



 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

The Opioid Epidemic and the Impact of Race Part II

June 16, 2022

 The Partnership For A
Drug-Free New Jersey
In Cooperation with the Governor's Council on Alcoholism
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Featured Presenters



Dara Kass, MD

Regional Director, Region 2

U.S. Department of Health & Human Services

Dr. Dara Kass is the U.S. Department of Health & Human Services Regional Director for Region 2. She most recently was an associate professor of emergency medicine at the Columbia University School of Medicine. A champion for gender equity and the advancement of women in medicine, Dr. Kass's academic work has focused on creating a more equitable workplace for women in medicine. She has shifted focus to policy and public communication in regard to the COVID pandemic. Dr. Kass prioritized communication on the impact of COVID on communities and families, empowering Americans to make informed decisions for themselves and their families.



Bretta Jacquemin, MPH

Research Scientist

New Jersey Department of Health.

Bretta Jane Jacquemin has been with the New Jersey Department of Health's Center for Health Statistics in Trenton since January 2001. Ms. Jacquemin became the epidemiologist for New Jersey's implementation of the National Violent Death Reporting System in 2002 and was named principal investigator in 2011. In 2017, she led New Jersey's CDC-funded fatal overdose surveillance project, and currently serves as the mortality lead for New Jersey's Overdose Data to Action grant. Ms. Jacquemin holds a Master of Public Health degree in epidemiology and quantitative methods from the School of Public Health at Rutgers University.



Jared Hunter

Lead Organizer

Salvation and Social Justice

Jared Hunter is the lead organizer for Salvation and Social Justice. He holds two master's degrees in public administration and public affairs. Currently, he is pursuing a Ph.D. in public affairs at Rutgers University-Camden where he studies main street redevelopment efforts in South Jersey. He has been a community organizer since 2014 working alongside local, regional and statewide organizations across New Jersey and West Philadelphia. As lead organizer, Jared supports all the organization's ongoing campaigns around police accountability, community-led alternatives to policing, abolishing the drug war, vaccine equity and school segregation in New Jersey.

HHS IEA

Office of Intergovernmental and External Affairs



Dara Kass, MD
Regional Director
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OVERVIEW OF THE OPIOID CRISIS

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630
people died from drug
overdose in 2019²



10.1 million
people misused prescription
opioids in the past year¹



1.6 million
people had an opioid use
disorder in the past year¹



2 million
people used methamphetamine
in the past year¹



745,000
people used heroin
in the past year¹



50,000
people used heroin
for the first time¹



1.6 million
people misused prescription
pain relievers for the first time¹



14,480
deaths attributed to
overdosing on heroin
(in 12-month period
ending June 2020)³



48,006
deaths attributed to overdosing
on synthetic opioids other than
methadone (in 12-month period
ending June 2020)³

SOURCES

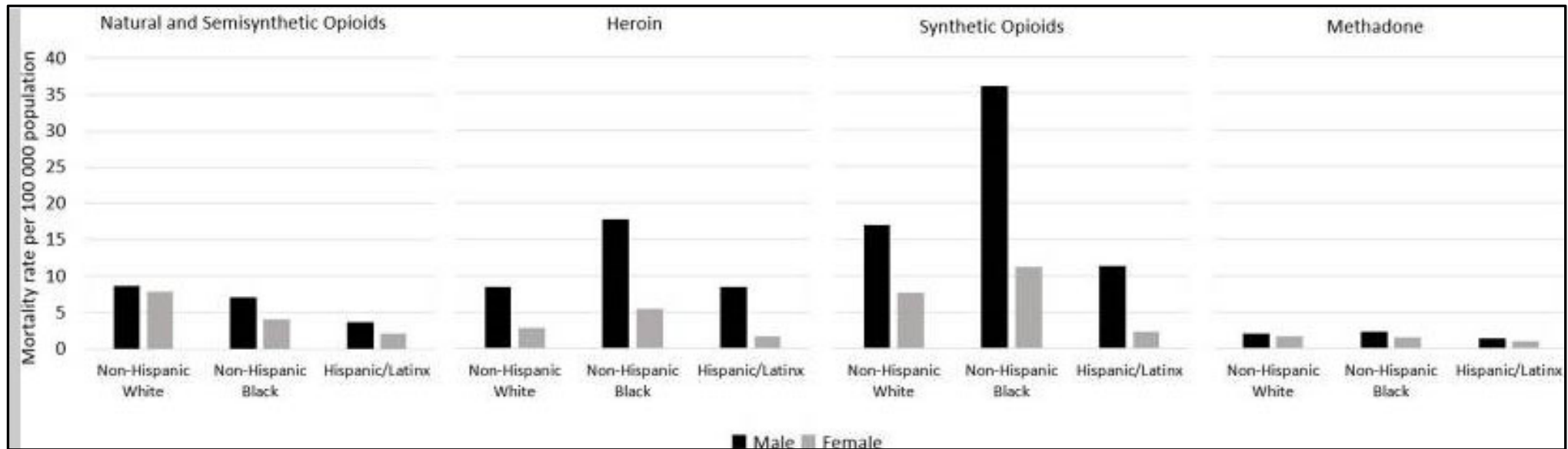
1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.



Updated February 2021. For more information, visit: <http://www.hhs.gov/opioids/>

