



The Opioid Crisis – Where We Stand as 2024 Concludes

December 12, 2024

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: JA4008191-9999-24-026-L01-P, Knowledge

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 Continuing Education Credit

EMT

This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

Athletic Trainers

Partnership for a Drug-Free New Jersey (BOC AP#: P12171) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of one (1) Category A hours/CEUs.



Partnership for a
Drug-Free New Jersey
In Cooperation with the Governor's Council on
Substance Use Disorder and the NJ Dept. of Human Services

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 poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.
- The links 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 bureaus of Ethicon and Johnson & Johnson.

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 Substance
Use Disorder and the NJ Dept. of Human Services

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



From Pills to Fentanyl to Xylazine The Opioid Crisis: Where We Stand as 2024 Concludes

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

Thou hast the keys of Paradise, oh just, subtle, and mighty opium!

Thomas De Quincey, *Confessions of an English Opium-Eater*, 1821



Consequences of ANY opioid use

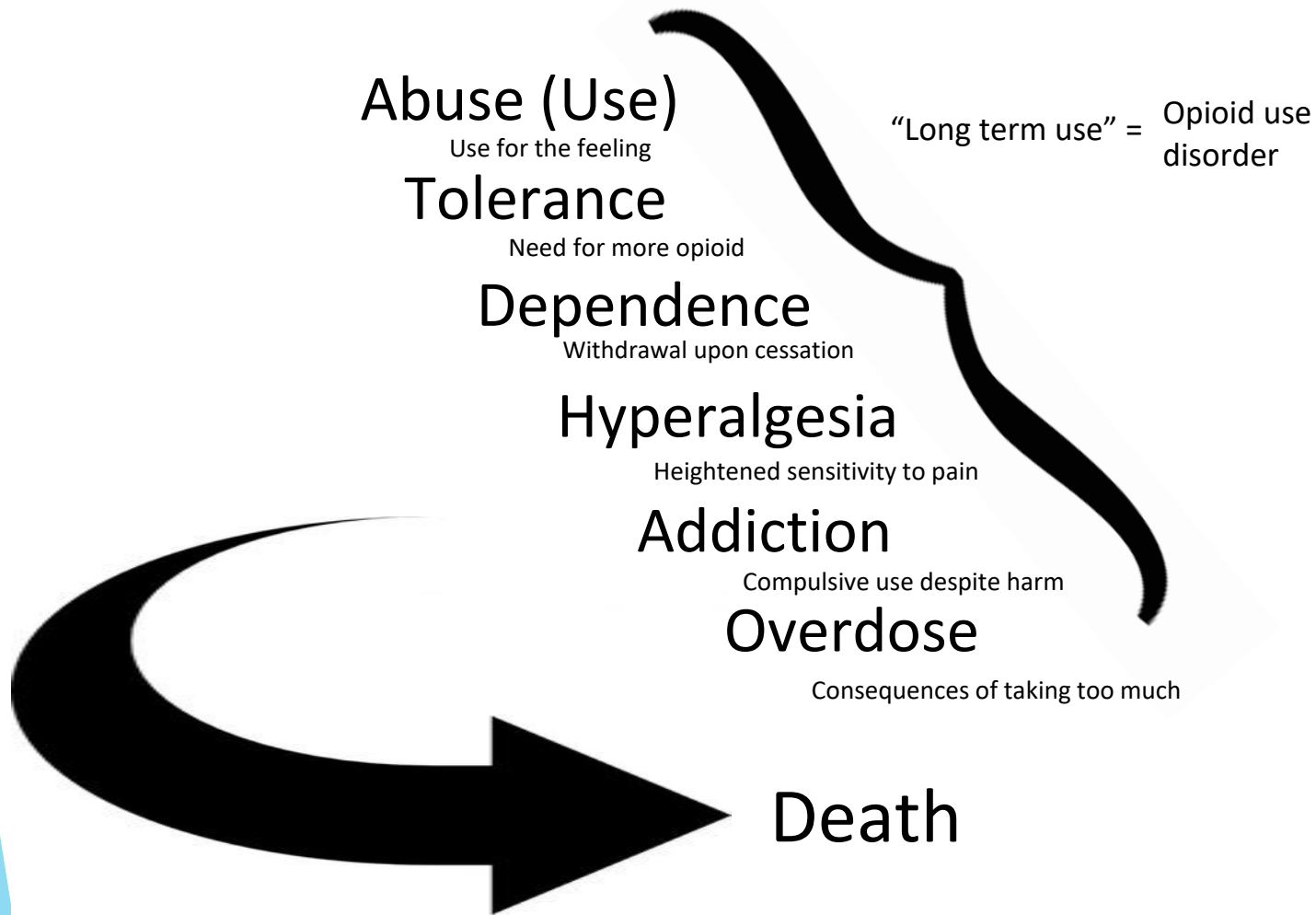
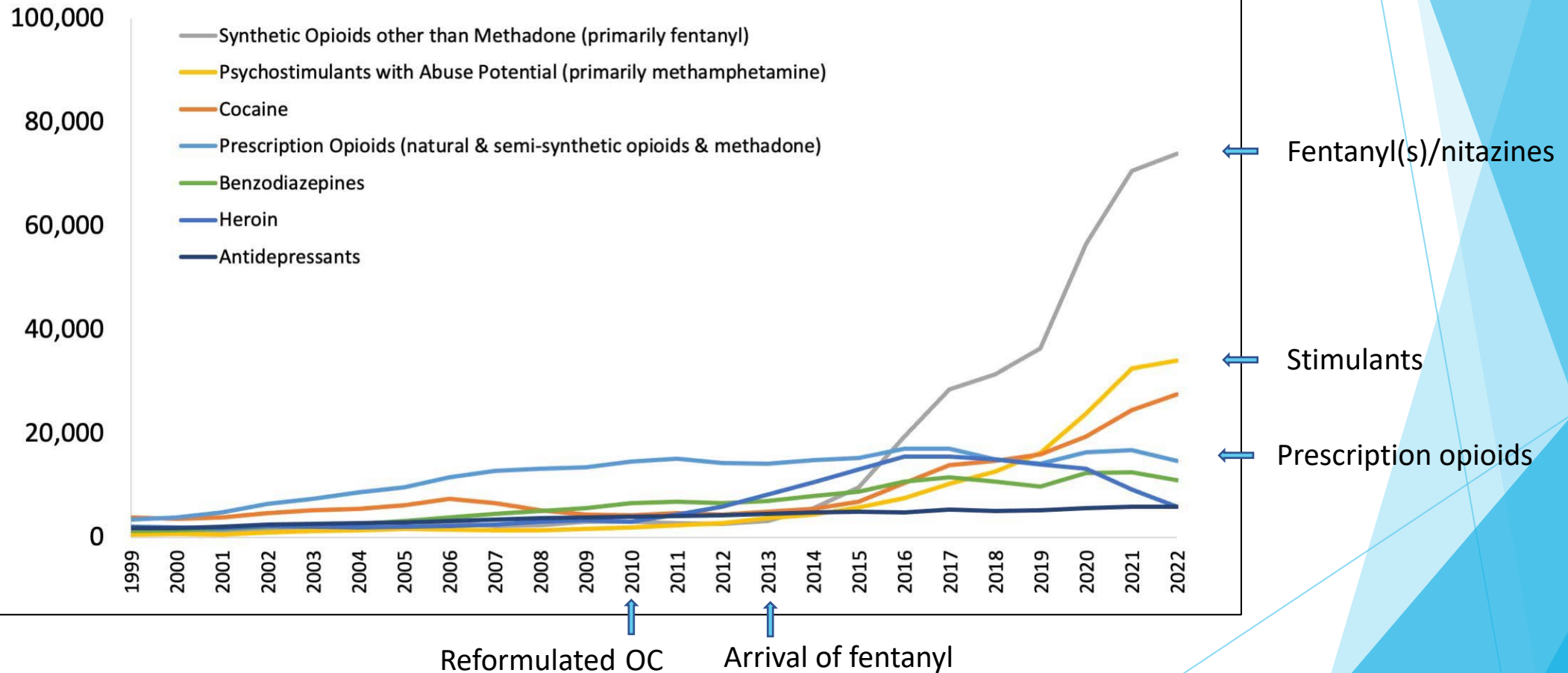


TABLE 36–3 Criteria for Opioid Use Disorder³

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.

Figure 2. National Drug Overdose Deaths*,
Number Among All Ages, 1999-2022



Dose Makes The Poison

“What is there that is not poison? All things are poison and nothing [is] without poison. Solely the dose determines that a thing is not a poison”



aka PARACELSUS (1493-1541)

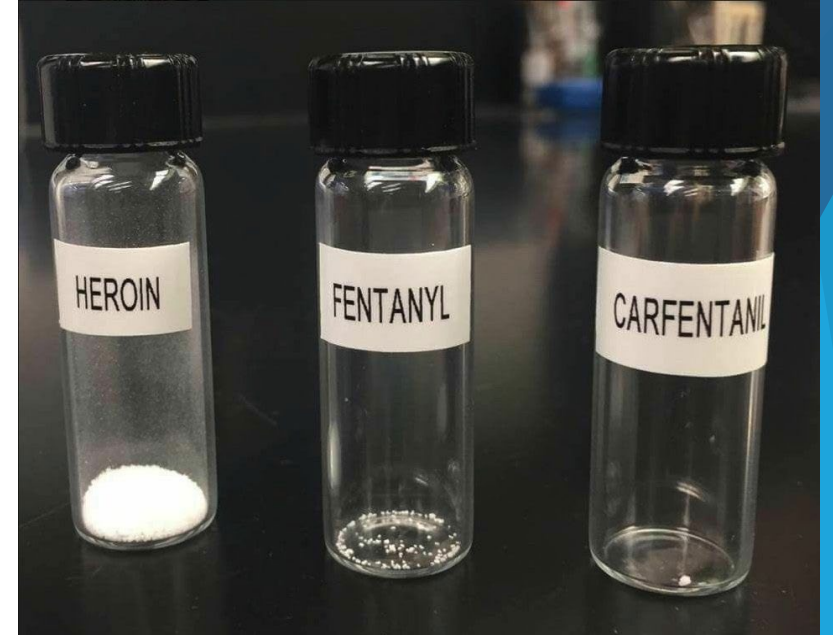
*Fentanyl is no more dangerous than any other opioid...
when dosed “correctly”*

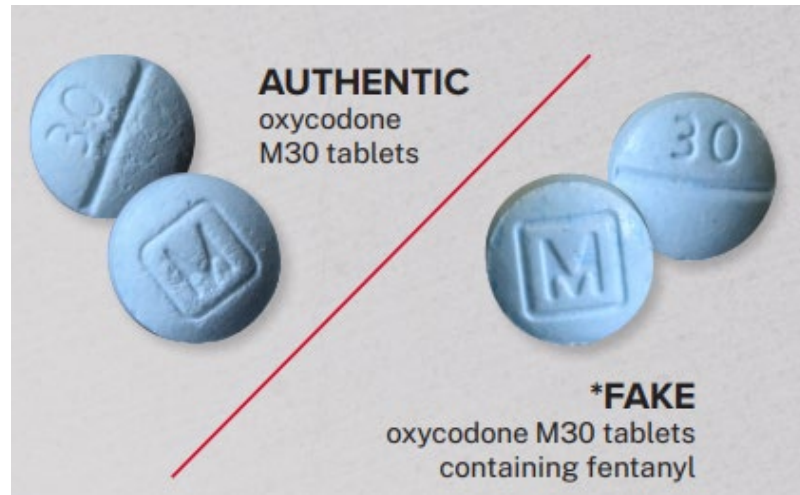
Dose

Number of mg of substance taken

Potency

Number of mg/kg to have a specific effect



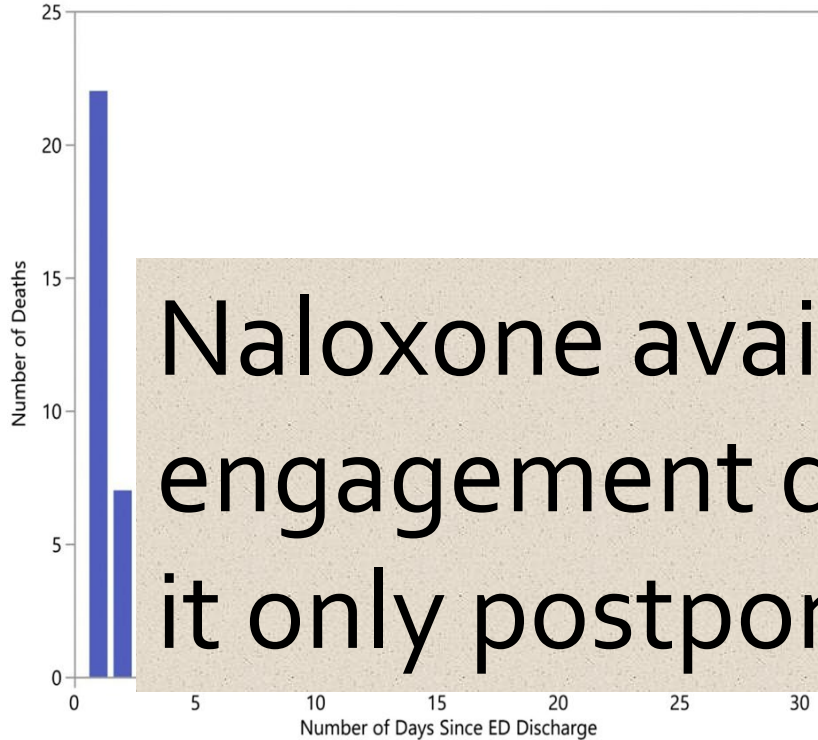




One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

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

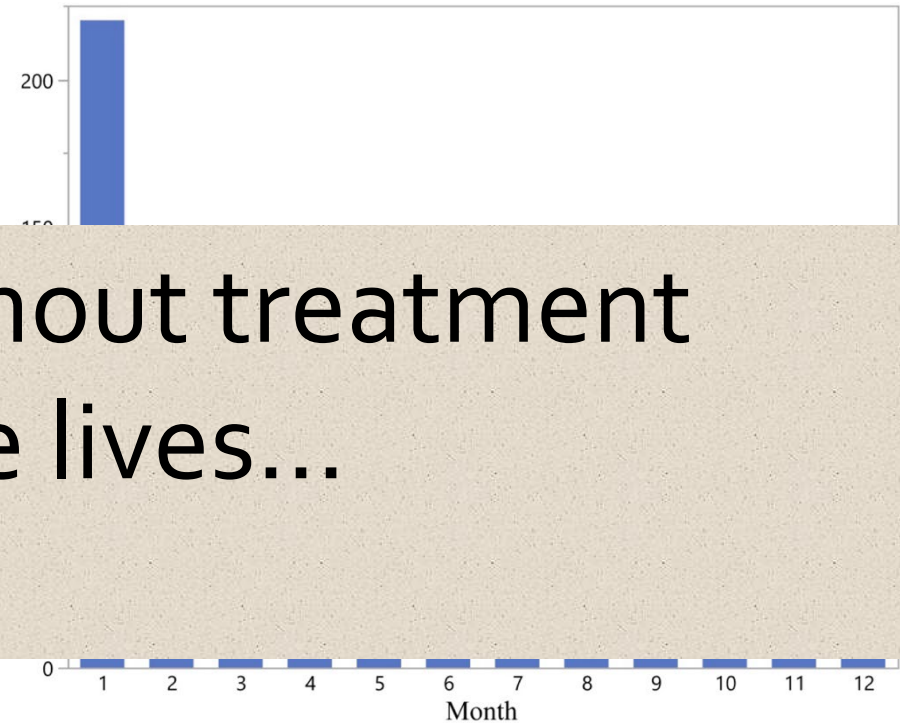
*Corresponding Author. E-mail: sweiner@bwh.harvard.edu, Twitter: [@scottweinermd](https://twitter.com/scottweinermd).



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



Harm reduction (some are controversial)

Naloxone distribution/prescribing

Fentanyl testing strips

Syringe exchange

Safe consumption sites



Addiction management (not controversial)

Screening

Reducing barriers

- Telehealth
- Recovery coaches

Medication for opioid use disorder

- Buprenorphine
- Methadone

Let's get our messaging straight

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



ONDCP > 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



The New York Times

Tranq Dope: Animal Sedative Mixed With Fentanyl Brings Fresh Horror to U.S. Drug Zones

A veterinary tranquilizer called xylazine is infiltrating street drugs, deepening addiction, baffling law enforcement and causing wounds so severe that some result in amputation.

Jan. 7, 2023

REVIEW

Annals of Internal Medicine

Xylazine Adulteration of the Heroin-Fentanyl Drug Supply

A Narrative Review

Joseph D'Orazio, MD; Lewis Nelson, MD, MBA; Jeanmarie Perrone, MD; Rachel Wightman, MD; and Rachel Haroz, MD

Xylazine is an animal sedative, approved by the U.S. Food and Drug Administration, that is commonly used in veterinary medicine and is not approved for human use. Since 2016, xylazine has consistently appeared in the illicitly manufactured fentanyl supply and has significantly increased in prevalence, likely due to its low cost, easy availability, and presumed synergistic psychoactive effect. Clinical experience along with the available pertinent research were used to review xylazine adulteration of the drug supply and provide

guidance on the care of patients exposed to xylazine. This review discusses xylazine pharmacology, animal and human clinical effects, and what is known to date about care of patients experiencing acute overdose, xylazine-fentanyl withdrawal, and xylazine-associated wounds.

Ann Intern Med. 2023;176:1370-1376. doi:10.7326/M23-2001 [Annals.org](https://www.annals.org)
For author, article, and disclosure information, see end of text.
This article was published at [Annals.org](https://www.annals.org) on 10 October 2023.

