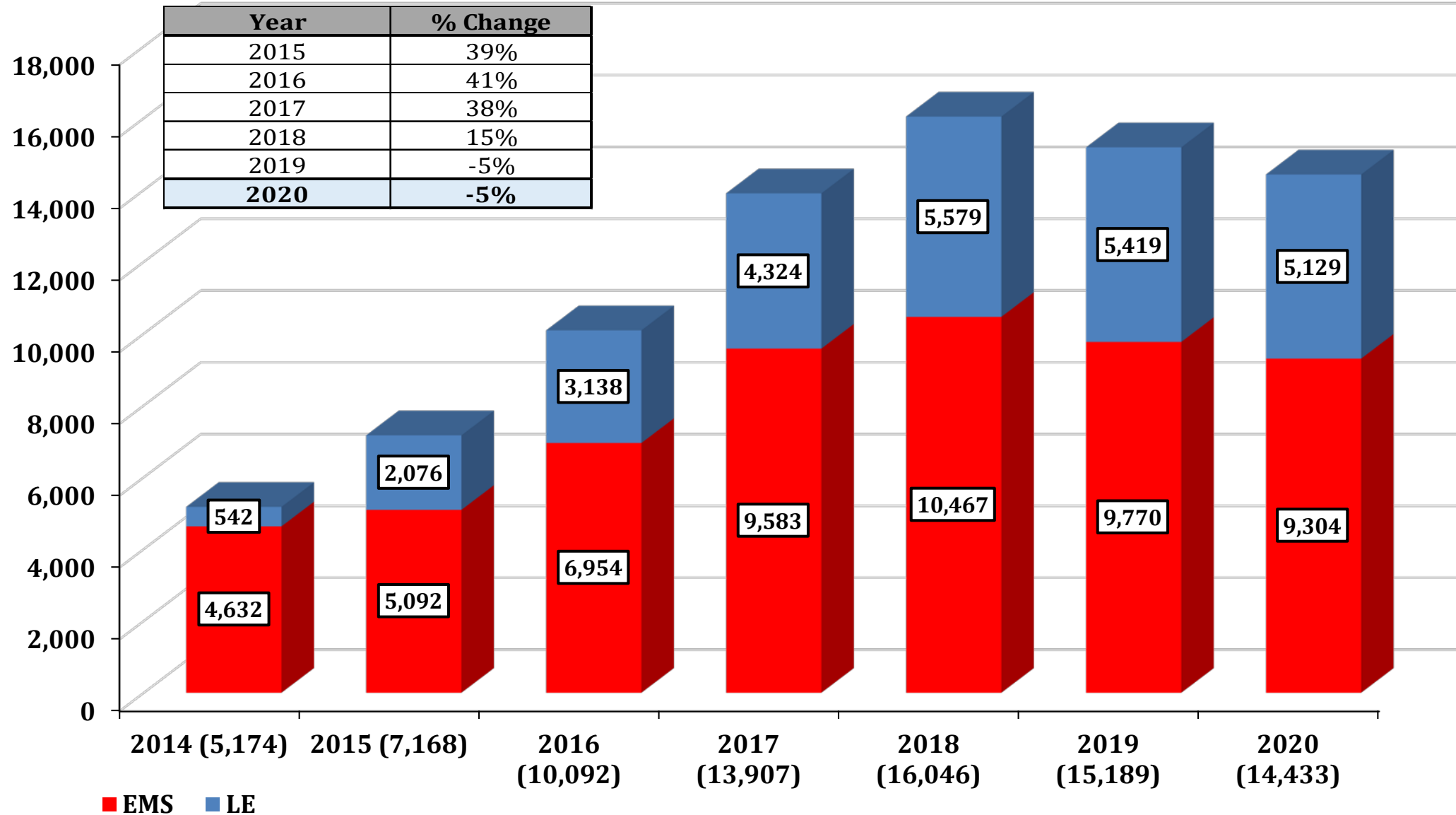
# Suspected Drug-Related Deaths: 1/1/2019 - 1/31/2021



Suspected drug-related death data is provided by the Office of the Chief State Medical Examiner, all information is preliminary and subject to change.

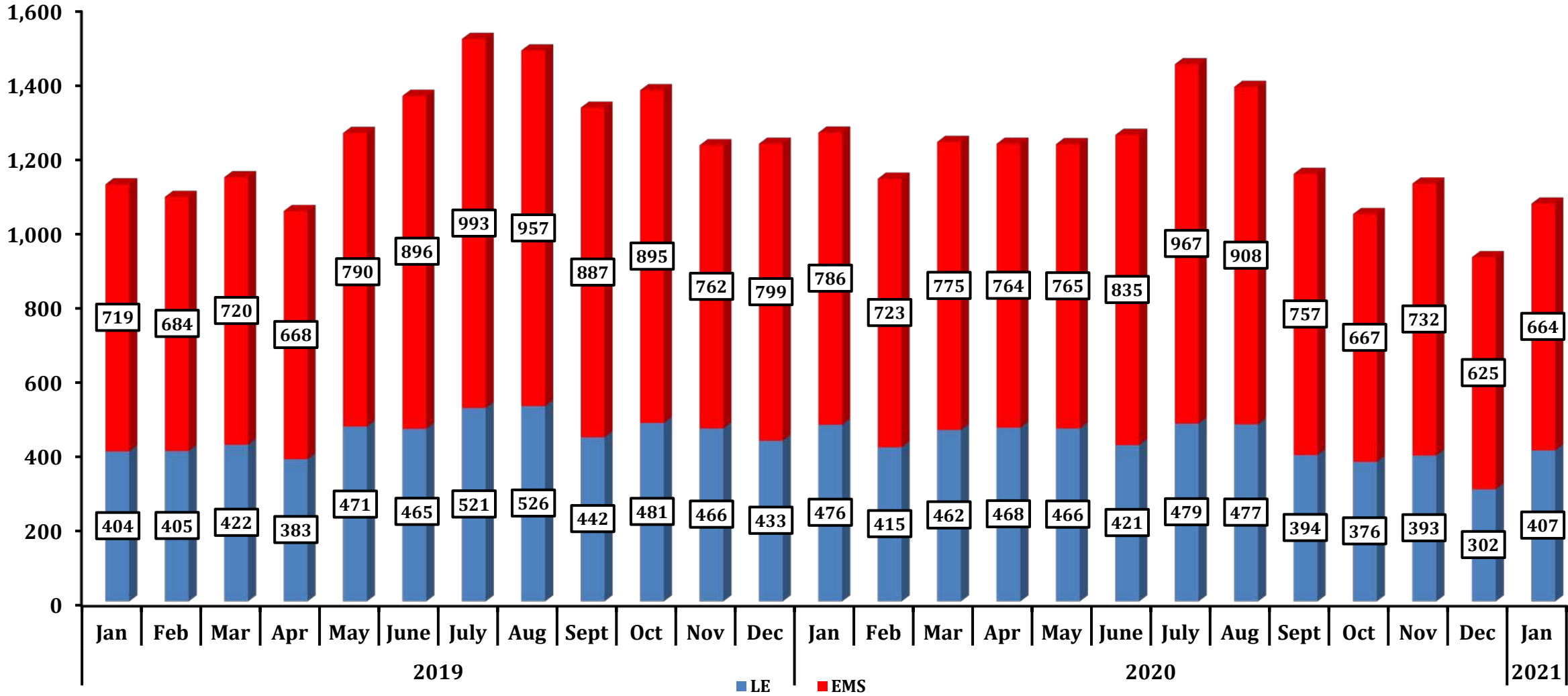


# 2014 - 2020 EMS & LE Naloxone Administrations





# Naloxone Administrations: 1/1/2019 - 1/31/2021

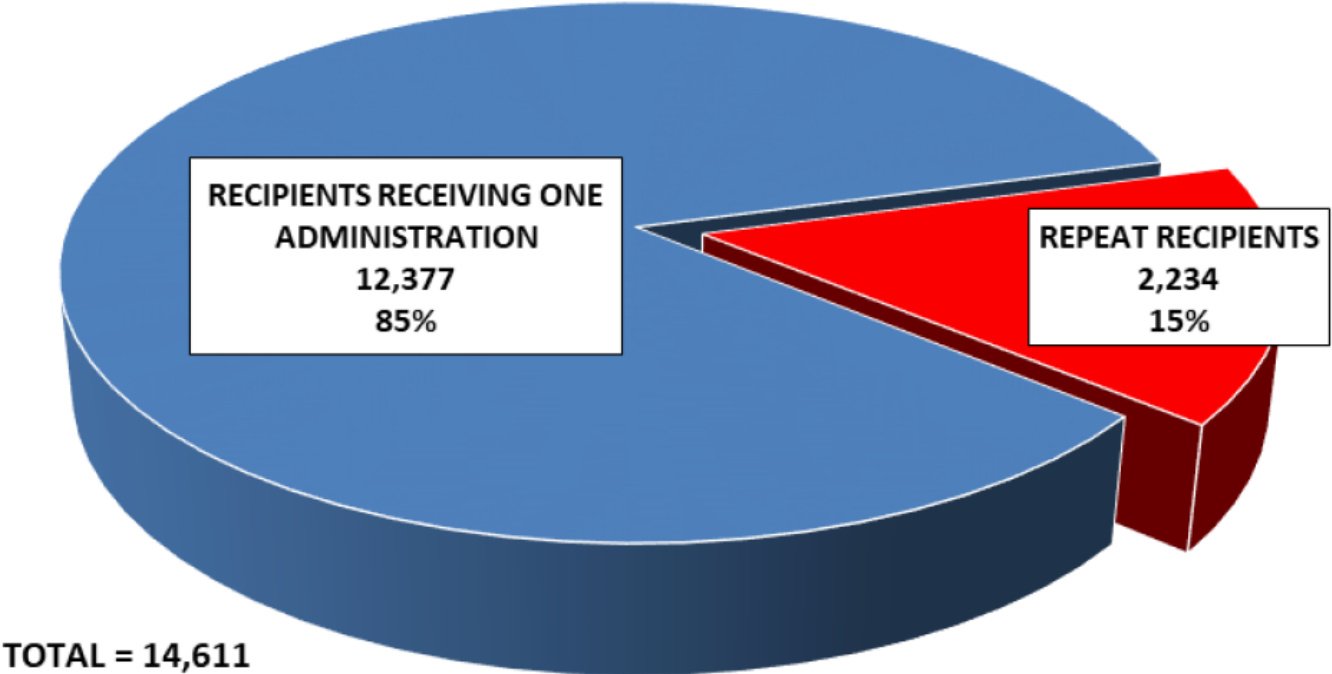




# LE Naloxone Administrations : Repeat Recipients

Of the 14,611 identified recipients receiving LE naloxone administrations, 15% (2,234) received naloxone two or more times.

