

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



OPIOID
EDUCATION FOUNDATION
OF AMERICA



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

The Opioid Crisis: An Overview

January 25, 2024



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

In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Partnership for a Drug-Free New Jersey. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

American Academy of CME, Inc., designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse Practitioners and Nurses

American Academy of CME, Inc., designates this educational activity for 1.0 ANCC contact hours.

Pharmacists

This activity provides 1.0 ACPE contact hours (0.1 CEUs) of continuing education credit. Universal Activity Number: JA4008191-9999-24-004-L01-P

Physician Assistants

American Academy of CME, Inc. has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Dentists

American Academy of CME, Inc. is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

Other HCPs

Other members of the care team will receive a certificate of participation.

Additional Information About Continuing Education

- **This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.**
- **Attendees seeking 1 EMT Elective CEU will be provided a link specific to EMTs to apply for credit at the end of the webinar and in the follow-up email tomorrow.**
- **Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.**

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.
- **WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?**
 - The last slide of this webinar
 - The chat at the end of the program
 - The follow-up email you will receive tomorrow
- The link will be active for 30 days after today's event.

Captain Piotrowski discloses that he was a past shareholder of Merck and Mind Medicine. PA Planner Dean Barone discloses that he serves on the speakers bureau of Ethicon.

Featured Presenters



Lewis S. Nelson, MD, MBA

Professor and Chair, Department of Emergency Medicine
Chief, Division of Medical Toxicology and Addiction Medicine
Rutgers New Jersey Medical School

Lewis S. Nelson is Professor and Chair of the Department of Emergency Medicine and Chief of the Division of Medical Toxicology at Rutgers New Jersey Medical School, in Newark, NJ. He is board certified in emergency medicine, medical toxicology, and addiction medicine. Dr. Nelson serves as a long-standing consultant to the CDC, DHS, and FDA and works closely with several professional organizations addressing the medical and social consequences of substance use. His areas of interest include non-opioid pain relief strategies, opioid overdose and management, addiction and withdrawal management, and health policy focused on issues related to medication safety and substance use.



Captain Jason Piotrowski

Executive Officer
Forensic and Technical Services Section
New Jersey State Police

New Jersey State Police Captain Jason Piotrowski embarked on his law enforcement career in 1995, starting as a local police officer before joining the New Jersey State Police in 2001. Commencing as a general duty road trooper, he was later selected as an inaugural member of the state fusion center in 2006. From 2014 to 2023, Jason played a pivotal role in the development and leadership of the New Jersey Drug Monitoring Initiative, focusing on data collection, analysis, intelligence production, and comprehensive training and outreach efforts. Currently, he serves as the Executive Officer in the Forensic and Technical Services Section. In addition to his law enforcement duties, Captain Piotrowski is a Bloomberg American Health Initiative Fellow and an MPH Candidate at Johns Hopkins University.



Lewis S. Nelson, MD, MBA
Professor and Chair, Department of Emergency Medicine
Chief, Division of Medical Toxicology and Addiction Medicine
Rutgers New Jersey Medical School

LEARNING SERIES



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 Crisis: An Overview

Lewis S. Nelson, MD, MBA

Professor and Chair, Department of Emergency Medicine

Chief, Division of Medical Toxicology and Addiction Medicine

Rutgers New Jersey Medical School



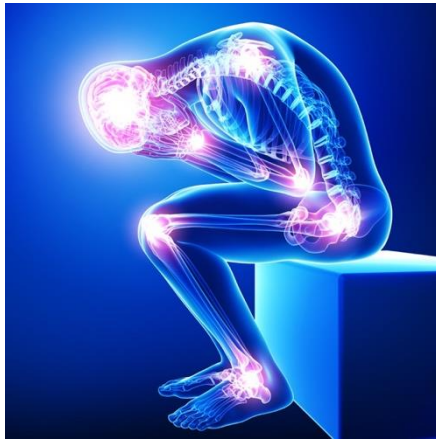
RUTGERS

New Jersey Medical School
DEPARTMENT OF EMERGENCY MEDICINE



No financial disclosures

Three Inextricable, Overlapping, Concurrent Crises of Opioid Consequences



>100 million pts
\$635 billion (APS)
[CV dz (\$309 billion)]



Deaths >15,000/yr
>\$500B annually



Death (>75,000/yr)
Cost (uncountable)

Consequences of opioid use

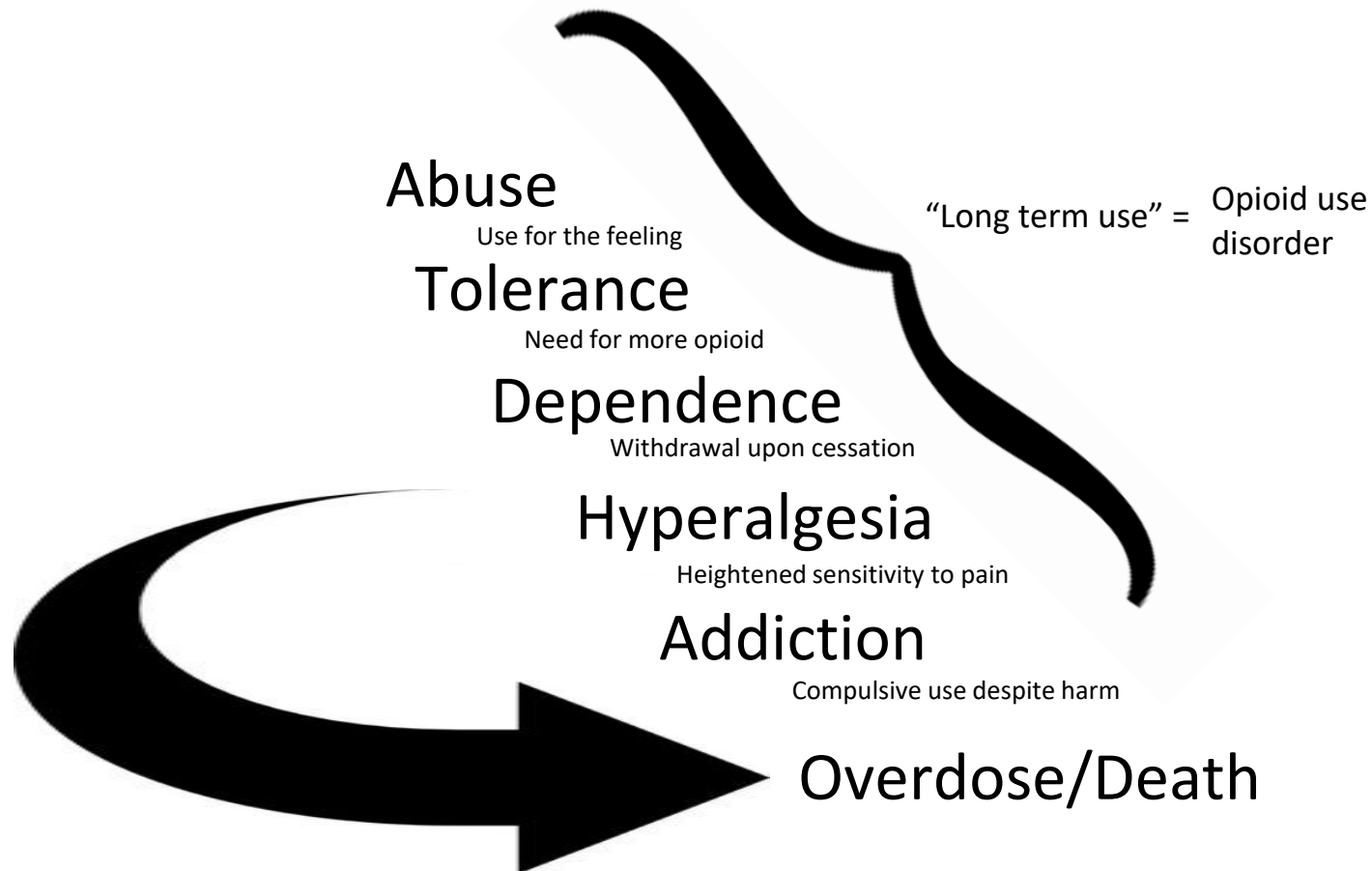


TABLE 36–3 Criteria for Opioid Use Disorder³

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
 3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
 4. Craving, or a strong desire or urge to use opioids.
 5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
 6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
 7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
 8. Recurrent opioid use in situations in which it is physically hazardous.
 9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
 10. Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of opioids to achieve intoxication or desired effect
 - A markedly diminished effect with continued use of the same amount of an opioid
- Note:** This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
11. Withdrawal, as manifested by either of the following:
 - The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
 - Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

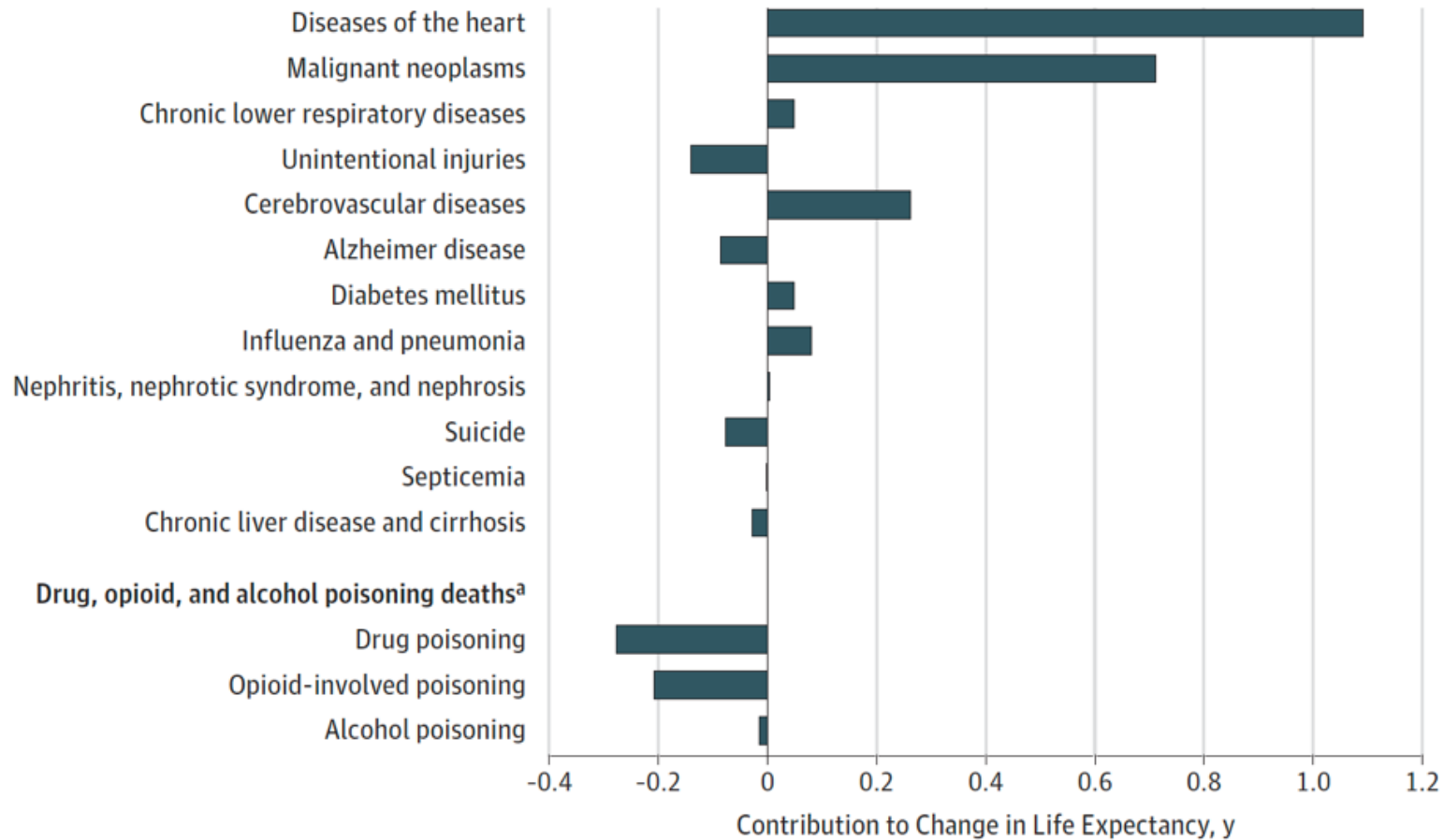


Kanin

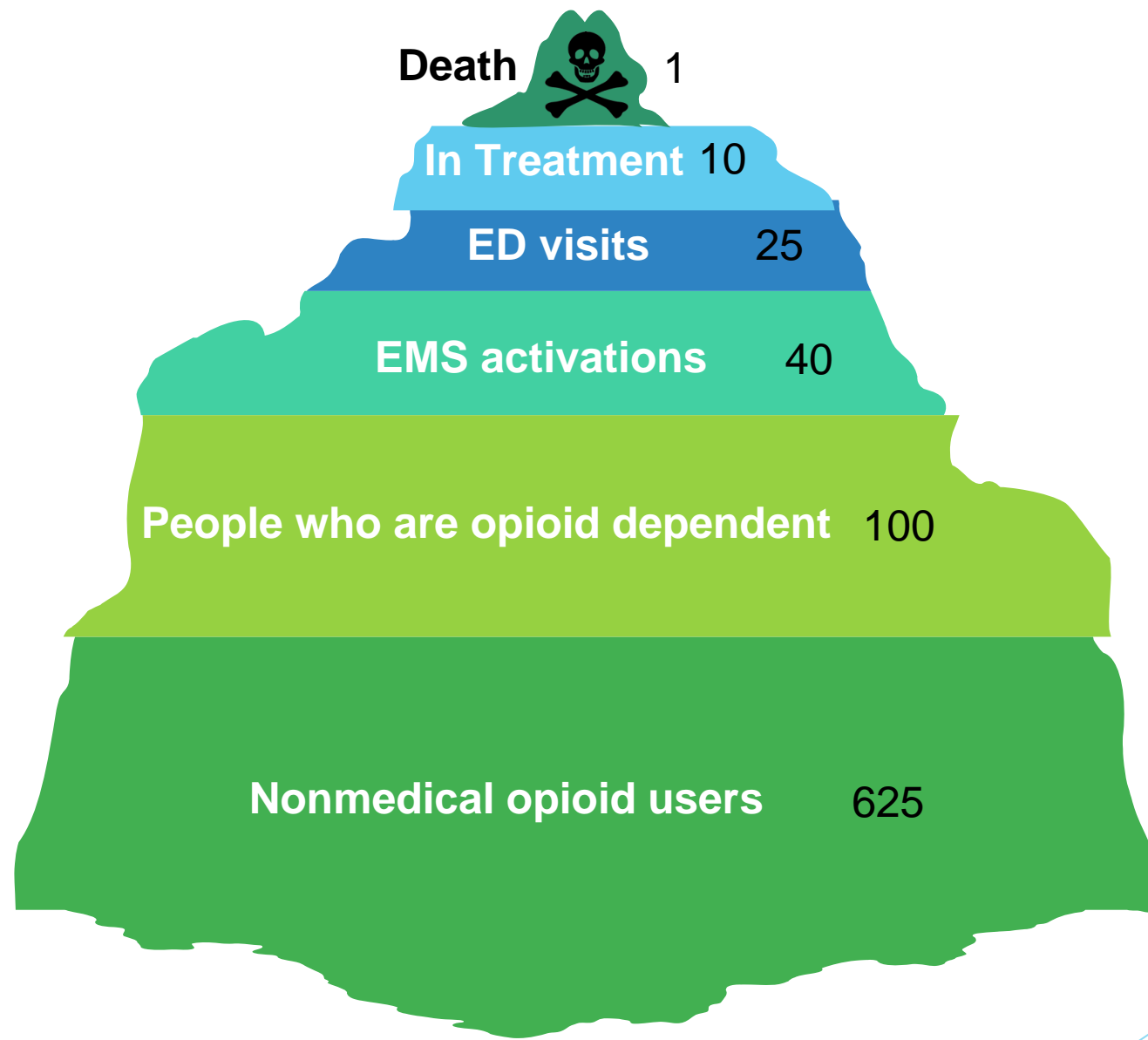
*"You should just feel a tiny prick, and then a
lifetime of morphine addiction."*

Figure. Contributions of Selected Causes of Death to the Change in Life Expectancy in the United States, 2000-2015

12 Leading causes of death (ranked highest to lowest according to No. of deaths in year 2015)



^a In ranked cause-of-death classification, drug, opioid, and alcohol poisoning are not considered to be unique cause-of-death categories. Instead, poisoning deaths are classified as either accidental poisonings (which contribute to unintentional injuries), suicides, or homicides (ranked 16th in leading causes of death). Contributions from drug, opioid, and alcohol poisoning deaths overlap with both unintentional injury deaths and suicides and cannot be summed with these leading ranked causes of death.