 HHS.GOV/OPIOIDS

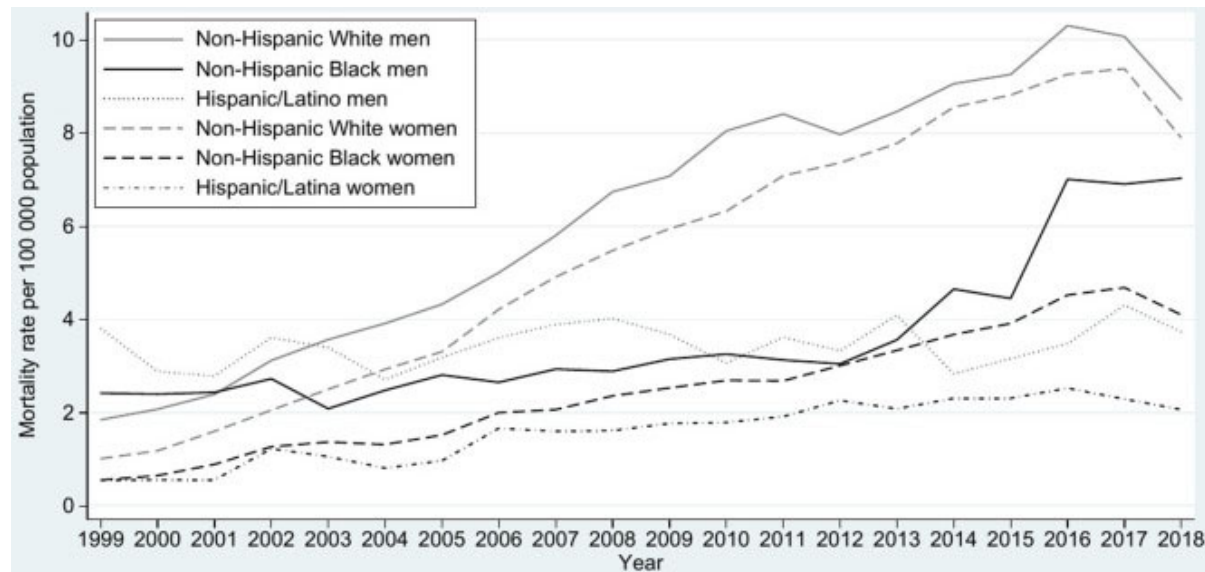
OPIOID MORTALITY IMPACT BY RACE



Source: <https://pubmed.ncbi.nlm.nih.gov/33211981/>



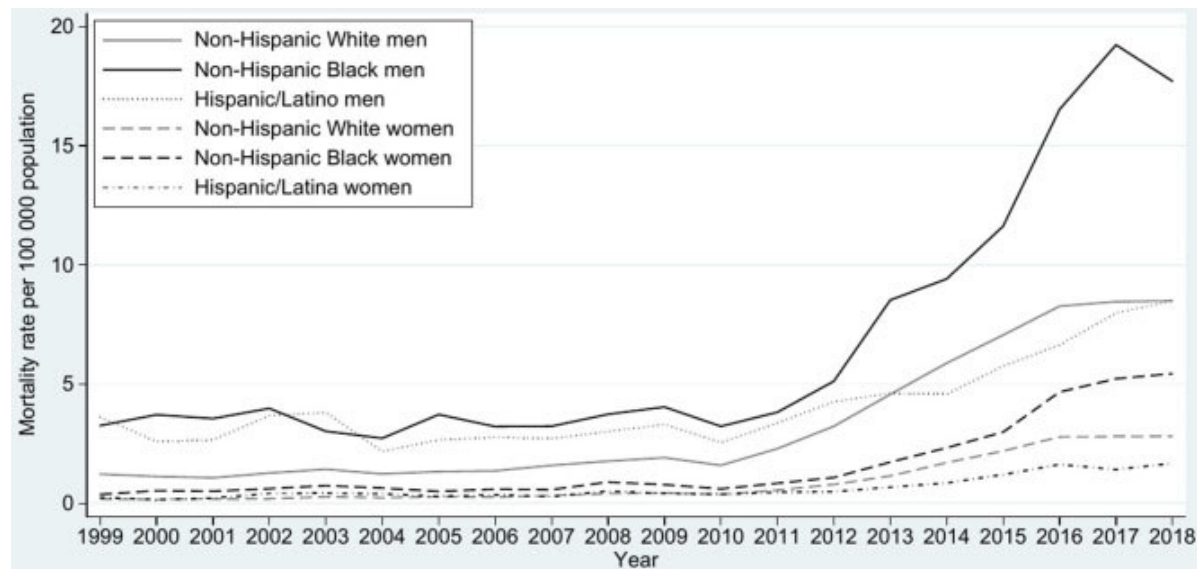
Overdose mortality rates involving natural and semisynthetic opioids among adults aged 45-64, United States, 1999-2018



Source: <https://pubmed.ncbi.nlm.nih.gov/33211981/>



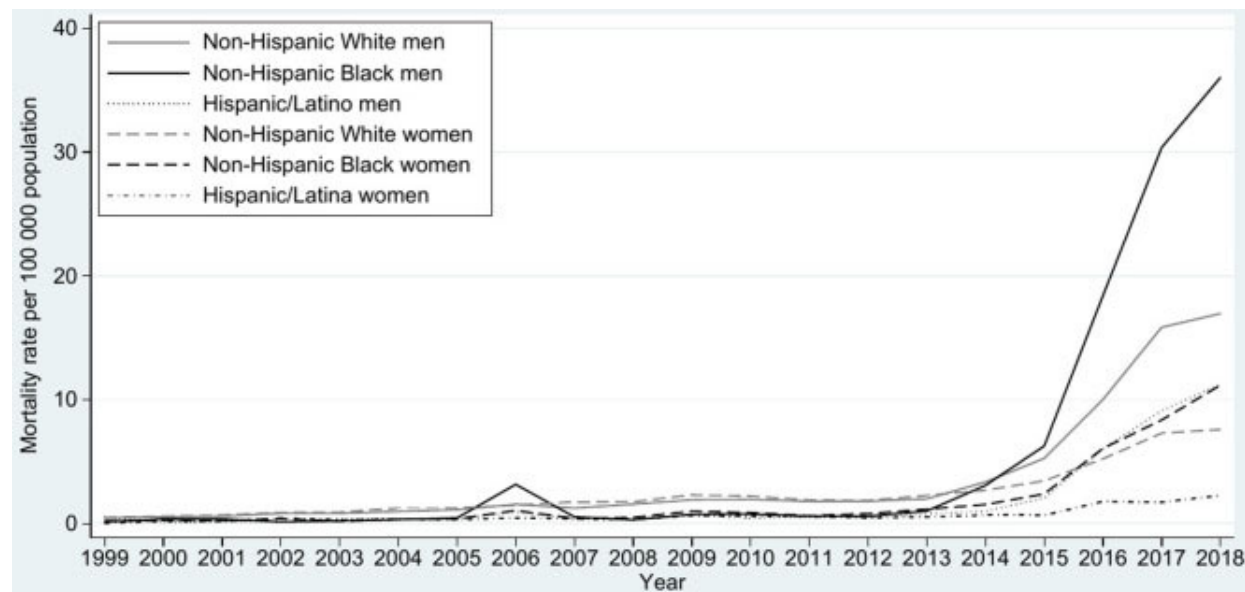
Overdose mortality rates involving heroin among adults aged 45-64, United States, 1999-2018



Source: <https://pubmed.ncbi.nlm.nih.gov/33211981/>



Overdose mortality rates involving synthetic opioids among adults aged 45-64, United States, 1999-2018.



Source: <https://pubmed.ncbi.nlm.nih.gov/33211981/>

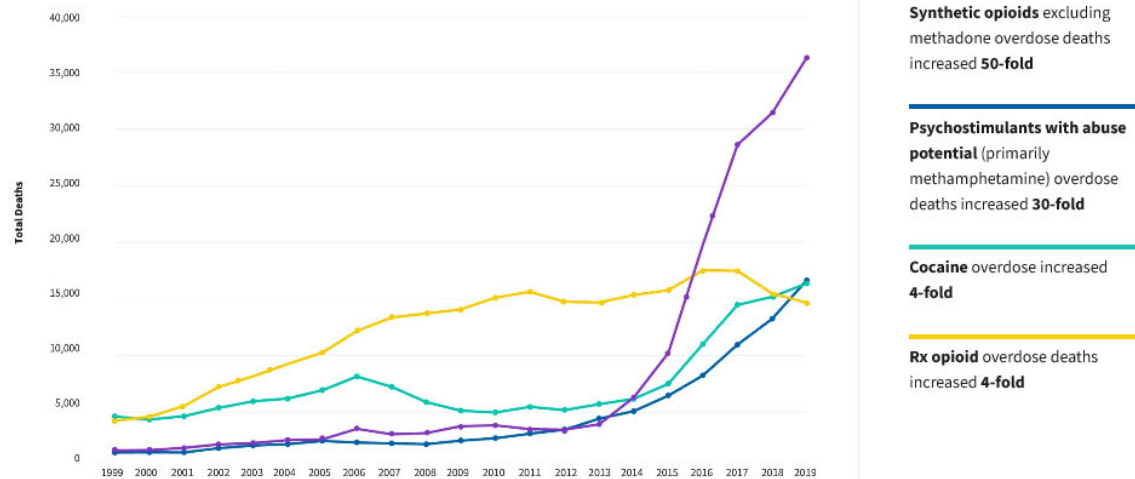


OPIOID MORTALITY IMPACT BY RACE

Trends in U.S. Drug Overdose Deaths (1999 - 2019)

The overdose crisis has evolved over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl, and, increasingly, stimulants. Since 1999, the rate of overdose deaths has increased by over 250%.

Source:
<https://pubmed.ncbi.nlm.nih.gov/33211981/>



This graph shows the total number of drug overdose deaths in the United States from 1999 to 2019. The data shows that overdose deaths involving synthetic opioids excluding methadone have increased 50-fold, up to over 35,000 in 2019. Overdose deaths involving psychostimulants (primarily methamphetamine) with abuse potential have increased 30-fold, up to over 15,000 in 2019. Overdose deaths involving cocaine have increased 4-fold, up to over 15,000 in 2019. And overdose deaths involving prescription opioids have increased 4-fold, but are on the decline with less than 15,000 in 2019. [Source: National Vital Statistics System Mortality File](#)



THE ADMINISTRATION'S RESPONSE

\$11.2 billion in proposed federal funding across HHS

The President proposed \$11.2 billion for HHS in the FY 2022 budget, a **54 percent increase** from the previous year's budget (enacted), to expand access to four key target areas

- Substance use prevention
- Treatment
- Harm reduction
- Recovery support services.

In addition, there is proposed funding to bolster the nation's behavioral health infrastructure.

<https://www.hhs.gov/overdose-prevention/>



EQUITY and the OPIOID RESPONSE

The four key target areas **primary prevention, harm reduction, evidence-based treatment, and recovery support**—reflects the Biden-Harris Administration principles of maximizing health equity for underserved populations, using best available data and evidence to inform policy and actions, integrating substance use disorder services into other types of health care and social services, and reducing stigma.