**LE NALOXONE RECIPIENTS**  
**1/1/2017 - 12/31/2020**



LE NALOXONE RECIPIENTS 1/1/2017 - 12/31/2020			
NUMBER OF ADMINISTRATIONS	RECIPIENTS		
1	12,377	85%	
2 - 3	1,977	13.5%	15%
4 - 6	226	1.5%	
7 - 10	22		
11 - 14	8		
25	1		
TOTAL	14,611		



# LE Naloxone Administrations : Repeat Recipients

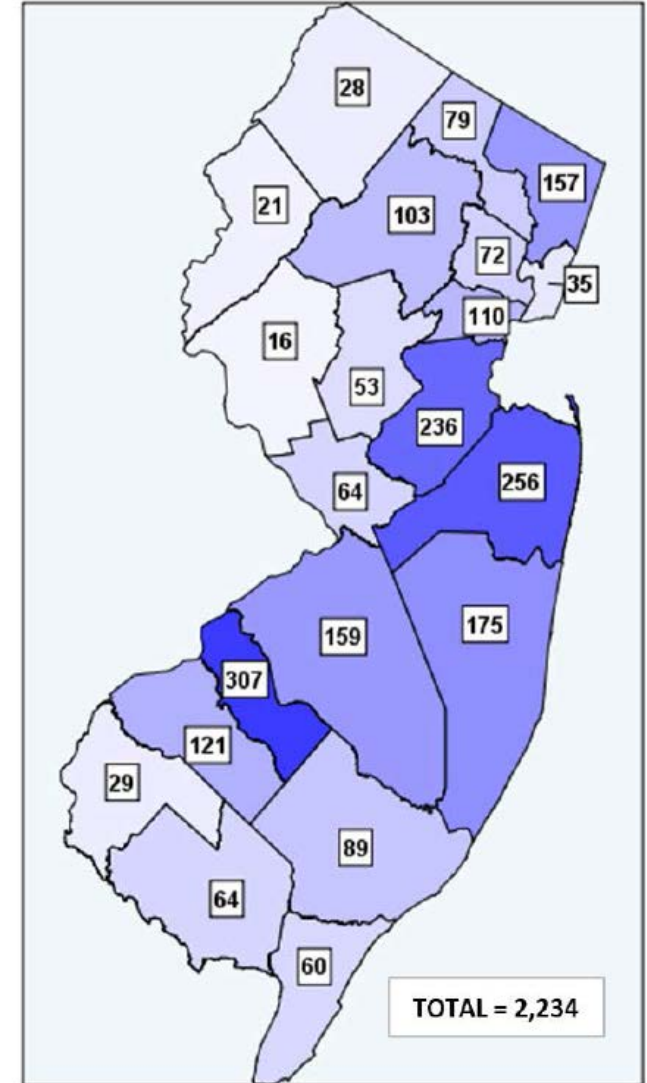
88% of all LE recipients and 91% of LE repeat recipients reportedly lived after receiving naloxone.

LE NALOXONE RECIPIENTS 1/1/2017 - 12/31/2020				
LIVED	REPEAT RECIPIENTS		ALL RECIPIENTS	
YES	2,029	91%	12,848	88%
NO	132	6%	1,096	8%
UNKNOWN	73	3%	667	5%
TOTAL	2,234		14,611	
	15%			

Camden (307) and Monmouth (256) counties reported the most repeat recipients.

LE NALOXONE RECIPIENTS 1/1/2017 - 12/31/2020				
COUNTY	REPEAT RECIPIENTS			TOTAL
	NO	YES		
ATLANTIC	553	89	4%	642
BERGEN	911	157	7%	1,068
BURLINGTON	899	159	7%	1,058
CAMDEN	1,453	307	14%	1,760
CAPE MAY	334	60	3%	394
CUMBERLAND	374	64	3%	438
ESSEX	595	72	3%	667
GLOUCESTER	629	121	5%	750
HUDSON	314	35	2%	349
HUNTERDON	85	16	1%	101
MERCER	469	64	3%	533
MIDDLESEX	1,220	236	11%	1,456
MONMOUTH	1,196	256	11%	1,452
MORRIS	451	103	5%	554
OCEAN	976	175	8%	1,151
PASSAIC	592	79	4%	671
SALEM	117	29	1%	146
SOMERSET	282	53	2%	335
SUSSEX	162	28	1%	190
UNION	585	110	5%	695
WARREN	180	21	1%	201
TOTAL	12,377	2,234		14,611
	85%	15%		

LE NALOXONE REPEAT RECIPIENTS 1/1/2017 - 12/31/2020







# LE Naloxone Administrations : Repeat Recipients



- 43% of repeat recipients were 25 to 34 years old.
- 78% of repeat recipients were white; 73% were male.

LE NALOXONE RECIPIENTS 1/1/2017 - 12/31/2020				
AGE	REPEAT RECIPIENTS			TOTAL
	NO	YES		
UNKNOWN	26	17	1%	43
UNDER 18	80	3	0.1%	83
18 - 21	585	89	4%	674
22 - 24	916	177	8%	1,093
25 - 29	2,246	487	22%	2,733
30 - 34	2,204	465	21%	2,669
35 - 44	2,961	524	23%	3,485
45 - 54	1,925	323	14%	2,248
55 & OVER	1,434	149	7%	1,583
TOTAL	12,377	2,234		14,611
	85%	15%		

LE NALOXONE RECIPIENTS 1/1/2017 - 12/31/2020				
RACE	REPEAT RECIPIENTS			TOTAL
	NO	YES		
WHITE	8,940	1,751	78%	10,691
BLACK	1,774	232	10%	2,006
HISPANIC	1,253	192	9%	1,445
OTHER	410	59	3%	469
TOTAL	12,377	2,234		14,611
	85%	15%		

LE NALOXONE RECIPIENTS 1/1/2017 - 12/31/2020				
GENDER	REPEAT RECIPIENTS			TOTAL
	NO	YES		
MALE	8,724	1,632	73%	10,356
FEMALE	3,643	600	27%	4,243
UNKNOWN	10	2	0.1%	12
TOTAL	12,377	2,234		14,611
	85%	15%		



# Naloxone Administrations Deeper Dive: Subjects Refusing Hospital Transport



## EMS Key Findings:

- From January to March of 2020:
  - 78% of victims were transported to the hospital, while 17% refused transport/further care.
- From April to December of 2020 (after COVID-19 heightened):
  - 75% of victims were transported to the hospital, while 19% refused transport/further care.

EMS NALOXONE ADMINISTRATIONS 1/1/2020 - 12/31/2020												
VICTIM DISPOSITION : PERCENT OF MONTHLY TOTAL												
DISPOSITION	INCIDENT MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
TRANSPORTED TO HOSPITAL	78%	80%	75%	63%	70%	74%	76%	78%	77%	79%	77%	80%
REFUSED TRANSPORT/ACTION/CARE	17%	14%	20%	27%	23%	20%	20%	18%	16%	16%	17%	13%

EMS NALOXONE ADMINISTRATIONS 1/1/2020 - 12/31/2020				
VICTIM DISPOSITION - QUARTERLY AVERAGES				
DISPOSITION	INCIDENT QUARTER			
	Q-1	Q-2	Q-3	Q-4
TRANSPORTED TO HOSPITAL	78%	69%	78%	78%
REFUSED TRANSPORT/ACTION/CARE	17%	23%	17%	15%



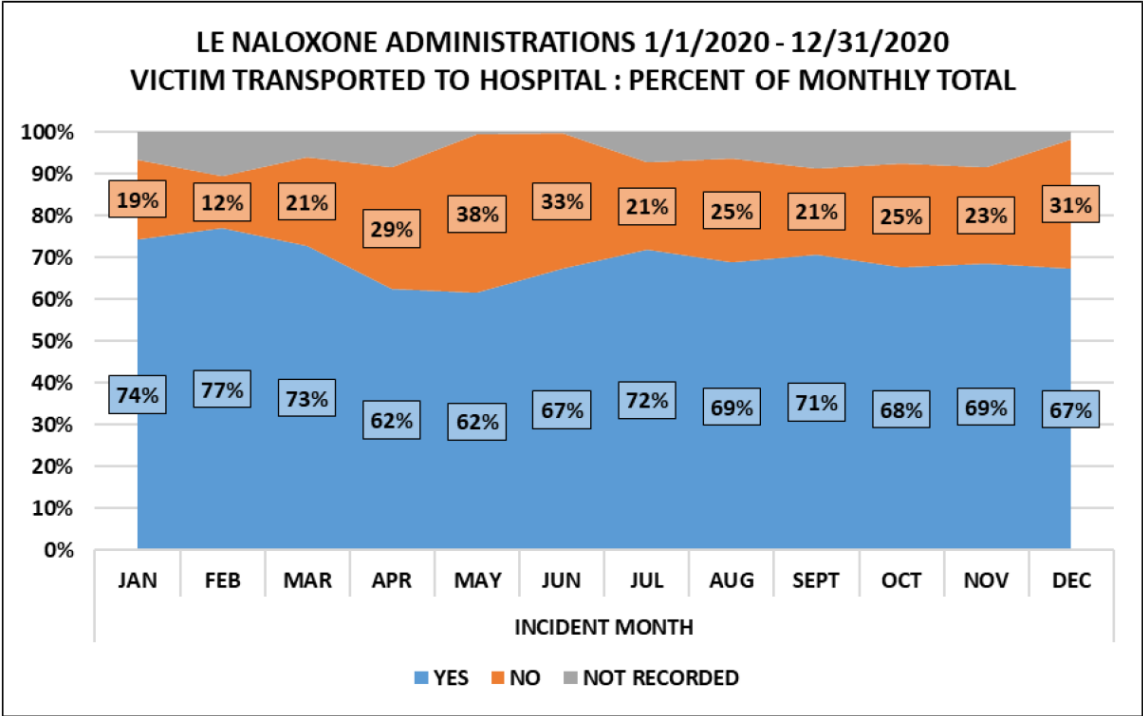
# Naloxone Administrations Deeper Dive: Victim Transported to Hospital

## LE Key Findings:

- From January to March of 2020:
  - 75% of recorded victims were transported to hospital.
- From April to December of 2020 (after COVID-19 heightened):
  - 67% of recorded victims were transported to hospital.