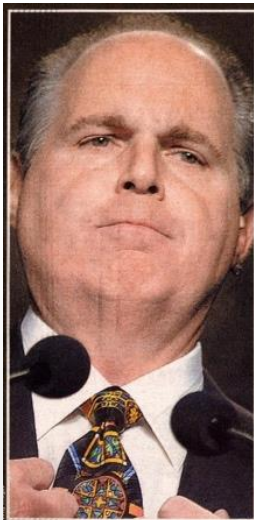


These are approximations made from:

Treatment admissions are for primary use of opioids from Treatment Exposure Data set

Emergency department (ED) visits are from DAWN, Drug Abuse Warning Network, <https://dawninfo.samhsa.gov/default.asp>

Abuse/dependence and nonmedical use in the past month are from the National Survey on Drug Use and Health



I'M A PILL ADDICT

**Rush in rehab
for painkillers**

Conservative radio talk-show host Rush Limbaugh told his shocked radio audience yesterday "I am addicted to prescription pain medication," and said he would immediately check himself into a clinic. The top-rated star said he started taking the medication after spinal surgery.

FULL STORY: PAGE 5



© Barcroft Media

Bad tooth, dental visit, addict

Legal script changes life

Jul. 27, 2013 | Comments

log

Pin it



Purchase Image

Contractor Scott Clement works on a fence at a home in Byram. Clement, who was hooked on the painkiller oxycodone after being prescribed the medication because of a dental issue, is now able to cope with the issue with nonaddictive medication. / Rick Guy/The Clarion-Ledger



Written by
Jerry Mitchell

Somehow, Scott Clement survived.

FILED UNDER

News
Metro-State

On Labor Day weekend in 1997, the 35-year-old insurance agent throbbed with pain from an abscessed tooth and called a dentist for medicine.

Days later, struggling to sleep, he took a couple of the oxycodone painkillers and found himself overwhelmed by "a ridiculous sense of well-being," he said.

It began his descent into addiction.

Going through the rest of the oxycodone, Clement returned to the dentist, who refused to prescribe more. He went online instead, ordering as many as he could.

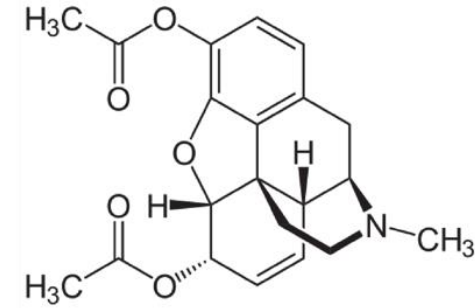
UPS made regular deliveries to his insurance agency, and he was gulping 40 pills a day.

All opioids (e.g., oxycodone, fentanyl, hydromorphone, and morphine) bind the mu-1 and mu-2 opioid receptors

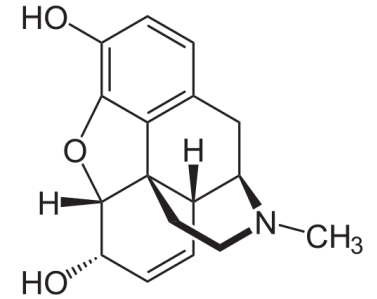
- ◆ Pain relief
- ◆ Euphoria
- ◆ Respiratory depression

Opioid clinical effects are determined by:

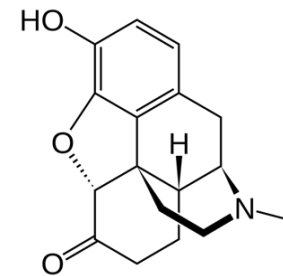
- ◆ Lipid solubility
- ◆ Receptor specificity
- ◆ Binding affinity
- ◆ Dose (potency)
- ◆ Dose rate



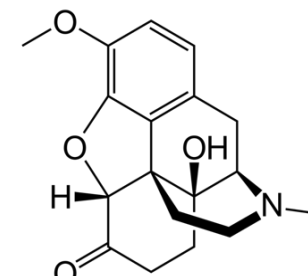
Heroin
(diacetyl morphine)



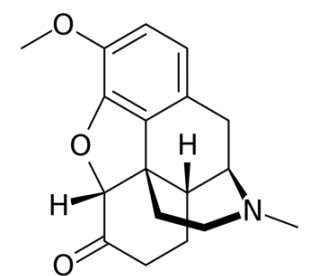
Morphine



Hydromorphone
(Dilaudid)



Oxycodone
(Percocet,
Roxycodone)



Hydrocodone
(Vicodin, Norco)



Would you give
your child
HEROIN
for a sports injury?

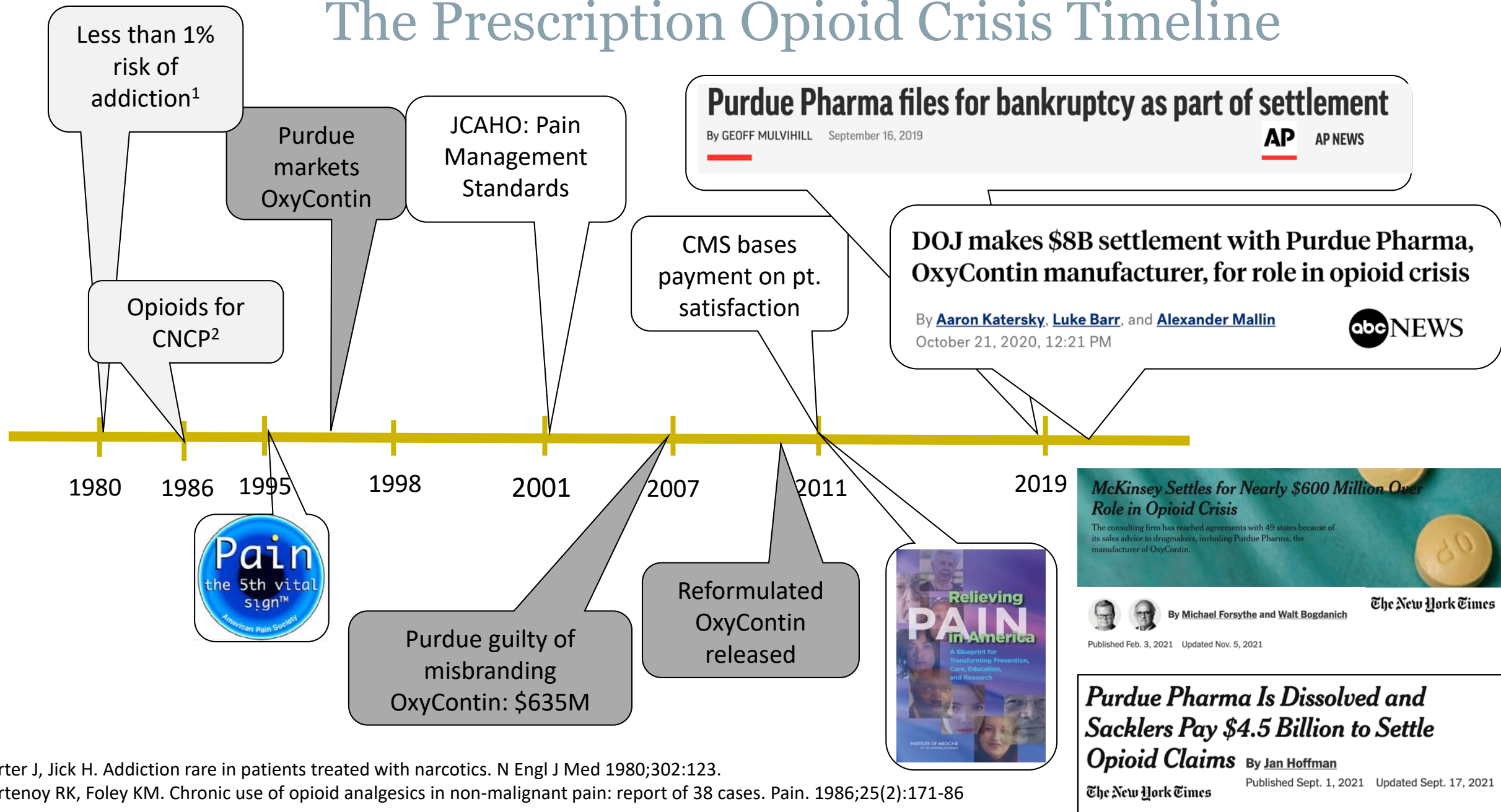
**Ask Your Doctor How Prescription Drugs
Can Lead to Heroin Abuse.**

BEFORE THEY PRESCRIBE - YOU DECIDE.

Why isn't heroin legal?

Isn't oxy just legal heroin?

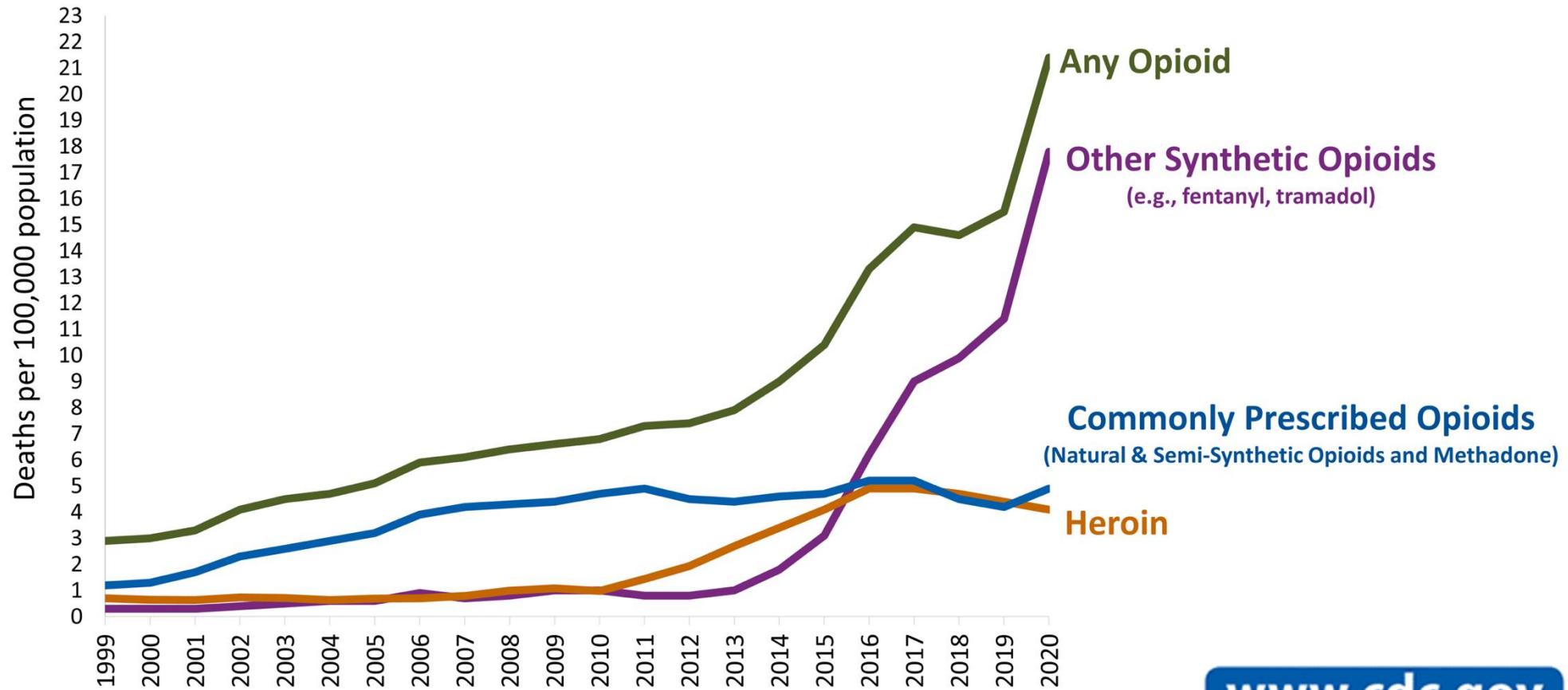
The Prescription Opioid Crisis Timeline



¹Porter J, Jick H. Addiction rare in patients treated with narcotics. N Engl J Med 1980;302:123.

²Portenoy RK, Foley KM. Chronic use of opioid analgesics in non-malignant pain: report of 38 cases. Pain. 1986;25(2):171-86

Overdose Death Rates Involving Opioids, by Type, United States, 1999-2020

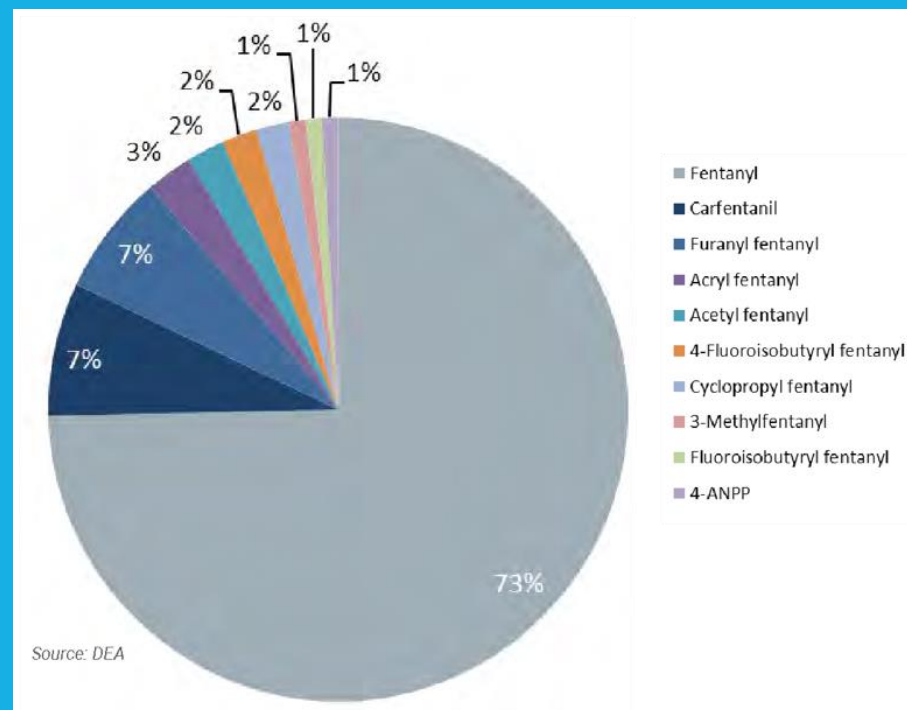


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.