It recognizes that the full continuum of integrated care and services are needed to help prevent substance use, expand quality treatment, and sustain recovery from substance use disorders, all while emphasizing the Department's commitment to helping historically underserved populations. The strategy also breaks new ground by providing coordinated, federal support for harm reduction and recovery support, which have been supported by grassroots efforts for decades.

<https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html>



RESOURCES

 FindTreatment.gov

 For help finding treatment 1-800-662-HELP (4357)

[Search for treatment](#)

[Treatment options](#)

[Paying for treatment](#)

[Understanding addiction](#)

[Understanding mental health](#)



Millions of Americans have a substance use disorder. Help is available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

[Find treatment](#)

[Learn more](#)



Thank you!

Dr. Dara Kass

Regional Director

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Bretta Jacquemin, MPH
Research Scientist
New Jersey Department of Health.



**The Partnership For A
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2022 Knock Out Opioid Abuse Day Webinar Series

Differential Impacts of Fatal Overdose Among New Jersey Populations

June 16, 2022

Bretta Jacquemin, MPH
New Jersey Violent Death Reporting System (NJVDRS) &
Overdose Data to Action (OD2A)
New Jersey Department of Health



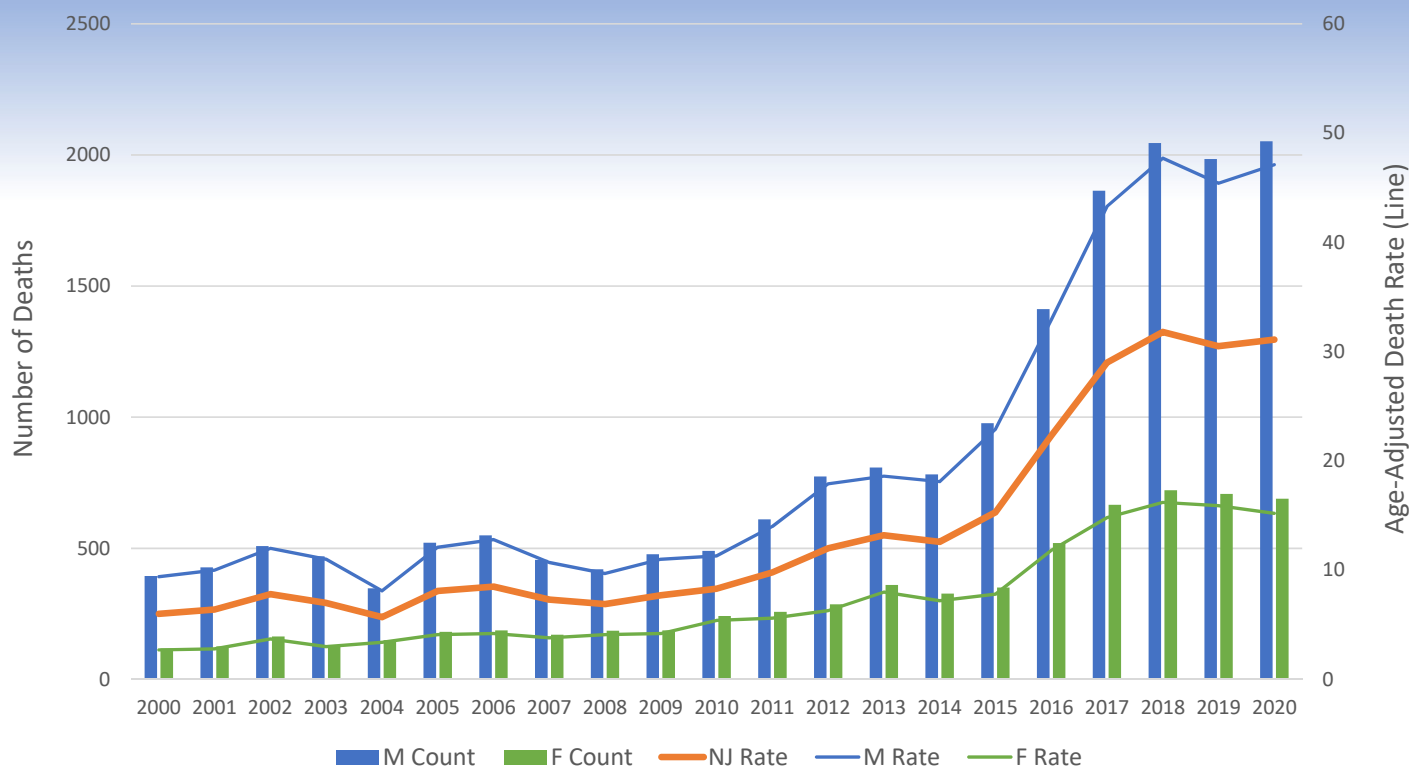
What is happening in New Jersey?

There are many approaches to telling the stories of the drug overdose crisis in New Jersey

- Overdose Fatality Review Teams can delve into individual circumstances, discover missed or unidentified opportunities for intervention
- Emerging drugs in the “environment”
 - Often Law Enforcement-led activities
 - Xylazine, counterfeit pills, synthetics, combinations with OTC products, social media
- By **locations** of fatal and non-fatal overdose- where we get hurt, die
 - EMS and Law Enforcement responses, naloxone administrations, EDs receiving and treating patients, public places vs private spaces, harm reduction center placement
- By **residence** of victims of fatal overdose- where we live
 - Decedent’s environment, including access/proximity to medical and mental health care, employment, transportation, education; recovery resources, services based on residence
 - “Population Health”