Xylazine facts

Not reversed by naloxone (true but irrelevant)

Not an opioid
Alpha-2a adrenergic agonist

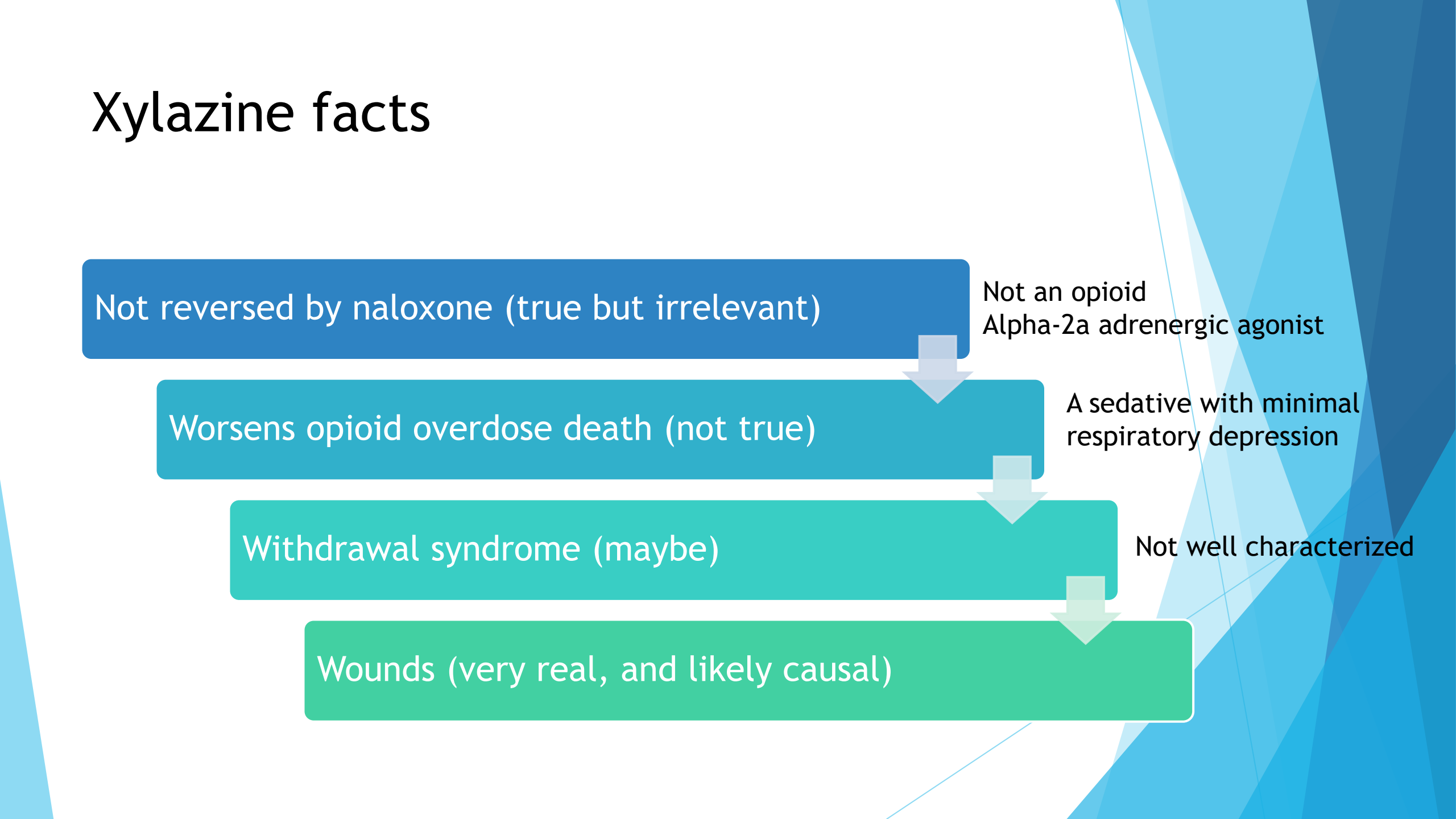
Worsens opioid overdose death (not true)

A sedative with minimal
respiratory depression

Withdrawal syndrome (maybe)

Not well characterized

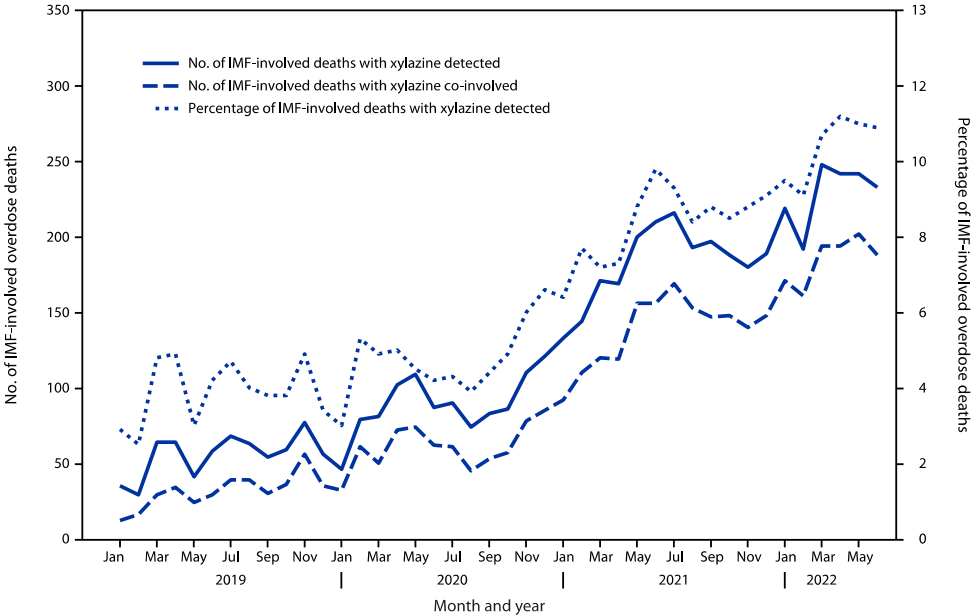
Wounds (very real, and likely causal)



Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022

Mbabazi Kariisa, PhD¹; Julie O'Donnell, PhD¹; Sagar Kumar, MPH¹; Christine L. Mattson, PhD¹; Bruce A. Goldberger, PhD²

FIGURE 1. Number and percentage of drug overdose deaths involving* illicitly manufactured fentanyl[†], by month and xylazine detection or co-involvement — State Unintentional Drug Overdose Reporting System, 21 jurisdictions,[§] January 2019–June 2022



Opioid overdoses involving xylazine in emergency department patients: a multicenter study

Table 2. Clinical outcomes in xylazine vs. control patients.

Clinical outcome variables	Xylazine (n = 90)	Xylazine absent (n = 231)	P-Value
Cardiovascular outcomes			
Received CPR	4 (4.4%)	33 (14.3%)	0.013
Bradycardia	2 (2.2%)	4 (1.7%)	0.77
Pulmonary outcomes			
Intubated within 4 h	2 (2.2%)	13 (5.6%)	0.193
Non-invasive positive pressure within 4 h	1 (1.1%)	4 (1.7%)	0.689
Any ventilatory support within 4 h	3 (3.3%)	17 (7.4%)	0.182
Intubated after 4 h	2 (2.2%)	11 (4.8%)	0.298
Non-invasive positive pressure after 4 h	2 (2.2%)	2 (0.9%)	0.327
Any ventilatory support after 4 h	4 (4.4%)	13 (5.6%)	0.67
Central nervous system outcomes			
Coma within 4 h	24 (26.7%)	87 (37.7%)	0.063
Coma after 4 h	12 (13.3%)	35 (15.2%)	0.682
Overall outcomes			
Death	1 (1.1%)	5 (2.16%)	0.528
Discharged from the ED	59 (65.6%)	147 (63.6%)	0.528
ICU Admissions	11 (12.2%)	39 (16.9%)	0.30
Miscellaneous			
Length of hospitalization (h); median (IQR)	10 (5–28)	9 (5–36)	0.806
Total naloxone dose (mg)	3.68 (1.3–4.05)	2.8 (2–4.1)	0.448

Abbreviations: IQR, interquartile range; CPR, cardiopulmonary resuscitation; ED, emergency department; ICU, intensive care unit. The bold values indicate variables that are statistically significant ($P < 0.05$).
*Percentage of entire cohort.

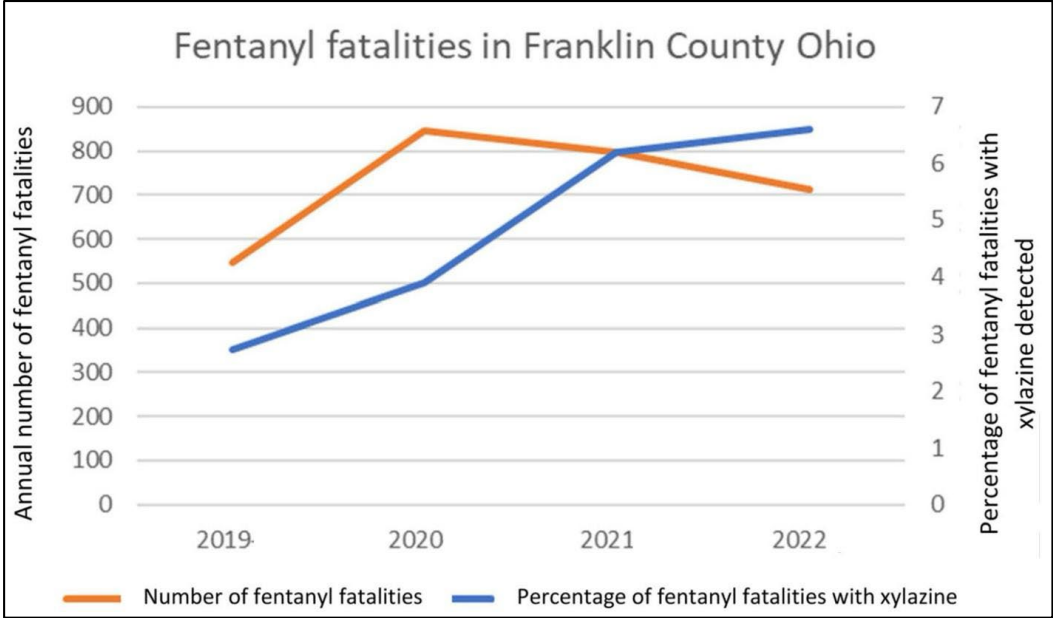
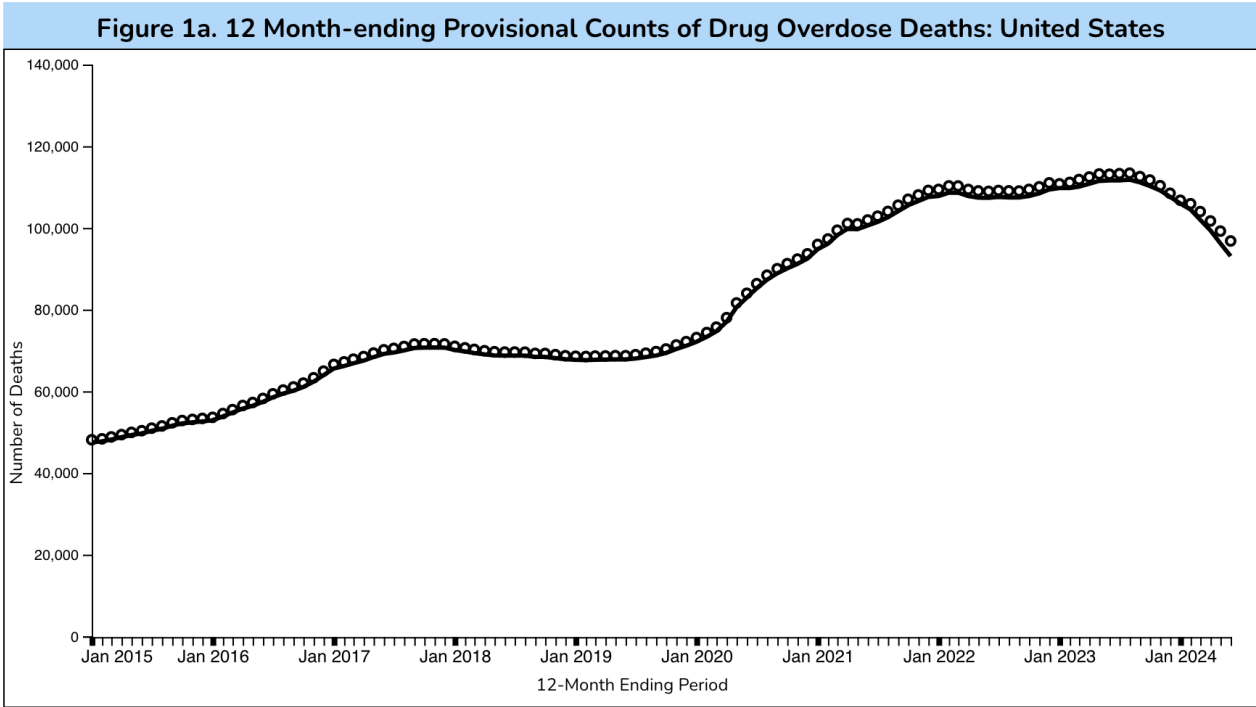


Figure 1. Annual number of fentanyl-associated fatalities and percentage of cases with xylazine detected. Franklin County, Ohio, 2019-2022

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: November 3, 2024



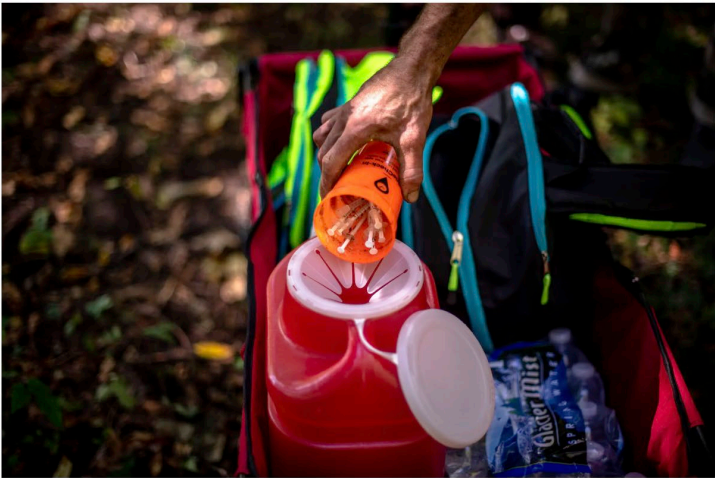
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

The New York Times

What's Behind the Remarkable Drop in U.S. Overdose Deaths

Experts are puzzling over which interventions are saving lives. The evolving illicit supply itself may hold important clues.

[Share full article](#) [122](#)



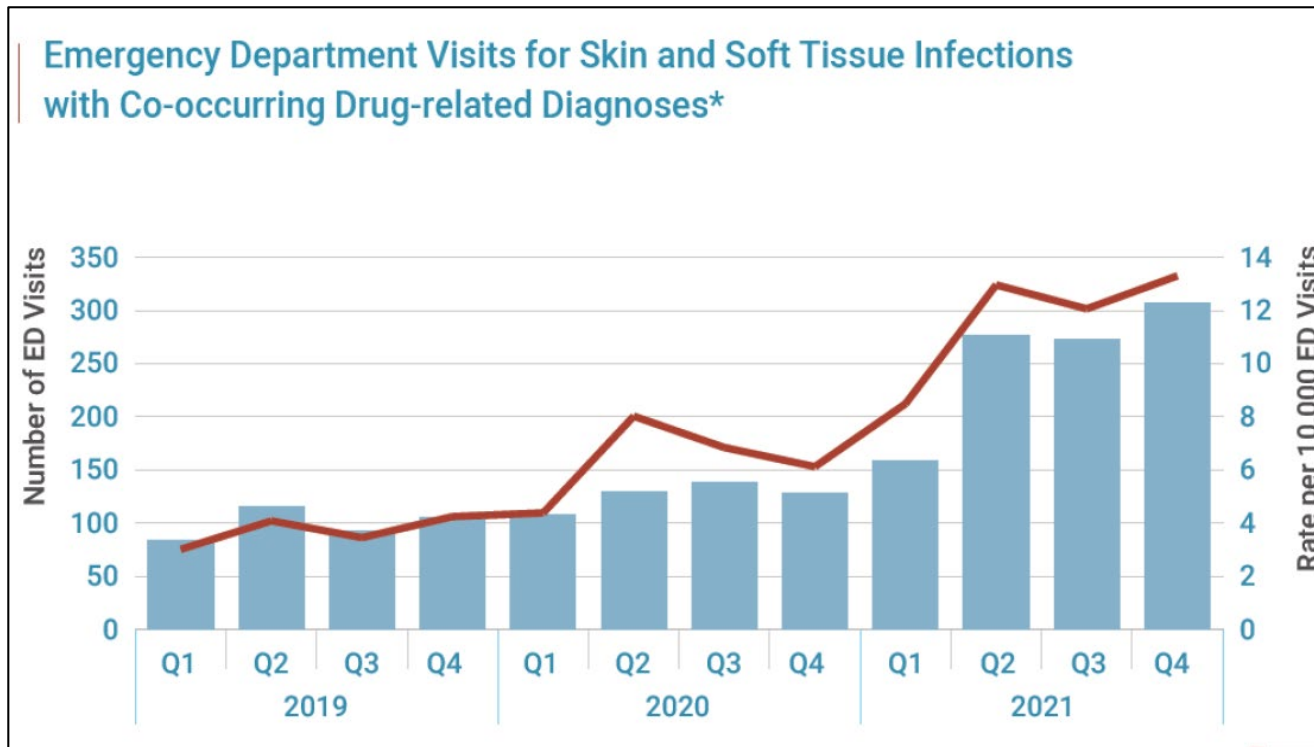
Used needles being collected by a harm reduction team at an encampment in Kalamazoo, Mich., last year. Hilary Swift for The New York Times



By Jan Hoffman and Noah Weiland

Nov. 21, 2024

Xylazine Associated Wounds





NJLINCS Health Alert Network

Public Health Alert

NJLINCS Health Alert Network

Distributed by the *New Jersey Department of Health*

Subject: Public Health Alert : Increase in suspected medetomidine exposure in New Jersey

Date: 11/25/2024 13:48:58

Official Message No.: 112267-11-25-2024-PHAL

Contact Info: Michele Calvo

Attachments: No

The New Jersey Poison Control Center is aware of eight patients since November 11, 2024, reporting heroin use with clinical presentations consistent with **medetomidine exposure**. These patients have presented statewide, and all had **bradycardia and sedation**, with variable levels of respiratory depression.

Among the patients who received naloxone, the response was mixed.

Medetomidine is a veterinary sedative and an emerging adulterant in the unregulated opioid supply. It is not approved for human use. It has been detected in at least 18 states, the District of Columbia, and Canada. Informally, it has also been referred to as “rhino tranq” or “mede.”