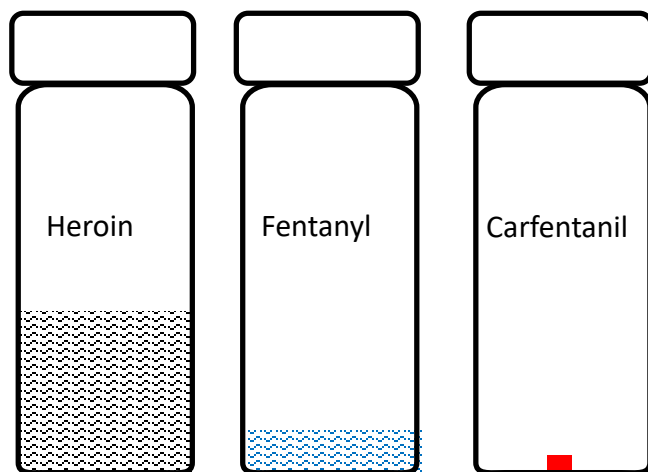
Fentanyl(s) (and Nitazenes)

- ▶ Mu opioid receptor full agonist(s)
- ▶ Highly lipophilic
 - ▶ Rapid onset when IV
 - ▶ Apnea
 - ▶ At high doses
 - ▶ Rigidity
 - ▶ At high infusion rates
- ▶ Generally rapid offset with short term use
 - ▶ Accumulates in adipose tissue with long term use
 - ▶ Slow redistribution and long elimination time

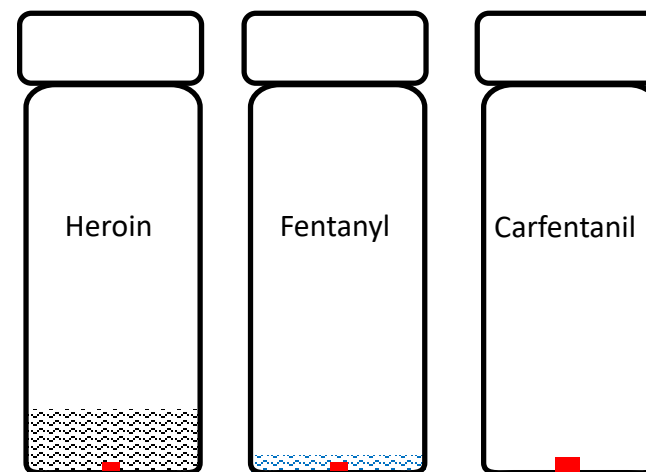
Fentanyl/4-ANPP/Tramadol	Black	Spider & Spider (Image)	Camden Co PD	12/22/21	CAM
Fentanyl/4-ANPP/Fluorofentanyl/ Xylazine	Black	Caution (Blue Fold)	Camden Co PD	12/23/21	CAM
Fentanyl/4-ANPP/Phenethyl 4-ANPP	Red	Money Bag & Money Bag (Image)	Camden Co PD	12/31/21	CAM
Fent/Fluorofent/4-ANPP/ Phenethyl 4-ANPP	Black	Hard Knock Life (Blue Folds)	Camden Co PD	1/2/22	CAM
Fent/Fluorofent/4-ANPP/ Phenethyl 4-ANPP/ Xylazine	Multi	Sky Zone & Skull w/Helmet (Image)	Camden Co PD	1/2/22	CAM
Fent/4-ANPP/Xylazine/ Phenethyl 4-ANPP	Black	Black Ice	Camden Co PD	1/4/22	CAM
Fentanyl/4-ANPP/Phenethyl 4-ANPP	Black	Hardknock Life & Illegible (Image) (Blue Folds)	NJSP AC Expwy	1/9/22	CAM
Heroin/Fentanyl/4-ANPP	Red	Power	NJSP Woodbine	12/9/21	CAP
Fentanyl/4-ANPP	Red	Mexico	NJ Transit PD	11/18/21	ESS
Fentanyl/Heroin/4-ANPP/Phenethyl 4-ANPP	Red	12:30	Irvington	12/2/21	ESS
Heroin/Fentanyl/4-ANPP/Phenethyl 4-ANPP	Multi	Pimp & Person w/Hat & Cane (Image)	Irvington	12/2/21	ESS
Fentanyl/4-ANPP/Phenethyl 4-ANPP	Blue	Goldfinger & Woman (Image)	NJSP Crime North	12/13/21	ESS
Fentanyl/4-ANPP/Phenethyl 4-ANPP	Blue	Tango & Cash & \$ (Image)	NJSP Crime North	12/13/21	ESS
Fentanyl/4-ANPP	Blue	The North Face	NJSP Crime North	12/13/21	ESS
Heroin/Fentanyl/Fluorofentanyl/4-ANPP/ Clonidine (sedative)/Tramadol/Xylazine	Red	*Yeezy & Sneaker (Image)	Bloomfield	12/25/21	ESS
Heroin/Parafluorofentanyl/Fentanyl	Multi	Sky Zone & Skull w/Aviation Hat (Image)	Hoboken	9/21/21	HUD
Xylazine/Heroin/Parafluorofentanyl/Fentanyl	Blue	Dirty Diana & Face (Image)	Jersey City	9/21/21	HUD
Xylazine/4-ANPP/Heroin/Fentanyl	Blue	Dirty Diana & Face (Image)	Jersey City	10/4/21	HUD
4-ANPP/Heroin/Parafluorofentanyl/ Fentanyl	Orange	Givenchy & Orange (Image)	Jersey City	10/4/21	HUD
Fentanyl	Red	Section 8 & Building (Image)	Jersey City	10/22/21	HUD
Fentanyl	Black	Octopus & Octopus (Image)	Jersey City	10/28/21	HUD
Fentanyl	Red	King Kong & Gorilla (Image)	Jersey City	10/30/21	HUD
Xylazine/Heroin/Fentanyl	Blue	Best Buy & BB Logo (Image)	Jersey City	11/7/21	HUD
Heroin/Fentanyl	Blue	Lemon Pepper	Jersey City	11/10/21	HUD
Heroin/Fentanyl	Red	ALPO	Jersey City	11/19/21	HUD
Xylazine/Heroin/Parafluorofentanyl	Blue	Power & Fist (Image)	Jersey City	11/30/21	HUD
Fentanyl/4-ANPP/Xylazine	Purple	**Keys to the Streets	NJSP Perryville	10/12/21	HUN
Fentanyl/4-ANPP/Xylazine	Red	Jawbone	NJSP Crime Cent	10/22/21	MER
Heroin/Fentanyl/4-ANPP/Phenethyl 4-ANPP/ Tramadol/Xylazine	Black	Louis Vuitton	Perth Amboy	10/15/21	MID
4-ANPP/Heroin/Fentanyl/Tramadol	Black	School Zone	Sayreville	11/6/21	MID



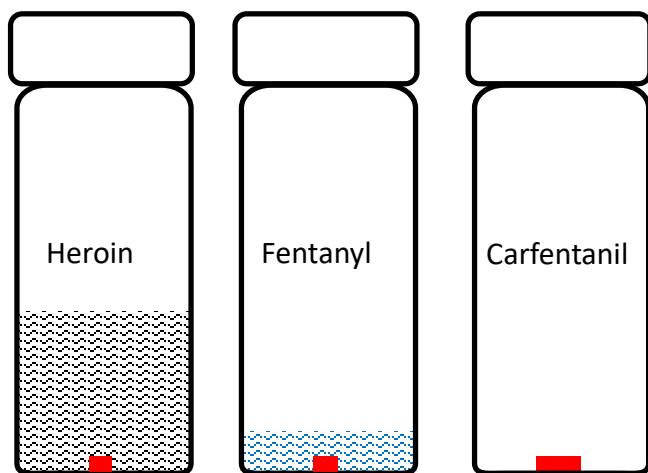




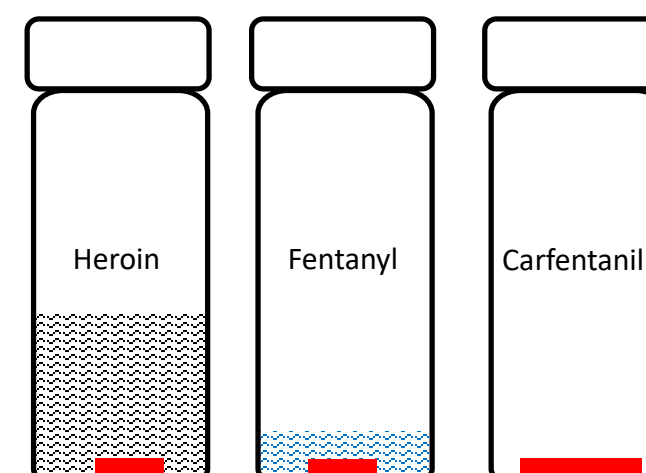
Equi-effective "safe" doses



Equi-effective "safe" doses



Dangerous doses



Deadly doses

The New York Times

ARTS



Prince's Addiction and an Intervention Too Late



Keep
opioid-naïve patients
opioid naïve
whenever possible



<div>UNIVERSITY HOSPITAL Newark, New Jersey</div> <div>University Hospital Adult Emergency Medicine Treatment of Acute Pain Guideline</div> <div><ul style="list-style-type: none">- Alternative therapies should be considered if there are contraindications to first line recommendations- Consider next line therapies in a stepwise manner if pain persists 30 minutes after an IV dose OR 60 minutes after a PO dose- Other than in the treatment of severe acute pain, the oral route is the preferred route of administration of most analgesic drugs</div>				
Abdominal Pain				
First Line	Second Line	Third Line	Adjunctive Therapy	Discharge
Undifferentiated abdominal pain Acetaminophen 975 mg PO AND/OR Ibuprofen 400 – 600 mg PO (If patient cannot tolerate PO, ketorolac 15 mg IV) Spasmodic pain Dicyclomine 20 mg PO (If patient cannot tolerate PO, dicyclomine 10 mg IV) Gastroparesis Metoclopramide 10 mg IV	Undifferentiated abdominal pain Ketamine 0.3 mg/kg IV over 15 minutes Gastroparesis Haloperidol 5 mg IV OR Haloperidol 5 mg IM	Opioid rescue*	Anti-emetics Ondansetron 4 mg IV OR Ondansetron ODT 4 mg PO OR Metoclopramide 10 mg IV Antacids Mag hydroxide/aluminum hydroxide/simethicone 1200 mg/1200 mg/120 mg PO AND/OR Famotidine 20 mg IV	Undifferentiated abdominal pain Acetaminophen 975 mg PO q6H PRN AND/OR Ibuprofen 400 mg PO q6H PRN Spasmodic pain Dicyclomine 20 mg PO q6H PRN Gastroparesis Metoclopramide 10 mg PO q6H PRN
Clinical Pearls: <ul style="list-style-type: none">- Consider underlying etiology of abdominal pain before selecting treatment option (e.g. anticholinergics and opioids counterintuitive in gastroparesis)- Ketamine: avoid use in patients with severe hypertension or history of psychosis- NSAIDs: avoid use in third trimester of pregnancy, peptic ulcer disease, history of GI bleed, or active major bleeding- Provide patient education regarding type of pain, medication choices, and what to expect- Consider distractions such as music, talking to patient				
Dental Pain				
First Line	Second Line	Third Line	Adjunctive Therapy	Discharge
Acetaminophen 975 mg PO AND/OR Ibuprofen 400 – 600 mg PO (If patient cannot tolerate PO, ketorolac 15 mg IV)	Lidocaine 2% viscous solution – swish and spit	Lidocaine 1% dental block	Apply ice pack to painful area	Acetaminophen 975 mg PO q6H PRN AND/OR Ibuprofen 400 – 600 mg PO q6H PRN AND/OR Lidocaine 2% viscous solution – swish and spit q3 hours PRN
Clinical Pearls: <ul style="list-style-type: none">- Provide patient education regarding type of pain, medication choices, and what to expect- Analgesia is a temporizing measure for more definitive treatment- NSAIDs: avoid use in third trimester of pregnancy, peptic ulcer disease, history of GI bleed, or active major bleeding				
<small>Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, setting, circumstances or factors, guidelines can and should be tailored to fit individual needs.</small>				

NJPMP Home

Alerts

Law and Regulations

Register for the NJPMP

Pharmacy Reporting Requirements

Frequently Asked Questions

Suspicious Activity Report

Useful Links

Law Enforcement

Treatment

Media

Project Medicine Drop

NJ Prescription Monitoring Program

For Too Many New Jerseyans, Addiction Begins in the Medicine Cabinet

The New Jersey Prescription Monitoring Program (NJPMP) is an important component of the New Jersey Division of Consumer Affairs' initiative to halt the abuse and diversion of prescription drugs.

Established pursuant to N.J.S.A. 45:1-45 et. seq., the NJPMP is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) and Human Growth Hormone (HGH) dispensed in outpatient settings in New Jersey, and by out-of-State pharmacies dispensing into New Jersey.

Pharmacies are required to report information to the NJPMP on a daily basis to the PMP Clearinghouse using the ASAP 4.2 format. Prescriptions must be reported to the database no more than one (1) business day after the date the prescription was dispensed.

The Division of Consumer Affairs and the NJPMP Administrator keep patient information strictly confidential, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.

Email

NJ Prescription Monitoring Program

Call

(973) 273-8010

Inquiries about the NJPMP may be forwarded to

Jeffrey D. Laszczyk, Jr., PharmD

NJPMP Administrator

P.O. Box 47014

Newark, New Jersey 07101

Directions



KEEP

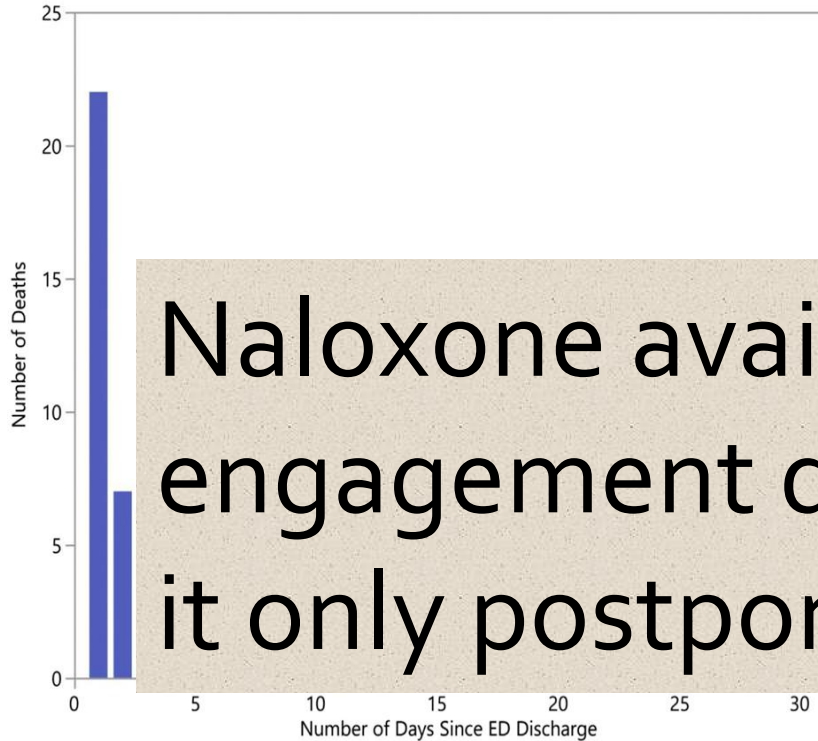
Naloxone availability without treatment
engagement doesn't save lives...
it only postpones death.