Drug Overdose in New Jersey 2000-2020

Unintentional Drug Overdose Deaths by sex, NJ Residents, 2000-2020

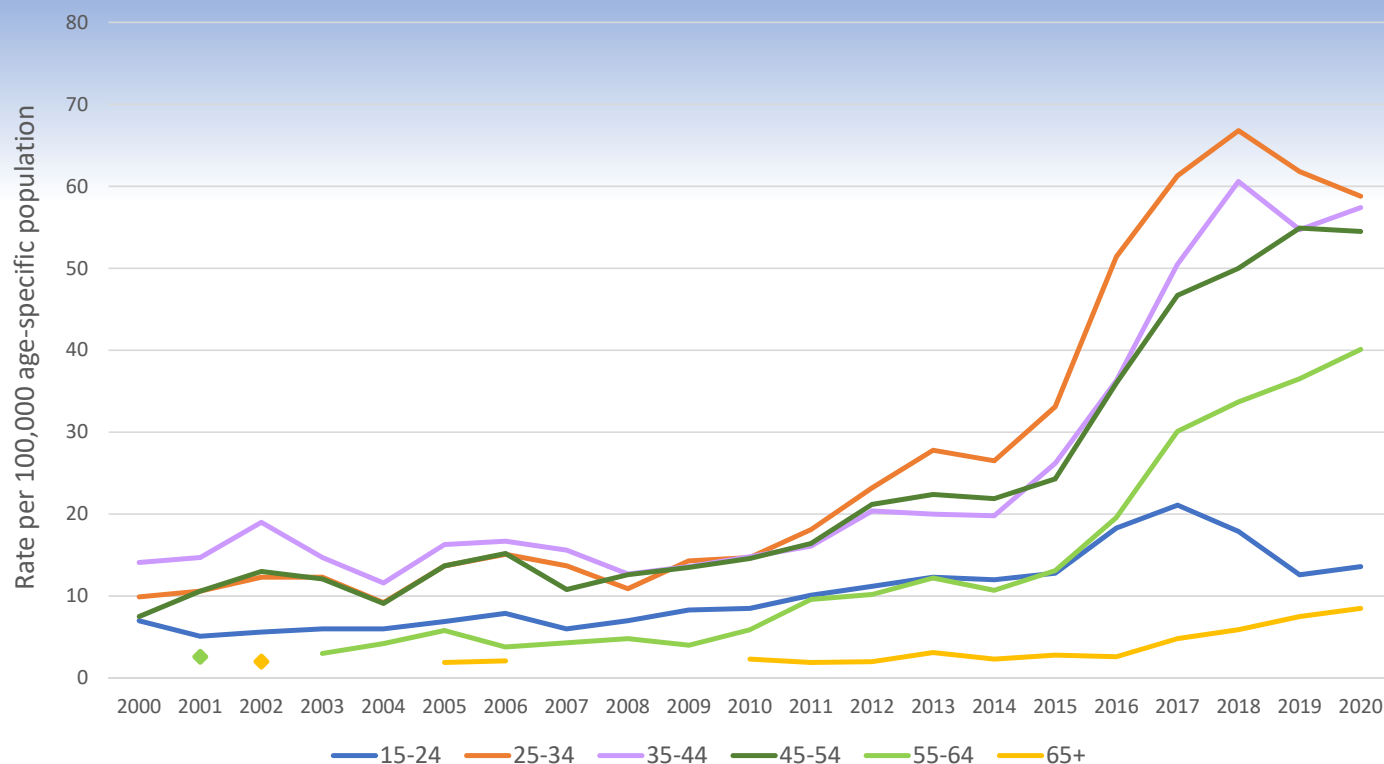


- NJ- historically higher rates of fatal drug overdose than national average
- Males have accounted for 70-75% of NJ overdose deaths each year
- Rates began to climb in 2010, part of opioid surge
- 2005-2006- A “preview” of fentanyl-involved deaths in limited urban NJ areas
- Widespread presence of fentanyl has been driving steep increases in deaths since 2014-2015

New Jersey Death Certificate Database. Retrieved on June 10, 2022 from New Jersey Department of Health, New Jersey State Health Assessment Data website: <http://nj.gov/health/shad>.

Drug Overdose in New Jersey 2000-2020

Unintentional Drug Overdose Deaths by age, NJ Residents, 2000-2020

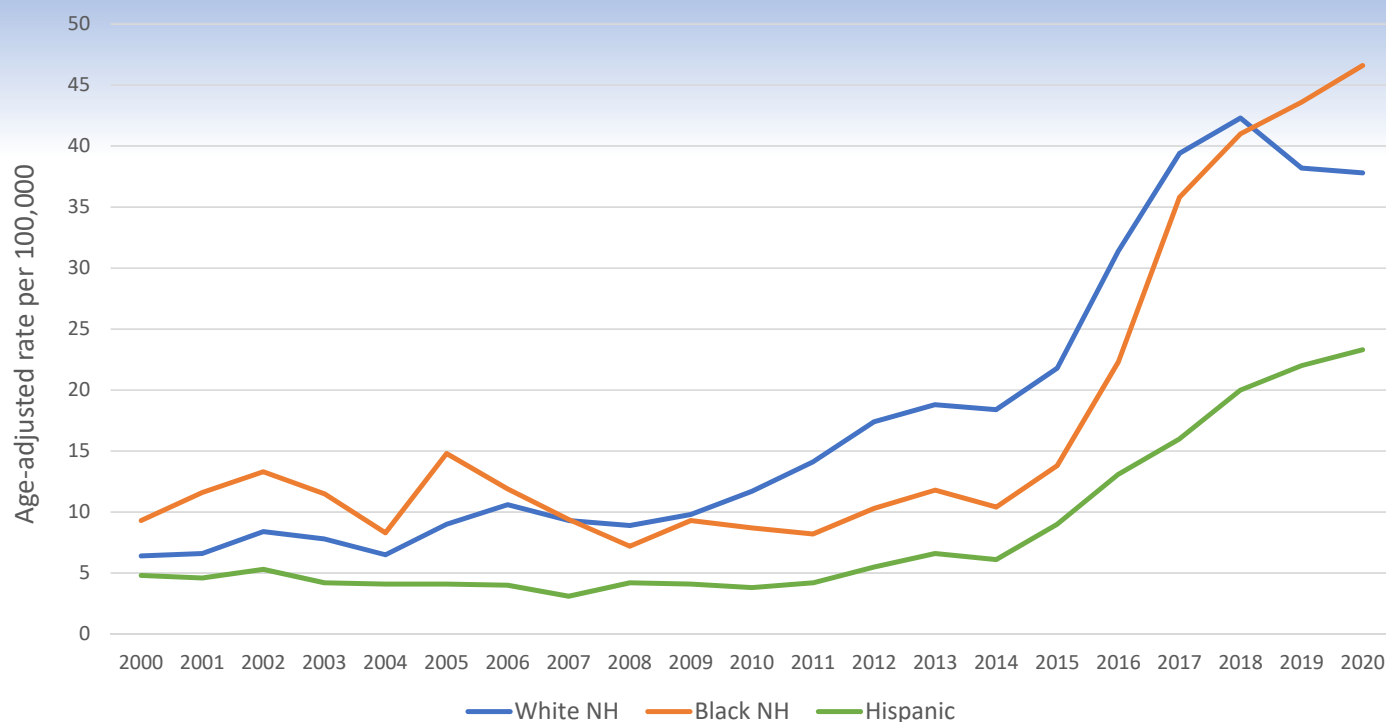


- Fatal drug overdose rates have climbed across age groups
- The sharpest increases and highest rates of fatal overdose since 2010 are among those 25-34 years old, with 35-44 and 45-54 close behind
- While there appears to be a plateau or even slight decline in recent years among 25-34-, 35-44-, and 45-54-year-olds, fatal overdose rates continue to climb among those 55-64 and 65+

New Jersey Death Certificate Database. Retrieved on June 10, 2022 from New Jersey Department of Health, New Jersey State Health Assessment Data website: <http://nj.gov/health/shad>.