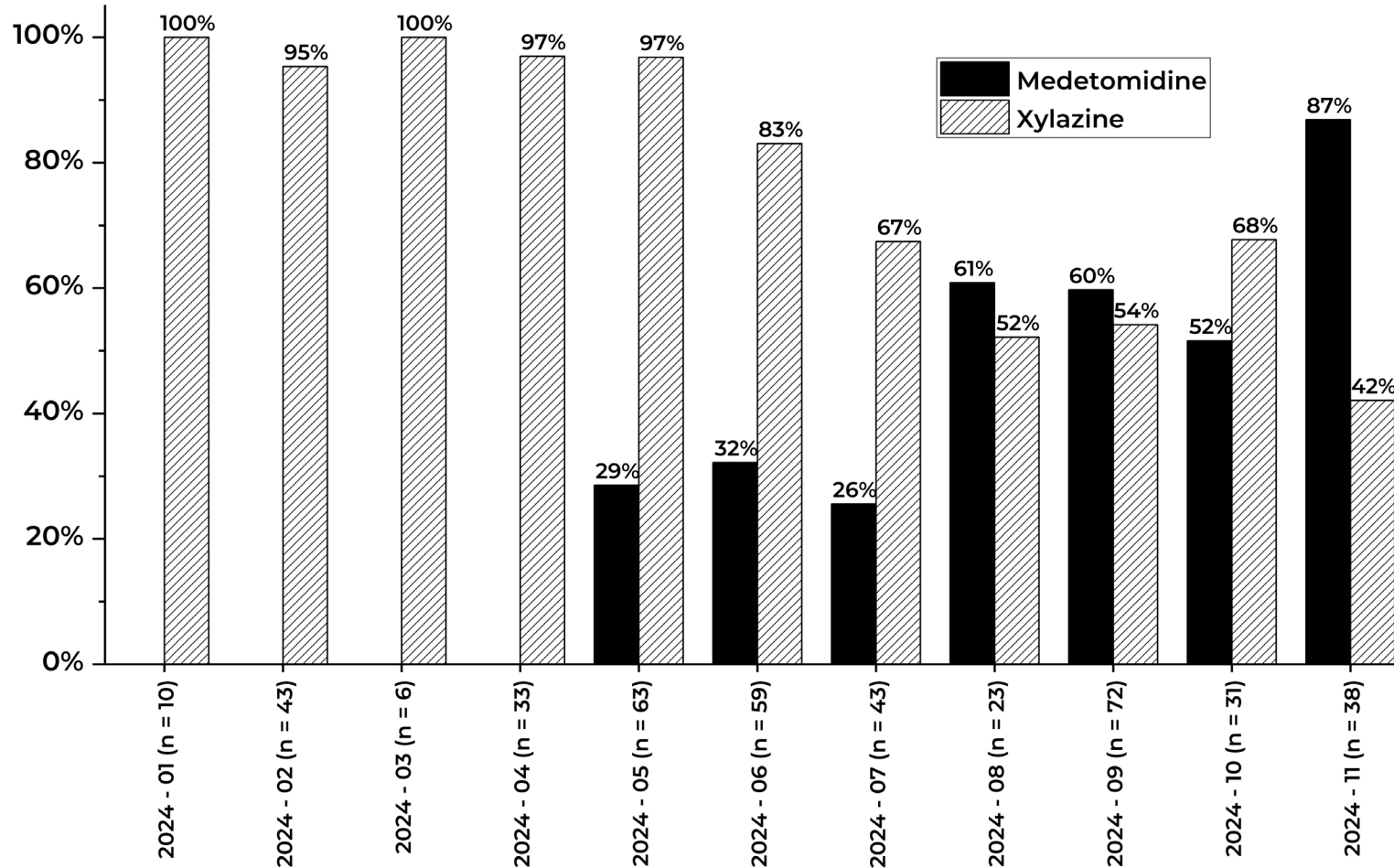
Potential patients will likely present after opioid use or overdose with sedation, bradycardia, and possibly respiratory depression, all of which will have minimal or no response to naloxone. Severely affected patients will require medical intervention, including monitoring or addressing airway and oxygenation status.

For any questions or to report a possible exposure, please call the New Jersey Poison Center (1-800-222-1222).

Health Alert

Hospitals and behavioral health providers are reporting severe and worsening presentations of withdrawal among people who use drugs (PWUD) in Philadelphia

12/10/2024



Naloxone does not reverse the effects of xylazine, yet it is the drug of choice

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

Xylazine positive

Bystander Reversal Agents



Generic “kit”



Nonprescription



High dose (8 mg) naloxone device – severe, prolonged precipitated withdrawal

www.cdc.gov/mmwr/volumes/73/wr/mm7305a4.htm?s_cid=mm7305a4_w

Sandoz

Teva

Perrigo



Generic

Journal of Medical Toxicology (2024) 20:64–67
<https://doi.org/10.1007/s13181-023-00981-z>

POSITION STATEMENT

American College of Medical Toxicology and the American Academy of Clinical Toxicology Position Statement: Nalmefene Should Not Replace Naloxone as the Primary Opioid Antidote at This Time

Andrew I. Stolbach¹ · Maryann Mazer-Amirshahi² · Lewis S. Nelson³ · Jon B. Cole⁴



Summary

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



Lewis.Nelson@Rutgers.edu
@LNelsonMD



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

The Opioid Crisis: Where We Stand as 2024 Concludes

Captain Jason Piotrowski

**Executive Officer
Forensic and Technical Services Section
New Jersey State Police
Jason.Piotrowski@NJSP.gov**

**MPH Candidate Johns Hopkins University
Bloomberg School of Public Health**



What We Will Cover

- National Landscape
- State of New Jersey
- Persistent & Emerging Threats
- Overdose Data
- Outcomes



CDC ~ Top 15 Leading Causes of Death All Ages

15 Leading Causes of Death ↓	→ Deaths ↑↓	↔ Population ↑↓	← Crude Rate Per 100,000 ↑↓
#Diseases of heart (I00-I09,I11,I13,I20-I51)	3,409,811	1,650,072,382	206.6
#Malignant neoplasms (C00-C97)	3,014,809	1,650,072,382	182.7
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	993,096	1,650,072,382	60.2
#COVID-19 (U07.1)	954,276	1,650,072,382	57.8
#Cerebrovascular diseases (I60-I69)	786,362	1,650,072,382	47.7
#Chronic lower respiratory diseases (J40-J47)	758,846	1,650,072,382	46.0
#Alzheimer disease (G30)	617,281	1,650,072,382	37.4
#Diabetes mellitus (E10-E14)	479,284	1,650,072,382	29.0
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	267,793	1,650,072,382	16.2
#Influenza and pneumonia (J09-J18)	251,416	1,650,072,382	15.2
#Chronic liver disease and cirrhosis (K70,K73-K74)	250,226	1,650,072,382	15.2
#Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	239,493	1,650,072,382	14.5
#Septicemia (A40-A41)	202,741	1,650,072,382	12.3
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	200,375	1,650,072,382	12.1
#Parkinson disease (G20-G21)	187,875	1,650,072,382	11.4



CDC ~ Drug Overdose Deaths Provisional Data

Based on data available for analysis on: November 3, 2024

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

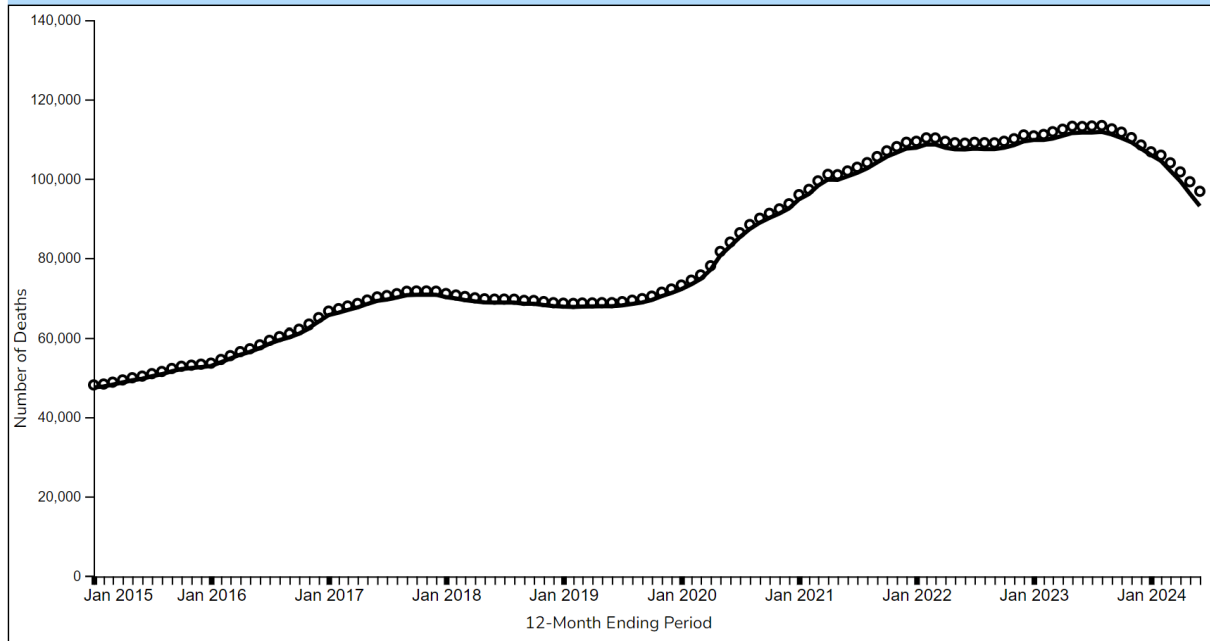


Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: June 2023 to June 2024

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Mortality

All injury deaths

- Number of deaths: 307,785
- Deaths per 100,000 population: 92.3

Source: [National Vital Statistics System – Mortality Data \(2022\)](#) via CDC WONDER

All poisoning deaths

- Number of deaths: 112,728
- Deaths per 100,000 population: 33.8

Source: [National Vital Statistics System – Mortality Data \(2022\)](#) via CDC WONDER

Motor vehicle traffic deaths

- Number of deaths: 44,534
- Deaths per 100,000 population: 13.4

Source: [National Vital Statistics System – Mortality Data \(2022\)](#) via CDC WONDER

All firearm deaths

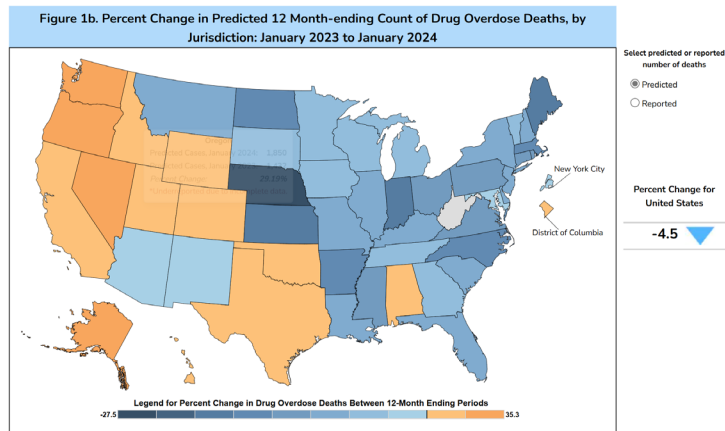
- Number of deaths: 48,204
- Deaths per 100,000 population: 14.5

Source: [National Vital Statistics System – Mortality Data \(2022\)](#) via CDC WONDER

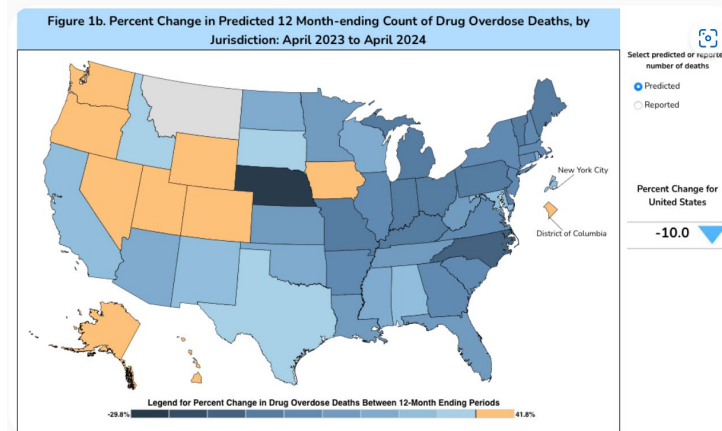


Are Overdoses Down?

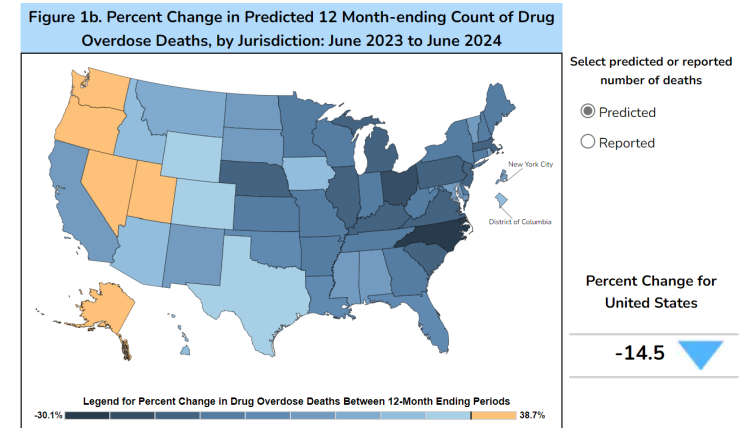
CDC ~ Drug Overdose Deaths Provisional Data



12-month period
ending January
2024



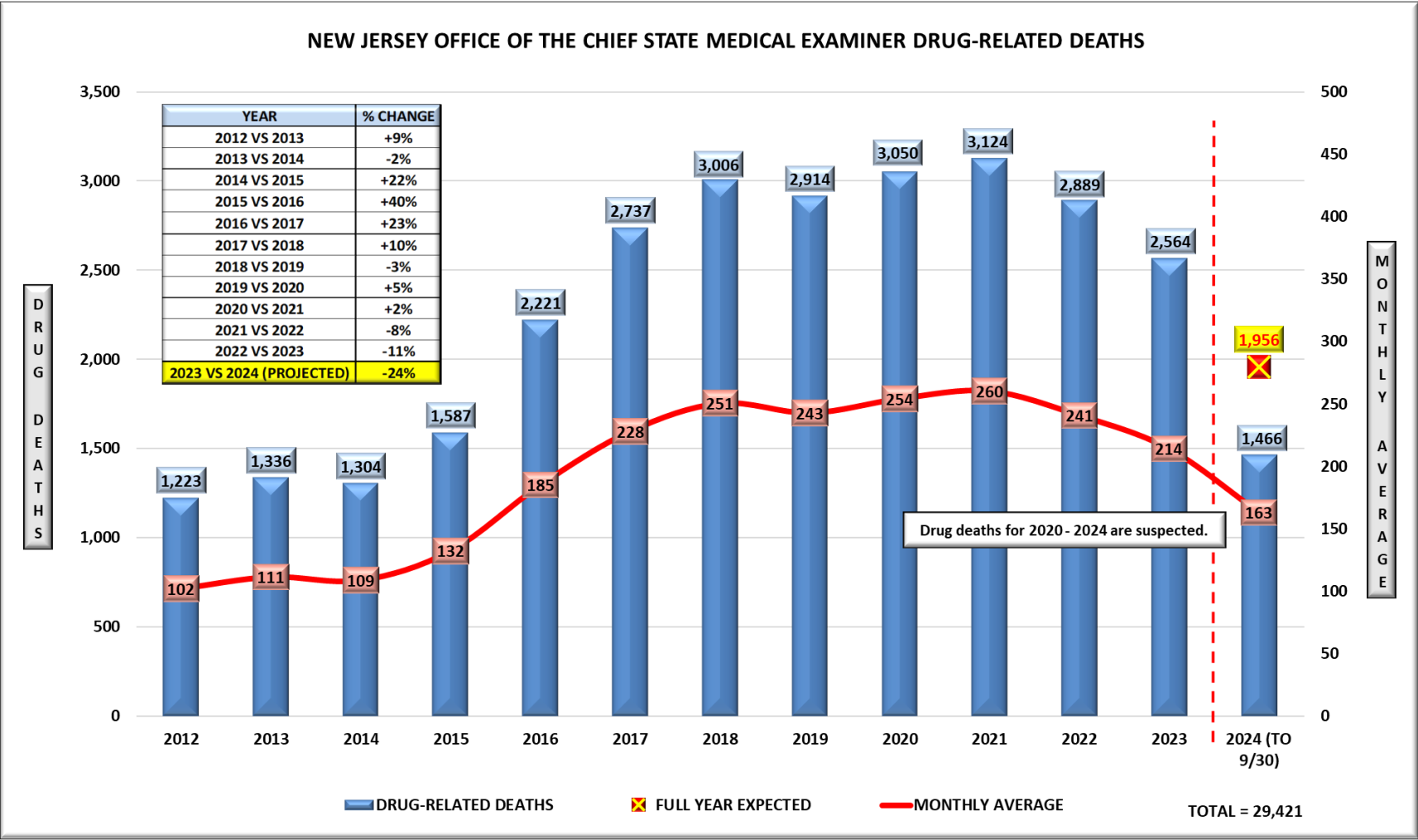
12-month period
ending April 2024



12-month period
ending June 2024



Are Overdoses Down? New Jersey Drug-Related Death Data



Are Overdoses Down?

New Jersey Drug-Related Death Data

***2020 to 2024 data is preliminary and subject to change.**

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS: MONTHLY AVERAGES													
COUNTY	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024 (TO 9/30)
ATLANTIC	7	7	7	7	14	14	16	14	18	16	21	15	13
BERGEN	6	8	7	7	8	11	12	11	14	18	16	11	9
BURLINGTON	6	6	6	7	8	12	13	13	12	14	13	11	8
CAMDEN	12	13	12	16	17	26	27	29	25	28	29	27	17
CAPE MAY	2	3	2	3	3	5	4	4	5	5	4	3	3
CUMBERLAND	2	2	2	3	4	6	9	7	7	6	6	6	6
ESSEX	9	11	10	12	23	31	31	35	31	34	37	37	29
GLOUCESTER	5	6	4	5	7	10	12	11	11	9	7	7	6
HUDSON	6	6	5	9	11	12	15	15	15	17	14	16	10
HUNTERDON	1	1	1	1	2	2	2	1	1	3	2	1	1
MERCER	3	4	4	5	5	9	12	10	10	12	9	9	6
MIDDLESEX	8	7	10	9	15	20	17	17	18	21	17	12	9
MONMOUTH	8	7	9	10	14	14	18	15	15	15	13	11	8
MORRIS	4	4	4	4	6	7	7	8	9	7	5	6	4
OCEAN	11	13	11	13	21	16	18	16	20	20	16	14	10
PASSAIC	5	5	5	7	9	11	15	14	16	13	12	11	8
SALEM	1	< 1	1	2	2	2	3	3	3	2	2	2	1
SOMERSET	2	3	3	3	4	4	4	3	5	5	4	3	3
SUSSEX	2	1	1	2	3	3	3	3	4	3	2	2	2
UNION	4	4	4	6	8	11	12	11	12	12	10	8	7
WARREN	1	1	1	2	3	3	3	2	3	2	3	2	2
TOTAL	102	111	109	132	185	228	251	243	254	260	241	214	163



Are Overdoses Down?

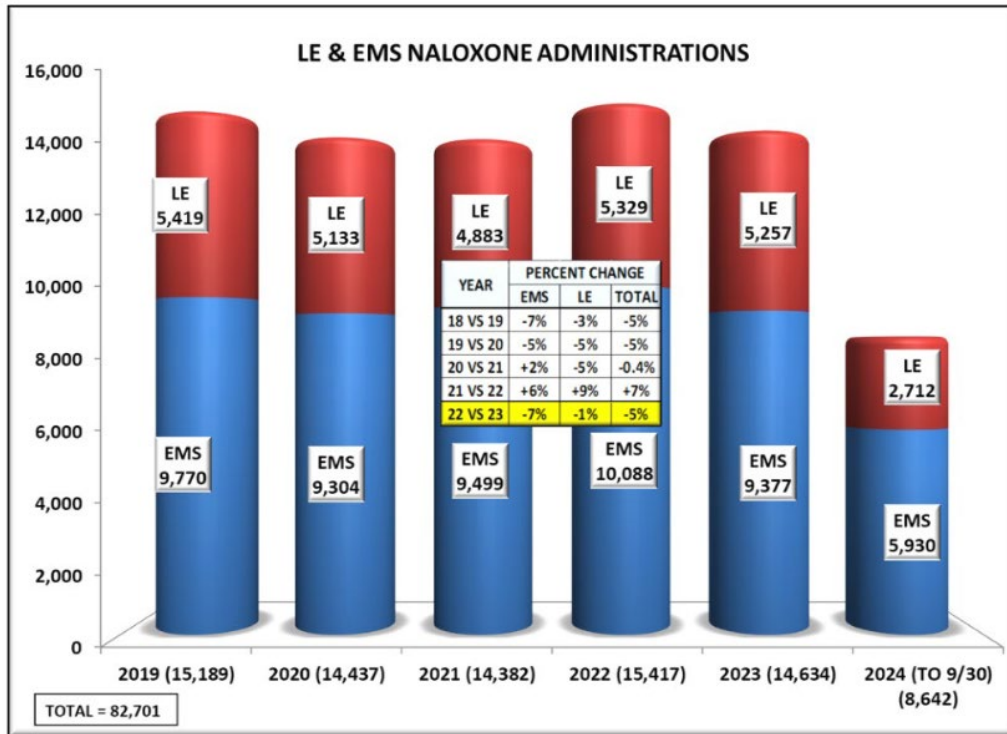
New Jersey Drug-Related Death Data

*Data is preliminary and subject to change.