**CARRY
NALOXONE**

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

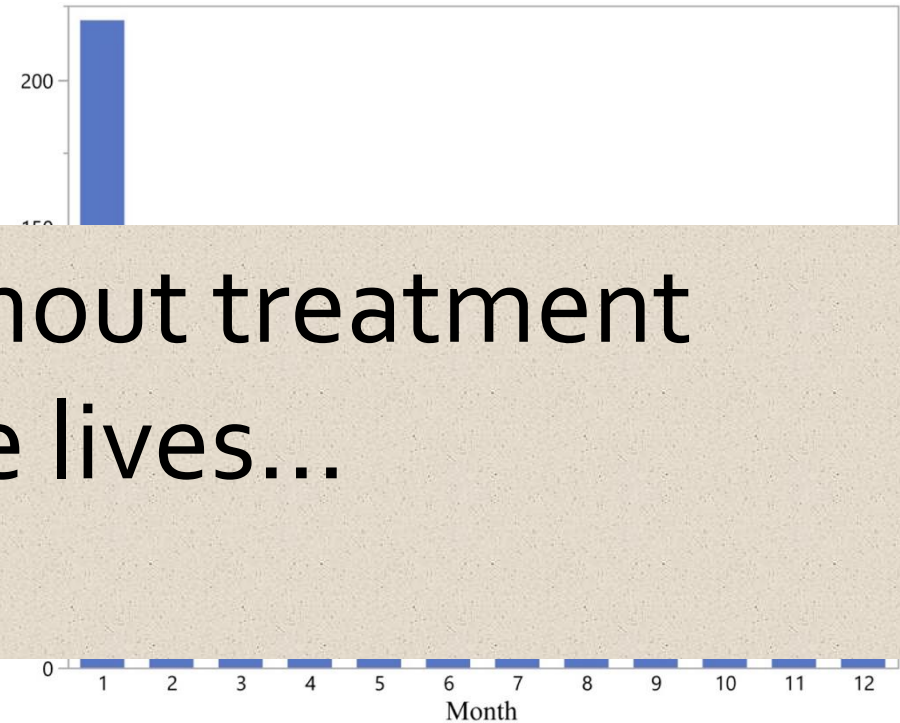
*Corresponding Author. E-mail: sweiner@bwh.harvard.edu, Twitter: [@scottweinermd](https://twitter.com/scottweinermd).



One Year Mortality of Patients Treated with Naloxone for Opioid Overdose by Emergency Medical Services

Scott G. Weiner, Olesya Baker, Dana Bernson, Jeremiah D. Schuur

Subst Abus. 2022 ; 43(1): 99–103.



Naloxone availability without treatment engagement doesn't save lives... it only postpones death.

Death (rate) of 17,241 ED discharged OOD patients:

- 635 (5.5%) within 1 year
- 130 (1.1%) within 1 month
- 29 (0.36%) within 2 days
- $\frac{2}{3}$ died from opioid overdose

Death (rate) of 9734 EMS discharged OOD patients:

- 1465 (15.2%) 1 year
- 807 (8.3%) with 3 days
- $\frac{2}{3}$ died from opioid overdose

What are doing about it?



- ▶ Harm reduction
 - ▶ Naloxone distribution/prescribing
 - ▶ Fentanyl testing strips
 - ▶ Safe consumption sites
- ▶ Addiction management
 - ▶ Screening
 - ▶ Reducing barriers
 - ▶ Telehealth
 - ▶ Recovery coaches
 - ▶ Medication for opioid use disorder
 - ▶ Buprenorphine
 - ▶ Methadone

Lets get our messaging straight

VICE NEWS There's no good antidote for super heroin laced with elephant tranquilizer



CRIME & DRUGS

There's no good antidote for super heroin laced with elephant tranquilizer

By Rachel Browne
October 3, 2016 | 3:10 pm

Officers find enough fentanyl to kill 4 million people in drug bust, officials say



The Louisville Metro Police Department reports officers found nearly 30,000 suspected fentanyl pills and at least 8.5 kilograms of fentanyl in a storage unit. (Louisville Metro Police Department)

By Shellie Sylvestri and Jordan Gartner
18, 2022 at 4:02 PM EDT

15 WMTV nbc15.com

'I'm not going to let you die': Deputy collapses after handling suspected fentanyl



Handout-San Diego County Sheriff's Department.

The Sheriff's Department releases video showing the July 3 overdose. Sheriff Bill Gore calls fentanyl one of the 'greatest threats' facing region

For the record:

2:16 p.m. Aug. 10, 2021: This story misstates what was known about the medical condition of the deputy shown in the Sheriff Department's video. The conclusion that his collapse was caused by contact with fentanyl was supplied by the Sheriff's Department rather than by qualified medical experts, who have since cautioned that the risks from incidental contact are often overstated. A follow-up story can be found [here](#).

The San Diego Union-Tribune

THE WHITE HOUSE

Administration Priorities The Record Briefing Room Español MENU

APRIL 12, 2023

Biden-Harris Administration Designates Fentanyl Combined with Xylazine as an Emerging Threat to the United States

ONDPC BRIEFING ROOM PRESS RELEASES

Xylazine's growing role in overdose deaths nationwide prompts Administration to make this designation for the first time in U.S. history

ATLANTA, GA – Today, Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy (ONDCP), has officially designated fentanyl adulterated or associated with xylazine as an emerging threat to the United States. Xylazine is a non-opioid tranquilizer approved by the Food and Drug

Xylazine misinformation

Reversal by naloxone

Death after overdose

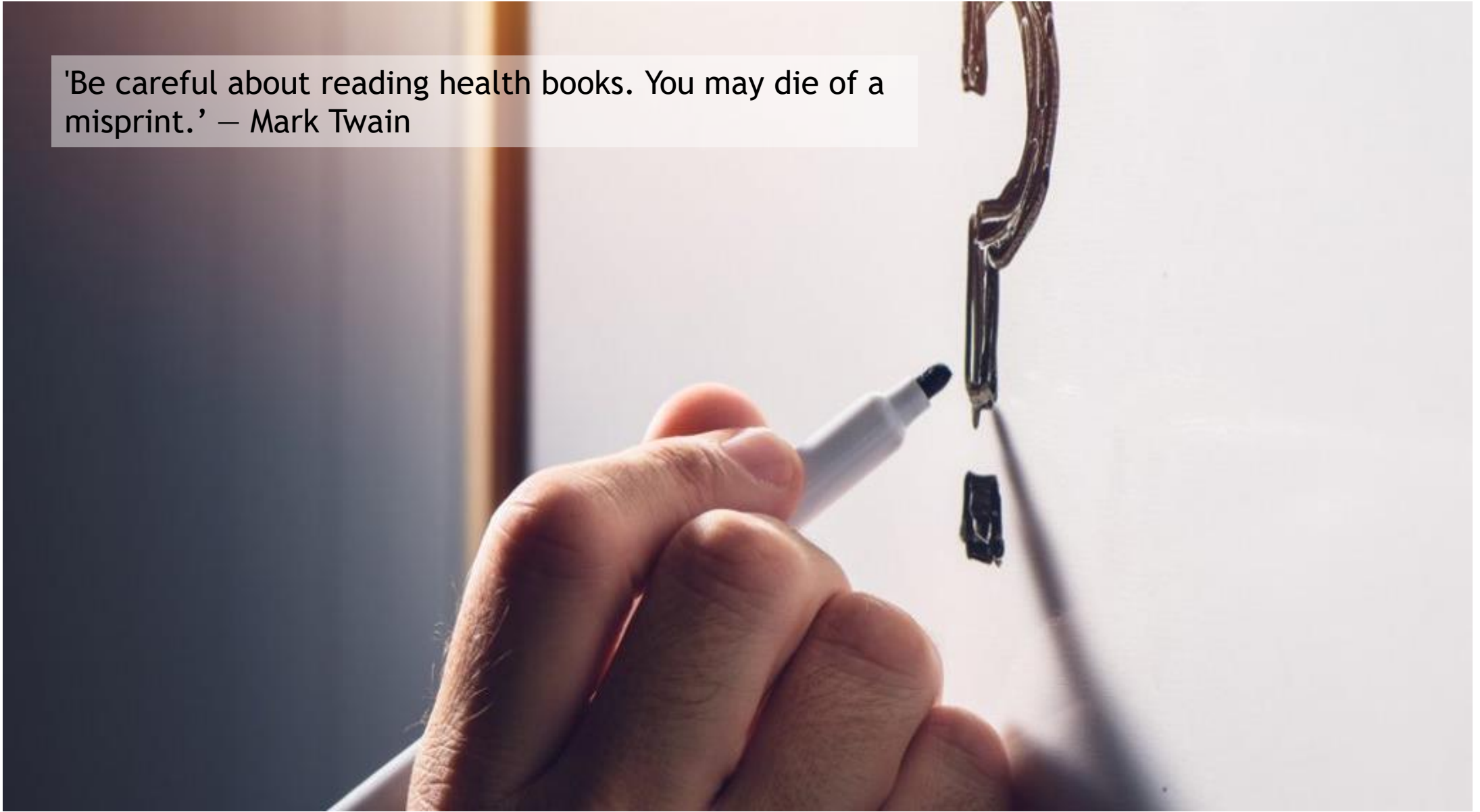
Withdrawal

Wounds

Summary

- ▶ The opioid crisis remains iatrogenic in part but mostly now related to fentanyl(s)
- ▶ An opioid is an opioid is an opioid (unless it is buprenorphine)
 - ▶ There are subtle but important pharmacological differences
- ▶ Naloxone can reverse opioid overdose (and sometimes prevent death)
 - ▶ Need to engage in treatment and recovery
- ▶ Xylazine is highly prevalent in NJ
 - ▶ The implications are unclear but likely limited

'Be careful about reading health books. You may die of a misprint.' — Mark Twain



Lewis.Nelson@Rutgers.edu
@LNelsonMD



Captain Jason Piotrowski
Executive Officer
Forensic and Technical Services Section
New Jersey State Police

Office of Drug Monitoring and Analysis
Drug Monitoring Initiative

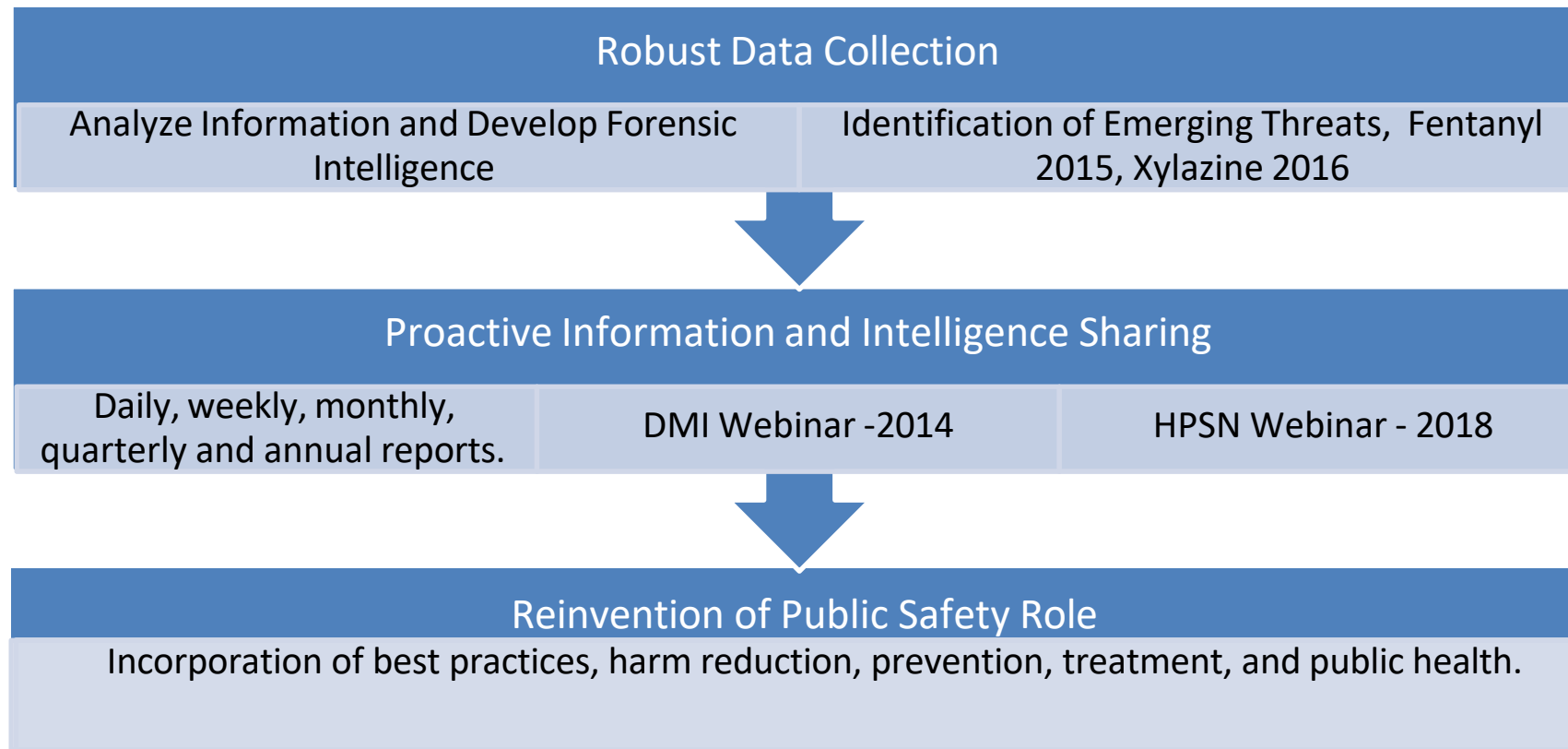


Partnership for a Drug-Free New Jersey ~ January 2024



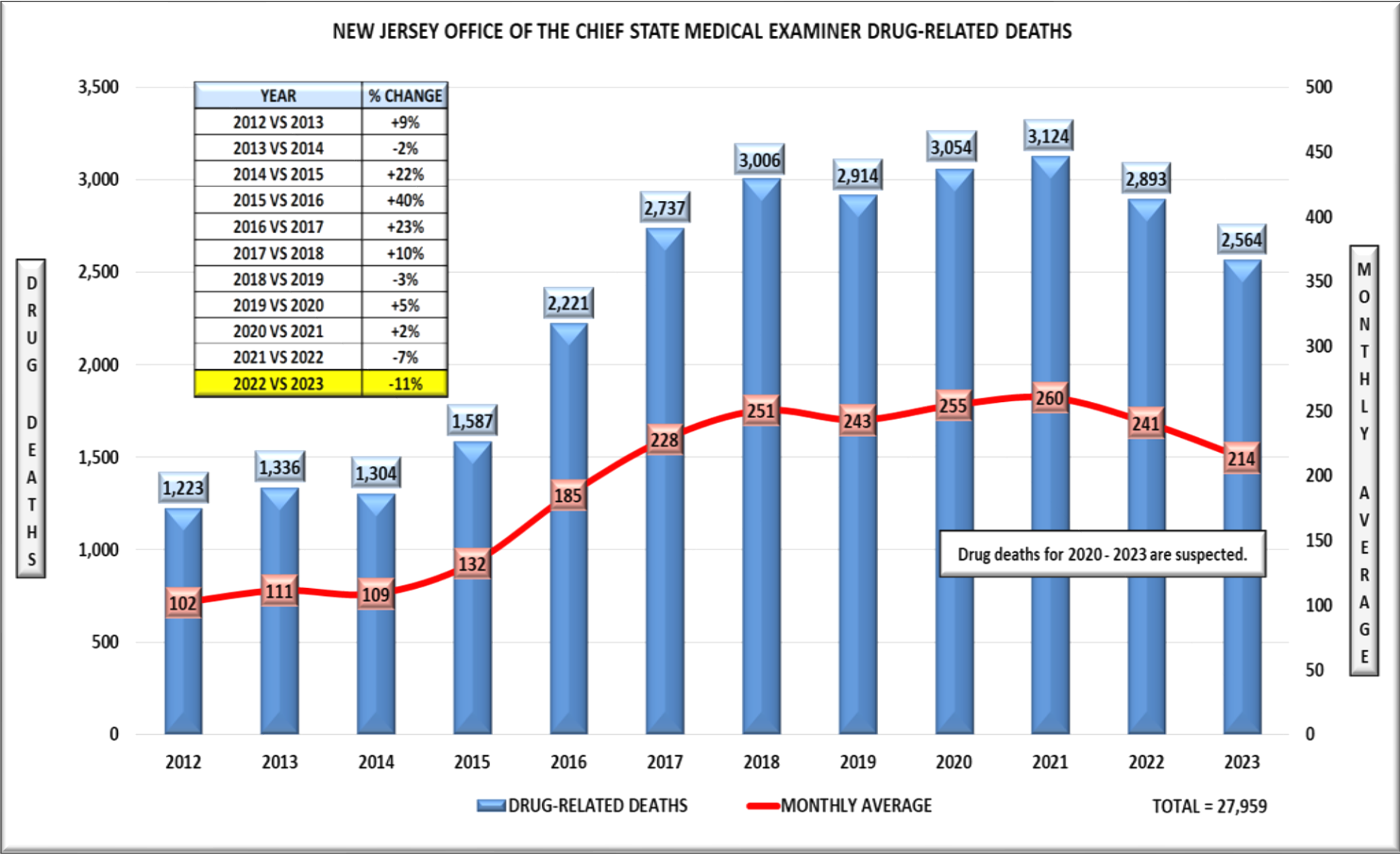
Drug Monitoring Initiative Intelligence-Led Policing & Prevention

Purpose: Understand the drug environment, so we can best serve the citizens of New Jersey.