LE NALOXONE ADMINISTRATIONS 1/1/2020 - 12/31/2020												
VICTIM TRANSPORTED TO HOSPITAL : PERCENT OF MONTHLY TOTAL												
TRANSPORTED TO HOSPITAL	INCIDENT MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
YES	74%	77%	73%	62%	62%	67%	72%	69%	71%	68%	69%	67%
NO	19%	12%	21%	29%	38%	33%	21%	25%	21%	25%	23%	31%

LE NALOXONE ADMINISTRATIONS 1/1/2020 - 12/31/2020													
VICTIM TRANSPORTED TO HOSPITAL													
TRANSPORTED TO HOSPITAL	INCIDENT MONTH												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
YES	353	320	336	292	287	283	344	328	279	254	270	202	3,548 69%
NO	90	51	99	136	176	137	100	119	81	94	90	93	1,266 25%
NOT RECORDED	31	44	27	40	3	1	35	30	34	28	33	5	311 6%
TOTAL	474	415	462	468	466	421	479	477	394	376	393	300	5,125





# NJDMHAS Treatment & Admission 2015 – 2020



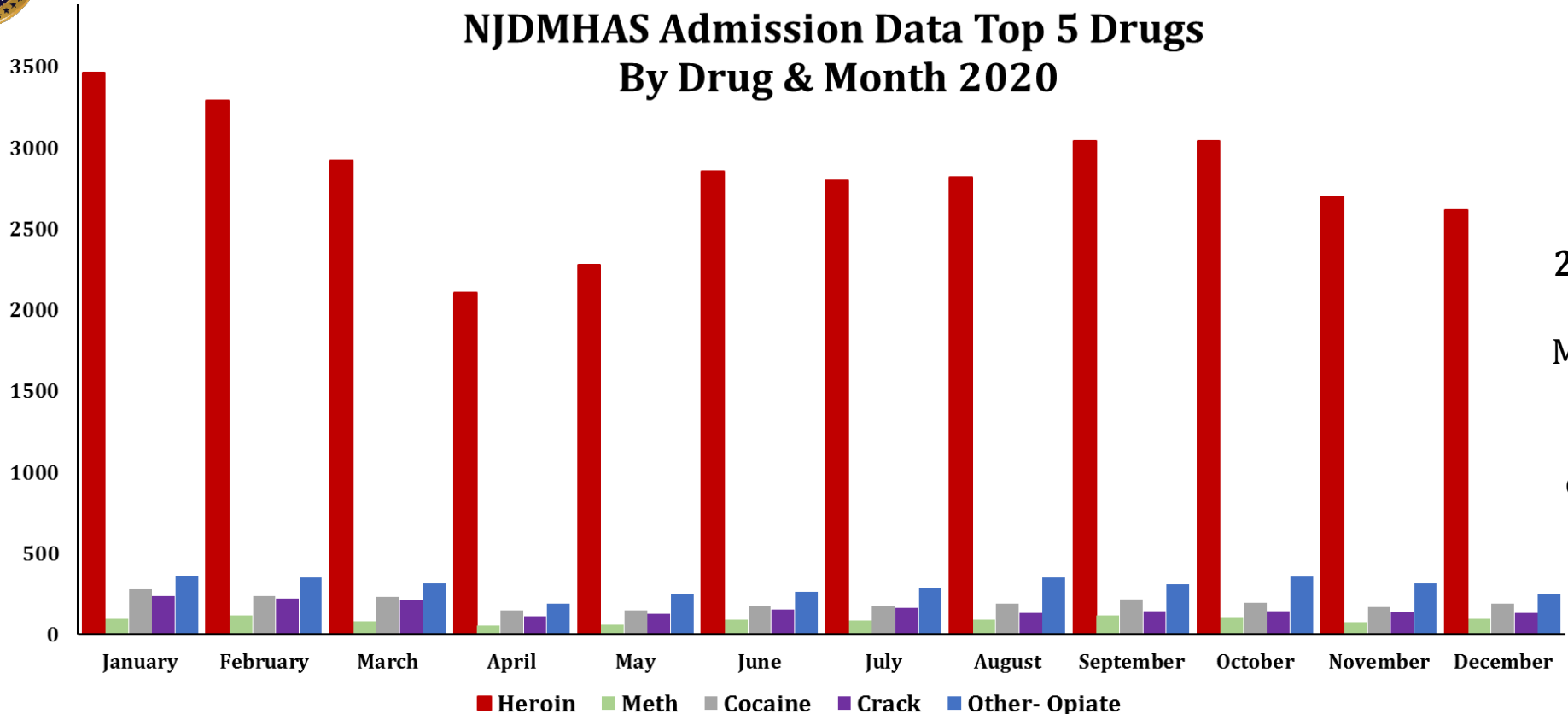
NJDMHAS   Treatment & Admission Data   2015 -2020												
County	All Drugs											
	Admissions						Unique Clients					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Unknown	892	1,748	2,394	2,334	3,250	4,148	836	1,646	2,008	1,848	2,344	2,837
Atlantic	4,570	4,710	5,817	6,424	7,571	6,483	3,041	3,026	3,326	3,409	3,640	3,269
Bergen	3,333	3,600	3,635	3,805	4,033	3,439	2,525	2,809	2,679	2,631	2,656	2,089
Burlington	2,738	3,093	3,525	3,884	4,579	4,071	1,975	2,138	2,388	2,403	2,763	2,417
Camden	5,307	6,606	7,390	7,694	8,823	6,916	3,731	4,534	4,791	4,693	4,967	4,009
Cape May	2,235	2,128	1,936	2,379	2,837	2,166	1,350	1,344	1,199	1,354	1,383	1,126
Cumberland	1,971	1,912	2,203	2,573	2,870	2,365	1,261	1,310	1,392	1,504	1,668	1,432
Essex	5,907	6,534	7,343	8,438	8,402	7,247	4,486	4,940	5,549	6,074	5,671	4,796
Gloucester	2,570	2,987	3,677	3,966	4,791	4,149	1,700	1,958	2,227	2,275	2,546	2,223
Hudson	3,894	4,302	4,517	4,870	4,850	3,683	3,026	3,129	3,286	3,371	3,288	2,470
Hunterdon	866	1,007	985	1,071	1,026	695	633	694	650	703	657	426
Mercer	2,593	3,133	3,028	3,635	4,291	3,771	1,930	2,300	2,162	2,480	2,647	2,393
Middlesex	5,194	5,708	5,892	6,138	6,612	5,496	3,738	4,099	4,123	4,133	4,155	3,369
Monmouth	6,053	6,183	6,246	6,941	7,245	5,790	4,246	4,304	4,210	4,372	4,113	3,324
Morris	2,587	2,948	3,075	3,037	3,025	2,442	1,839	1,991	2,021	1,952	1,755	1,366
Ocean	7,090	7,246	7,562	7,736	8,436	6,729	4,807	4,945	4,942	4,882	4,850	3,862
Passaic	3,975	4,374	4,937	5,611	6,147	4,426	2,764	3,001	3,202	3,390	3,573	2,629
Salem	555	613	705	688	829	825	369	406	453	416	482	443
Somerset	1,857	2,048	2,033	2,095	2,251	1,788	1,384	1,547	1,491	1,453	1,469	1,106
Sussex	1,141	1,324	1,282	1,393	1,570	1,279	766	888	879	909	971	772
Union	3,134	3,368	3,358	3,587	3,915	3,261	2,361	2,562	2,399	2,455	2,466	2,034
Warren	918	1,008	1,100	1,328	1,275	1,085	700	718	736	828	808	713
Total	69,380	76,580	82,640	89,627	98,628	82,254	48,199	52,872	54,412	55,589	56,271	46,775

2020 experienced a **17% decrease** in total admissions and unique clients, compared to 2019, representing the impact of COVID-19.



# NJDMHAS 2020 Admissions | Top Drugs

## NJDMHAS Admission Data Top 5 Drugs By Drug & Month 2020



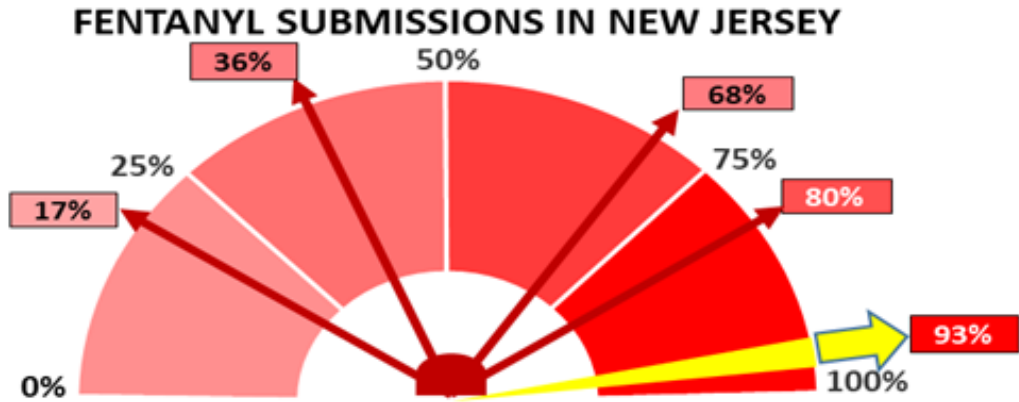
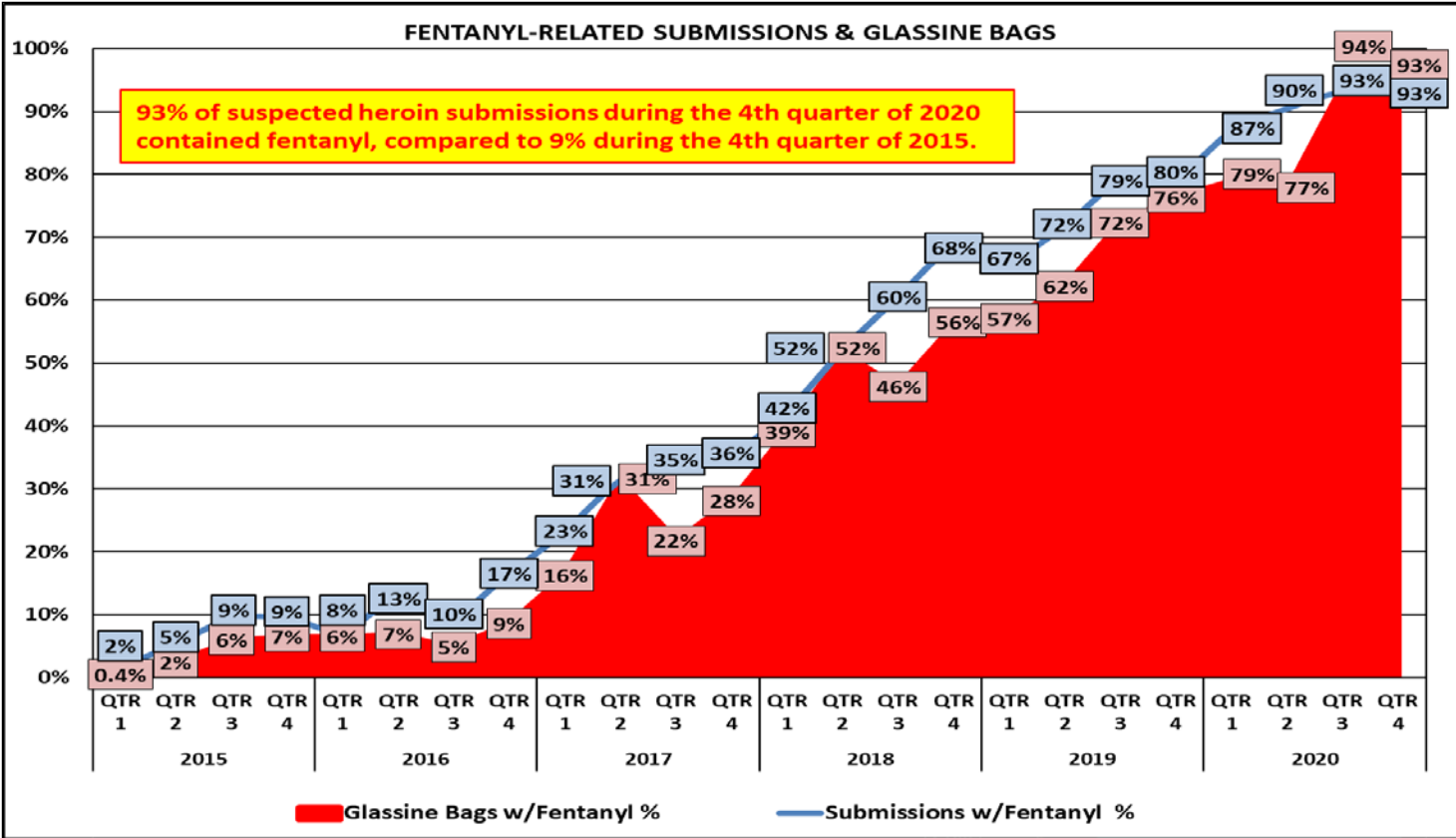
**26% decrease** in admissions  
when comparing January –  
March with April – June 2020.