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS						
COUNTY	JAN - SEP 2023	JAN - SEP 2024	PERCENT CHANGE	DIFFERENCE	RANK*	
					2023	2024
ATLANTIC	137	121	-12%	-16	4	3
BERGEN	103	81	-21%	-22	9	7
BURLINGTON	102	69	-32%	-33	10	10
CAMDEN	253	156	-38%	-97	2	2
CAPE MAY	26	28	+8%	+2	16	17
CUMBERLAND	60	55	-8%	-5	14	12
ESSEX	339	259	-24%	-80	1	1
GLOUCESTER	62	51	-18%	-11	13	14
HUDSON	145	86	-41%	-59	3	4
HUNTERDON	8	9	+13%	+1	21	20
MERCER	83	54	-35%	-29	11	13
MIDDLESEX	114	84	-26%	-30	6	6
MONMOUTH	104	73	-30%	-31	7	9
MORRIS	46	33	-28%	-13	15	15
OCEAN	133	86	-35%	-47	5	4
PASSAIC	104	76	-27%	-28	7	8
SALEM	18	9	-50%	-9	20	20
SOMERSET	22	31	+41%	+9	17	16
SUSSEX	21	20	-5%	-1	18	18
UNION	71	64	-10%	-7	12	11
WARREN	20	17	-15%	-3	19	19
UNRECORDED	2	4	+100%	+2	N/A	N/A
TOTAL	1,973	1,466	-26%	-507		
*Matching totals will result in tied ranks.						



Are Overdoses Down? New Jersey Naloxone Data



Projected Year End Totals:

**11,522 Naloxone Administrations
-21% Compared to 2023**

LAW ENFORCEMENT REPORTED: OTHER NALOXONE ADMINISTRATIONS		
YEAR	TOTAL	PERCENT
2024 (TO 12/2)	882	18%
2023	1,102	15%
2022	961	13%
2021	737	11%
2020	733	10%
2019	550	8%
Other naloxone administrations indicate naloxone was provided by someone other than Law Enforcement or Emergency Medical Services.		

*The private or lay person administration of naloxone is likely underreported



Are Overdoses Down?

New Jersey Naloxone Data

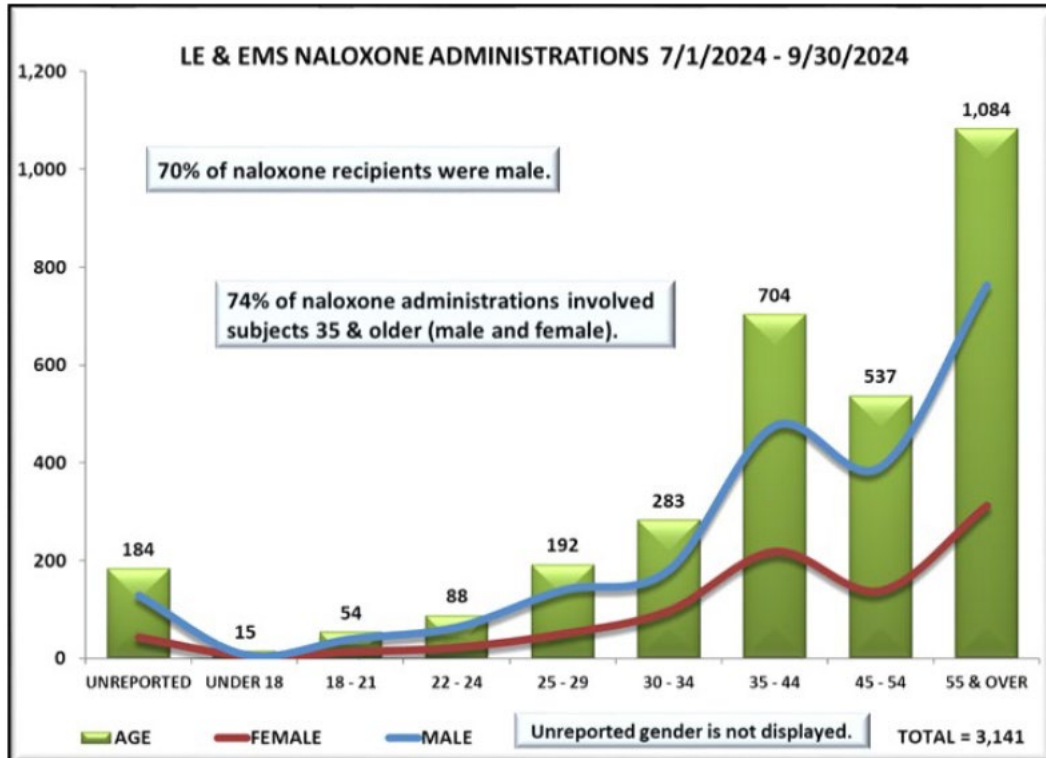
LE & EMS NALOXONE ADMINISTRATIONS 7/1/2024 - 9/30/2024		
COUNTY	TOTAL	PERCENT
ATLANTIC	179	6%
BERGEN	128	4%
BURLINGTON	126	4%
CAMDEN	459	15%
CAPE MAY	39	1%
CUMBERLAND	166	5%
ESSEX	598	19%
GLOUCESTER	72	2%
HUDSON	281	9%
HUNTERDON	19	1%
MERCER	134	4%
MIDDLESEX	170	5%
MONMOUTH	188	6%
MORRIS	46	1%
OCEAN	152	5%
PASSAIC	146	5%
SALEM	23	1%
SOMERSET	37	1%
SUSSEX	14	0.4%
UNION	147	5%
WARREN	17	1%
TOTAL	3,141	

LE & EMS NALOXONE ADMINISTRATIONS TOP 20 MUNICIPALITIES CROSS-JURISDICTIONAL IMPACT 7/1/2024 - 9/30/2024							
INCIDENT MUNICIPALITY	INCIDENT COUNTY	VICTIM RESIDENCE LOCATION					TOTAL
		MUNI RESIDENTS	OTHER MUNI SAME COUNTY	OTHER COUNTY	OUT OF STATE	UNREPORTED	
NEWARK	ESS	73%	4%	4%	2%	18%	427
CAMDEN	CAM	36%	6%	11%	1%	46%	287
JERSEY CITY	HUD	61%	5%	4%	2%	27%	175
TRENTON	MER	70%	2%	9%	5%	14%	111
VINELAND	CUM	72%	5%	9%	0%	14%	105
PATERSON	PAS	66%	4%	19%	1%	10%	79
ATLANTIC CITY	ATL	40%	21%	12%	5%	23%	78
IRVINGTON	ESS	50%	16%	16%	2%	16%	56
ELIZABETH	UNN	57%	6%	19%	7%	11%	54
NEW BRUNSWICK	MID	39%	20%	13%	0%	28%	54
EAST ORANGE	ESS	63%	17%	4%	0%	17%	48
PLAINFIELD	UNN	75%	0%	22%	0%	3%	32
MILLVILLE	CUM	55%	21%	14%	0%	10%	29
BAYONNE	HUD	75%	7%	0%	4%	14%	28
TOMS RIVER	OCN	79%	11%	0%	4%	7%	28
BRIDGETON	CUM	56%	4%	8%	0%	32%	25
GLOUCESTER TWP	CAM	40%	20%	16%	20%	4%	25
ASBURY PARK	MON	42%	33%	17%	0%	8%	24
HOBOKEN	HUD	57%	35%	0%	0%	9%	23
EDISON	MID	68%	16%	11%	5%	0%	19
TOP 20 MUNICIPALITY TOTAL		1,009	133	151	39	375	1,707
		59%	8%	9%	2%	22%	54%
STATEWIDE TOTAL		3,141					



Are Overdoses Down?

New Jersey Naloxone Data



LE & EMS NALOXONE ADMINISTRATIONS 7/1/2024 - 9/30/2024						
AGE	WHITE	BLACK OR AFRICAN AMERICAN	HISPANIC	OTHER / UNREPORTED	TOTAL	PERCENT
UNREPORTED	68	61	13	42	184	6%
UNDER 18	4	5	3	3	15	0.5%
18 - 21	18	7	19	10	54	2%
22 - 24	29	23	15	21	88	3%
25 - 29	80	50	32	30	192	6%
30 - 34	137	59	38	49	283	9%
35 - 44	327	154	99	124	704	22%
45 - 54	193	179	81	84	537	17%
55 & OVER	348	532	78	126	1,084	35%
TOTAL	1,204	1,070	378	489	3,141	
	38%	34%	12%	16%		



Are Overdoses Down? New Jersey Naloxone Data

LE & EMS NALOXONE ADMINISTRATIONS 7/1/2024 - 9/30/2024					
RACE	FEMALE	MALE	OTHER / UNREPORTED	TOTAL	PERCENT
WHITE	428	769	7	1,204	38%
BLACK OR AFRICAN AMERICAN	283	783	4	1,070	34%
HISPANIC	68	308	2	378	12%
OTHER / UNREPORTED	128	333	28	489	16%
TOTAL	907	2,193	41	3,141	
	29%	70%	1%		

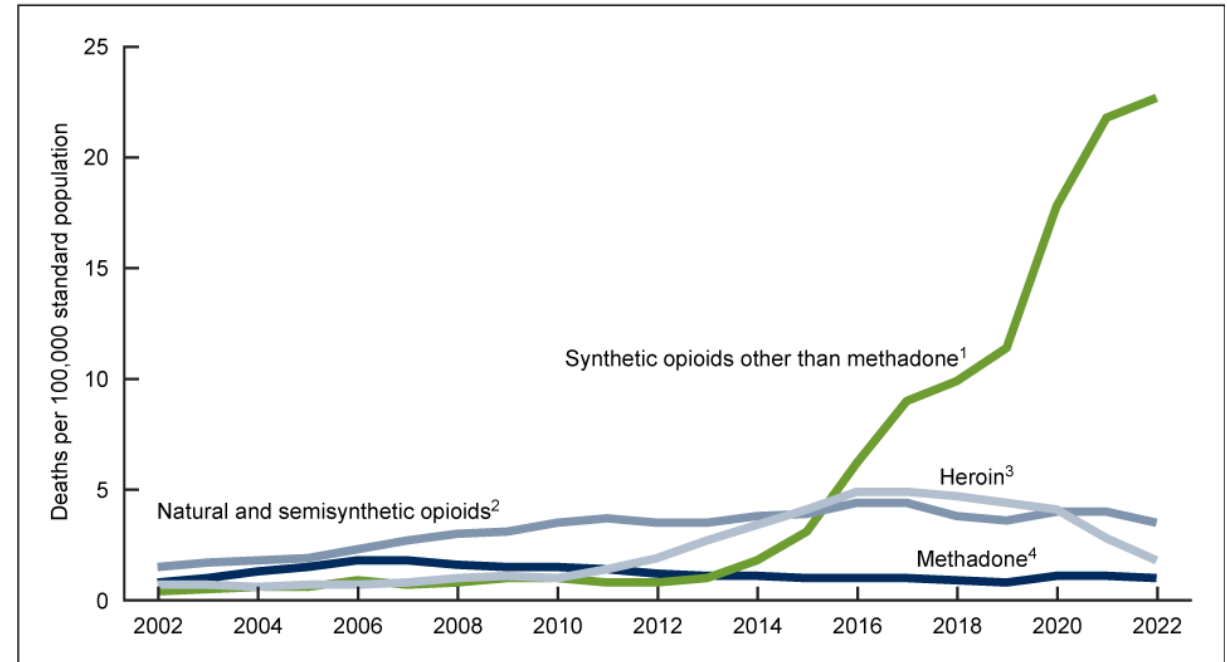


Historical Impact of Fentanyl

Overall, drug overdose deaths rose from 2019 to 2022 with 107,941 drug overdose deaths reported in 2022.

Deaths involving synthetic opioids other than methadone (primarily fentanyl) continued to rise with 73,838 overdose deaths reported in 2022.

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2002–2022



¹Stable trend from 2002 to 2013, then increasing trend from 2013 to 2022, with different rates of change over time, $p < 0.05$.

²Significant increasing trend from 2002 to 2016, then stable trend from 2016 to 2022, with different rates of change over time, $p < 0.05$.

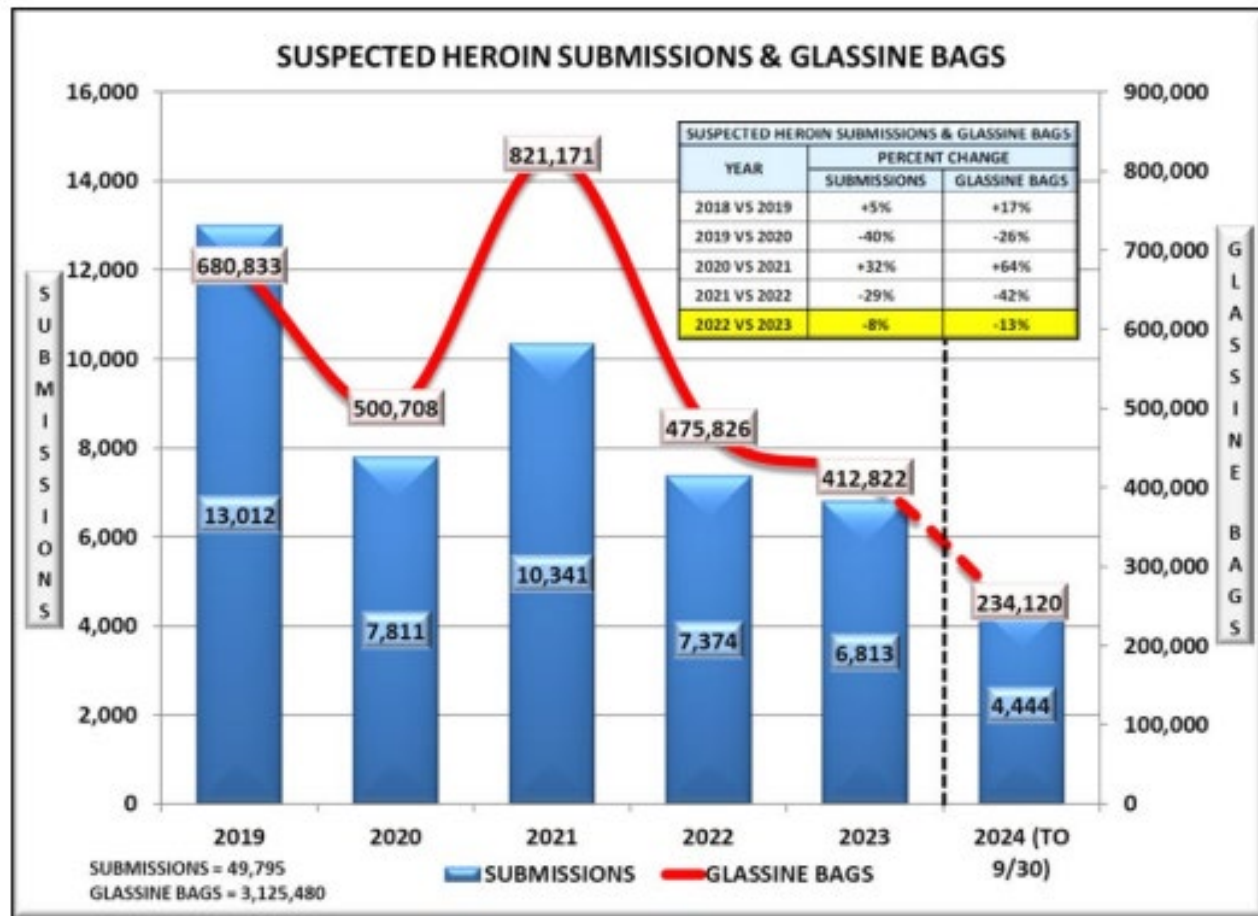
³Significant increasing trend from 2002 to 2016 with different rates of change over time, stable trend from 2016 to 2020, then significant decreasing trend from 2020 to 2022, $p < 0.05$.

⁴Significant increasing trend from 2002 to 2006, decreasing trend from 2006 to 2018, then stable trend from 2018 to 2022, $p < 0.05$.

NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories were identified by multiple cause-of-death codes: T40.1 (heroin), T40.2 (natural and semisynthetic opioids), T40.3 (methadone), and T40.4 (synthetic opioids other than methadone). Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Deaths involving more than one opioid category (for example, a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved ranged from 75% to 79% from 2002 to 2013, then increased from 81% in 2014 to 96% in 2022. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db491-tables.pdf#4>. SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.



Opioids Seizure Data



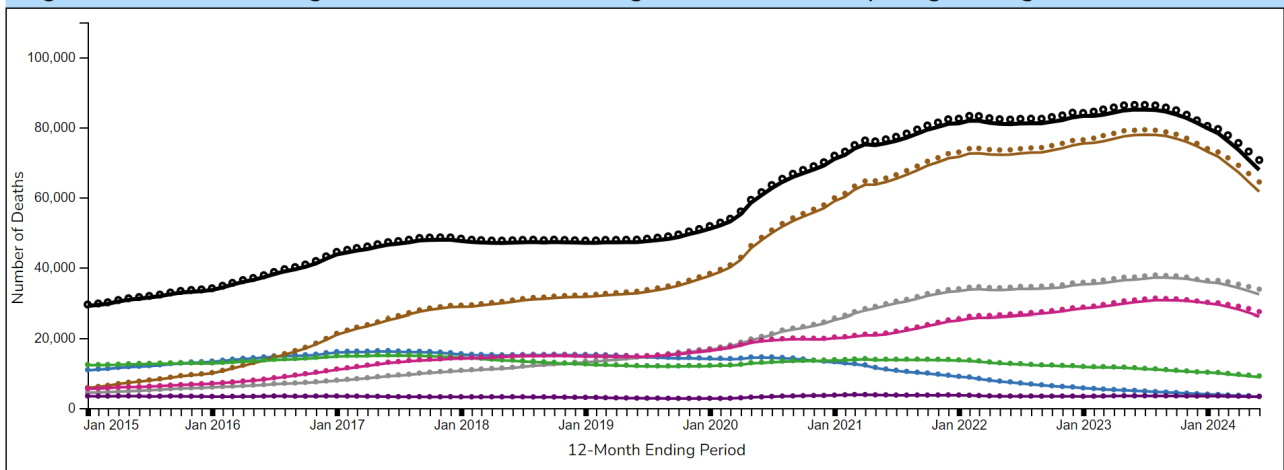
Projected Year End Totals:

**5,925 Submissions, -13%;
312,260 Glassine Bags, -24%**



Fentanyl Depletion?