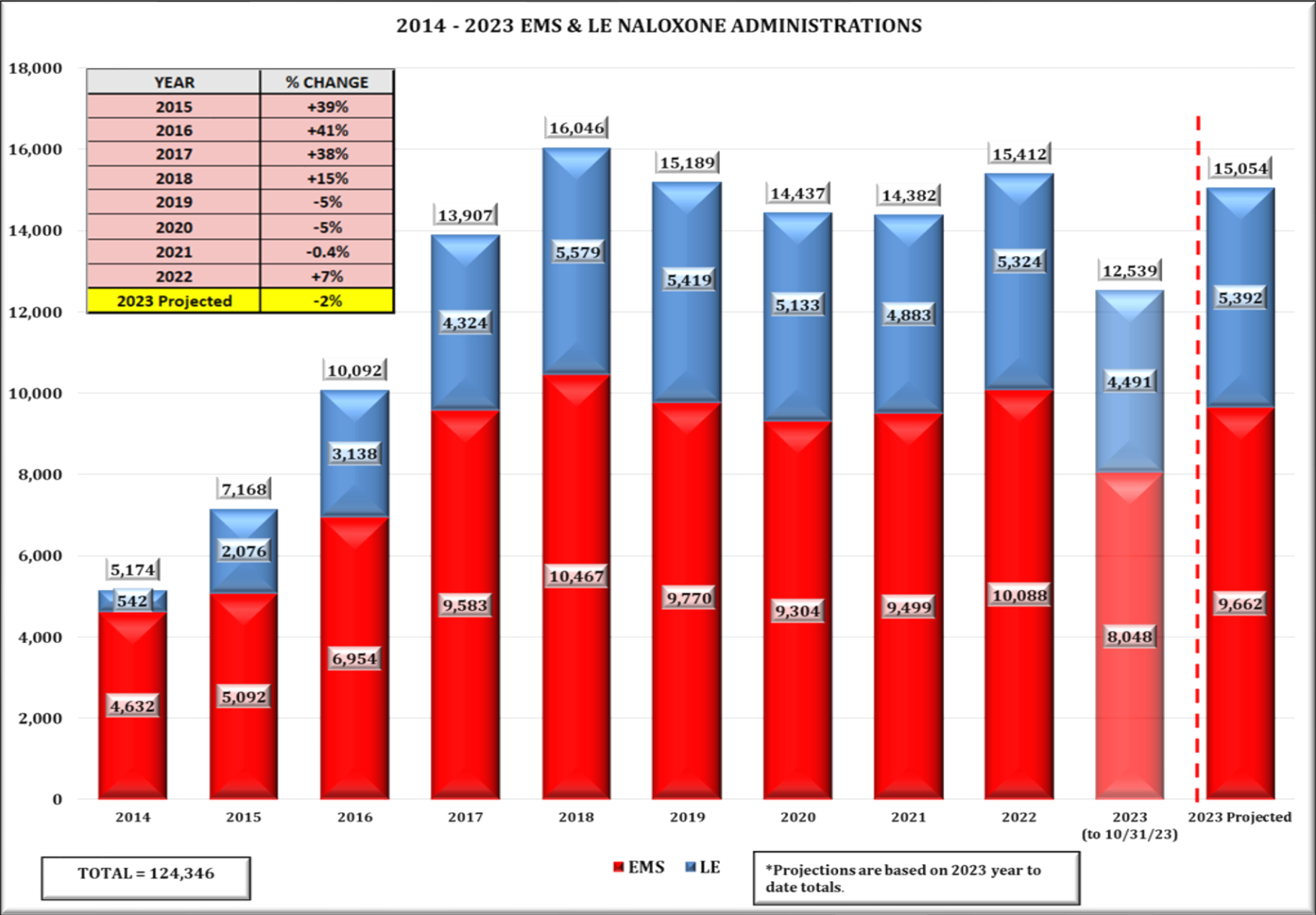


Drug-Related Overdose Death Trend



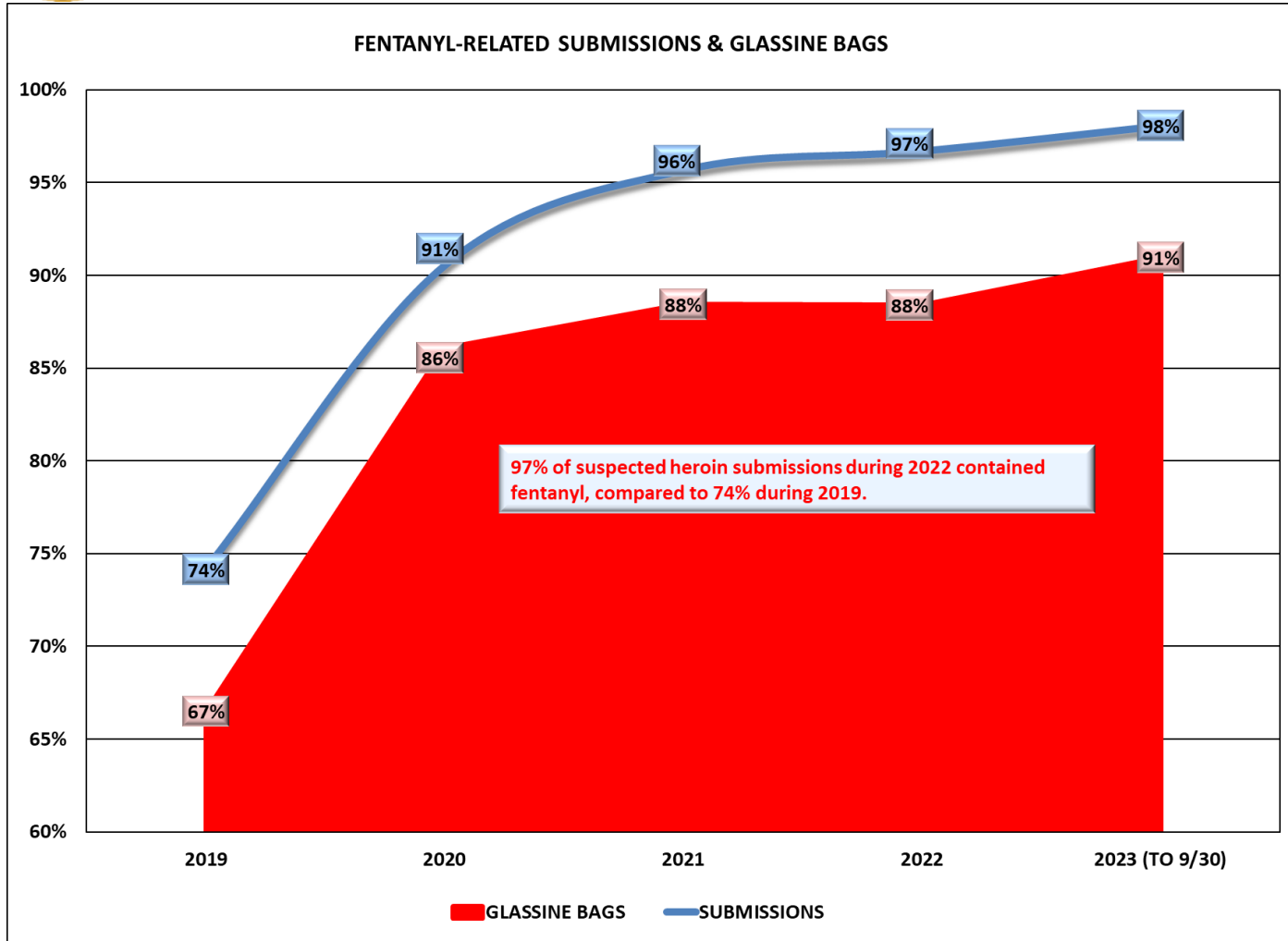


Naloxone Administrations by Year

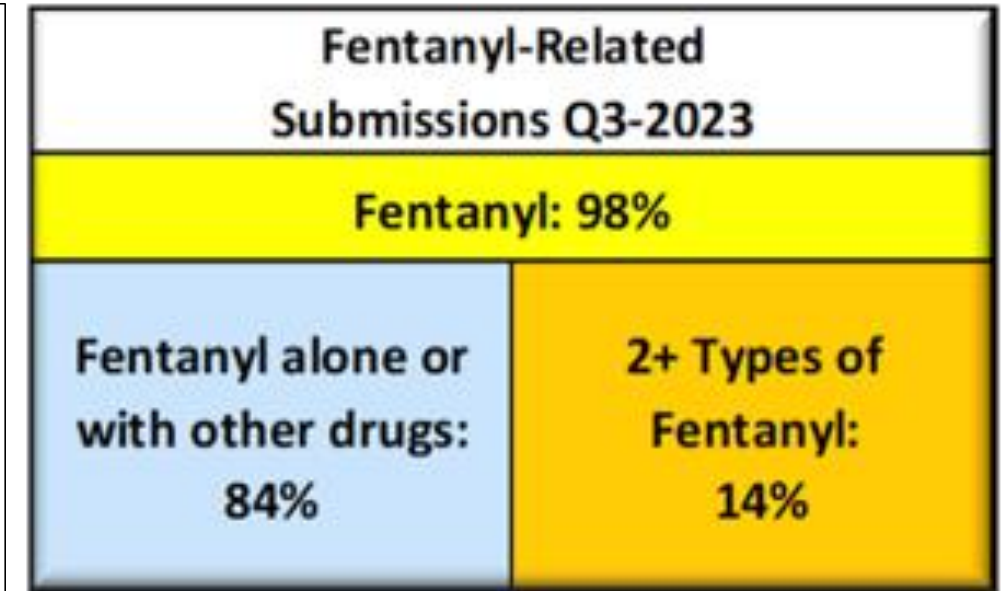




Fentanyl Environment in New Jersey



3rd quarter of 2023: **98%** of suspected heroin submissions contained fentanyl.



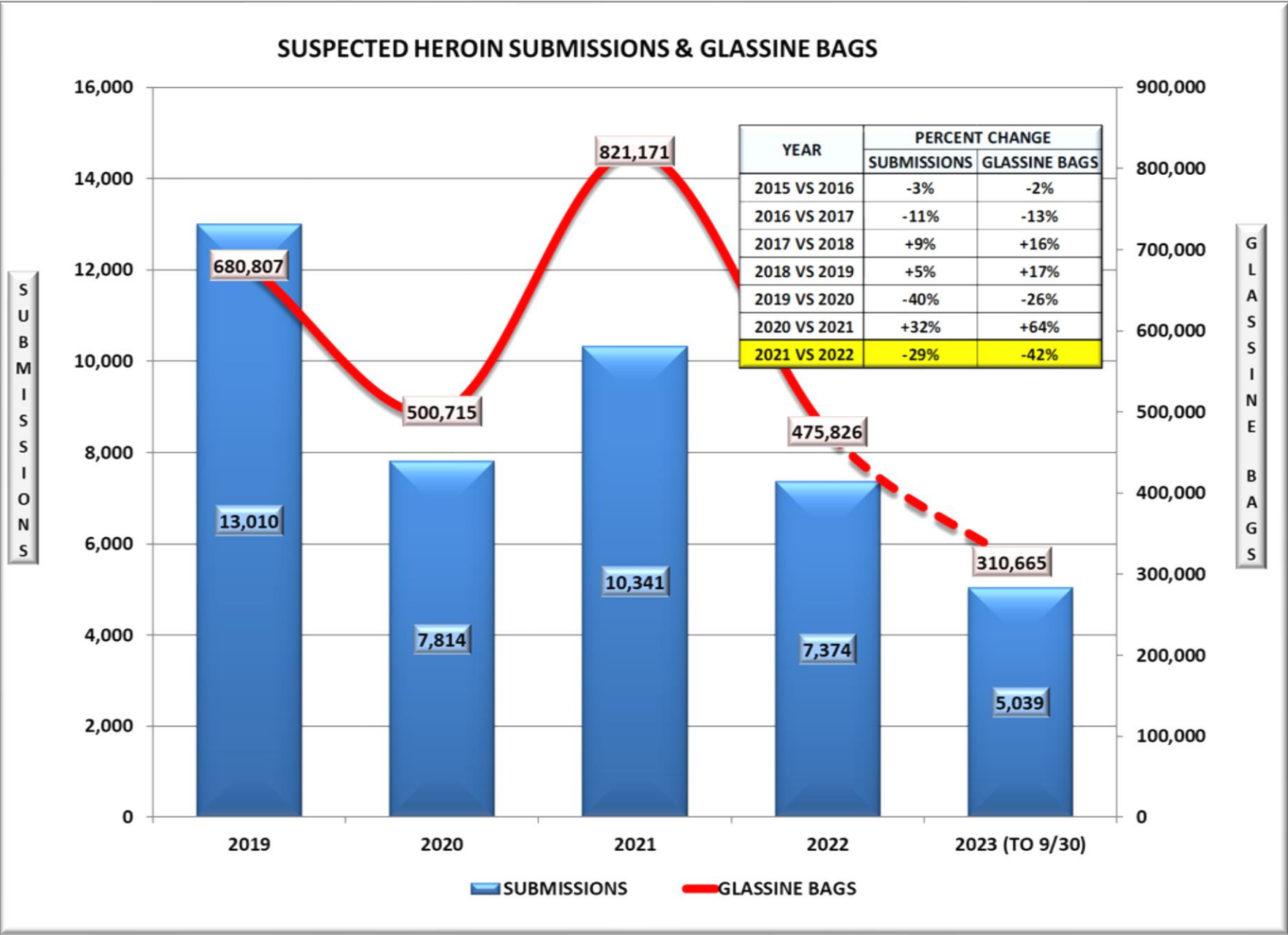
During the 3rd quarter of 2023:

- 98% of suspected heroin submissions were fentanyl-related.
- 84% included drug content of fentanyl alone or with other drugs.
- 14% included two or more types of fentanyl in drug content.



Heroin

70% of suspected heroin submissions to state forensic labs during the 3rd quarter of 2023 did not contain **any** heroin.