**21% increase** when  
comparing April – June with  
July – September 2020.

Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Heroin	3,465	3,295	2,925	2,107	2,281	2,858	2,801	2,820	3,042	3,044	2,698	2,616	33,952
Meth	98	120	83	54	60	91	89	90	116	100	76	98	1,075
Cocaine	279	236	233	149	151	176	177	192	219	195	172	190	2,369
Crack	237	222	210	114	127	153	166	132	144	142	139	136	1,922
Other- Opiate	364	351	315	193	250	263	291	352	309	358	316	247	3,609
Oxycodone	125	116	122	91	129	104	138	117	130	112	111	123	1,418
Alprazolam	68	58	79	54	62	89	72	77	99	102	80	72	912
Hydrocodone	1	1	2	5	4	4	3	4	1	2	5	1	33
Total	4,637	4,399	3,969	2,767	3,064	3,738	3,737	3,784	4,060	4,055	3,597	3,483	45,290



# Fentanyl Environment in NJ



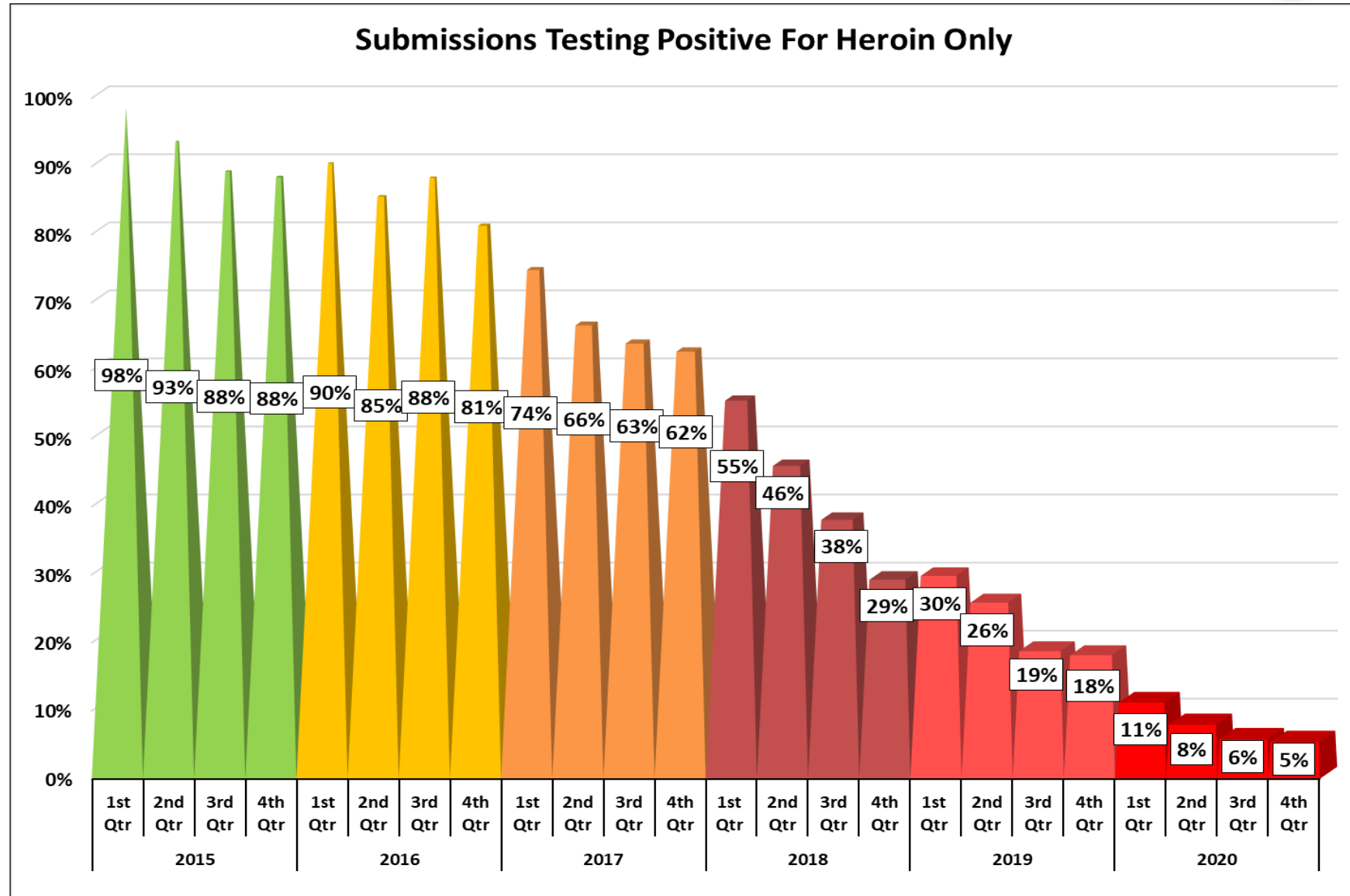
In the 4<sup>th</sup> quarter of 2020, **93%** of suspected heroin submissions contained fentanyl.





# Heroin Only Environment in NJ

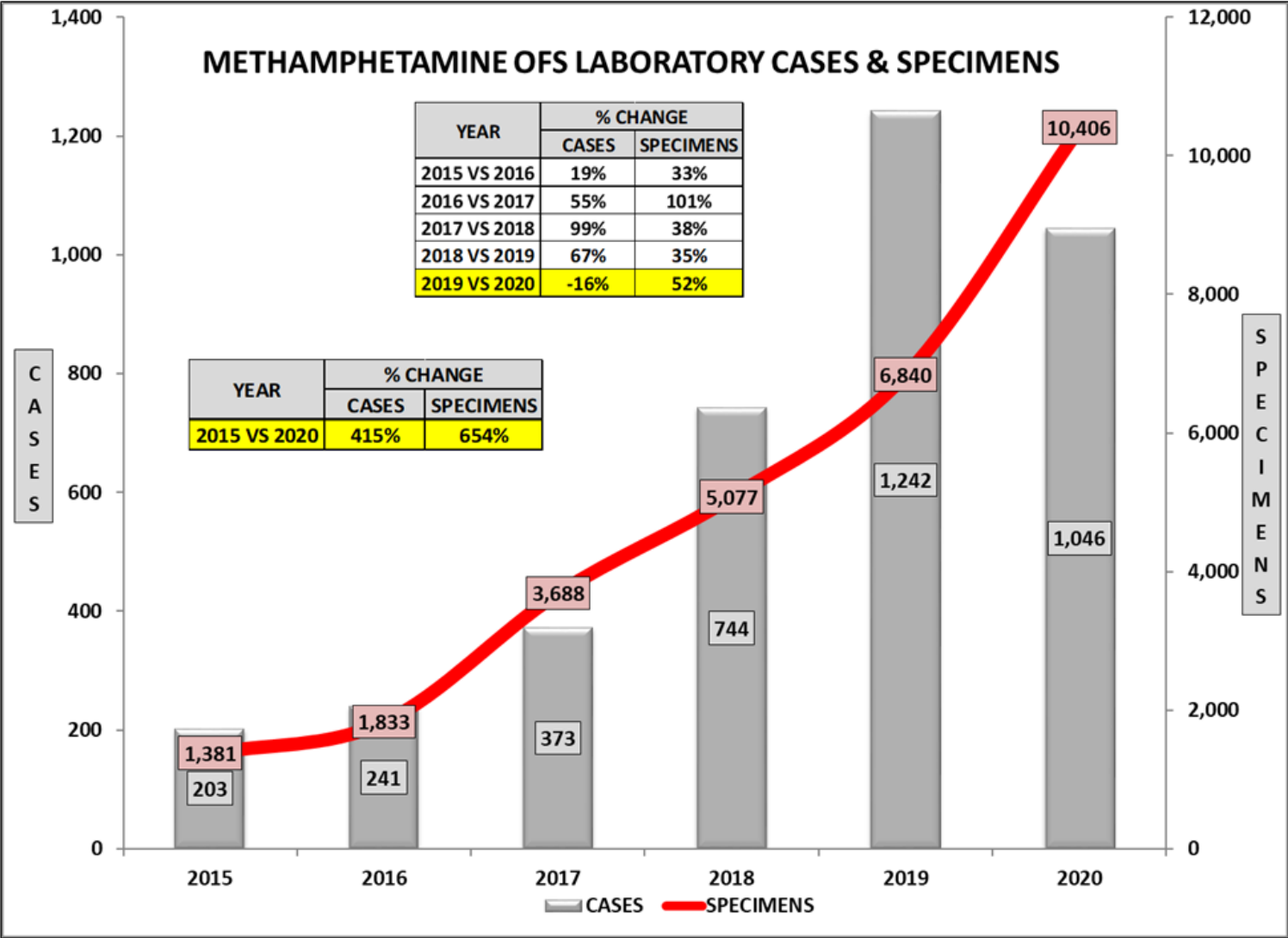
The number of suspected heroin submissions testing positive for heroin, with no other drugs, has steadily **declined**, from 98% in the 1<sup>st</sup> quarter of 2015 to **5%** in the 4<sup>th</sup> quarter of 2020.





# Methamphetamine

From the 3<sup>rd</sup> quarter to the 4<sup>th</sup> quarter of 2020, methamphetamine cases **increased 40%**;  
meth specimens **decreased 28%**.