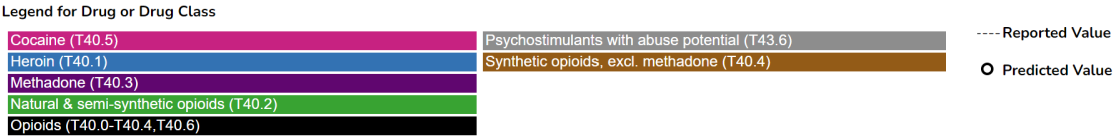
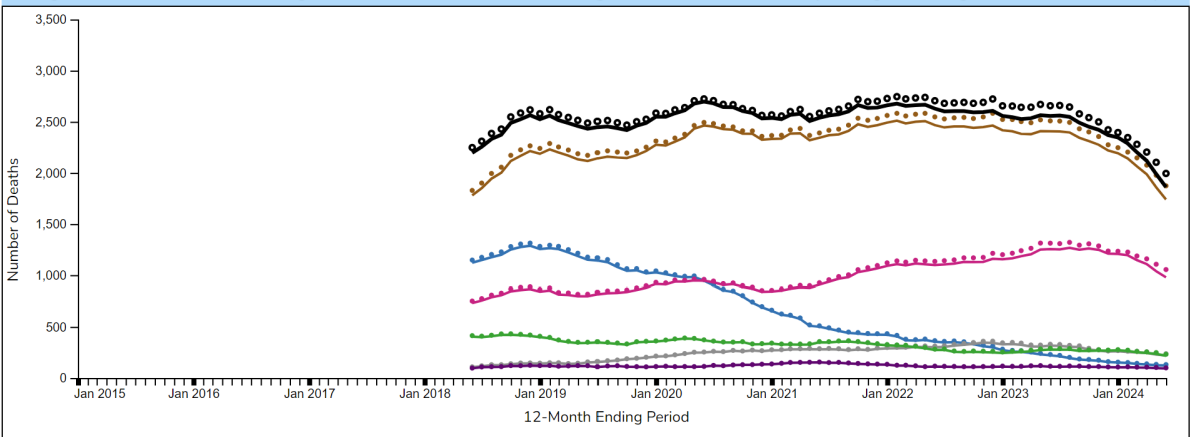
Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Data Ending June
2024

Data Ending June
2024

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: New Jersey



Fentanyl Depletion? What Are Researchers Saying?



NEWSLETTERS SIGN IN NPR SHOP

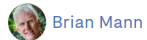
NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

HEALTH

The pipeline of deadly fentanyl into the U.S. may be drying up, experts say

UPDATED OCTOBER 1, 2024 · 6:03 PM ET

HEARD ON MORNING EDITION



Brian Mann

Dan Ciccarone, a physician and street drug researcher at the University of California, San Francisco, sent a team to gather data on the city's streets in areas where illicit fentanyl has been a killer for years. They found something unexpected.

"The fentanyl supply is drying up for some reason," Ciccarone said. "Hang out on the streets, talk to people — the drugs are hard to find and more expensive."

But Ciccarone said that over the past six months, he began hearing from street drug experts around the U.S. who also were seeing significantly less fentanyl and fewer overdoses.

"I heard from Ohio, I heard from West Virginia, and I heard from Maryland and Arizona, and they're all telling me the same thing: some sort of supply shortage on the street," he said.

[Vanda Felbab-Brown at the Brookings Institution](#), who studies international criminal organizations that make and smuggle fentanyl.

She said drug gangs appear to be trafficking less fentanyl and are also "adulterating" or weakening the potency of the fentanyl being sold.

<https://www.npr.org/2024/09/30/nx-s1-5124997/fentanyl-overdose-opioid-btmps-drug-cartel-xylazine-tranq-mexico-china>



Fentanyl Depletion? Cartel Influence?

THE WALL STREET JOURNAL.

English Edition ▾ | Print Edition | Video | Audio | Latest Headlines | More ▾

Mexican Sinaloa Cartel's Message to Members: Stop Making Fentanyl or Die

Crime group yields to intensifying U.S. law-enforcement pressure and is kidnapping or killing producers who defy its ban on trafficking the opioid

By [José de Córdoba](#) [Follow](#)

Oct. 16, 2023 9:30 am ET

[Share](#) [AA](#) [Resize](#)

[Listen](#) (2 min) ⋮



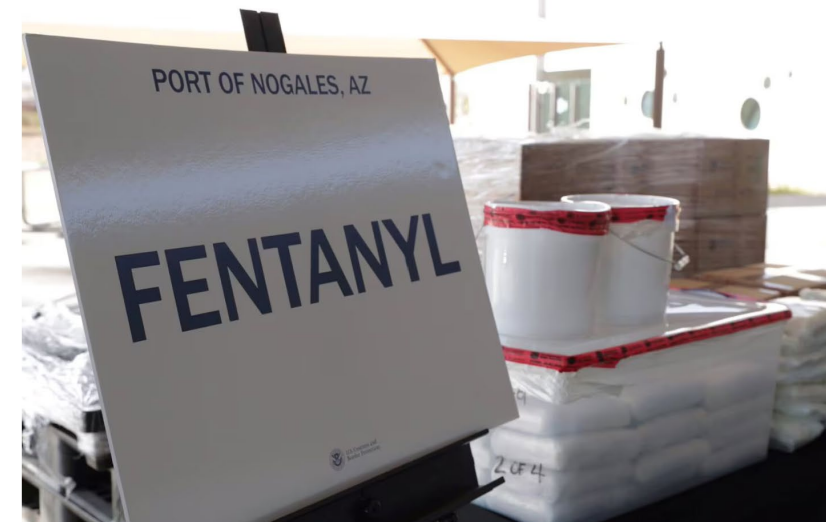
World ▾ | US Election | Business ▾ | Markets ▾ | Sustainability ▾ | Legal ▾ | Breakingviews ▾ | Technology ▾ | More ▾

Americas

El Chapo's sons bar fentanyl production in Sinaloa, according to banners

By Reuters

October 3, 2023 12:53 PM EDT · Updated a year ago



Packets of fentanyl mostly in powder form and methamphetamine, which U.S. Customs and Border Protection say they seized from a truck crossing into Arizona from Mexico, is on display during a news conference at the Port of Nogales, Arizona, U.S., January 31, 2019. Courtesy U.S. Customs and Border Protection/Handout via REUTERS [Purchase Licensing Rights](#) [↗](#)



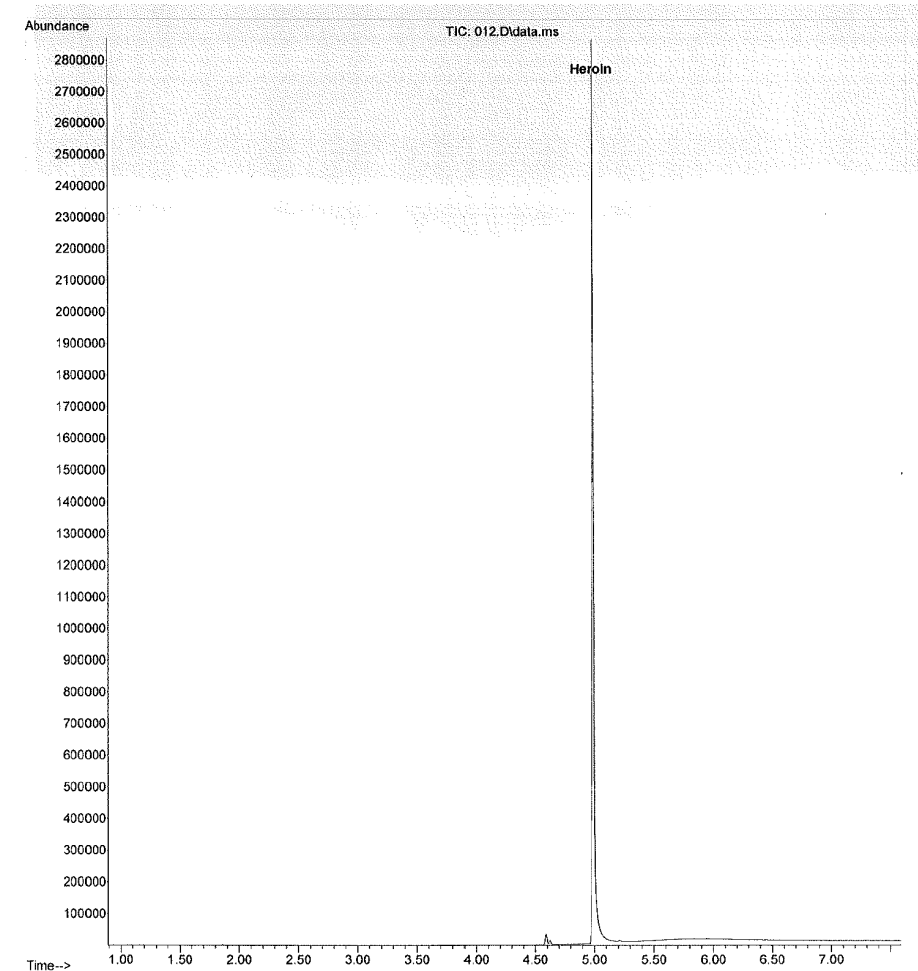
Fentanyl Depletion?

What Does The Scientific Data Indicate?

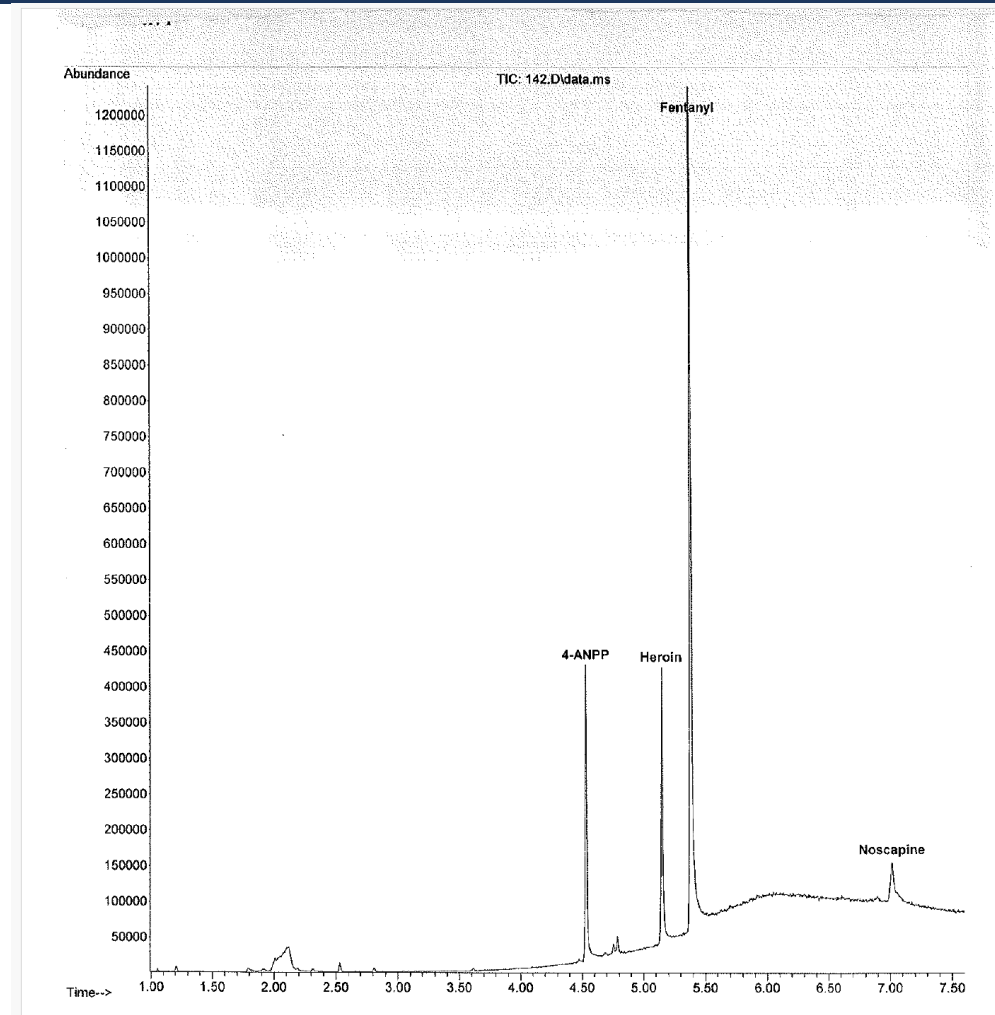
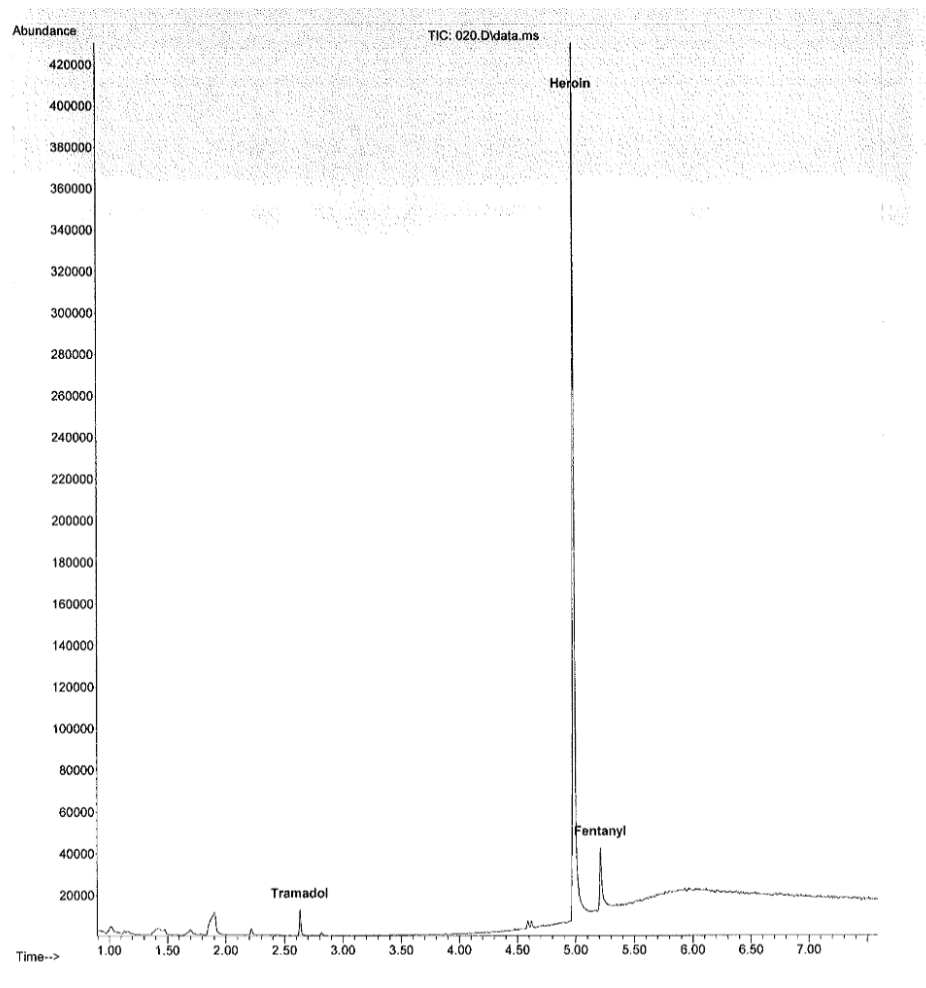
High-Resolution Mass Spectral Libraries for Drug and Toxin Analysis.

Mass spectrometry is used by laboratories to confirm the presence of chemical compounds in clinical, toxicological, and environmental samples.

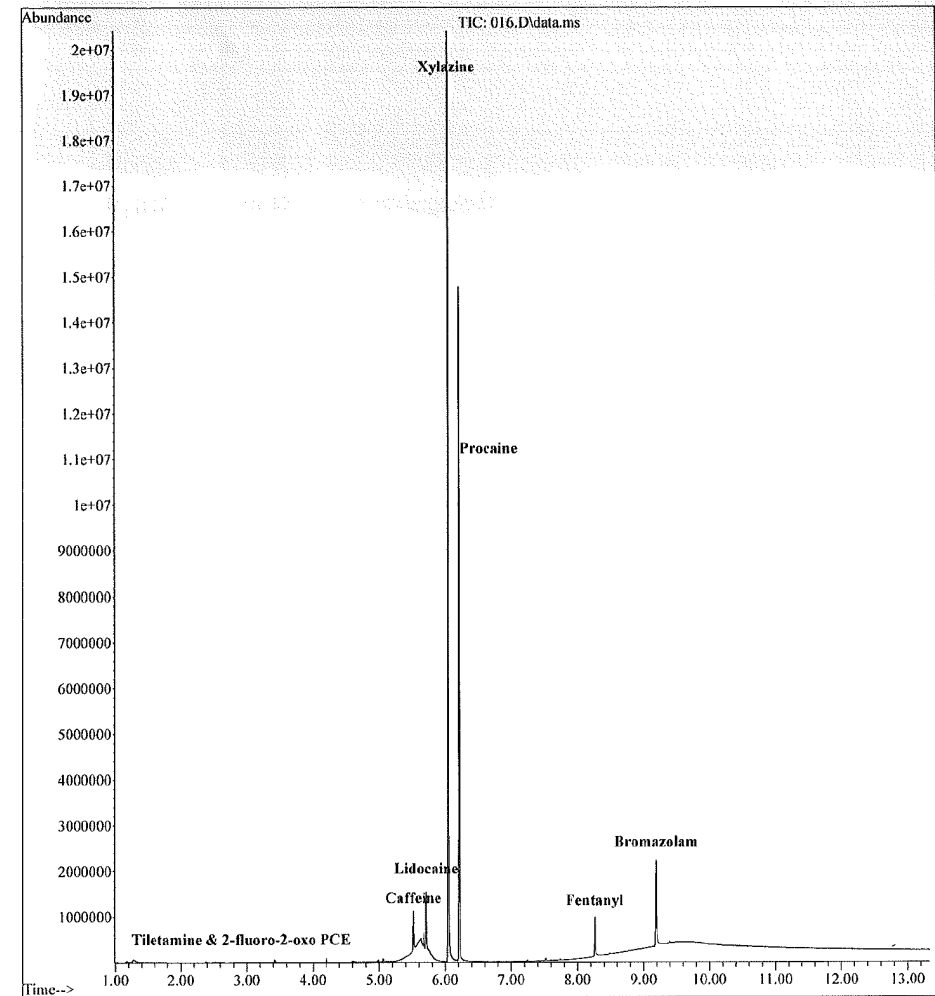
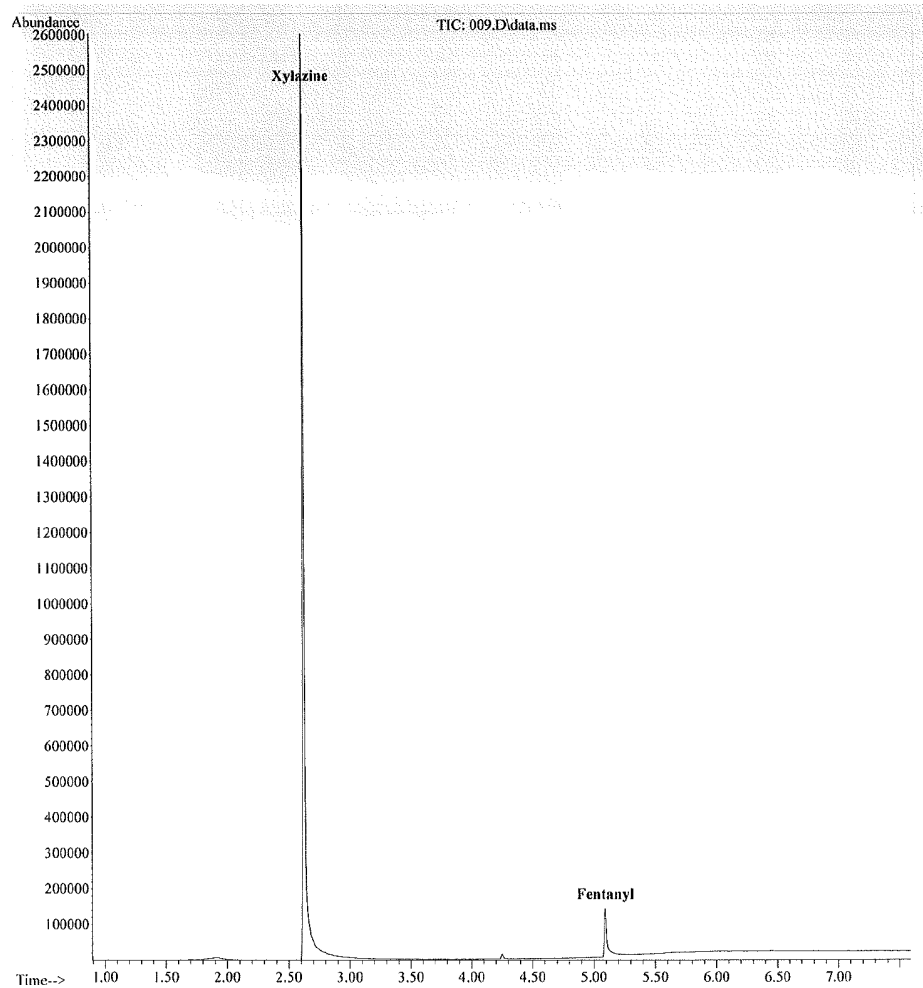
Laboratories also use mass spectrometry to analyze the structure of a compound by breaking down the compound into its components and measuring their mass and intensity.