Drug Overdose in New Jersey 2000-2020

Unintentional Drug Overdose Deaths by race/ethnicity, NJ Residents, 2000-2020

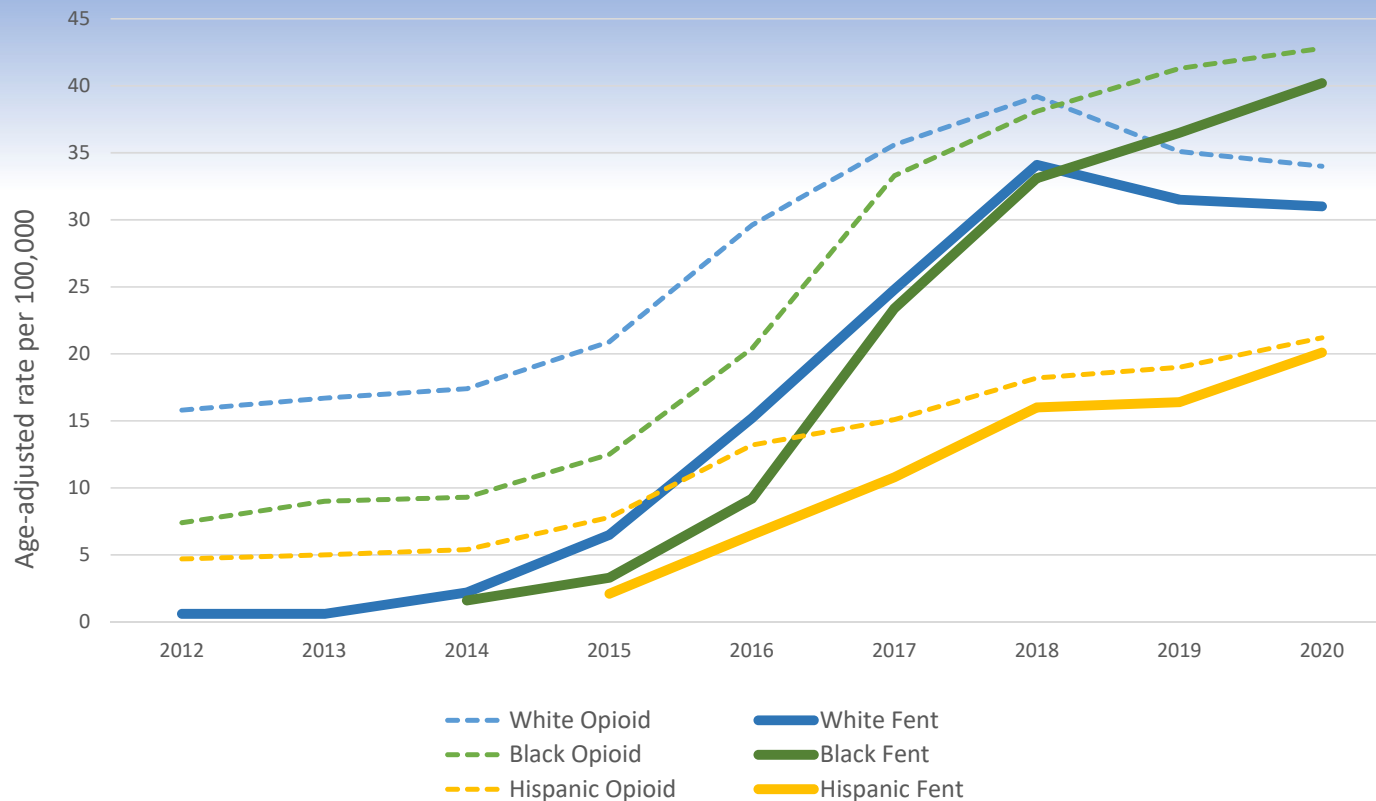


- Fatal overdoses occurred at a higher rate among Black residents than among Whites, Hispanics
- Arrival of opioid crisis in 2008-2010 saw OD deaths among Whites surge
- 2015- Increased presence of fentanyl in drug environment led to steep rises in fatal overdoses among all r/e groups
- Highest increase in fatal overdose since 2014-2015 seen among Blacks
- Fatal OD among Hispanics also rising, while Whites have dropped since 2018

New Jersey Death Certificate Database. Retrieved on June 10, 2022 from New Jersey Department of Health, New Jersey State Health Assessment Data website: <http://nj.gov/health/shad>.

Drug Overdose Detail from NJ SUDORS, 2012-2020

Opioid-Involved Drug Overdose Deaths by Race/Ethnicity, 2012-2020



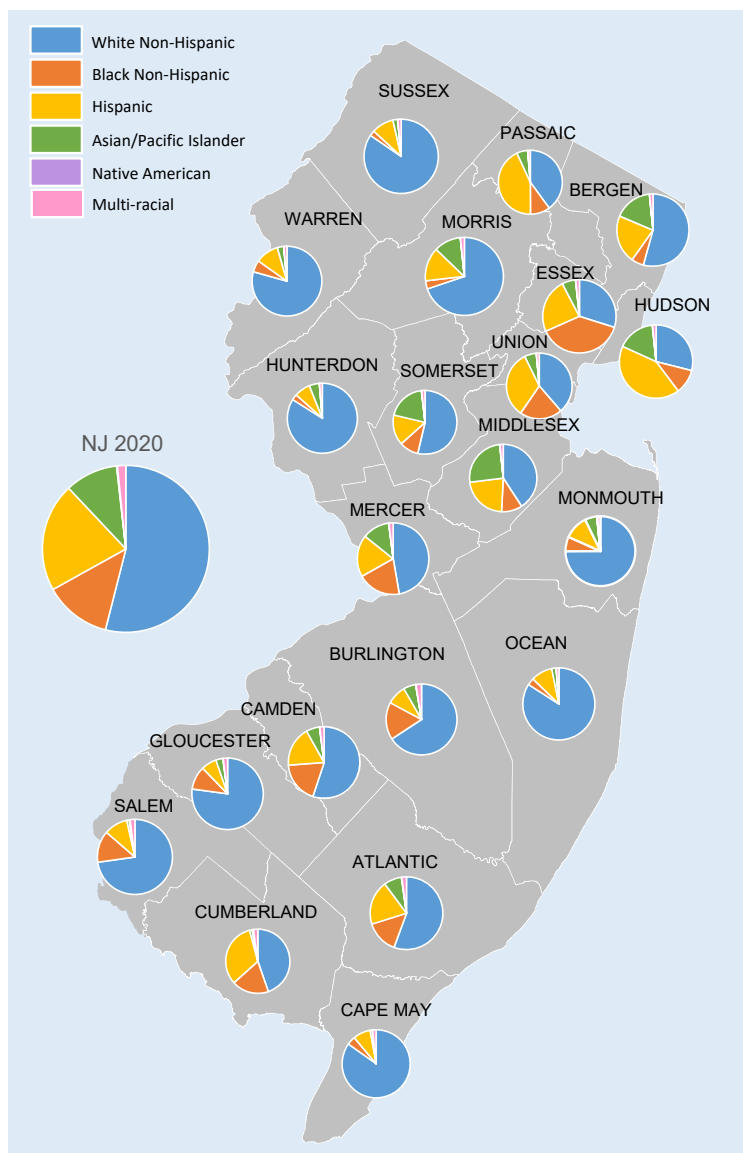
- Fentanyl has become the opioid involved in most fatalities, often replacing heroin entirely
- Alcohol is present as a contributing substance in 22-25% of opioid deaths
- Non-opioid-involved overdoses remain relatively low but are creeping up, and involve
 - Stimulants
 - Amphetamines
 - Cocaine
 - Benzodiazepines
 - Alcohol + drugs, esp cocaine and benzos

New Jersey Violent Death Reporting System (NJVDRS) and NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). New Jersey Department of Health, Center for Health Statistics. Data version v.06132022.



Differences in fatal overdose among NJ populations

- New Jersey's minority and ethnic communities are not evenly distributed throughout the state
 - 71% of New Jersey's Black population live in 7 counties
 - Burlington, Camden, Essex, Hudson, Mercer, Middlesex, and Union
 - 72% of New Jersey's Hispanic population live in 7 counties
 - Bergen, Camden, Essex, Hudson, Middlesex, Passaic, and Union
 - 72% of the Asian population live in 6 counties
 - Bergen, Essex, Hudson, Middlesex, Morris, and Somerset
- Community characteristics include race/ethnicity, culture, religion, language, economic activities, common experiences, family ties...



2020: New Jersey has rich diversity, but many communities are self-contained pockets

- Sussex County and Cape May County: highest White populations (85%) (Ocean and Hunterdon, 84%)
- Hudson County: highest non-White population (71%)
- Passaic County: highest Hispanic population (43%)
- Essex County highest Black population (39%)

Higher population density >>> less White population

“Rural” counties are majority White except Cumberland - this is an agricultural economy with large non-White populations and a small urban center

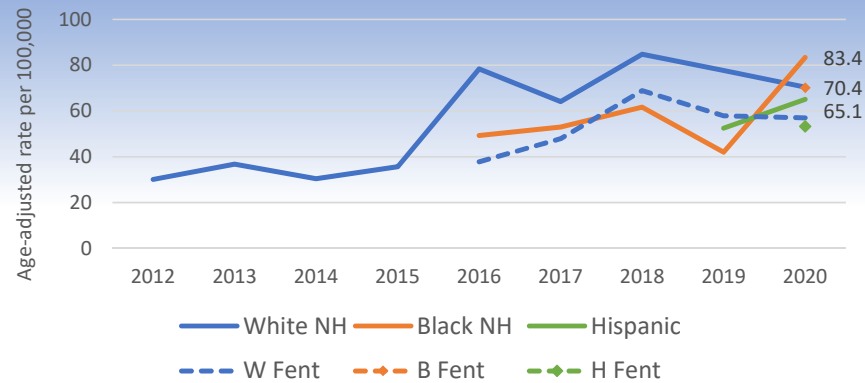
Many NJ communities have distinct cultural neighborhoods, which can vary from block to block

Need to look at race/ethnicity at county and sub-county level to understand trends in drug-related mortality