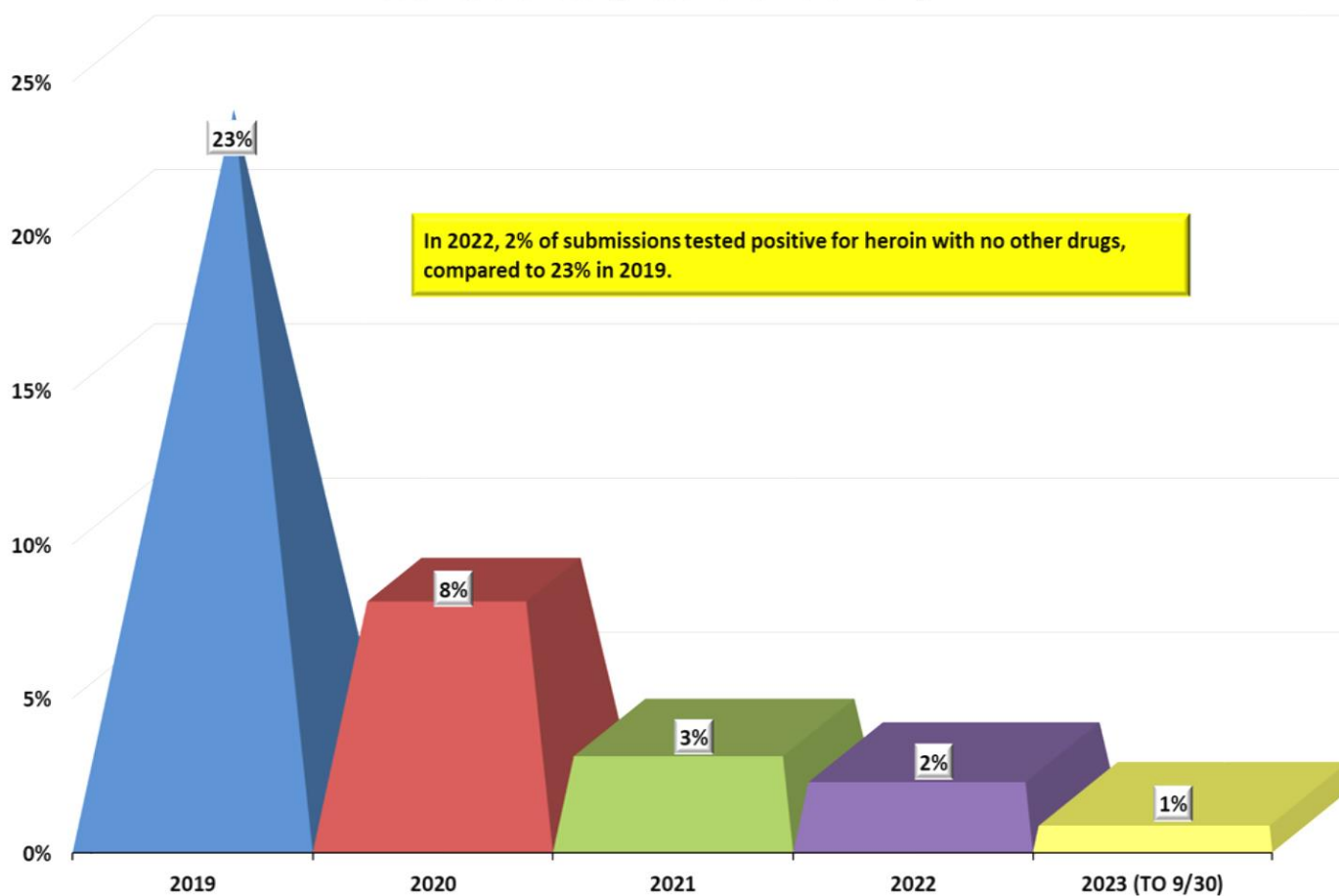




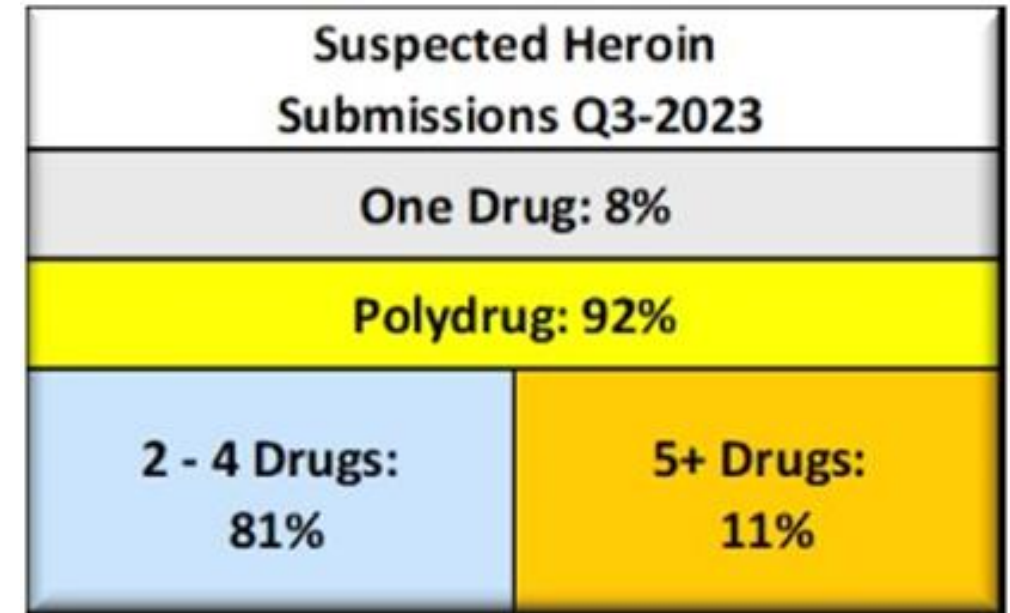
Heroin

From January through September of 2023, only 1% of suspected heroin submissions to state forensic labs tested positive for heroin alone, with **no other drugs**.

Submissions Testing Positive For Heroin Only



- 8% of suspected heroin submissions to state forensic labs tested positive for a single drug.
- 92% included multiple drugs (polydrug combinations).





Xylazine in Suspected Heroin Submissions

- There has been a significant increase in the presence of xylazine in New Jersey, first seen in the state in 2015.
- In the first nine months of 2023, 50% of submissions to forensic labs and 47% of glassine bags contained xylazine.



YEAR	XYLAZINE-RELATED				ALL SUSPECTED HEROIN	
	SUBMISSIONS		GLASSINE BAGS		SUBMISSIONS	GLASSINE BAGS
2019	368	3%	9,038	1%	13,010	680,807
2020	855	11%	30,236	6%	7,814	500,715
2021	3,052	30%	239,998	29%	10,341	821,171
2022	2,614	35%	138,818	29%	7,374	475,826
2023 (TO 9/30)	2,529	50%	144,637	47%	5,039	310,665



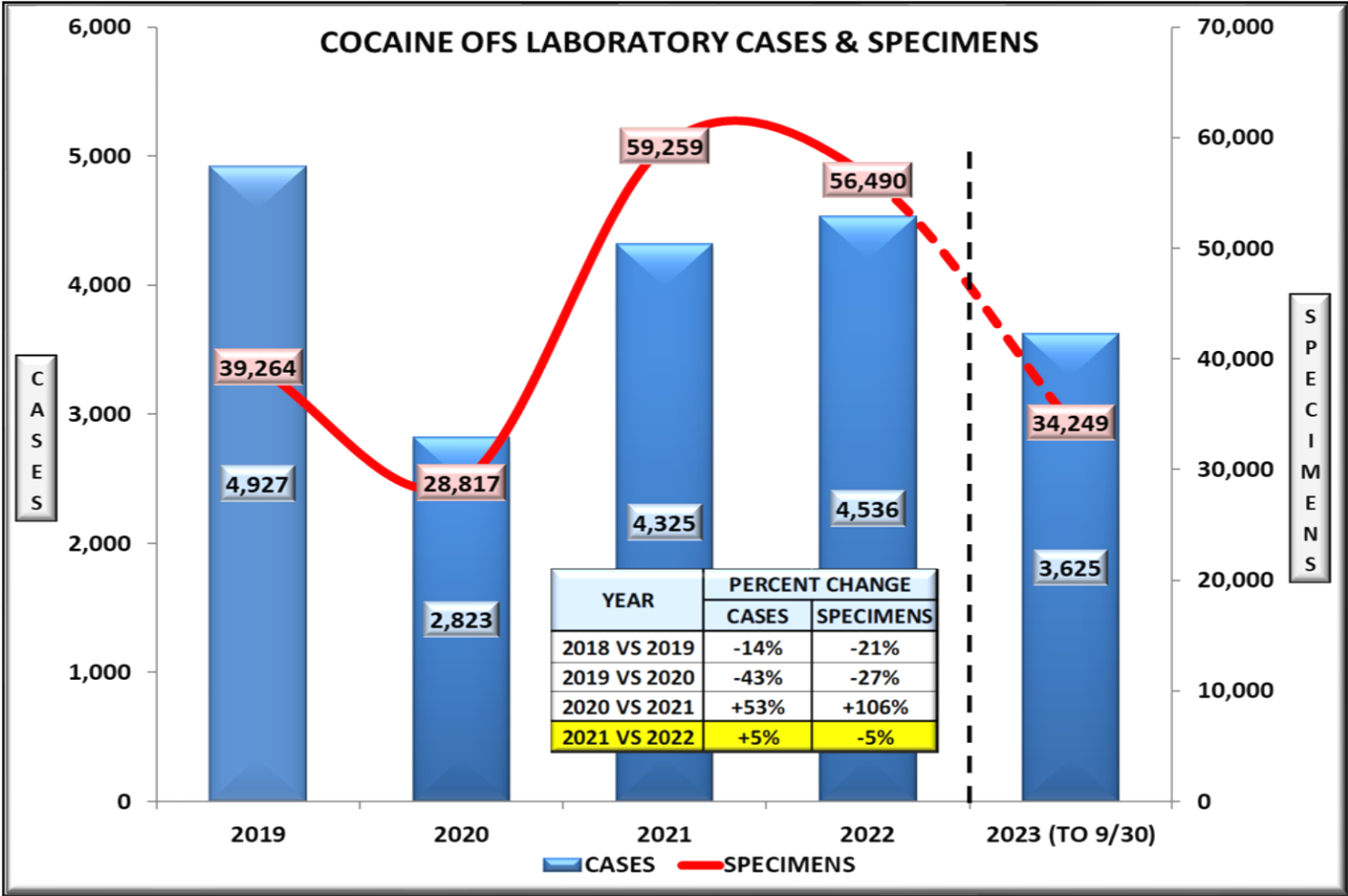
Nitazenes & Nitazene Analogs

- Potent synthetic opioids from a drug class known as benzimidazole-opioids, first analyzed in New Jersey in 2021.
- Potency similar to or greater than fentanyl, with sedative, analgesic, and euphoric effects.
- Nitazene Analogs: protonitazene, etonitazene, metonitazene, and isotonitazene.
- Protonitazene is not a scheduled drug in the US; etonitazene and isotonitazene are both Schedule I substances.
- Nitazenes are often found in combination with other drugs (polydrug combinations).

SUSPECTED HEROIN SUBMISSIONS & GLASSINE BAGS CONTAINING NITAZENES: ANALYZED 7/1/2023 - 9/30/2023		
DRUG	SUBMISSIONS	GLASSINE BAGS
FENTANYL/ METONITAZENE /XYLAZINE	3	358
FENTANYL/ PROTONITAZENE / METONITAZENE	2	135
FENTANYL/XYLAZINE/4-ANPP/ METONITAZENE	3	102
FENTANYL/4-ANPP/XYLAZINE/FLUOROFENTANYL/ METONITAZENE	1	82
FENTANYL/ METONITAZENE /PROCAINE/XYLAZINE	1	80
FENTANYL/XYLAZINE/4-ANPP/FLUOROFENTANYL/ METONITAZENE /FLUBROMAZOLAM	1	50
PROTONITAZENE /FLUOROFENTANYL/FENTANYL/4-ANPP/XYLAZINE/CAFFEINE	1	27
ETODESNITAZENE /MDMB-5BR-INACA	1	10
FLUOROFENTANYL/ METONITAZENE /XYLAZINE	1	10
FLUOROFENTANYL/FENTANYL/ METONITAZENE /XYLAZINE	1	5
FENTANYL/ ETHYLENEOXYNITAZENE /FLUBROMAZEPAM/4-ANPP/XYLAZINE	1	1
METHAMPHETAMINE/COCAINE/FENTANYL/FLUOROFENTANYL/ METONITAZENE /XYLAZINE	1	1
TOTAL	17	861



Cocaine



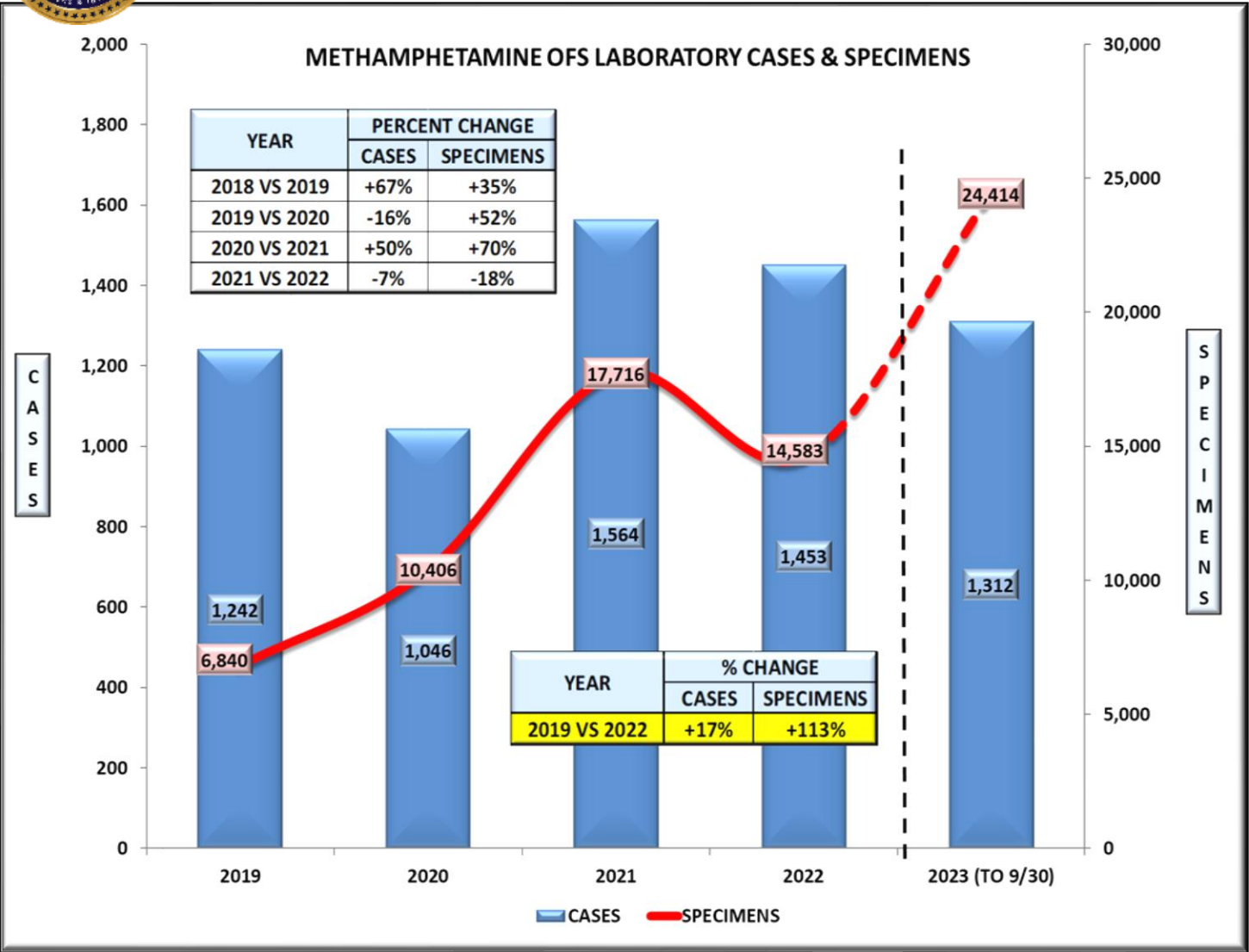
COCAINE OFS LAB CASES: ANALYZED 7/1/2023 - 9/30/2023		
CONTENT	CASES	
COCAINE - ONLY	949	80%
COCAINE/PHENACETIN	142	12%
COCAINE/LEVAMISOLE	46	4%
COCAINE/PHENACETIN/LEVAMISOLE	10	1%
COCAINE/FENTANYL COMBINATIONS	16	1%
COCAINE/OTHER DRUG COMBINATIONS	18	2%
TOTAL	1,181	

COCAINE OFS LAB SPECIMENS: ANALYZED 7/1/2023 - 9/30/2023		
CONTENT	SPECIMENS	
COCAINE - ONLY	9,205	88%
COCAINE/PHENACETIN	856	8%
COCAINE/LEVAMISOLE	228	2%
COCAINE/PHENACETIN/LEVAMISOLE	114	1%
COCAINE/FENTANYL COMBINATIONS	31	0.3%
COCAINE/OTHER DRUG COMBINATIONS	62	1%
TOTAL	10,496	

- Cocaine OFS cases decreased 8% from 2019 to 2022; specimens analyzed increased 44%.
- 80% of cases included only cocaine with no other drugs.
- Only 1% of suspected cocaine cases contained a fentanyl class compound.