Fentanyl Depletion? What Does The Data Indicate?



Fentanyl Depletion? What Does The Data Indicate?

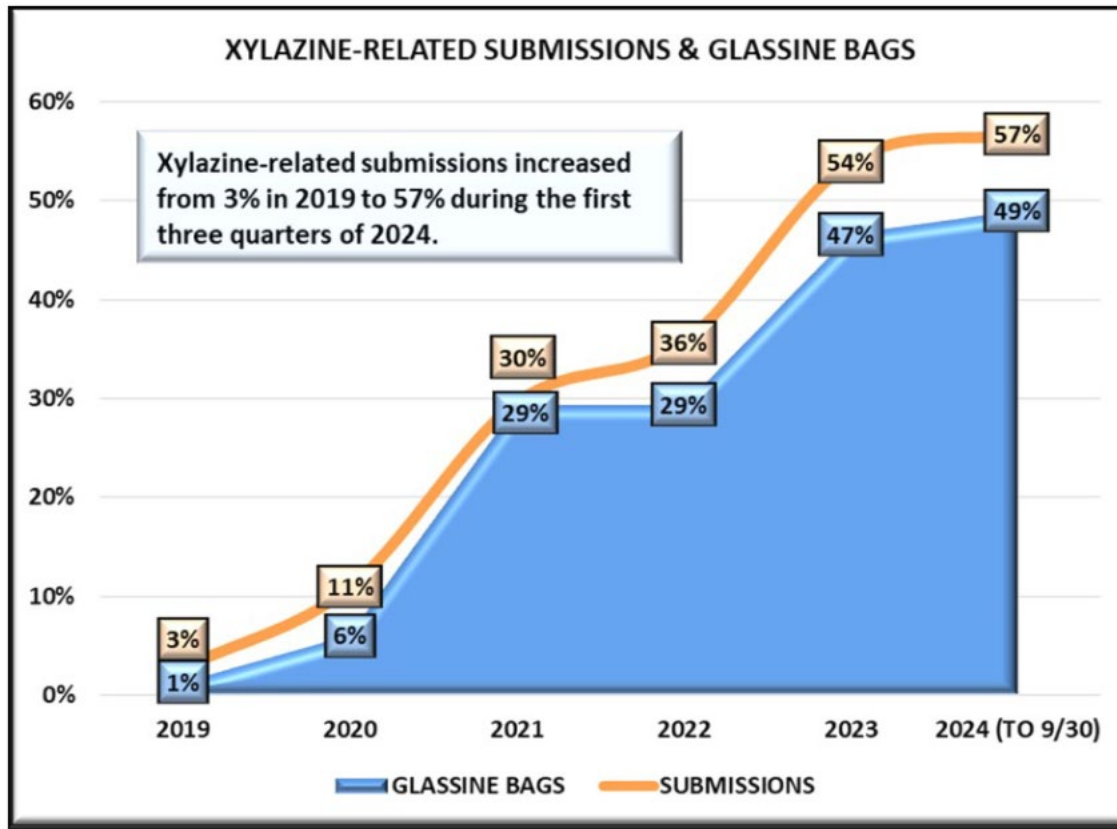


Fentanyl Depletion? More Drugs Per Sample

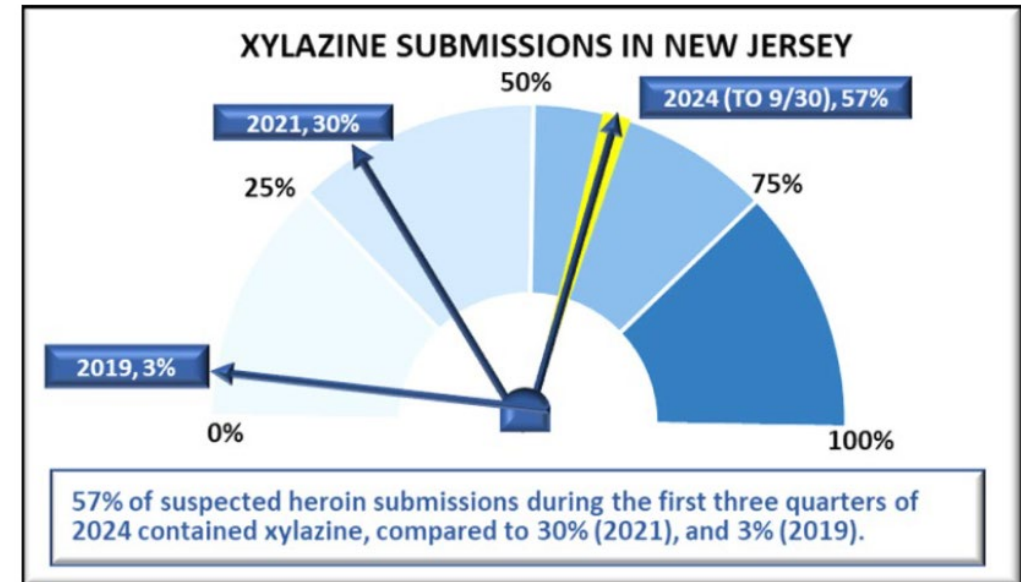
SUSPECTED HEROIN SUBMISSIONS			
YEAR	DRUGS IN SAMPLE		
	ONE DRUG	2 - 4 DRUGS	5+ DRUGS
2015	94%	6%	0%
2016	89%	11%	0%
2017	72%	28%	0.2%
2018	50%	49%	1%
2019	32%	67%	1%
2020	23%	75%	2%
2021	15%	78%	7%
2022	11%	77%	11%
2023	8%	80%	13%



Xylazine in New Jersey

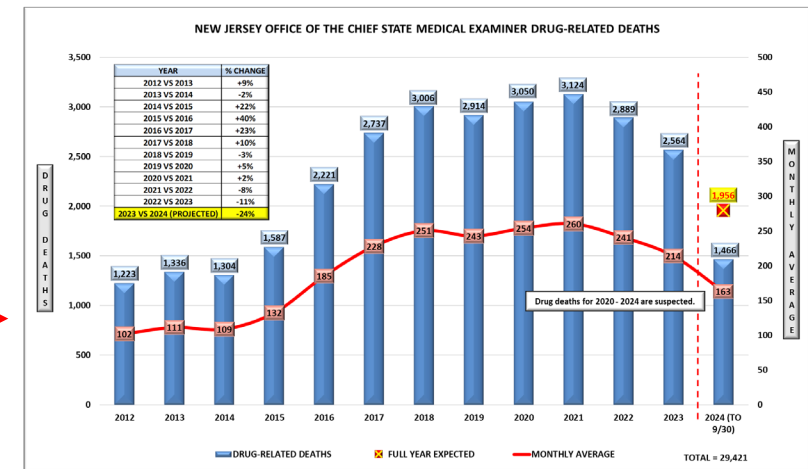
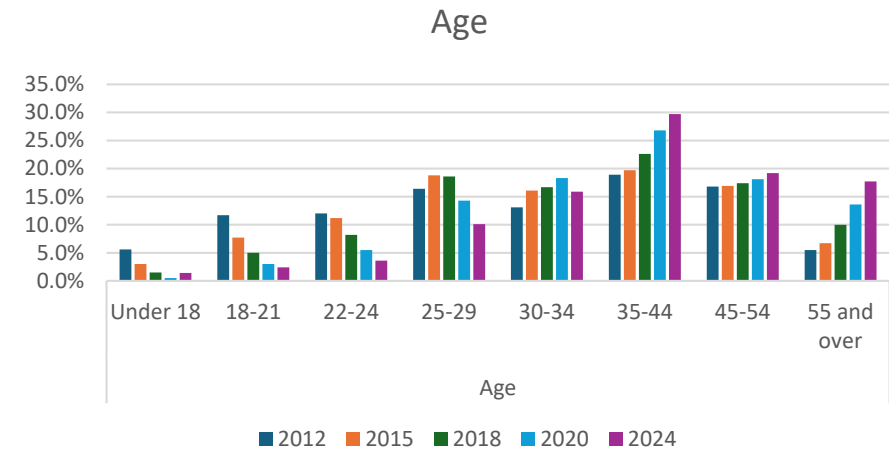


YEAR	XYLAZINE-RELATED				ALL SUSPECTED HEROIN	
	SUBMISSIONS		GLASSINE BAGS		SUBMISSIONS	GLASSINE BAGS
2019	368	3%	9,038	1%	13,012	680,833
2020	857	11%	30,267	6%	7,811	500,708
2021	3,065	30%	241,109	29%	10,341	821,171
2022	2,629	36%	139,761	29%	7,374	475,826
2023	3,677	54%	192,463	47%	6,813	412,822
2024 (TO 9/30)	2,522	57%	114,670	49%	4,444	234,120



Drug Treatment Data

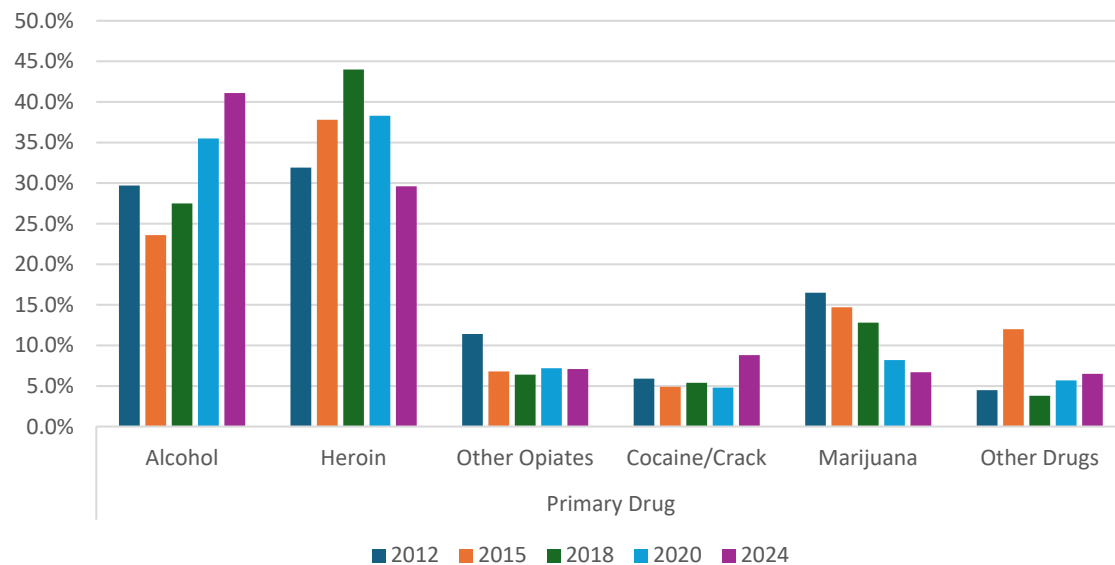
New Jersey Substance Abuse Monitoring System Substance Abuse Treatment Admission Records January -June						
Category	Sub Category	2012	2015	2018	2020	2024
	Total Admissions	40,438	35,059	44,365	43,893	41,525
	Unduplicated Clients	31,463	27,515	32,563	28,066	26,033
Gender	Male	67.3%	67.8%	66.9%	68.7%	70.0%
	Female	32.5%	32.1%	33.1%	31.2%	29.9%
Age	Under 18	5.6%	3.0%	1.5%	0.5%	1.4%
	18-21	11.7%	7.7%	5.0%	3.0%	2.4%
	22-24	12.0%	11.2%	8.2%	5.5%	3.6%
	25-29	16.4%	18.8%	18.6%	14.3%	10.1%
	30-34	13.1%	16.1%	16.7%	18.3%	15.9%
	35-44	18.9%	19.7%	22.6%	26.8%	29.7%
	45-54	16.8%	16.9%	17.4%	18.1%	19.2%
	55 and over	5.5%	6.7%	10.0%	13.6%	17.7%
Race / Ethnicity	White (non-Hispanic)	62.2%	61.1%	60.0%	60.4%	55.7%
	Black (non-Hispanic)	21.6%	21.7%	22.9%	23.6%	27.0%
	Hispanic Origin	13.1%	1.3%	14.3%	14.4%	15.9%
	Other	1.0%	1.4%	1.5%	1.6%	1.4%
	Not Assessed	1.2%	0.2%	0.0%	0.0%	0.0%
Primary Drug	Alcohol	29.7%	23.6%	27.5%	35.5%	41.1%
	Heroin	31.9%	37.8%	44.0%	38.3%	29.6%
	Other Opiates	11.4%	6.8%	6.4%	7.2%	7.1%
	Cocaine/Crack	5.9%	4.9%	5.4%	4.8%	8.8%
	Marijuana	16.5%	14.7%	12.8%	8.2%	6.7%
	Other Drugs	4.5%	12.0%	3.8%	5.7%	6.5%



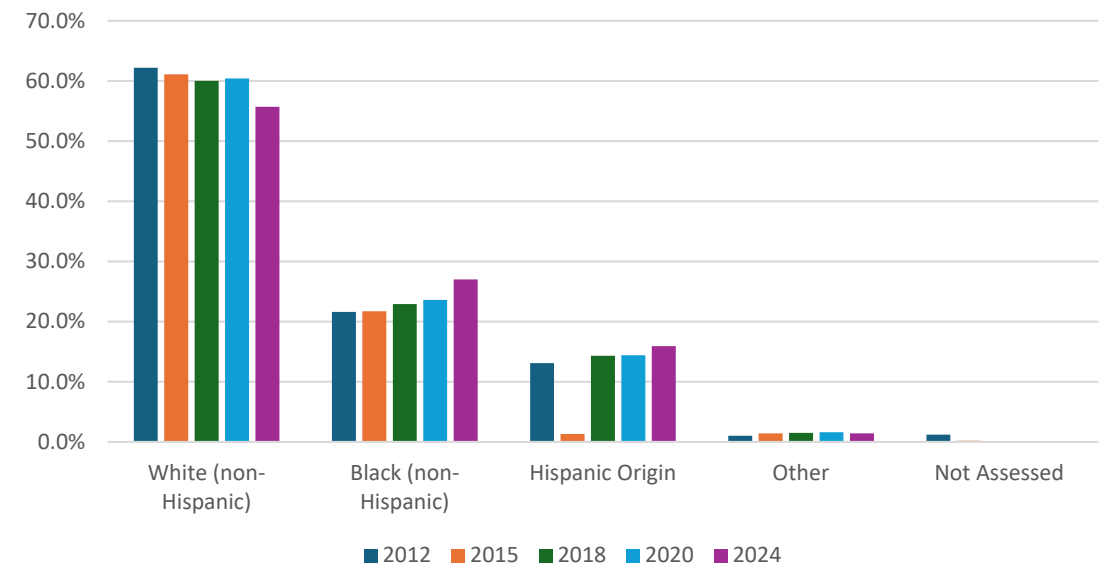
*This data is not comprehensive and does not include many of the new MOUD initiatives.