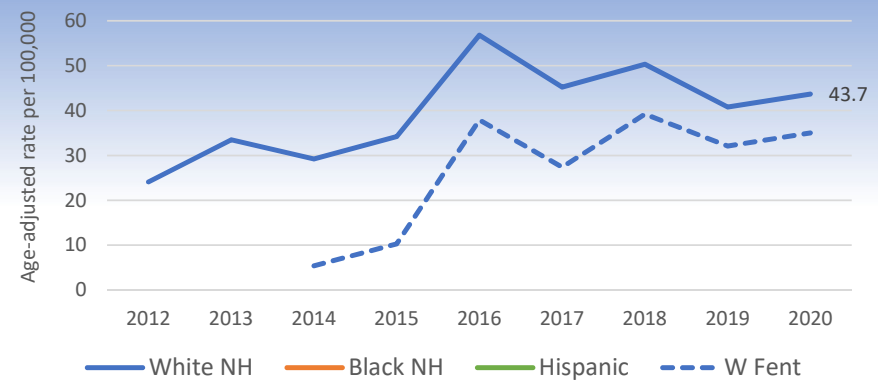
County population percentages by race/ethnicity for 2020 (US Census Population Estimates v.7/2021)
For more information: https://www.nj.com/news/2015/10/this_map_shows_a_racial_breakdown_of_every_person.html

Opioid and Fentanyl Overdose in 4 Counties 2012-2020

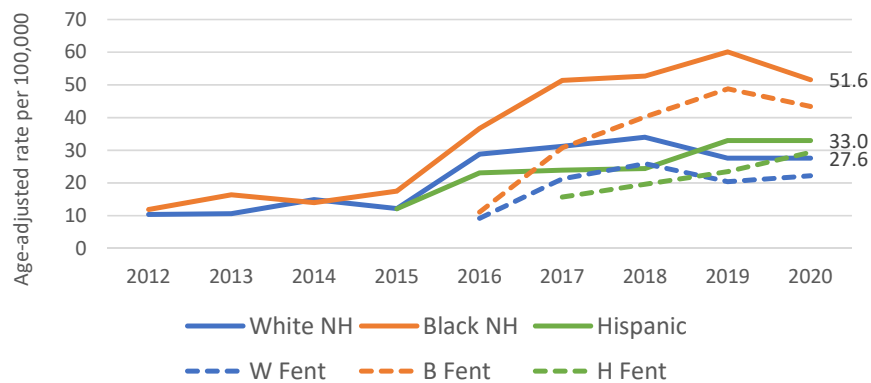
Atlantic County residents



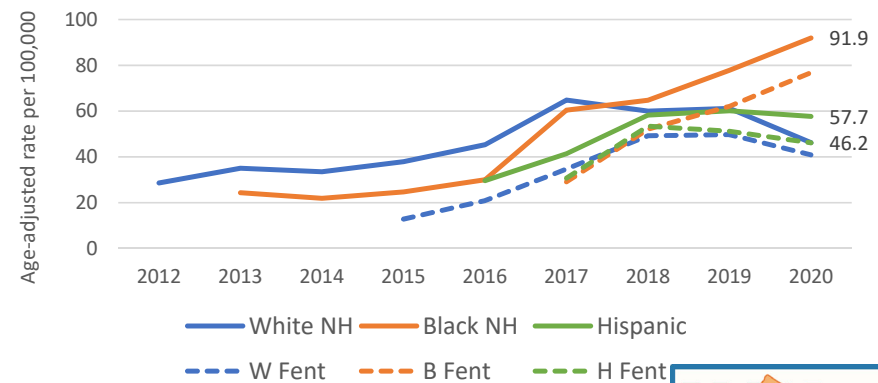
Ocean County residents



Essex County residents



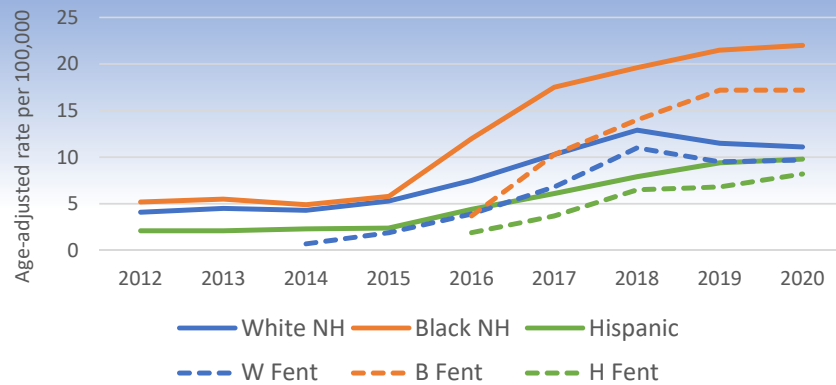
Camden County residents



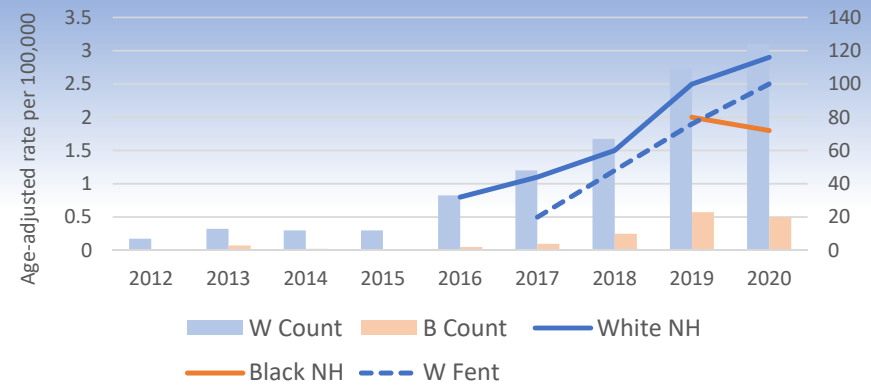
New Jersey Violent Death Reporting System (NJVDERS) and NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). New Jersey Department of Health, Center for Health Statistics. Data version v.06132022.

Cocaine, Methamphetamine, Benzos 2012-2020

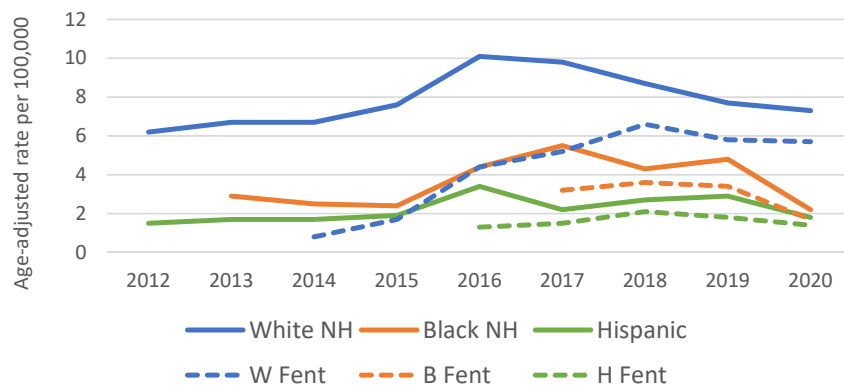
Cocaine-involved overdose deaths, NJ residents



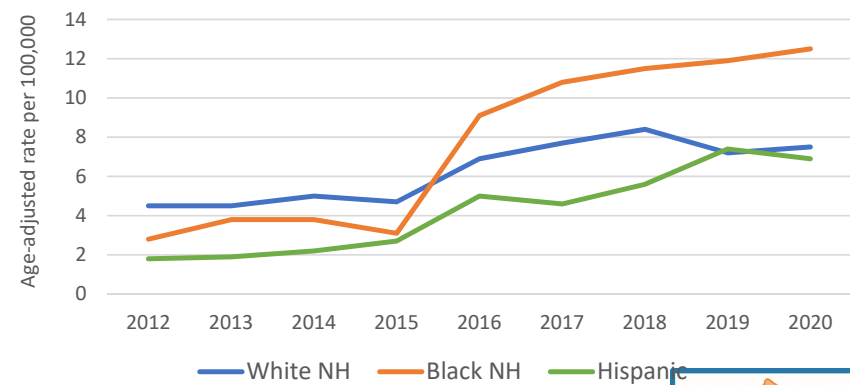
Meth-involved overdose deaths, NJ residents