Methamphetamine



METH OFS LAB CASES & SPECIMENS: ANALYZED 7/1/2023 - 9/30/2023				
CONTENT		CASES		SPECIMENS
METH ONLY		452	95%	6,933 97%
METH/FENTANYL COMBINATIONS		5	1%	9 0.1%
METH/OTHER DRUG COMBINATIONS		17	4%	187 3%
TOTAL		474		7,129

- From 2020 to 2021, cases increased 50%, specimens increased 70%.
- In 2021, OFS labs reported the highest number of cases and specimens analyzed in any year.



Suspected Drugs at Scene: 1/1/2019 – 9/30/2023

LE NALOXONE ADMINSTRATIONS - SUSPECTED DRUGS AT SCENE					
TYPE	2019	2020	2021	2022	2023 (TO 9/30)
HEROIN/FENTANYL	4,066	3,862	3,496	3,754	2,662
COCAINE	265	191	284	382	332
CRACK	245	171	285	373	329
METHAMPHETAMINE	16	43	44	62	39
Multiple drugs may be present at a scene. Content not confirmed by forensic lab analysis.					

Projected percentage change from 2019 to 2023:

- Heroin/Fentanyl – 12.75%
- Cocaine + 67%
- Crack + 79%
- Methamphetamine + 225%



Overdose Incidents with Multiple Victims LE & EMS 1/1/2019 – 9/30/2023

OVERDOSE INCIDENTS WITH MULTIPLE VICTIMS					
YEAR	TOTAL INCIDENTS	VICTIMS AT SCENE			
		2	3	4	5
2019	75	72	2	0	1
2020	99	96	3	0	0
2021	88	83	5	0	0
2022	121	109	10	2	0
2023	87	81	4	2	0
TOTAL	470	441	24	4	1
		94%	5%	1%	0.2%

Projected percentage change from 2019 to 2023:

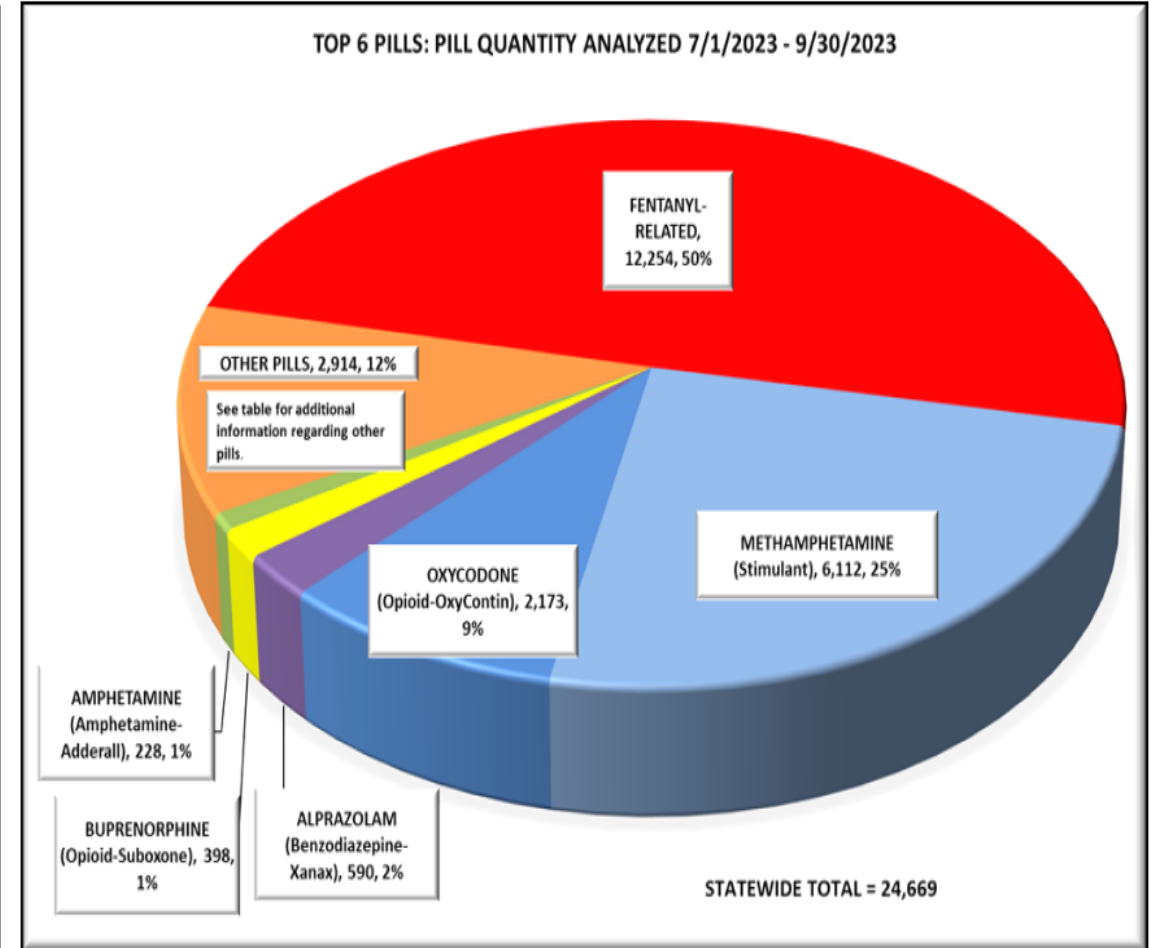
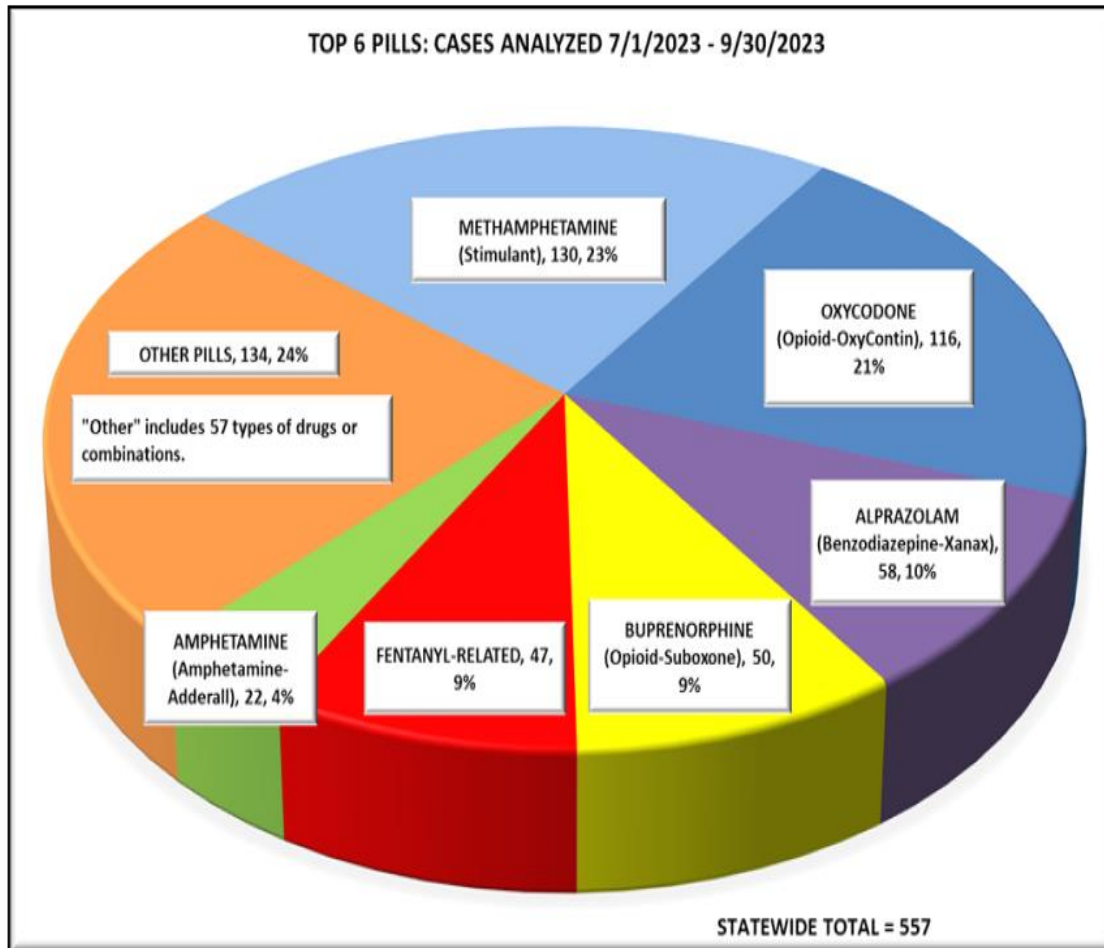
Total overdose incidents with multiple victims +55%



Prescription Legend Drugs (PLDs)/Pills

During the 3rd quarter of 2023:

- 47 cases submitted to OFS labs, (12,254 total pills), tested positive for fentanyl or fentanyl analogs.
- 130 cases submitted to OFS labs, (6,112 pills), tested positive for methamphetamine.





2020 New Jersey Census Data on Race

County	White	Black/African American	Hispanic/Latino	Other*
Atlantic	54.2%	14.2%	19.6%	12.0%
Bergen	53.6%	5.2%	21.4%	19.8%
Burlington	63.8%	16.2%	8.7%	11.3%
Camden	53.3%	18.2%	18.2%	10.3%
Cape May	84.0%	3.5%	7.8%	4.6%
Cumberland	42.7%	17.1%	34.4%	5.8%
Essex	27.2%	37.5%	24.4%	10.8%
Gloucester	74.5%	10.4%	7.3%	7.7%
Hudson	28.5%	9.8%	40.4%	21.2%
Hunterdon	81.2%	2.3%	8.5%	8.0%
Mercer	43.5%	18.7%	21.7%	16.1%
Middlesex	38.6%	9.1%	22.4%	29.8%
Monmouth	71.6%	6.1%	12.5%	9.8%
Morris	67.0%	3.1%	15.1%	14.9%
Ocean	81.7%	2.8%	10.4%	5.1%
Passaic	38.8%	9.9%	42.7%	8.6%
Salem	69.8%	14.0%	10.1%	6.1%
Somerset	51.4%	8.8%	16.6%	23.2%
Sussex	82.0%	2.0%	9.9%	6.1%
Union	36.7%	19.5%	34.0%	9.8%
Warren	76.9%	5.1%	11.2%	6.9%
NJ	51.9%	12.4%	21.6%	14.2%

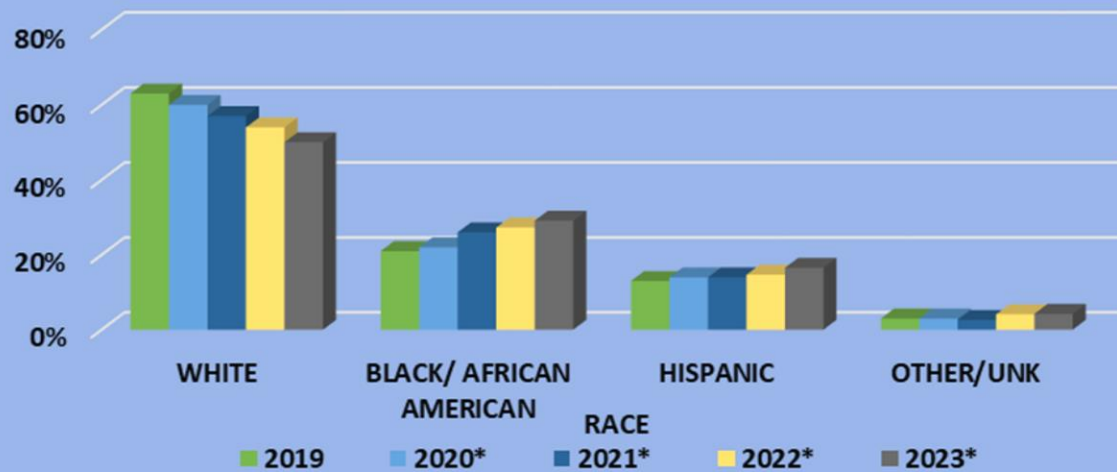
Note: *Other contains Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Some Other Race, alone.

Source: United States Census Bureau Data, 2020.



Naloxone Administrations & ME Drug-Related Deaths: Demographics by Year

NJ OFFICE OF THE CHIEF STATE MEDICAL EXAMINER
DRUG-RELATED DEATHS: RACE
2019 - 2023

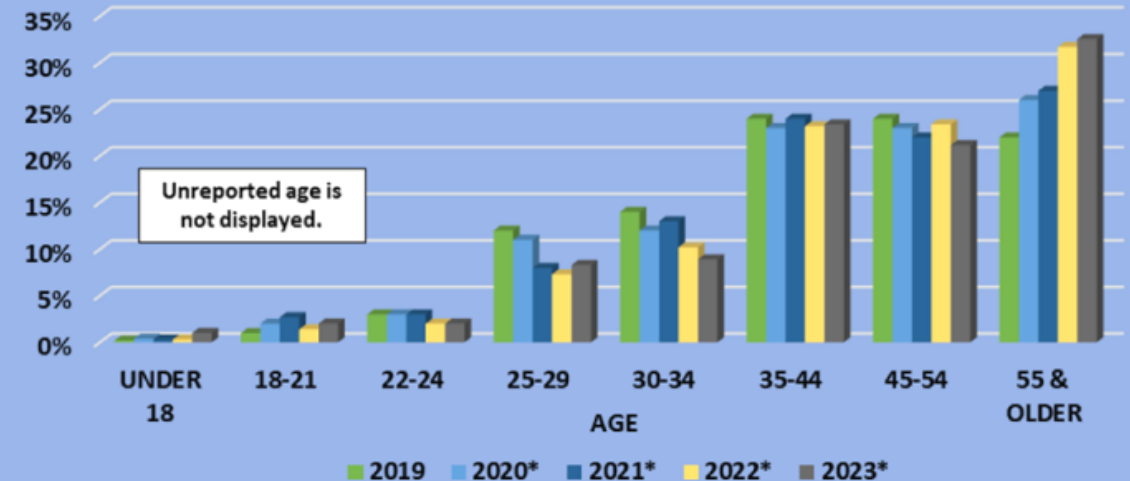


*2020 - 2023 drug-related deaths are suspected and subject to change.

- Victims 55 and older increased each year from 2019 (22%), to 2023 (33%).
- There has been a downward trend in drug-related deaths for ages 30 - 34.

- In 2019, drug-related deaths for the white population totaled 63%; in 2023, this dropped to 50%.
- In 2019, drug-related deaths for Black/African American population totaled 21%; in 2023 this increased to 29%.

NJ OFFICE OF THE CHIEF STATE MEDICAL EXAMINER
DRUG-RELATED DEATHS: AGE
2019 - 2023



*2020 - 2023 drug-related deaths are suspected and subject to change.