Drug Treatment Data

Primary Drug



Race/ Ethnicity



Current Fentanyl Outlook In New Jersey

Supply Indicators

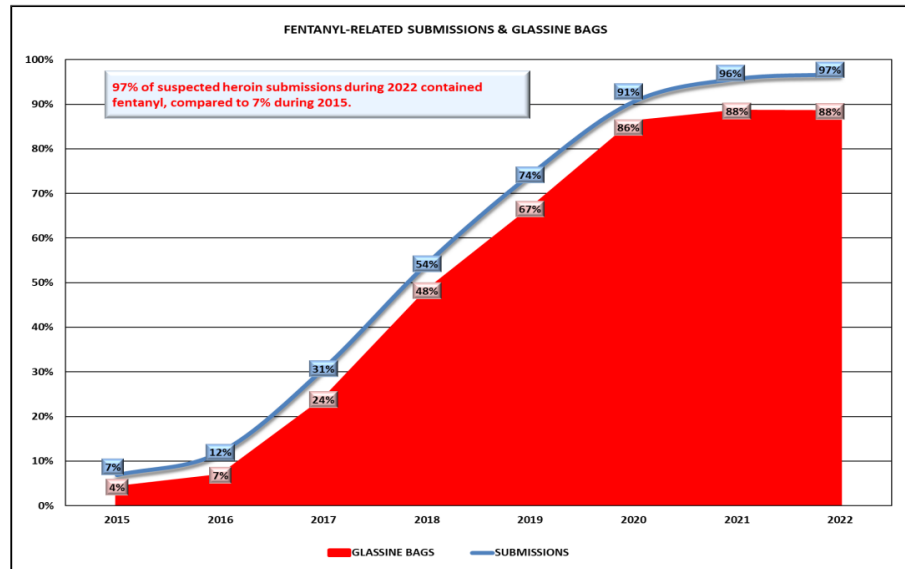
Lower fentanyl ratio identified in forensic testing
Reportedly harder to find fentanyl
Drug Samples increasingly contain multiple drugs

Demand Indicators

Opioids seizures are down (stimulant seizures are up)
Less people are utilizing treatment for opioids

Other Indicators

Nationwide (including NJ) Overdose Deaths are decreasing
Nationwide (Including NJ) Fentanyl-related deaths are decreasing



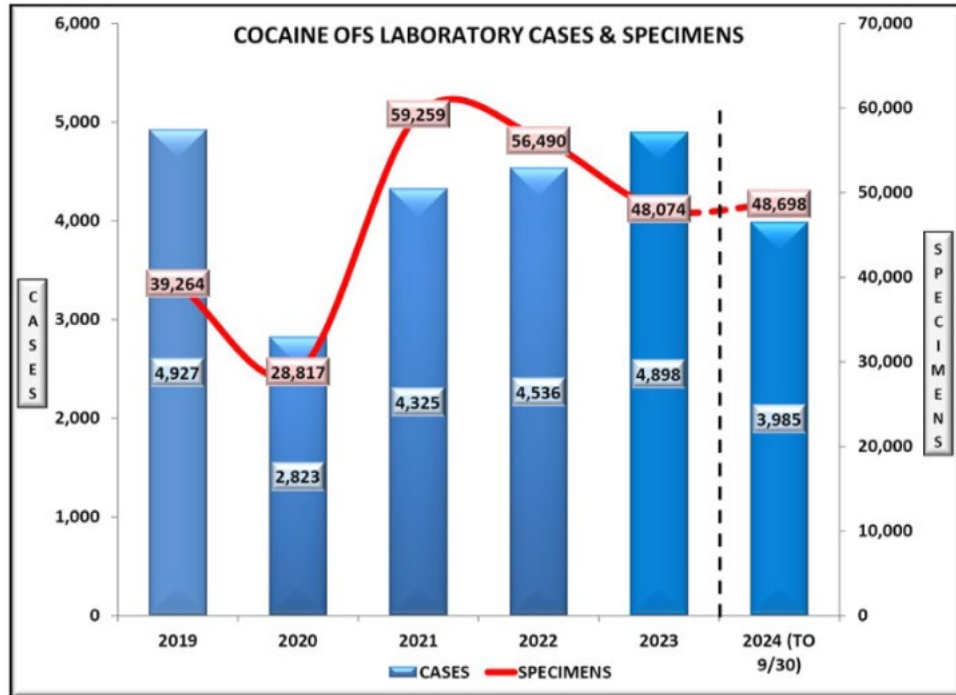
2015 NJ League of Municipalities Annual Meeting

Current Outlook: The illicit drug market transitioned from being primarily demand driven to primarily supply driven over the last couple decades. Two large cartels have tremendous influence. State Police Detective Sgt. First Class Jason Piotrowski warned that the state is seeing an uptick in fentanyl use this year. It's a fast-acting prescription opioid that's frequently deadly when abused. Many indicators point to a decreased fentanyl supply. It is hopeful that this will persist but remains unknown. There is a potential for others to try and fill the void if there is a demand, but the demand also seems to be decreasing. It is likely, but not definitive that fentanyl-related overdoses will continue to decrease.

<https://www.njspotlightnews.org/2015/11/15-11-18-police-chief-require-hospital-follow-up-for-survivors-of-opioid-overdoses/>

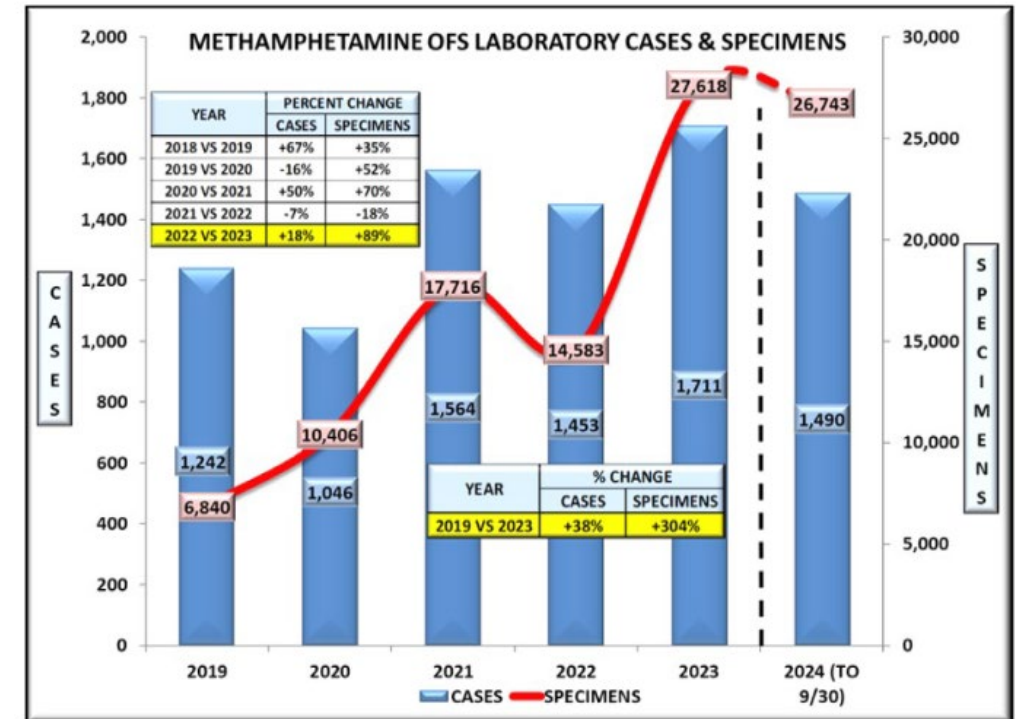


New Jersey Drug Environment – Cocaine & Methamphetamine



Projected Year End Totals:

**5,313 Cases, +8.5%;
64,931 Specimens, +33%**



Projected Year End Totals:

**1,987 Cases, +16%;
64,931 Specimens, +33%**

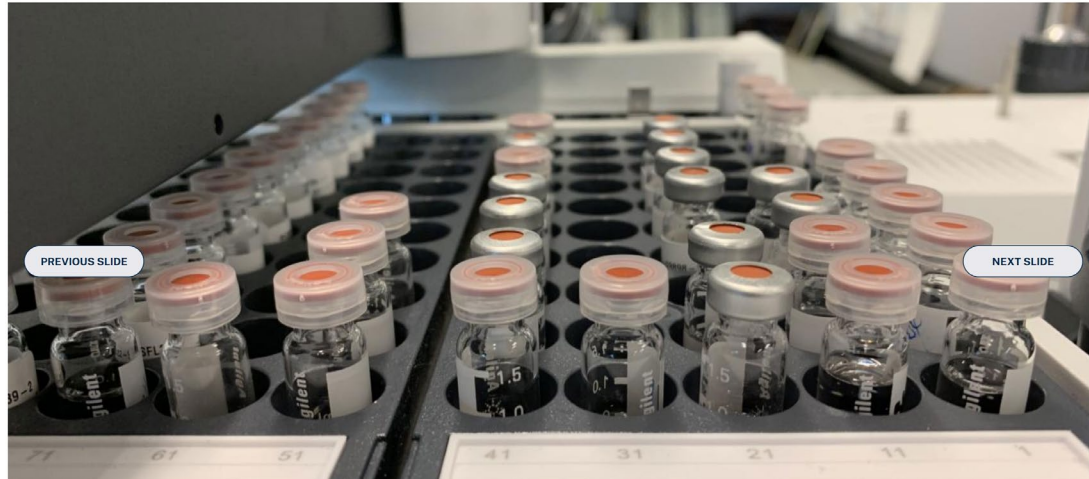


Other Persistent and Emerging Threats –Nitazenes

June 01, 2022

New, Dangerous Synthetic Opioid in D.C., Emerging in Tri-State Area

DEA Washington, DC Division - Public Information Office



The DEA Washington Division is warning area residents of a new drug, emerging in the D.C. metropolitan area that is as dangerous and deadly as fentanyl.

Isotonitazene (aka nitazene or "ISO") is a particular synthetic opioid the DEA is seeing move into the area. First identified around 2019 in the Midwest, this dangerous drug has moved into the Southern states and, more recently, along the Eastern seaboard. Much more potent than heroin and morphine (similar to fentanyl), ISO is being mixed into and marketed as other drugs to make drugs more potent and cheaper to produce. The major concern: This drug can and has caused deadly overdoses in unsuspecting victims.



Other Persistent and Emerging Threats –Nitazenes

SUSPECTED HEROIN SUBMISSIONS CONTAINING NITAZENE					
COUNTY	2021	2022	2023	2024 (TO 9/30)	TOTAL
ATLANTIC	0	0	4	1	5
BERGEN	1	5	2	0	8
CAMDEN	1	2	4	0	7
CAPE MAY	0	0	1	0	1
CUMBERLAND	0	0	0	3	3
ESSEX	0	1	0	4	5
GLOUCESTER	1	0	0	2	3
MERCER	0	2	22	4	28
MIDDLESEX	0	0	1	0	1
MONMOUTH	0	0	3	7	10
MORRIS	0	1	2	4	7
OCEAN	0	0	2	0	2
PASSAIC	2	5	13	2	22
SALEM	0	0	0	1	1
SUSSEX	0	0	0	1	1
UNION	0	0	1	0	1
TOTAL	5	16	55	29	105

SUSPECTED HEROIN SUBMISSIONS & GLASSINE BAGS CONTAINING NITAZENES ANALYZED 7/1/2024 - 9/30/2024		
DRUG	SUBMISSIONS	GLASSINE BAGS
FENTANYL/4-ANPP/PROTONITAZENE/PYRROLIDINO ETONITAZENE	1	2
FENTANYL/HEROIN/METONITAZENE/TADALAFIL/XYLAZINE/PROCAINE/4-ANPP	1	13
FENTANYL/N-DESETHYL ISOTONITAZENE/XYLAZINE/4-ANPP/FLUOROFENTANYL	1	19
FUB-144/ETODESNITAZENE/COCAINE/FENTANYL/MEDETOMIDINE/ACETAMINOPHEN/ PHENACETIN/CAFFEINE/DIPHENHYDRAMINE/XYLAZINE/4-ANPP	1	4
HEROIN/FENTANYL/METONITAZENE/KETAMINE/XYLAZINE/4-ANPP/ ETHYL 4-ANPP/PHENETHYL 4-ANPP	1	10
HEROIN/FUB-144/ETODESNITAZENE/COCAINE/FENTANYL/MEDETOMIDINE/ PHENACETIN/CAFFEINE/DIPHENHYDRAMINE/XYLAZINE/4-ANPP	1	4
TOTAL	6	52



Other Persistent and Emerging Threats –Bromazolam



[Español](#) | [Other Languages](#)



Morbidity and Mortality Weekly Report (MMWR)

[Morbidity and Mortality Weekly Report \(MMWR\) Home](#)

Notes from the Field: Seizures, Hyperthermia, and Myocardial Injury in Three Young Adults Who Consumed Bromazolam Disguised as Alprazolam — Chicago, Illinois, February 2023

Weekly / January 5, 2024 / 72(5253);1392–1393

[Related Materials](#)

The surge of bromazolam-related fatalities replacing other novel designer benzodiazepines-related fatalities in San Francisco

Luke N. Rodda^{1,2}

¹Office of the Chief Medical Examiner, San Francisco, CA, USA

²Department of Laboratory Medicine, University of California, San Francisco, CA, USA

Correspondence

Luke N. Rodda, Forensic Laboratory Division, Office of the Chief Medical Examiner, City and County of San Francisco, 1 Newhall Street, San Francisco, CA, USA.

Email: luke.rodna@sfgov.org

Funding information

No funding was received for this study.

Abstract

Background and aim: Bromazolam, a novel designer benzodiazepine (NBD), exhibits potent sedative, hypnotic and anxiolytic effects, raising concerns regarding its potential for misuse and fatal outcomes, particularly when combined with opioids such as fentanyl. Despite limited documented fatalities globally, its use poses a significant threat, exacerbated by under-reporting and a lack of routine testing. This study analysed NBD-related deaths in a major US city over a 4-year period.

Methods: Analysis of accidental overdose deaths involving NBDs in San Francisco, CA, USA from 2020 to 2023, was performed utilizing medico-legal death investigations including comprehensive forensic toxicology, pathology and demographic information. San Francisco conducts thorough investigations into all non-natural and sudden unexpected deaths, including routine alcohol and drug testing of decedents under its jurisdiction, including etizolam, flualprazolam, flubromazolam and bromazolam analysis.

Results: There was a sudden surge in bromazolam-related deaths, with 44 fatalities documented in 2023, contrasting with relatively fewer deaths related to other NBDs. Bromazolam fatalities frequently involved co-ingestion with opioids, primarily fentanyl, and stimulants such as methamphetamine and cocaine. Demographic characteristics indicated a predominance of males, with a significant proportion lacking fixed addresses. Blood concentrations of bromazolam increased during the study period, suggesting heightened availability and/or purity in the community.

Conclusion: There was a surge in bromazolam-related deaths during 2023 in San Francisco, CA, USA, contrasting with relatively stable numbers of deaths associated with other NBDs over the preceding years. The findings underscore the urgency for enhanced death investigation, testing and reporting to facilitate targeted harm reduction strategies for individuals at risk of bromazolam-related morbidity and mortality.



Other Persistent and Emerging Threats –Bromazolam

*Update # 1-Delaware State Police and Delaware Department of Health and Social Services Issue Urgent Safety Advisory

Date Posted: Thursday, May 2nd, 2024



<https://dsp.delaware.gov/2024/05/02/update-1-delaware-state-police-and-delaware-department-of-health-and-social-services-issue-urgent-safety-advisory/>

Between April 26 and May 2, 2024, troopers recorded a significant increase in the number of suspected overdoses and the severity of the emergencies. Toxicology tests are pending to confirm two suspected overdose fatalities during the same time period. There have been 73 suspected overdoses in Sussex County in that time period, with a majority of suspected overdoses seen in the greater area of Georgetown, Millsboro, and Milford. The locations are listed in no particular order and do not encompass all suspected overdoses.

Bromazolam (brom or brum) is a novel benzodiazepine, similar in structure to alprazolam (Xanax) and is becoming increasingly prevalent in fentanyl. There have been reports of seizures, hyperthermia, and myocardial injury following bromazolam poisoning.



Other Persistent and Emerging Threats –Bromazolam

2nd Quarter 2024

OTHER PILLS - PILL QUANTITY		
DRUG	CASES	QUANTITY
BROMAZOLAM (BENZODIAZEPINE)	18	6,142
COCAINE (STIMULANT)/BROMAZOLAM (BENZODIAZEPINE)	1	5,325
GABAPENTIN (ANTICONVULSANT)	14	206
TRAMADOL (OPIOID)	6	203
TRAZODONE (ANTIDEPRESSANT)	4	145
CLONAZOLAM (BENZODIAZEPINE)	14	111
OXANDROLONE (STEROID)	2	107
OTHER PILLS NOT LISTED ABOVE	75	1,877
TOTAL	134	14,116

COCAINE OFS LAB SPECIMENS: ANALYZED 4/1/2024 - 6/30/2024		
CONTENT	SPECIMENS	
COCAINE - ONLY	11,451	64%
COCAINE/BROMAZOLAM	5,325	30%
COCAINE/PHENACETIN	813	5%
COCAINE/PHENACETIN/LEVAMISOLE	137	1%
COCAINE/FENTANYL COMBINATIONS	71	0.4%
COCAINE/OTHER DRUG COMBINATIONS	163	1%
TOTAL	17,960	

3rd Quarter 2024

OTHER PILLS - PILL QUANTITY		
DRUG	CASES	QUANTITY
BROMAZOLAM (BENZODIAZEPINE)	31	1,372
METHAMPHETAMINE/CAFFEINE	22	1,214
CLONAZEPAM (BENZODIAZEPINE)	34	816
METHAMPHETAMINE/ISOPROPYLBENZYLAMINE	1	516
TADALAFIL (ERECTILE DYSFUNCTION)	1	481
GABAPENTIN (ANTICONVULSANT)	15	405
BUSPIRONE (ANTI-ANXIETY)	4	213
OTHER PILLS NOT LISTED ABOVE	113	1,556
TOTAL	221	6,573



Other Persistent and Emerging Threats –Vaping

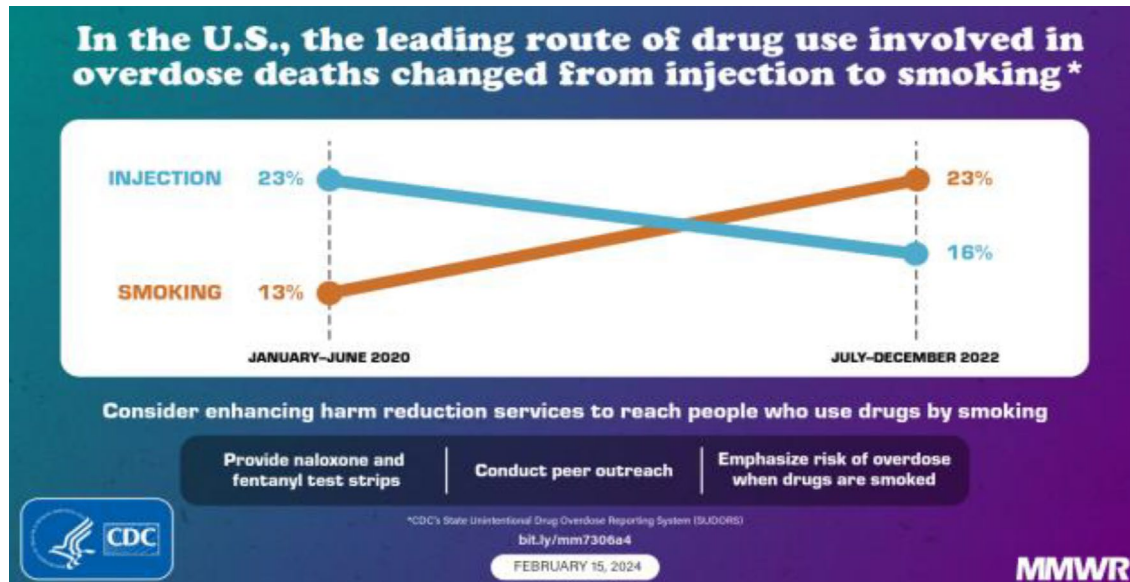
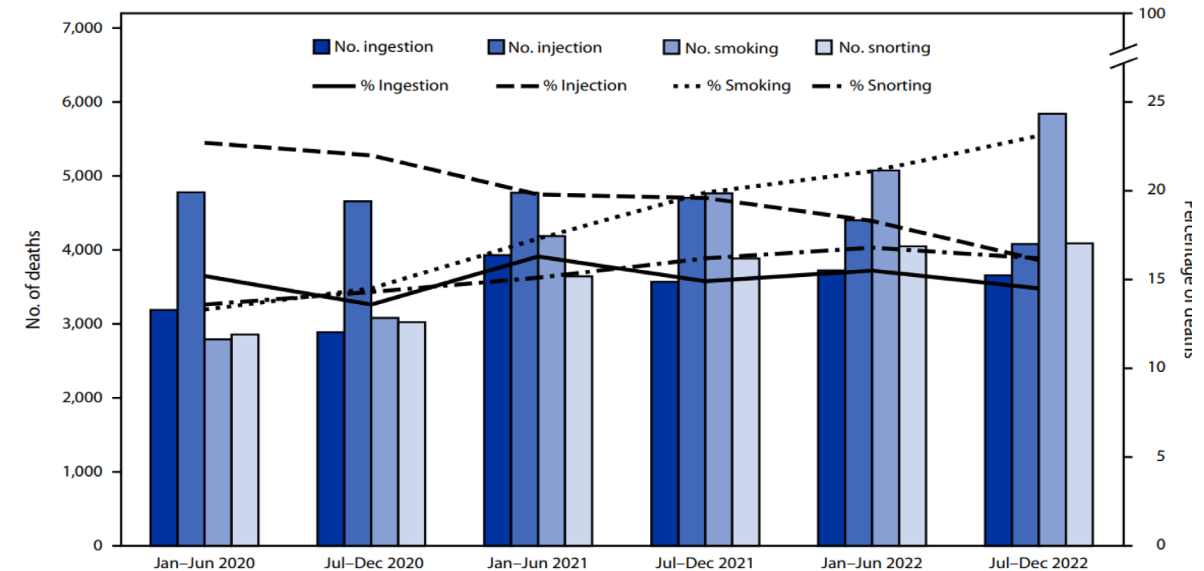