Benzodiazepine-involved deaths, NJ residents



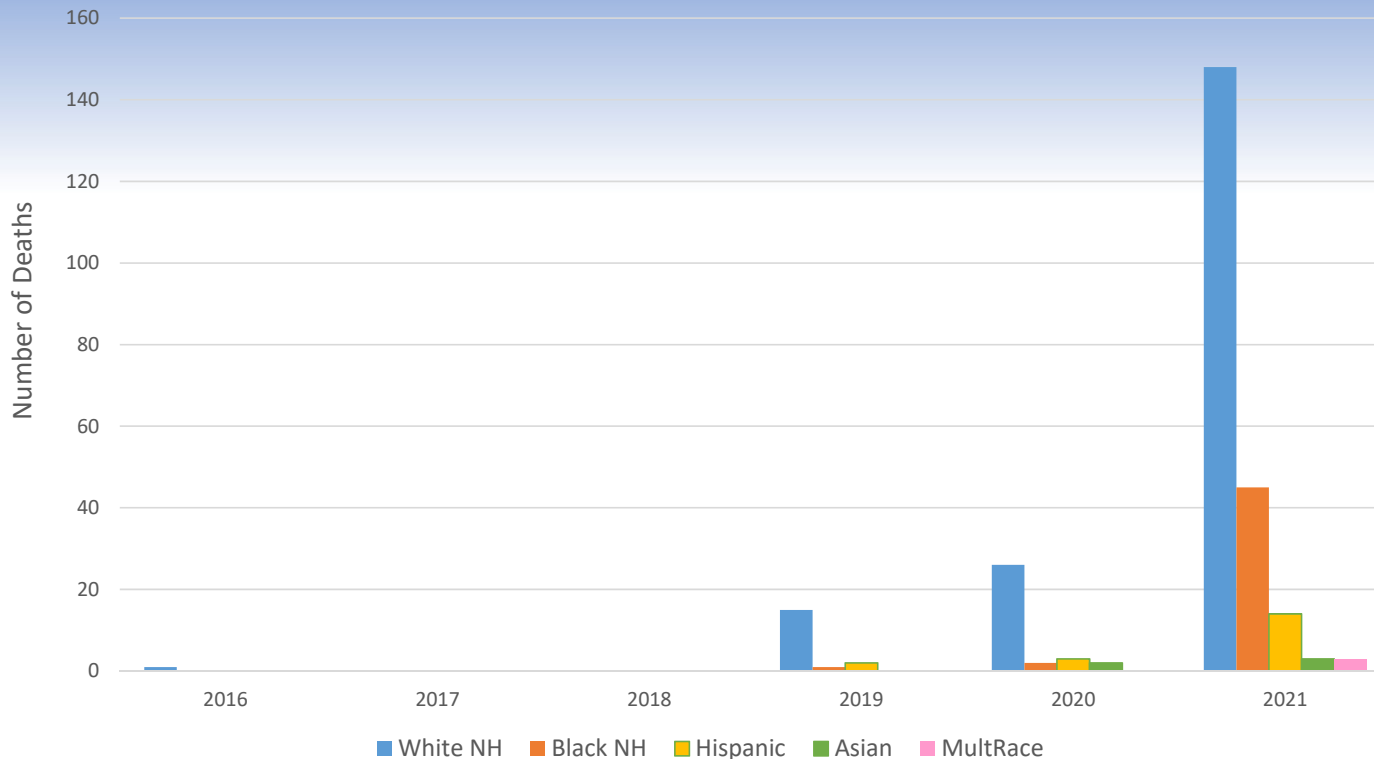
Overdose deaths involving EtOH, NJ residents



New Jersey Violent Death Reporting System (NJVDRS) and NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). New Jersey Department of Health, Center for Health Statistics. Data version v.06132022.

Emergent Issues in Fatal Overdose- Xylazine

Xylazine-involved Deaths by race/ethnicity, NJ Residents, 2012-2021*



- Xylazine is a veterinary sedative diverted into drug markets since ~ 2012. NJ found xylazine in forensic analysis of seized drugs back in 2015 (NJSP)
- Xylazine is found in heroin/fentanyl mixtures, and may be found with additional substances in the same folds
- All xylazine fatalities in NJ are also opioid deaths
- Complicates an opioid overdose because it does not respond to naloxone
- Detection prior to 2020 is likely incomplete

New Jersey State Police, Office of Drug Monitoring & Analysis – Intelligence Dissemination Report: Xylazine in NJ's Drug Environment. July 15, 2020. (U/FOUO)

New Jersey Violent Death Reporting System (NJVDRS) and NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). New Jersey Department of Health, Center for Health Statistics. Data version v.06132022.



Overdose locations matter when someone needs help

Home, apartment	Hotel, motel	Motor Vehicles	Street, sidewalk	Abandoned house, building	Supervised residential facilities	Parking lot, garage	Public transport & stations
N opioid-involved overdoses (2012-2020)							
12,578	855	354	350	232	132	100	88
% of fatal overdoses							
80.1%	5.4%	2.3%	2.2%	1.5%	0.8%	0.6%	0.6%
Bystanders reported to be present (one, multiple, unknown number)							
14.2%	13.1%	15.7%	12.3%	6.9%	10.6%	7.0%	20.5%
Male%, Female%							
78.6%, 84.2%	5.4%, 5.5%	2.5%, 1.6%	2.5%, 1.6%	1.6%, 1.2%	0.9%, 0.6%	0.8%, 0.3%	0.7%, 0.3%
Race/Ethnicity (%)							
W 82% B 76% H 76% API 79% Mult 73%	W 6.1% B 4.2% H 3.9% API 5.2% Mult 5.1%	W 2.1% B 2.1% H 3.1% API 3.1% Mult 5.1%	W 1.4% B 4.8% H 3.6% API 1.0% Mult 1.3%				
Fatal overdoses are most likely to happen in a home- either the decedent's or someone they know. This transcends race, ethnicity, sex. Being prepared with naloxone and a plan can save a life.							

New Jersey Violent Death Reporting System (NJVDORS) and NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). New Jersey Department of Health, Center for Health Statistics. Data version v.06132022.

A good surveillance system helps us ask better questions

- Specific and emerging drug combinations, distribution across populations.
 - What was happening with 15-24-year-olds in 2016, 2017, 2018?
- Sub-county patterns of fatal overdose?
 - How do fatal overdoses among Newark-Irvington-East Orange residents differ from the rest of Essex County? Camden City and Camden County? Elizabeth and Union County?
- Use SUDORS data to further explore what happens in “homes”.
 - Were people alone in the house at the time? Alone in a room but not the house?
 - What types of responses reported (EMS, naloxone, first aid)? Administered by whom?
- Are there generational or cohort effects that can be identified and targeted?
- What is the effect of the internet on those starting to experiment with drugs?
- What brings new users to the drug environment? Racial, ethnic, cultural draws?

Please contact us

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New Jersey Violent Death Reporting System (NJVDRS)
Overdose Data to Action OD2A (NJ SUDORS)
<https://www.nj.gov/health/chs/njvdrs/>
<https://www.nj.gov/health/populationhealth/opioid/>

References:

- 1 New Jersey Death Certificate Database. Retrieved on June 10, 2022 from New Jersey Department of Health, New Jersey State Health Assessment Data website: <http://nj.gov/health/shad>.
- 2 New Jersey Violent Death Reporting System (NJVDRS) and NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). New Jersey Department of Health, Center for Health Statistics. Data version v.06132022.
- 3 US Census Population Estimates, Vintage July 1, 2021. www.census.gov.
- 4 New Jersey State Police, Office of Drug Monitoring & Analysis – Intelligence Dissemination Report: Xylazine in NJ's Drug Environment. July 15, 2020. (U/FOUO)

Funding acknowledgement and disclaimer: The New Jersey Violent Death Reporting System (NJVDRS) is supported by Cooperative Agreement 6 NU17CE924938-03 from the Centers for Disease Control and Prevention (CDC), NCIPC, Division of Violence Prevention. Overdose Data to Action (OD2A) and NJ SUDORS are supported by Cooperative Agreement 6 NU17CE924966-03 from the Centers for Disease Control and Prevention (CDC), NCIPC, Division of Overdose Prevention. The content and conclusions of this material are those of the author and should not be inferred as the official position of the NCIPC, CDC, DHHS, or the US government.





Jared Hunter
Lead Organizer
Salvation and Social Justice



**The Partnership For A
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Salvation and Social Justice



Liberating Public Policy Theologically

A Black Faith Rooted Public Policy Organization

Our Vision & Mission

Salvation and Social Justice seeks to liberate public policy theologically by modeling the hope and resiliency of Black faith; where historically marginalized people move from lament to liberation by envisioning and creating their own community led solutions to a structurally racist society.