Drug-Related Deaths: Demographics

NJ OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATH DEMOGRAPHICS 2019 - 2023						
CATEGORY	SUB CATEGORY	2019	2020*	2021*	2022*	2023*
GENDER	MALE	72%	72%	72%	73%	72%
	FEMALE	27%	27%	28%	27%	28%
	UNKNOWN	1%	1%	0.1%	0.5%	1%
RACE	WHITE	63%	60%	57%	54%	50%
	BLACK/ AFRICAN AMERICAN	21%	22%	26%	27%	29%
	HISPANIC	13%	14%	14%	15%	17%
	OTHER/UNK	3%	3%	3%	4%	4%
AGE	UNREPORTED	0.1%	1%	1%	0.4%	1%
	UNDER 18	0.2%	0.4%	0.3%	0.3%	1%
	18-21	1%	2%	3%	1%	2%
	22-24	3%	3%	3%	2%	2%
	25-29	12%	11%	8%	7%	8%
	30-34	14%	12%	13%	10%	9%
	35-44	24%	23%	24%	23%	23%
	45-54	24%	23%	22%	23%	21%
	55 & OLDER	22%	26%	27%	32%	33%
*2020 - 2023 drug-related deaths are suspected and subject to change.						



**NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS:
MONTHLY AVERAGES**

Drug deaths for 2020 - 2023 are suspected. The top averages in each county are highlighted.



Drug-Related Death Data by County

- **January – December 2022 vs 2023: 329 fewer drug-related deaths, an 11% decrease.**
- **Hudson County: largest increase, 19 additional deaths, a 11% increase.**
- **Atlantic County: largest decrease, 76 fewer deaths, a 30% decrease.**
- **Middlesex County: the second largest decrease, 64 fewer deaths, a 31% decrease.**

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS						
COUNTY	JAN - DEC 2022	JAN - DEC 2023	PERCENT CHANGE	DIFFERENCE	RANK*	
					2022	2023
ATLANTIC	255	179	-30%	-76	3	4
BERGEN	186	130	-30%	-56	5	9
BURLINGTON	151	128	-15%	-23	8	10
CAMDEN	354	326	-8%	-28	2	2
CAPE MAY	44	33	-25%	-11	17	16
CUMBERLAND	76	76	0%	0	14	14
ESSEX	450	447	-1%	-3	1	1
GLOUCESTER	87	82	-6%	-5	13	13
HUDSON	167	186	+11%	+19	7	3
HUNTERDON	18	11	-39%	-7	21	21
MERCER	108	108	0%	0	12	11
MIDDLESEX	209	145	-31%	-64	4	6
MONMOUTH	151	135	-11%	-16	8	7
MORRIS	64	69	+8%	+5	15	15
OCEAN	186	168	-10%	-18	5	5
PASSAIC	143	134	-6%	-9	10	8
SALEM	22	28	+27%	+6	20	18
SOMERSET	50	31	-38%	-19	16	17
SUSSEX	28	23	-18%	-5	19	20
UNION	114	95	-17%	-19	11	12
WARREN	30	27	-10%	-3	18	19
UNRECORDED	0	3	N/A	+3	N/A	N/A
TOTAL	2,893	2,564	-11%	-329		
*Matching totals will result in tied ranks.						



State Drug Harm Index (DHI)

Drug Harm Index Rankings: 1/1/2015 - 12/31/2022												
County	Suspected Heroin Submissions	Suspected Heroin Glassine Bags	Fentanyl Submissions	Fentanyl Glasssine Bags	Opioid Prescriptions	LE & EMS Naloxone Administrations	*Drug Deaths	Drug-Related Arrests		Theft Arrests	Sum of Categories	Final Rank
								Distribution	Possession			
Essex	2	2	2	3	6	2	1	1	2	1	22	1
Camden	1	7	1	5	1	1	2	2	1	2	23	2
Ocean	4	5	6	7	2	6	3	10	6	11	60	3
Monmouth	6	6	5	10	4	5	6	9	3	6	60	4
Passaic	3	1	4	1	12	10	9	3	8	10	61	5
Middlesex	9	10	9	8	5	3	4	6	5	4	63	6
Atlantic	5	4	3	4	13	4	5	11	13	7	69	7
Bergen	12	8	12	6	3	11	8	8	7	3	78	8
Union	7	9	8	9	11	9	11	7	4	8	83	9
Hudson	10	11	11	11	8	7	7	4	11	5	85	10
Mercer	8	3	7	2	14	13	13	5	10	12	87	11
Burlington	11	14	10	12	7	8	10	12	9	9	102	12
Gloucester	15	19	13	18	9	12	12	13	12	14	137	13
Morris	14	15	14	14	10	15	14	15	15	15	141	14
Cumberland	16	16	16	19	15	14	15	14	14	13	152	15
Cape May	13	12	15	13	17	16	17	16	17	17	153	16
Somerset	17	13	17	15	16	17	16	17	16	16	160	17
Sussex	18	17	19	17	18	20	18	19	18	20	184	18
Warren	19	18	18	16	19	19	19	21	20	19	188	19
Salem	21	21	21	21	21	18	20	18	19	18	198	20
Hunterdon	20	20	20	20	20	21	21	20	21	21	204	21

*Drug deaths for 2020 are preliminary; 2021 & 2022 are suspected.



State Drug Harm Index (DHI) (Per Capita)



Drug Harm Index Rankings Using Per Capita Data: 1/1/2015 - 12/31/2022

County	2020 Population	Suspected Heroin Submissions	Suspected Heroin Glassine Bags	Fentanyl Submissions	Fentanyl Glassine Bags	Opioid Prescriptions	LE & EMS Naloxone Administrations	Drug Deaths	Drug-Related Arrests		Theft Arrests	Sum of Categories	Final Per Capita Rank
									Distribution	Possession			
Atlantic	15	2	2	1	2	4	2	1	5	4	2	25	1
Camden	9	3	7	3	6	3	1	2	1	2	5	33	2
Cape May	20	1	4	2	5	1	4	3	7	5	4	36	3
Mercer	12	5	3	4	3	12	9	11	4	7	8	66	4
Cumberland	16	10	11	12	17	2	3	4	6	1	1	67	5
Passaic	8	4	1	5	1	14	12	10	2	11	14	74	6
Essex	2	9	5	9	4	19	7	6	3	10	7	79	7
Ocean	6	6	6	7	7	8	11	8	13	13	17	96	8
Monmouth	5	7	9	6	9	10	10	12	12	9	12	96	9
Salem	21	14	20	13	21	6	5	5	9	6	3	102	10
Gloucester	14	12	21	11	20	5	6	7	11	3	6	102	11
Union	7	8	8	8	8	18	13	17	10	8	13	111	12
Burlington	11	11	18	10	14	7	8	9	14	12	9	112	13
Warren	19	13	10	14	10	9	14	13	16	15	11	125	14
Middlesex	3	19	13	16	11	15	15	15	15	14	15	148	15
Sussex	17	15	14	15	13	11	17	14	19	16	19	153	16
Hudson	4	18	16	19	16	21	16	16	8	17	10	157	17
Bergen	1	20	12	20	12	16	19	19	17	18	16	169	18
Morris	10	16	19	17	19	13	20	18	20	19	18	179	19
Hunterdon	18	17	17	18	15	17	21	20	18	21	21	185	20
Somerset	13	21	15	21	18	20	18	21	21	20	20	195	21

The 2020 population rank is not totaled in the sum of categories. Population is factored into each county's rank in each category.



Statewide (NJ) Treatment Admissions 1/1/2019 – 9/15/2023

Data & Methodology

- Source of data: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS). [NJSAMS \(rutgers.edu\)](https://njsams.rutgers.edu), accessed 12/15/2023.
- DMI reviewed total admissions for treatment, not first-time (unique) clients.
- Specific categories of drugs reviewed:
 - Heroin & other opiates;
 - Cocaine/crack;
 - All drugs; including alcohol, heroin, other opiates, cocaine/crack, marijuana, and other drugs.
- Time frame for all data: 1/1/2019 to 9/15/2023.



- Black individuals admitted for treatment increased from 23% to 25%.
- 29% of admissions involved individuals 35 to 44 years of age.

ALL DRUGS STATEWIDE TREATMENT ADMISSIONS 2019 - 2023 (TO 9/15)						
CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	68%	68%	69%	69%	69%
	FEMALE	32%	32%	31%	31%	31%
	UNREPORTED	0%	0%	0%	0%	0%
RACE	WHITE	60%	62%	60%	58%	58%
	BLACK	23%	23%	24%	25%	25%
	HISPANIC	14%	14%	15%	15%	16%
	OTHER/UNREPORTED	1%	2%	2%	1%	1%
AGE	UNDER 18	1%	1%	1%	1%	1%
	18-21	4%	4%	3%	3%	2%
	22-24	7%	6%	5%	4%	4%
	25-29	17%	16%	14%	13%	11%
	30-34	17%	18%	18%	18%	17%
	35-44	24%	25%	27%	28%	29%
	45-54	18%	18%	18%	18%	19%
	55 & OLDER	11%	12%	14%	15%	16%
	UNREPORTED	0%	0%	0%	0%	0%
Source: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS)						



NJ Treatment Admission Demographics: Heroin & Other Opiates

- Black individuals admitted for treatment increased from 19% to 26%.
- 30% of admissions involved individuals 35 to 44 years of age.

HEROIN & OTHER OPIATES STATEWIDE TREATMENT ADMISSIONS 2019 - 2023 (TO 9/15)						
CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	66%	67%	69%	68%	68%
	FEMALE	34%	33%	31%	32%	32%
	UNREPORTED	0%	0%	0%	0%	0%
RACE	WHITE	66%	66%	63%	60%	59%
	BLACK	19%	20%	22%	25%	26%
	HISPANIC	13%	13%	14%	15%	14%
	OTHER/UNREPORTED	1%	1%	1%	1%	1%
AGE	UNDER 18	0%	0%	0%	0%	0%
	18-21	2%	2%	2%	2%	1%
	22-24	6%	6%	5%	4%	3%
	25-29	20%	19%	16%	14%	12%
	30-34	20%	21%	21%	20%	20%
	35-44	24%	26%	27%	29%	30%
	45-54	18%	17%	17%	17%	18%
	55 & OLDER	9%	10%	13%	14%	16%
	UNREPORTED	0%	0%	0%	0%	0%
Source: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS)						

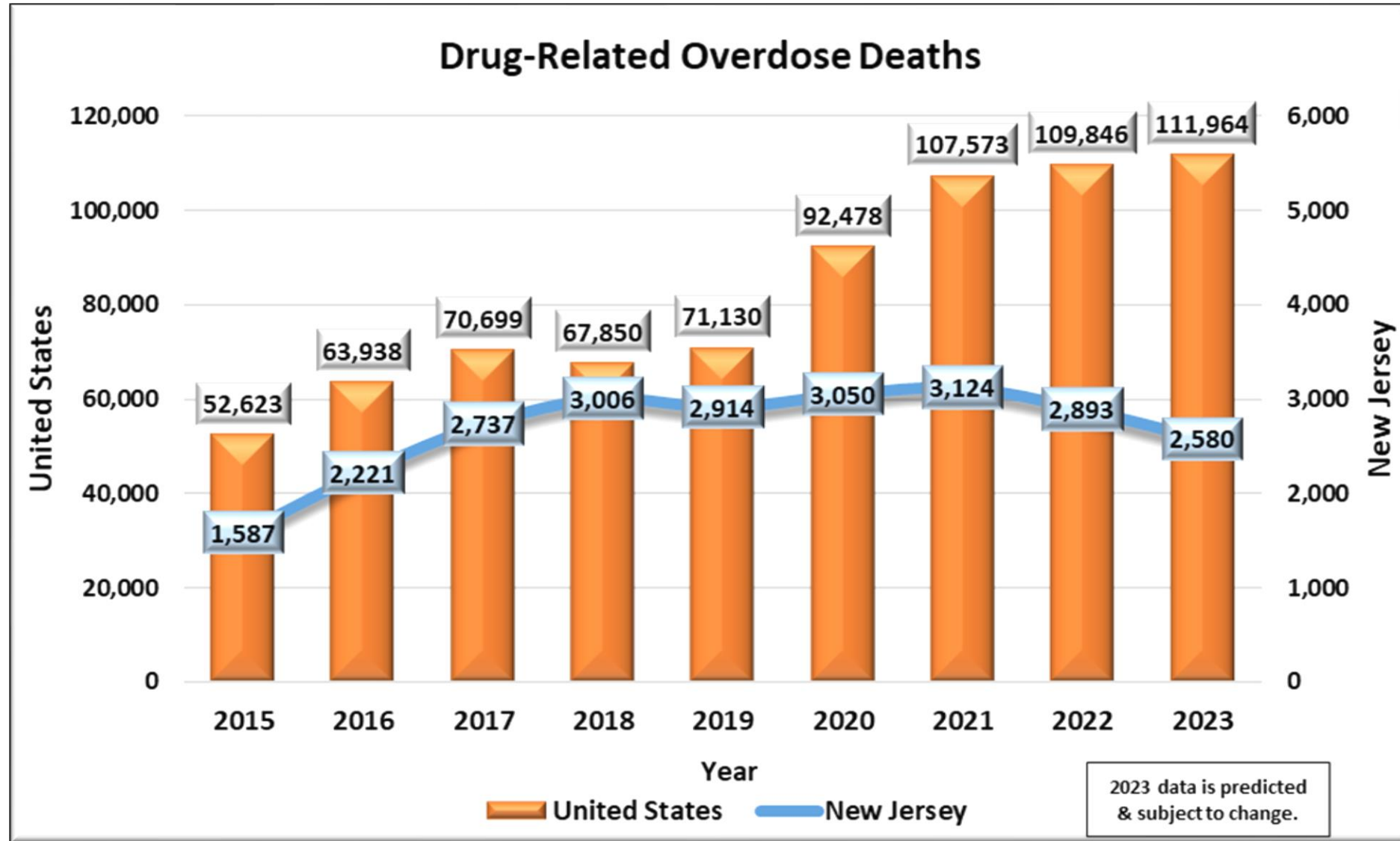


- Treatment admissions for males increased from 73% to 75%.
- 29% of admissions involved Black individuals.
- 31% of admissions involved individuals 35 to 44 years of age.

COCAINE/CRACK STATEWIDE TREATMENT ADMISSIONS 2019 - 2023 (TO 9/15)						
CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	73%	73%	77%	77%	75%
	FEMALE	27%	27%	23%	23%	25%
	UNREPORTED	0%	0%	0%	0%	0%
RACE	WHITE	52%	54%	47%	47%	48%
	BLACK	29%	26%	32%	31%	29%
	HISPANIC	16%	18%	19%	20%	22%
	OTHER/UNREPORTED	1%	2%	2%	2%	2%
AGE	UNDER 18	0%	0%	0%	0%	0%
	18-21	3%	3%	2%	2%	2%
	22-24	5%	5%	5%	4%	4%
	25-29	12%	13%	10%	11%	10%
	30-34	15%	15%	14%	17%	16%
	35-44	28%	28%	29%	30%	31%
	45-54	25%	23%	25%	21%	22%
	55 & OLDER	12%	13%	17%	16%	16%
	UNREPORTED	0%	0%	0%	0%	0%
Source: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS)						



Drug-Related Overdose Deaths: NJ & US



New Jersey Office of the Chief State Medical Examiner. NJ drug-related deaths for 2020 - 2023 are suspected.
US Drug-Related Deaths: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



Contact Information

For more information:

Jason.Piotrowski@NJSP.GOV

DMI@NJSP.GOV



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

To register for continuing education for today's webinar, visit knockoutday.drugfreenj.org/jan25
For 1.0 EMT CEU, visit <https://KnockOutDay.DrugFreeNJ.org/EMT>

UPCOMING WEBINAR

Emerging Threats Within the Opioid Crisis

11 a.m. Thursday, February 29, 2024

Register at KnockOutDay.DrugFreeNJ.org/events



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