METH OFS LAB CASES & SPECIMENS: ANALYZED 10/1/2020 - 12/31/2020		
COUNTY	CASES	SPECIMENS
ATL	42	714
BER	31	203
BUR	8	18
CAM	50	376
CAP	5	8
CUM	23	37
ESS	15	468
GLO	40	103
HUD	1	15
HUN	5	9
MER	12	88
MID	13	58
MON	14	133
MOR	9	70
OCN	1	2
PAS	11	355
SAL	8	8
SOM	3	22
SUS	2	4
UNN	3	27
WAR	11	20
TOTAL	307	2,738



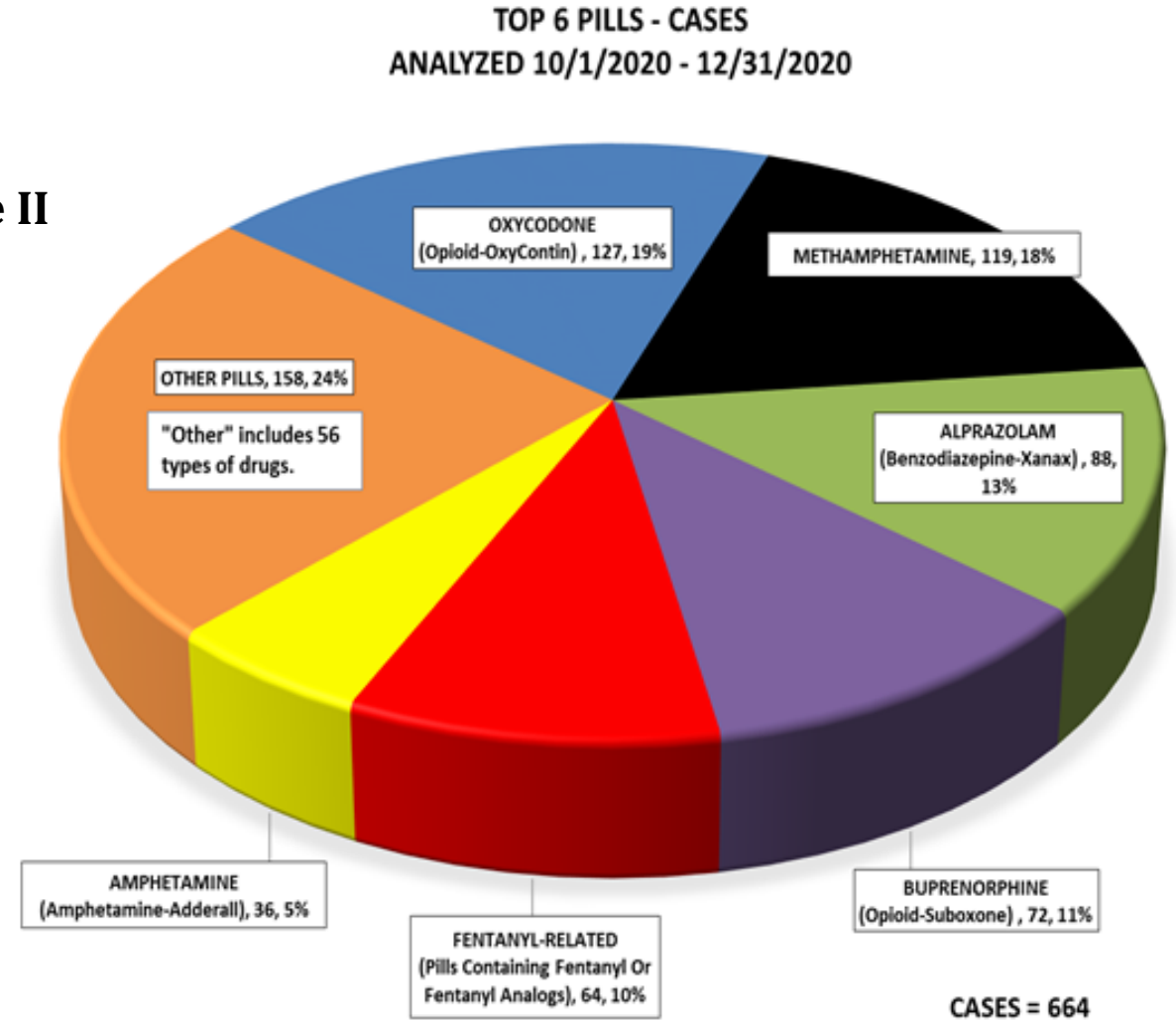
# Prescription Legend Drugs (PLDs)/Pills

- **Top Six Diverted Pills**

- Oxycodone (Opioid-OxyContin)
  - Alprazolam (Benzodiazepine-Xanax)
  - Amphetamine (Amphetamine-Adderall)
  - Methamphetamine
  - Clonazepam (Benzodiazepine-Klonopin)
  - Buprenorphine (Opioid-Suboxone)
- Schedule II**
- Schedule IV**
- Schedule III**

- **Other Diverted Pills**

- Fentanyl (Opioid)
- Hydrocodone (Opioid)
- Cyclobenzaprine (Muscle Relaxant)
- Eutylone (Stimulant)
- Cyclopropyl Fentanyl (Opioid)
- Gabapentin (Anticonvulsant)





For more information:  
**[Jason.Piotrowski@NJSP.ORG](mailto:Jason.Piotrowski@NJSP.ORG)**

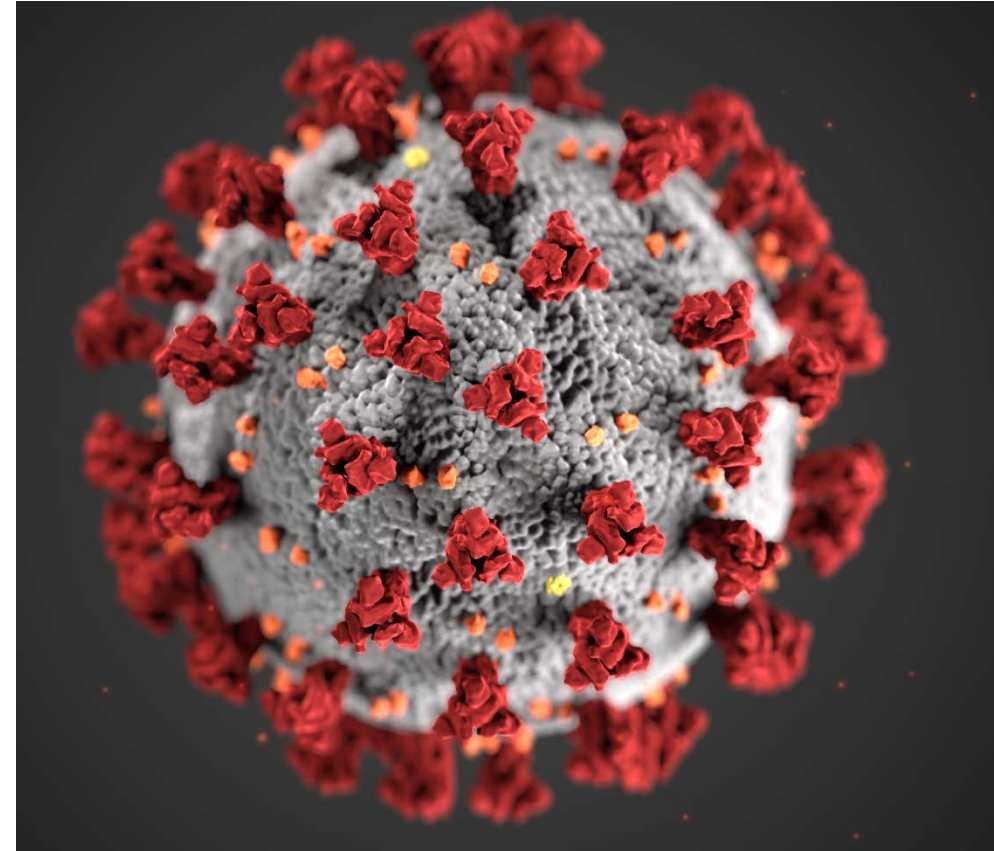


**Meg Fisher, MD, FAAP**  
**Special Advisor to the Commissioner of Health**  
**New Jersey Department of Health**

# The Perfect Storm: COVID-19's Impact on Addiction Over the Past Year

Meg Fisher, MD

March 18, 2021





# Disclaimer

- Information about COVID-19 and SARS-CoV-2, the virus that causes the illness is evolving daily
- Recommendations change frequently
- What you hear today may be outdated soon
- Trusted sources of up to date information
  - NJ Department of Health - [www.nj.gov/health/](http://www.nj.gov/health/)
  - Centers for Disease Control and Prevention - [www.cdc.gov](http://www.cdc.gov)

# COVID-19 Basics

## **COVID-19 is real and can be serious**

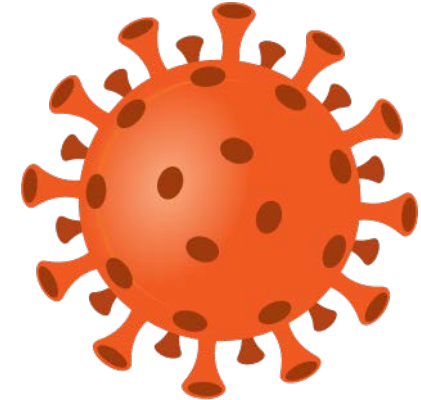
- Disease varies from asymptomatic to mild upper respiratory illness to pneumonia to multiorgan involvement and death
- Disease in children is almost always either asymptomatic or mild
  - Multisystem inflammatory syndrome – Children (MIS-C) is a rare postinfectious complication



# COVID-19 Basics

## **COVID-19 is caused by SARS-CoV-2**

- It is spread by droplets from an infected person who talks, sneezes, coughs, sings, or breathes
- Droplets generally fall to the ground within 6 ft or about 2 arm lengths
- These droplets can land in a person's eyes or be inhaled by a person who is standing close by
- Rarely the virus is airborne and travels greater distances, sometimes cause super-spreader events



# Transmission

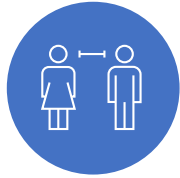


# What tools do we have to protect ourselves against COVID-19?



Mask up

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Physical distance and avoid crowds

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Wash hands often

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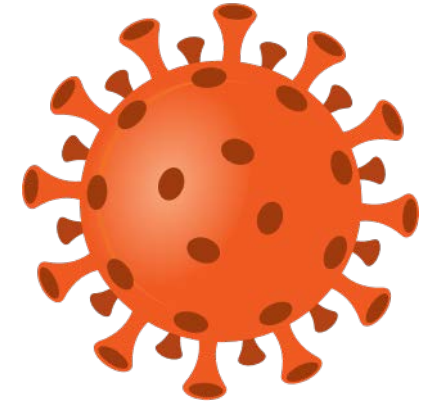
Stay away from sick people and stay home if you are sick

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Get vaccinated

# COVID-19 vaccines



- Messenger RNA (mRNA) vaccines
  - Pfizer – 12/11/20 – for ages 16 years and older
  - Moderna – 12/18/20 – for ages 18 years and older
- Adenovirus vector
  - J&J Janssen – 2/27/21 – for ages 18 years and older

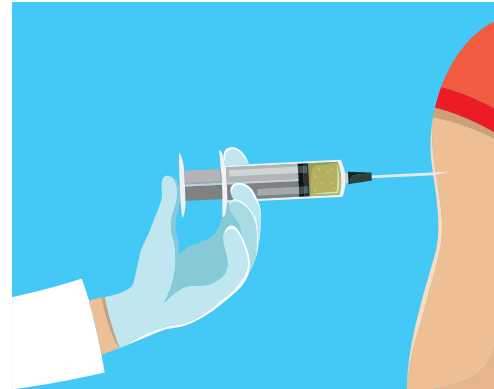


# mRNA COVID-19 vaccines

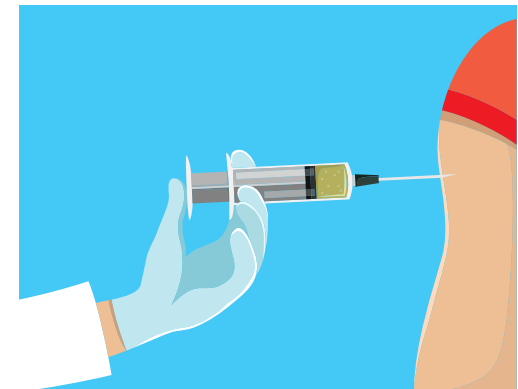
- Pfizer BioNTech (super cold freezer),  
dose 2 at 3 weeks
- Moderna (must be refrigerated),  
dose 2 at 4 weeks