Our vision is one in which New Jersey not only becomes a more just and equitable state by acknowledging, addressing, and repairing racist structures that continue to harm Black communities, but that New Jersey will lead in the quest for reparative justice throughout the nation.

Our priorities, shaped by those most impacted by harmful policies in our state, seek to heal communities through the creation of a more equitable and just New Jersey.





THEORY OF CHANGE

LAMENT

TESTIMONY TO TRUTH

ROOTED IN BLACK FAITH AND LIBERATION THEOLOGY, VOICE IS GIVEN AS TESTIMONY TO THE IMPACT OF SYSTEMIC RACISM BY THOSE MOST IMPACTED. THIS WITNESS IS NOT PERFORMATIVE PAIN, BUT A TRUTH-TELLING MOVING TOWARD LIBERATION.



PROPHETIC OUTCRY

COMMUNITY AS WITNESS

THOSE MOST IMPACTED IDENTIFY EVIL AND INJUSTICE AS COMMUNITIES HELP SHAPE THE PROPHETIC DEMANDS FOR JUST PUBLIC POLICY.



RITUALS OF RESISTANCE

ORGANIZE, ORGANIZE, ORGANIZE

THE PROPHETIC OUTCRY IS GIVEN STRATEGY AND TACTICS TO DIRECTLY TARGET THE SYSTEMS PRODUCING PAIN. HEALING IS THE COMPLETE TRANSFORMATION OF THE SYSTEM AS WELL AS THE REALIZATION OF THE PROPHETHOOD OR POWER OF THE PEOPLE.

SALVATION

HEALING BY COMMUNITY

AS ORGANIZING GATHERS FORCE AND THE COMMUNITY BEGINS TO SEE EVIL STRUCTURES CRUMBLE AND CHANGES BEGIN TO ADVANCE, WE ALSO BEAR WITNESS TO BLACK JOY, DISCIPLESHIP AND CALLING. IN THIS CONTEXT, INDIVIDUALS ARE HEALED (SAVED) BY THE POWER OF COMMUNITY, BY BELOVED COMMUNITY.



LIBERATION

EQUITY AND TRANSFORMATION

WHILE NEVER COMPLETE, WE BEAR WITNESS TO THE SIGNS OF KIN-DOM AS JUST POLICIES ARE ESTABLISHED AND SYSTEMS ARE TRANSFORMED. WE SEE THE PROPHETIC OUTCRY NOW AS VISIONARY.

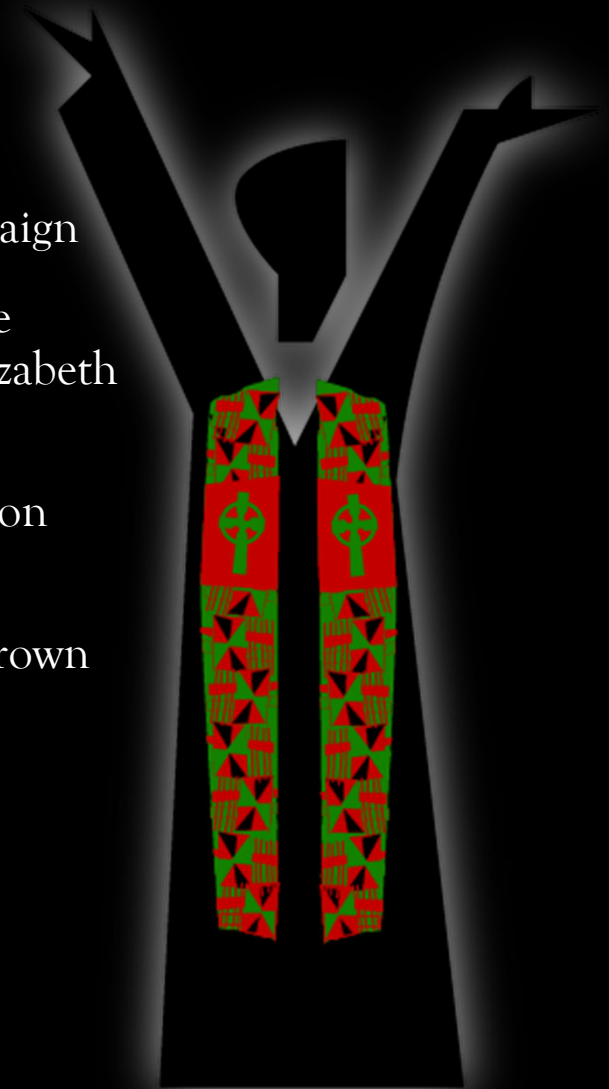
War on Drugs Impact

- Policy-driven campaigns on federal, state, and local levels
- Criminalizes and punishes drug use, possession, and distribution
- Disproportionately criminalizes and punishes Black and Brown people
- In New Jersey, Black people are 3 times more likely to experience police use of force than white people
- Lack of understanding drug use as a public health issue, rather than a criminal justice issue
- Stigma around harm reduction resources, services, and programs
- Opioid use and increased addiction/deaths within white communities has triggered a reimagining of the war on drugs without fully accounting for the harm it's caused to Black and Brown communities for generations



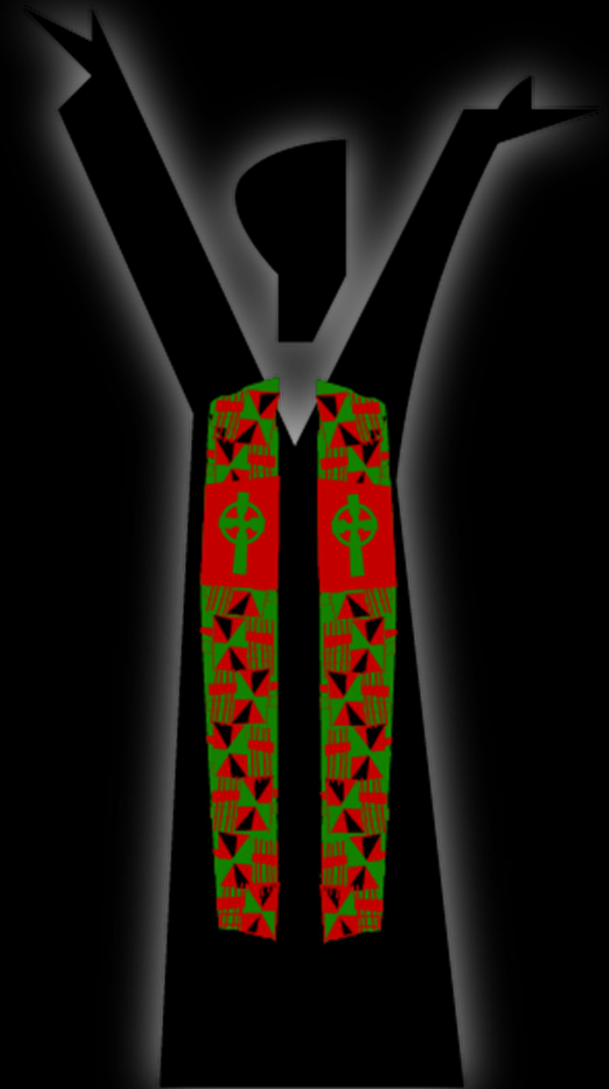
SandSJ's Impact

- Abolish the Drug War Coalition
 - Decriminalization
 - NJ legislation by end of 2022
 - Series of public education presentations across NJ
 - Harm reduction
 - Syringe access
 - Opioid resettlement legislation
 - Resource reallocation
 - Opioid resettlement
 - Cannabis reinvestment
- Make the Right C.A.L.L. Campaign
 - Community-led first response alternatives to policing in Elizabeth & Trenton
- Restorative Justice Hub – Trenton
 - Reducing violence and mass-incarceration of Black and Brown people



Stay Connected

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UPCOMING WEBINAR

Fentanyl: What You Need to Know Today

11 a.m. Tuesday, June 28, 2022

Register at KnockOutDay.DrugFreeNJ.org/events