Both doses should be the  
same vaccine

**1<sup>st</sup> Dose**



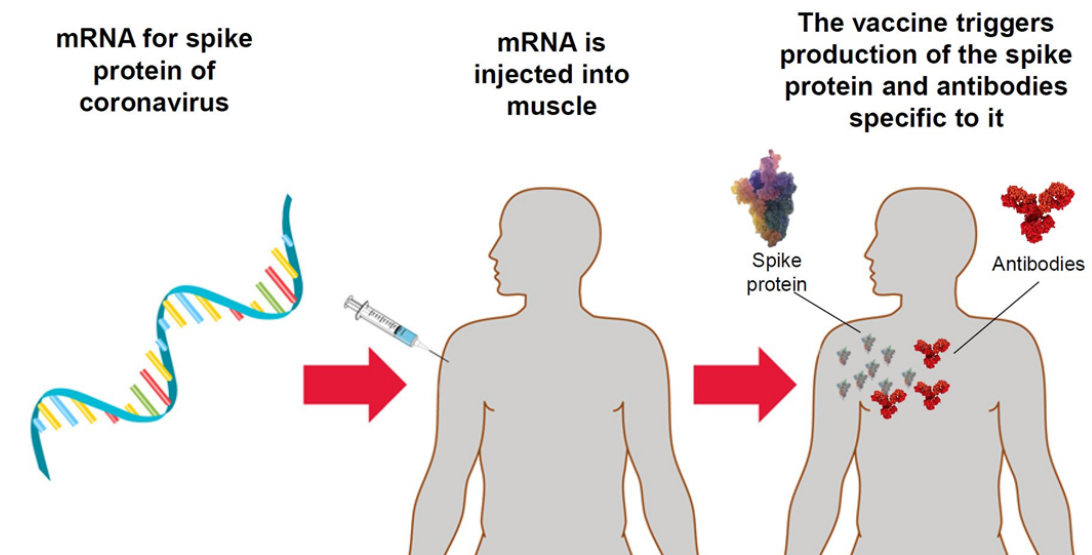
**2<sup>nd</sup> Dose**



# About the mRNA COVID-19 vaccines

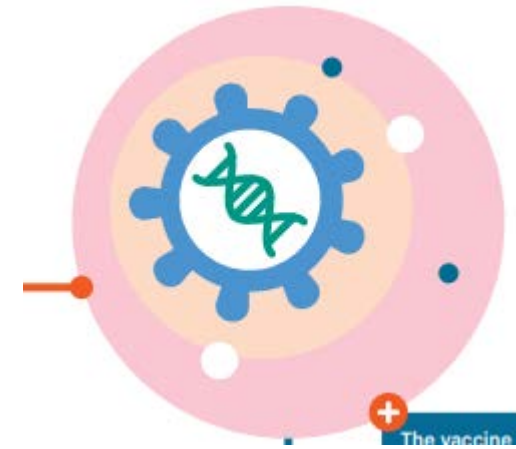
- It doesn't include the actual virus
- Messenger RNA is the code for the spike protein of the virus
- The mRNA is in a lipid nanoparticle
- The lipid allows the mRNA to enter your muscle cells; the code is read and the spike protein is produced
- Your immune system responds to the spike protein. Antibodies and cell mediated immunity results
- These protect you from infection

**Vaccine Without The Virus: Messenger RNA (mRNA) Approach**  
*NIH Vaccine Research Center and Moderna went from sequence to Phase I in 63 days*

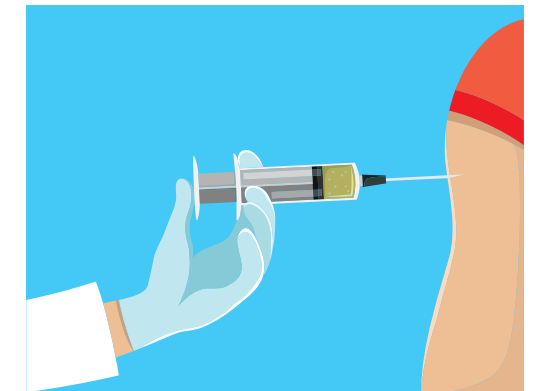


# J&J Janssen COVID-19 vaccine

- The code for the spike protein is inserted into a special adenovirus
- This adenovirus cannot replicate
- The adenovirus enters your cells and releases the code for the spike protein
- Your immune systems responds to the spike protein

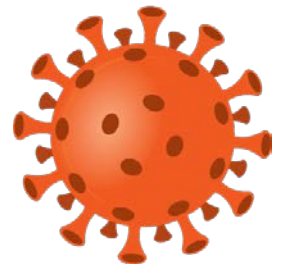


**Single dose**



# How were the COVID-19 vaccines developed so quickly?

- Messenger RNA vaccines and adenovirus vector vaccines are new but not unknown
- The research was basically already done!
  - The virus that causes COVID-19 (SARS-CoV-2) is VERY similar to other viruses (SARS and MERS), which had a lot of vaccine research starting in 2003
- Clinical trials overlapped instead of running one at a time
- Vaccine makers were able to begin production early to have enough supply



Krammer, F. SARS-CoV-2 vaccines in development. *Nature* **586**, 516–527 (2020). <https://doi.org/10.1038/s41586-020-2798-3>.

# Clinical Trials for Authorized Vaccines

- All trials include people of different race and ethnicity
- All trials include people of different ages
- All trials include people with underlying conditions
- There are no head to head trials of efficacy
- Trials were done at different times and in different locations
- All trials are ongoing for another 2 years

# Side effects of the COVID-19 vaccines

- Most common complaint was pain at the injection site<sup>1,2</sup>
  - Other common symptoms included fatigue, fever, and headache
  - These are common side effects after getting vaccinated
- Risk for severe reaction to the vaccine ( $\sim 0.5\%$ )<sup>1,2</sup>
- People with a history of severe allergies (anaphylaxis) to food or medicine should talk to their doctor before taking the vaccine
- Side effects less common in people over 50 years of age
- Side effects more common after the second dose

1. <https://www.fda.gov/media/144246/download>

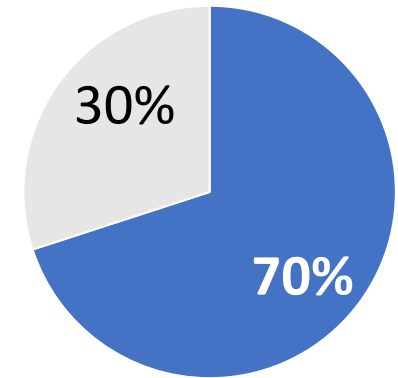
2. <https://www.fda.gov/media/144434/download>

3. [https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6\\_2#:~:text=%E2%80%A2%20Most%20people%20with%20COVID,have%20lasting%20health%20effects.](https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2#:~:text=%E2%80%A2%20Most%20people%20with%20COVID,have%20lasting%20health%20effects.)



# Who gets the vaccine first?

New Jersey's goal is to vaccinate 70% of the adult population or 4.7 million people



Frontline health care workers starting December 18

- This is because they come into direct contact with persons who may be sick and seeking care
- We need to take care of those who take care of us!

Also included are persons who live in group settings, such as nursing homes, group homes, and jails

- Since the virus is spread by talking, sneezing, coughing, singing and breathing, those who live in settings where they come into contact with many others are more at-risk for being infected



# Next Phases

- January 7
  - First responders
    - Sworn law enforcement and fire professionals
- January 14
  - People over 65 years
  - People 16 to 64 with health conditions
    - Cancer, kidney disease, lung disease, Down syndrome, heart disease, obesity, sickle cell disease, smoking, type 2 diabetes
    - Pregnant and immunocompromised after consulting health care provider

# Next Phases

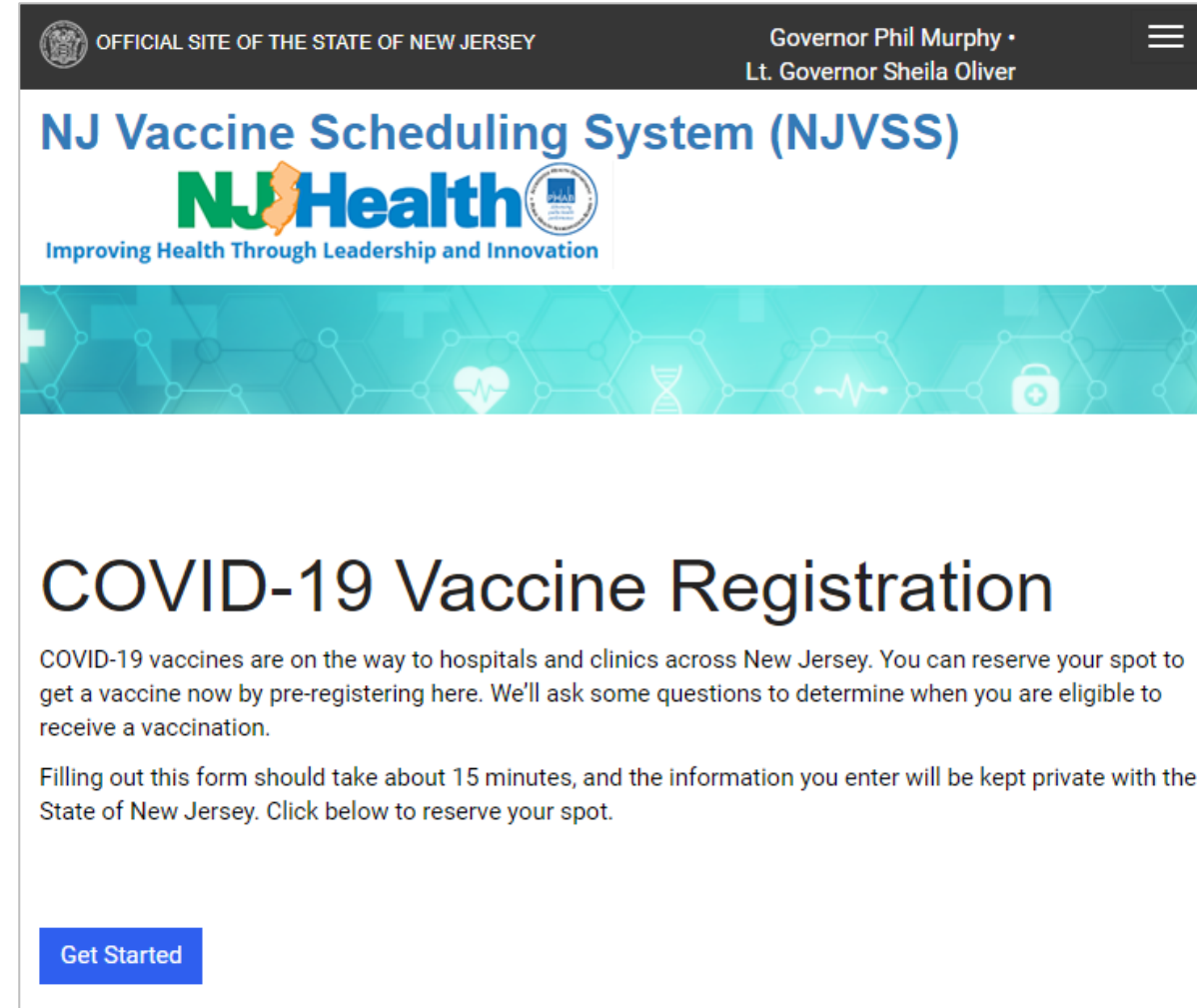
- March 6
  - Educators and school staff
  - Childcare workers
- March 15
  - Transportation workers
  - Public safety workers
  - Migrant farm workers
  - Members of tribal communities
  - Homeless and those living in shelters
  - Those with additional health conditions
    - Asthma, cerebrovascular disease, cystic fibrosis, high blood pressure, dementia, liver disease, overweight, lung fibrosis, thalassemia, type 1 diabetes, immune problems

# Next Phases

- March 29
  - Food production, agriculture, food distribution
  - Eldercare and support
  - Warehousing and logistics
  - Social services
  - Elections personnel
  - Hospitality
  - Medical supply chain
  - Postal and shipping services
  - Clergy
  - Judicial system

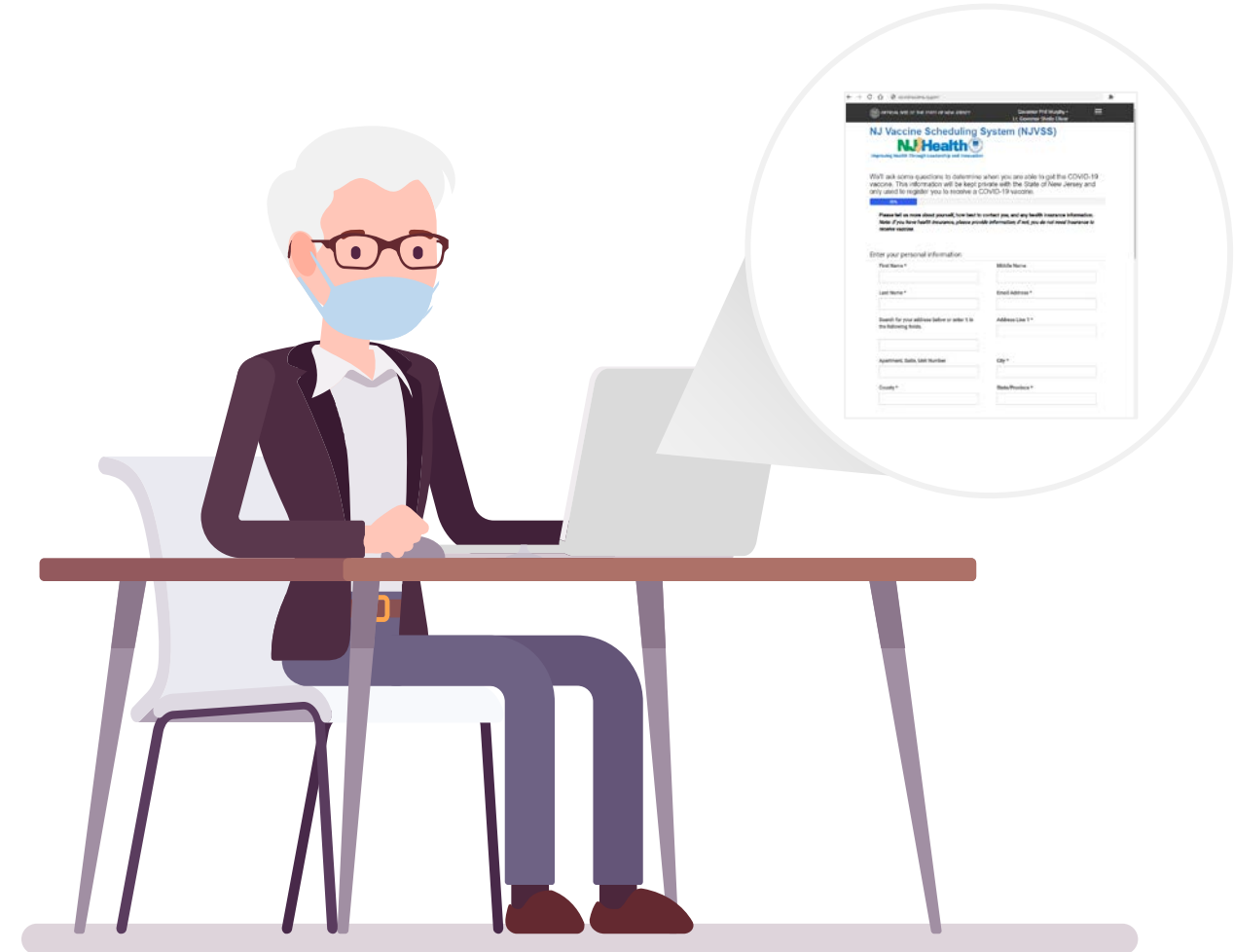
# NJ Vaccine Scheduling System (NJVSS)

- covidvaccine.nj.gov
- NJ's secure online portal to schedule your vaccine appointment
- If no computer or need assistance, call Vaccine Call Center at 855-568-0545



# What information is required when making an NJVSS appointment?

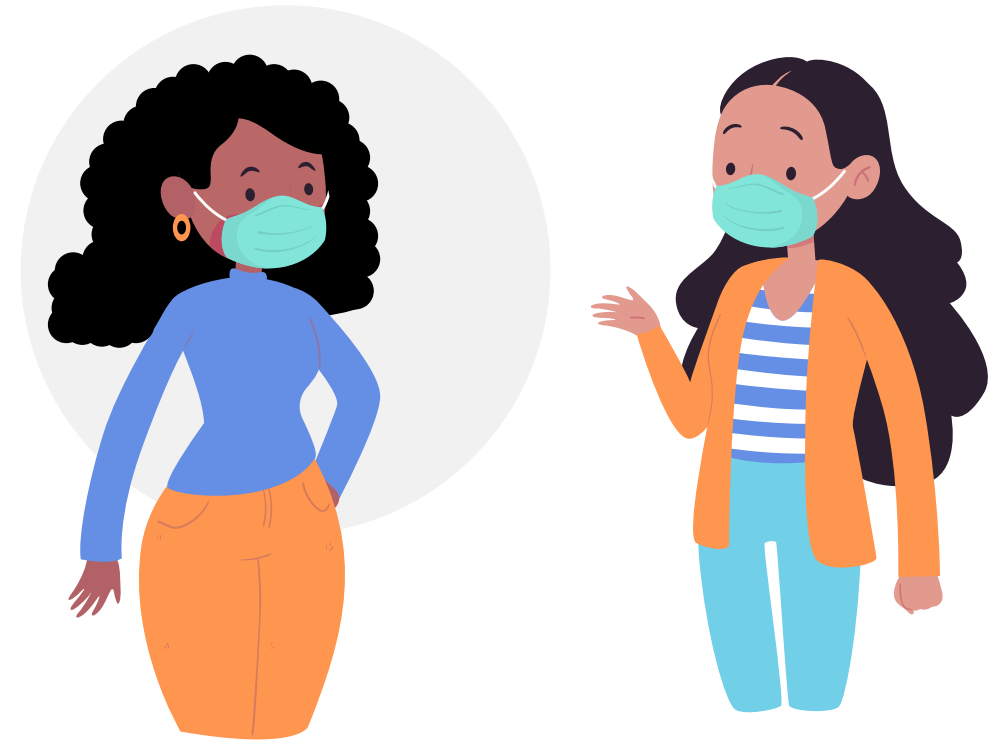
- Personal info (name, address, gender, race)
- Medical screening and Occupation info (to determine when you are able to get a vaccination; Which Phase you fit in)
- All data collected on the NJVSS is used for public health purposes only AND to ensure that same person returns for the 2nd dose of the same vaccine





# Go tell someone...

- Why COVID-19 should be taken seriously
- COVID-19 can be prevented
- COVID-19 vaccine is effective and can prevent you from getting sick from COVID-19
- People over 16 who live, work or go to school in NJ can get the COVID-19 vaccine
- You can get the COVID-19 vaccine even if you don't have insurance
- The facts about COVID-19 vaccine





**Caitlin O'Neill**  
**Director of Harm Reduction Services**  
**New Jersey Harm Reduction Coalition**

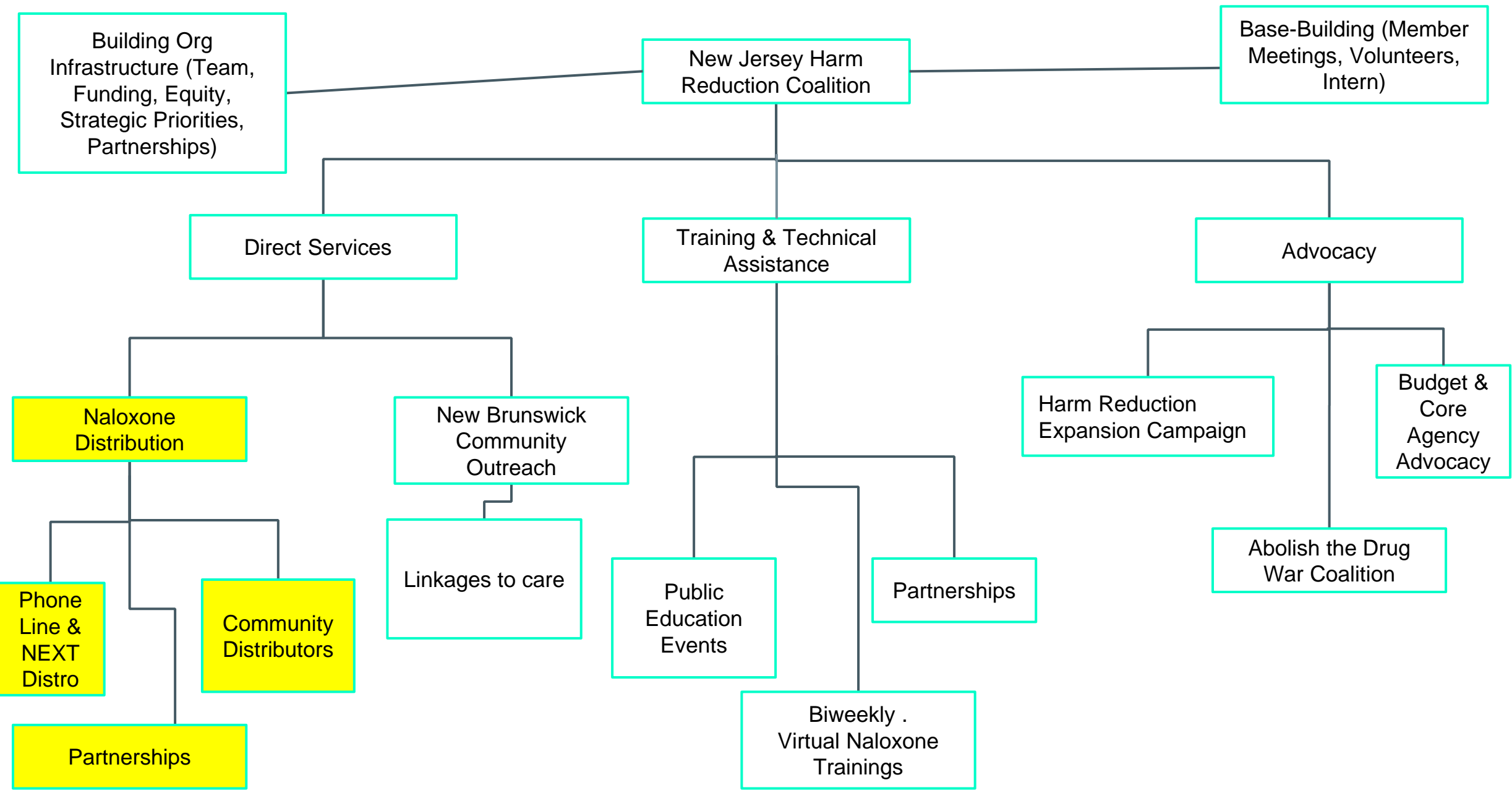


**Jenna Mellor**  
**Executive Director**  
**New Jersey Harm Reduction Coalition**

# 2020 Year in Review — What We Learned

- Overview of New Jersey Harm Reduction Coalition (NJHRC) & COVID response strategy
- **Lesson 1:** People face barriers to access for naloxone & safer use supplies.
- **Lesson 2:** People who use drugs save lives & reduce the spread of infection when we have supplies & support
- **Lesson 3:** Drug use is an issue of public health, not criminal justice





Overview of New Jersey Harm Reduction Coalition Activities



**We meet people “where they’re at” with supplies through partnerships, direct mailing, & community outreach.**

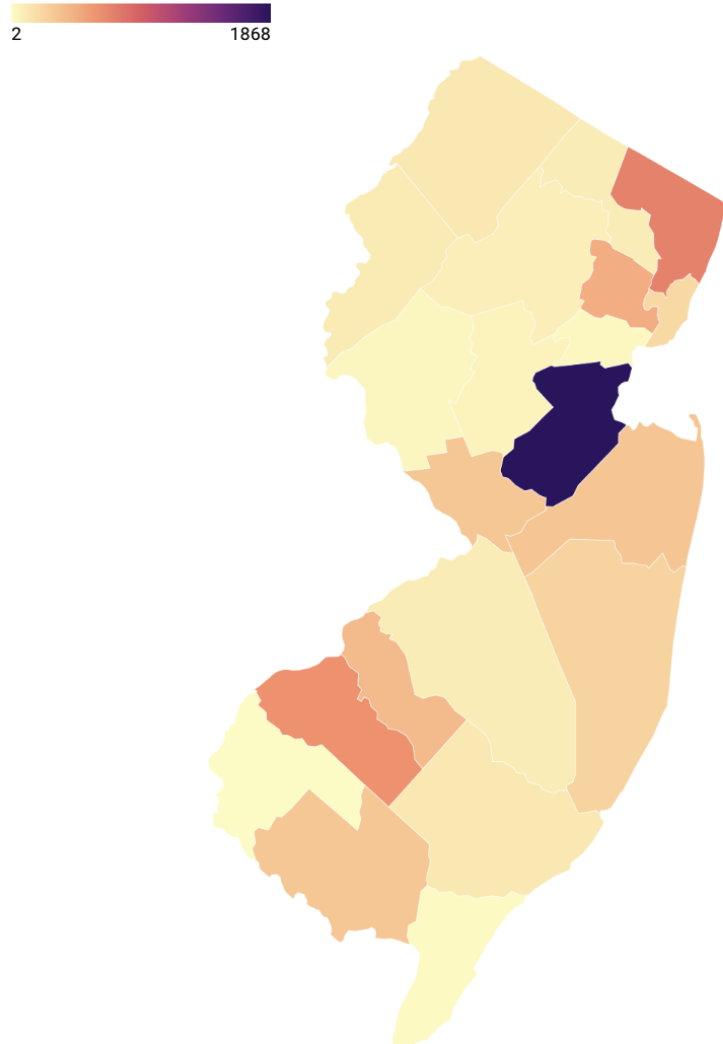


*Photo Credit: Graham MacIndoe*

**All supplies are free, confidential, & as low barrier as possible.**

- **6,343 naloxone doses** distributed between March - December, 2020
- NEXT Distro state affiliate
- Low-barrier partnerships (with unlimited availability of all FDA-approved forms of naloxone) key to success
- Individual & community partnerships:
  - 10 community naloxone distributors in 8 counties (including 2 mutual aid groups)
  - 6 shelters / housing programs in 5 counties
  - 6 recovery programs in 5 counties
- New Brunswick community outreach partners who are rooted in—and invested in— their community

## Naloxone Doses Distributed by County (March-December 2020)



Source: New Jersey Harm Reduction Coalition & NEXT Distro • [Get the data](#) • Created with [Datawrapper](#)

Opinion

## New Jersey needs every day to be Free Naloxone Day | Opinion

Posted Sep 22, 2020

Coronavirus

## Why coronavirus is especially dangerous for drug users, and what's being done to help

Posted Apr 13, 2020

## NJ Spotlight News [MORE ISSUES](#) [ROUNDTABLES](#)

# \$670M

FEBRUARY 2, 2021 | [NUMBER OF THE DAY](#)

NJ's spending on war on drugs in 2016



**What We're Seeing:** Requests from all corners of the state & growing attention to the health and rights of people who use drugs



- “There aren’t any community-based organizations close to me, or ones that I can get transportation to, as i don’t have a car. I can’t afford to pay for it at a pharmacy because I don’t work so I don’t have a source of income.”
- “I have tried to get it at my pharmacy and they told me they could not give it to me, its only at certain times of year. All health care places that I can think of I’m unable to reach because of covid-19.”
- “I am unaware of other specific places/agencies that offer more than one kit at a time.”
- “No insurance or ID. Lost identification wallet.”
- “Pharmacies in my area have been out of naloxone and tell me they don’t have orders coming in. I’ve had a very hard time finding it.”

## **Lesson 1: New Jerseyans face barriers to naloxone & safer use supplies**



*Photo Credit: Graham MacIndoe*

- 50 overdose reversals reported
- Community leaders who keep supplies on hand and share information, support, and resources
- Identify & invest in the leadership of community residents with a race equity lens—overdose rates are growing fastest among Black and Latinx residents

**Lesson 2:** People who use drugs save lives & reduce the spread of infection when we have supplies & support

## Practical & moral priorities:

- De-link support & community care for people who use drugs from criminal legal systems
- Invest in community care, harm reduction, & the leadership of people who use drugs
- Lift restrictive laws that make harm reduction unavailable in 98.8 percent of New Jersey's municipalities



*Photo Credit: Graham MacIndoe*

**Lesson 3: Drug use is an issue of public health, not criminal justice**

Let's work together to expand harm reduction, prevent fatal overdoses, decriminalize public health, & get supplies to people who want them! 😊

**Spread the word!** We mail naloxone, fentanyl test strips, & safer use supplies confidentially:

**Email:** [hello@njharmreduction.org](mailto:hello@njharmreduction.org)

**Call or text:** 1-877-4NARCAN

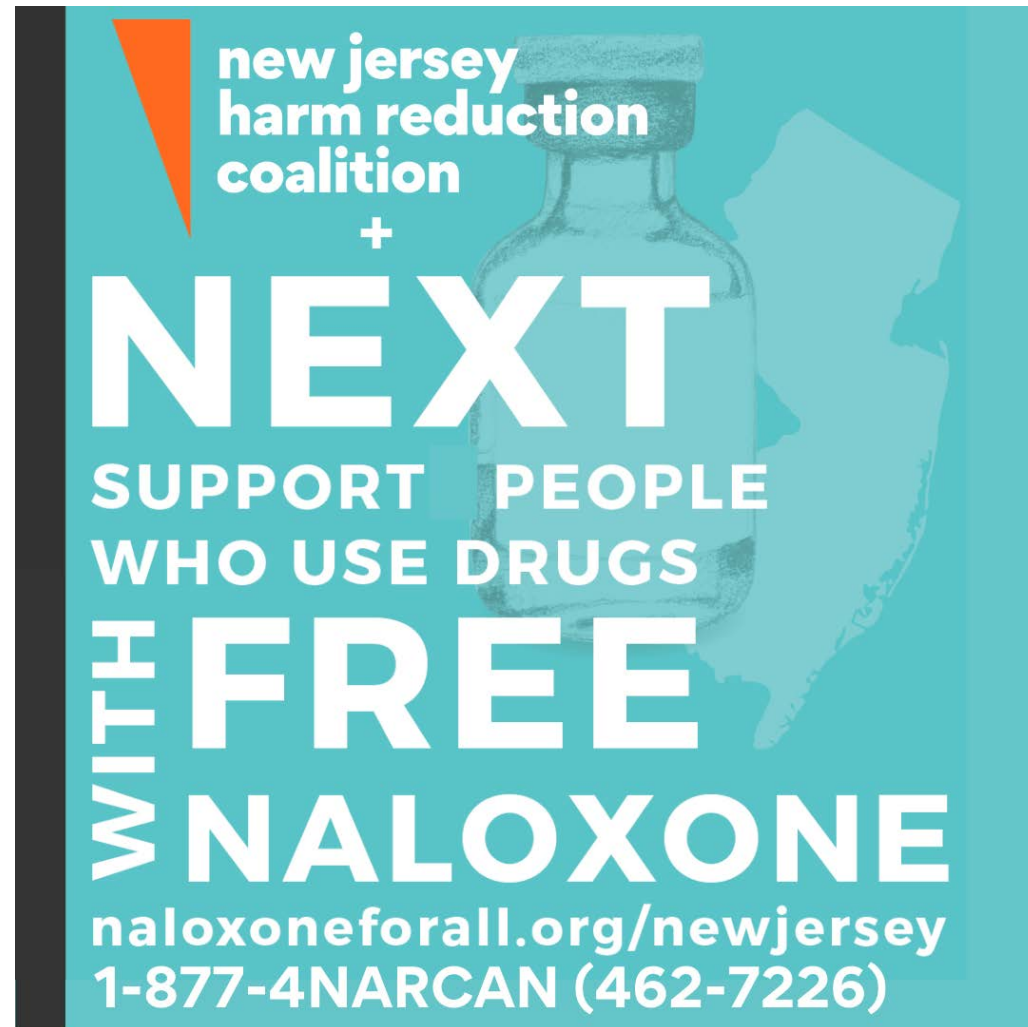
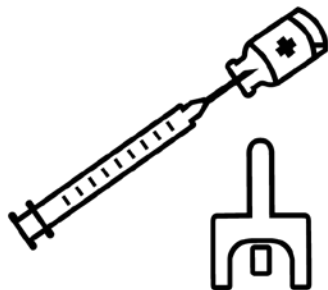
**Visit:** [www.nextdistro.org/newjersey](http://www.nextdistro.org/newjersey)

**Sign up to expand Harm Reduction in NJ:**

[bit.ly/campaignforharmreduction](http://bit.ly/campaignforharmreduction)

**Sign up for NJHRC's Virtual Naloxone Training:**

[bit.ly/dignityandautonomy](http://bit.ly/dignityandautonomy)







Partnership for a  
Drug-Free New Jersey  
in Cooperation with the Governor's Council on Alcoholism  
and Drug Abuse and the NJ Dept. of Human Services



**NJCARES.gov**  
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

**NEXT WEBINAR: One Year Later: The Opioid Epidemic During COVID-19**  
**Featuring Dr. Andrew Kolodny**  
**April 22, 2021**

**[KnockOutDay.DrugFreeNJ.org/register](https://KnockOutDay.DrugFreeNJ.org/register)**



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