FIGURE 1. Number and percentage of drug overdose deaths with evidence of selected routes of drug use,^{*,†} by 6-month period of death (N = 139,740) — State Unintentional Drug Overdose Reporting System, 28 jurisdictions,^{§,¶} January 2020–December 2022



Other Persistent and Emerging Threats – Vaping

Electronic Vapor Product Use Among High School Students — Youth Risk Behavior Survey, United States, 2021

FIGURE 1. State, tribal government, territorial, and local school district Youth Risk Behavior Surveys — selected U.S. sites, 2021

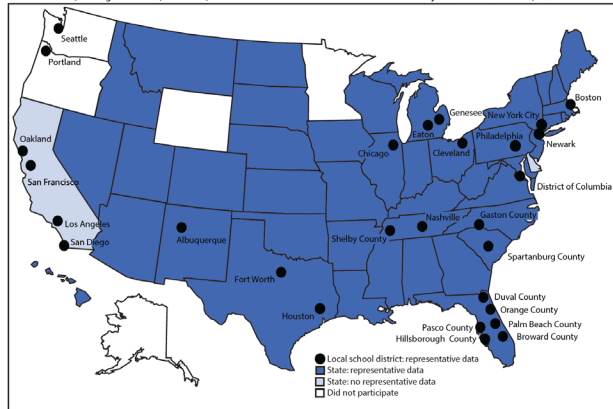


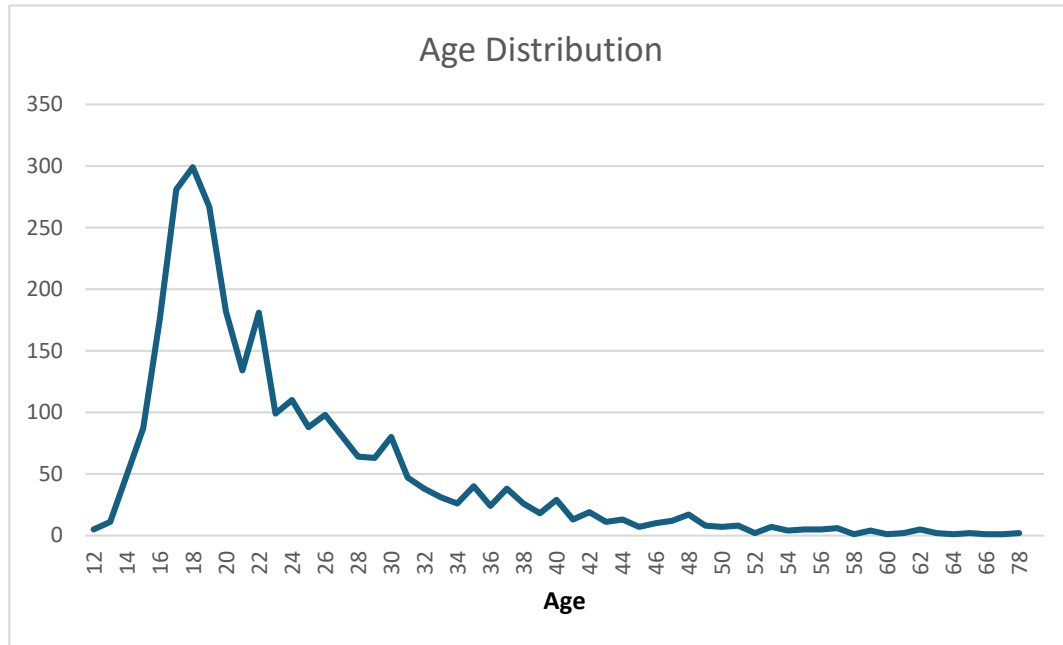
TABLE 2. Prevalence of electronic vapor product* use among high school students, by sex, race and ethnicity, and sexual identity — Youth Risk Behavior Survey, United States, 2021

Behavior	Ever used an electronic vapor product [†]	Currently used electronic vapor products [§]	Daily use of electronic vapor products [¶]
	% (95% CI)**	% (95% CI)	% (95% CI)
Total	36.2 (33.7–38.8)	18.0 (16.3–19.8)	5.0 (4.4–5.7)
Sex			
Female	40.9 (37.6–44.2)	21.4 (19.2–23.8)	5.6 (4.6–6.8)
Male	32.1 (29.7–34.5)	14.9 (13.3–16.7)	4.5 (3.9–5.2)
Race and ethnicity^{††}			
American Indian or Alaska Native	33.5 (23.8–44.8)	23.2 (16.5–31.7)	4.4 (1.7–10.7)
Asian	19.5 (14.1–26.5)	5.5 (4.2–7.2)	1.2 (0.5–2.8)
Black	33.6 (30.4–37.0)	14.0 (12.3–16.0)	3.1 (2.0–4.7)
Native Hawaiian or other Pacific Islander	36.1 (29.2–43.7)	24.7 (17.2–34.3)	8.0 (3.6–16.8)
White	36.7 (34.2–39.3)	20.3 (18.4–22.2)	6.5 (5.6–7.6)
Hispanic/Latino	40.4 (36.7–44.2)	17.8 (15.3–20.5)	3.4 (2.9–4.1)
Multiracial	36.8 (30.9–43.2)	17.1 (13.4–21.5)	5.3 (4.0–6.8)
Sexual identity			
Heterosexual	34.7 (32.4–37.1)	16.4 (15.1–17.8)	4.4 (3.8–5.1)
Gay or lesbian	34.4 (25.5–44.6)	15.8 (11.1–22.0)	5.0 (2.9–8.6)
Bisexual	48.9 (44.2–53.6)	29.0 (25.4–32.8)	7.5 (5.7–9.9)
Other or questioning ^{§§}	33.5 (29.2–38.0)	15.7 (12.9–18.9)	4.6 (3.3–6.3)

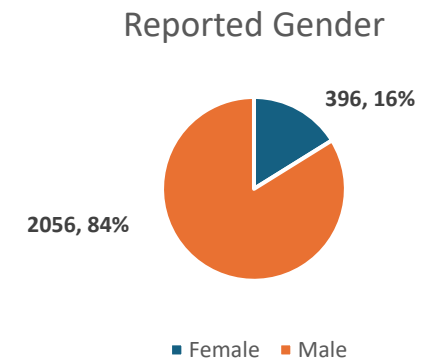
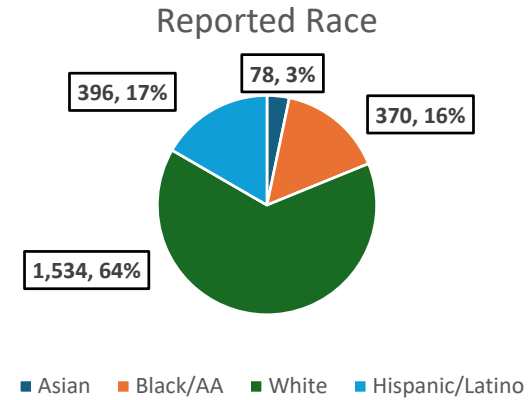
- Oliver BE, Jones SE, Hops ED, Ashley CL, Miech R, Mpofu JJ. Electronic Vapor Product Use Among High School Students — Youth Risk Behavior Survey, United States, 2021. MMWR Suppl 2023;72(Suppl-1):93–99. DOI: <http://dx.doi.org/10.15585/mmwr.su7201a11>



Other Persistent and Emerging Threats – Vaping



Total People:
2,849
Median Age:
23



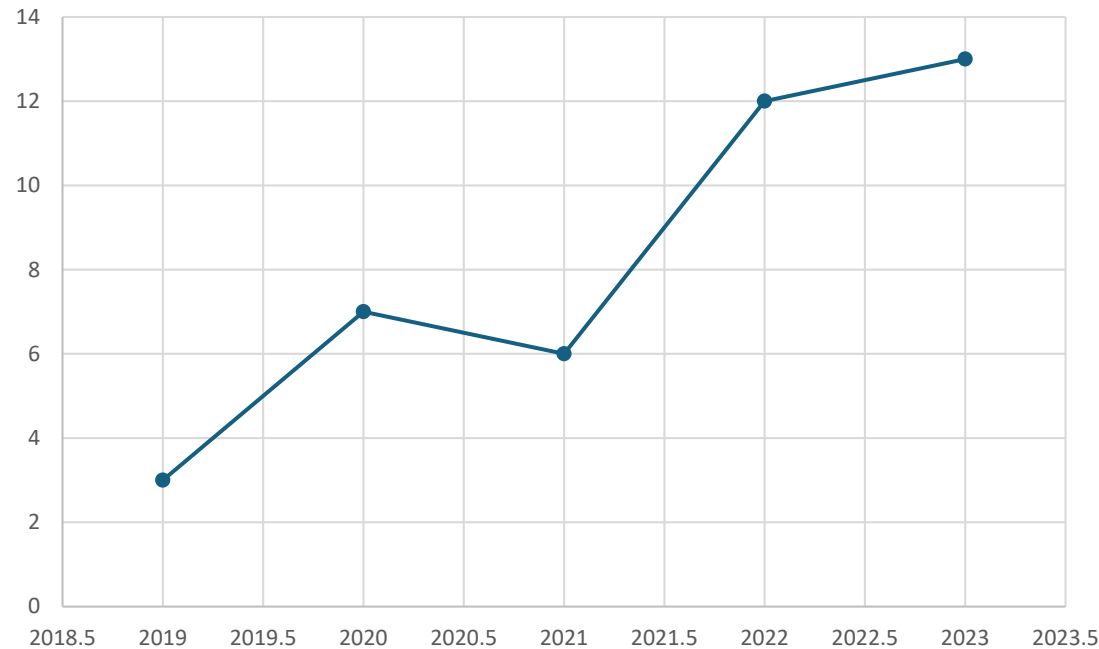
*NJSP Office of Forensic Sciences



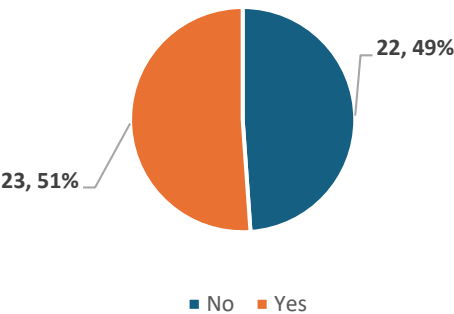
Other Persistent and Emerging Threats – Vaping

Electronic Vapor Product Overdose Incidents in NJ ODMAP

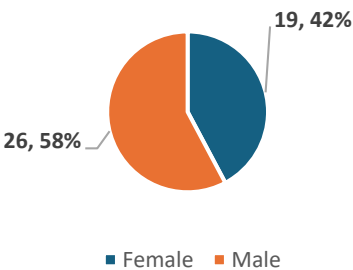
Vaping Related Overdoses in ODMAP by Year



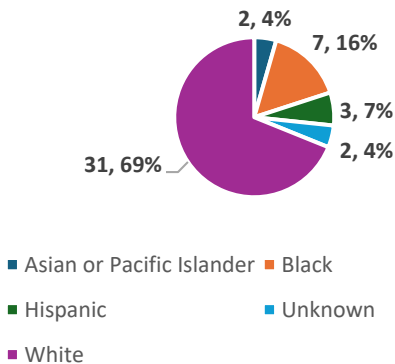
Naloxone Administered



Vaping Related Overdoses by Gender



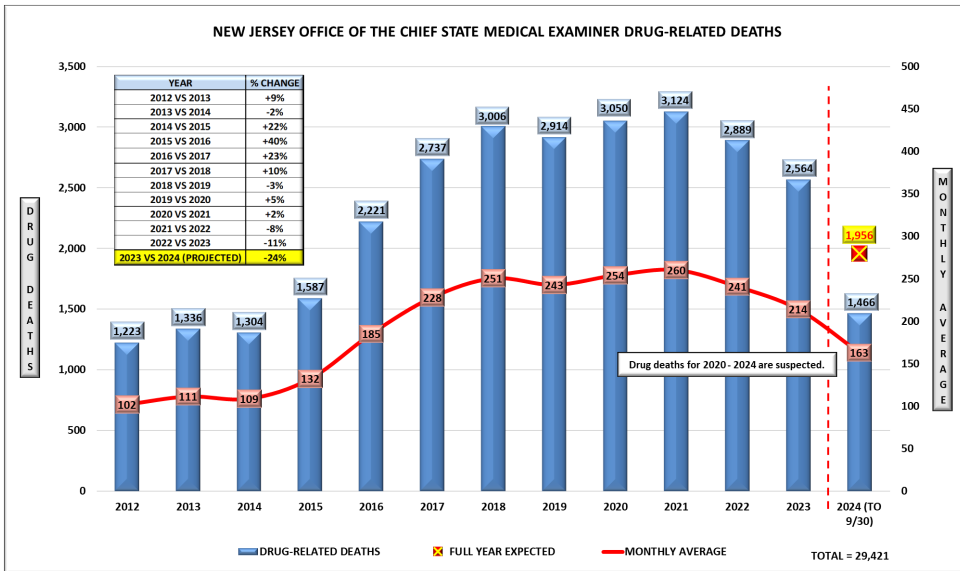
Vaping Related Overdoses by Race



- [Department of Human Services | Governor Murphy Announces Allocation of \\$95 Million from New Jersey's Opioid Recovery and Remediation Fund](#)
- [Department of Human Services | Governor Murphy Announces Over \\$25 Million in Additional Opioid Response Investments](#)
- DOH's milestone of 50 authorized Harm Reduction Centers (<https://x.com/NJDeptofHealth/status/1827023079182139691>)
- DHS' impact in Naloxone365 and Naloxone Direct ([Naloxone365 First Year Review \(June 2024\)](#) and [Naloxone Direct \(July 2024\)](#))
- FL's partnership with Virginia FL and NGA to raise awareness about fentanyl (<https://x.com/FirstLadyNJ/status/1826790554765582826>)
- DOH's guidance to hospitals re: harm reduction supplies ([PO 360 \(General\)](#)).
- [Department of Human Services | New Jersey Human Services Gave Out More than 132,000 Doses of Opioid Overdose Antidote During First Year of Free Naloxone at Pharmacy Program](#)
- [Department of Human Services | NJ Departments of Human Services and Education Make Overdose-Antidote Naloxone Accessible to All School Districts](#)
- [Department of Human Services | NJ Human Services Awards Contracts to Opioid Treatment Providers to Expand Access to Mobile Medication Services](#)



Are Overdoses Down? New Jersey Efforts to Reduce Drug Harm



- [Department of Human Services | Governor Murphy Announces Allocation of \\$95 Million from New Jersey's Opioid Recovery and Remediation Fund](#)
- [Department of Human Services | Governor Murphy Announces Over \\$25 Million in Additional Opioid Response Investments](#)

Legislative Actions

- Harm Reduction Centers authorized in every county (DOH's milestone of 50 authorized Harm Reduction Centers (<https://x.com/NJDeptofHealth/status/1827023079182139691>))
- Expansion of MOUD
- Naloxone available at almost 700 pharmacies across the state
- Drug paraphernalia laws updated exclude harm reduction supplies
- Limits on opioid prescribing
- Naloxone leave behind kits legislation

Naloxone Saturation:

- [Department of Human Services | New Jersey Human Services Gave Out More than 132,000 Doses of Opioid Overdose Antidote During First Year of Free Naloxone at Pharmacy Program](#)
- NJSP Operation RISE over 185,000 Naloxone Kits distributed
- OAG Operation Helping Hand

LAW ENFORCEMENT REPORTED: OTHER NALOXONE ADMINISTRATIONS		
YEAR	TOTAL	PERCENT
2024 (TO 12/2)	882	18%
2023	1,102	15%
2022	961	13%
2021	737	11%
2020	733	10%
2019	550	8%

Category	Sub-Category	2012	2015	2018	2020	2024
Total Admissions		40,438	35,009	44,365	43,893	41,525
Unduplicated Clients		31,463	27,515	32,563	28,996	26,033
Gender	Male	67.2%	67.8%	66.9%	66.7%	70.0%
	Female	32.8%	32.1%	33.1%	33.2%	29.9%
Age	Under 18	5.6%	3.0%	1.5%	0.5%	1.4%
	18-21	11.7%	7.7%	5.0%	3.0%	2.4%
	22-24	12.0%	11.2%	8.2%	5.5%	3.6%
	25-29	16.4%	18.8%	18.6%	14.3%	10.1%
	30-34	13.1%	16.1%	16.7%	18.3%	15.9%
	35-44	18.9%	19.7%	22.6%	26.8%	26.7%
	45-54	16.8%	16.9%	17.4%	15.1%	19.2%
	55 and over	5.8%	6.7%	10.0%	12.8%	27.7%
Race / Ethnicity	White (non-Hispanic)	62.2%	61.1%	60.0%	60.4%	55.7%
	Black (non-Hispanic)	21.6%	21.7%	22.9%	23.6%	27.0%
	Hispanic Origin	13.1%	1.3%	14.3%	14.4%	15.9%
	Other	1.0%	1.4%	1.5%	1.6%	1.4%
	Not Assessed	1.2%	0.2%	0.0%	0.0%	0.0%
Primary Drug	Alcohol	29.7%	23.8%	27.5%	35.1%	41.1%
	Heroin	31.9%	37.8%	44.0%	38.7%	29.6%
	Other Opiates	11.4%	6.5%	5.4%	7.2%	7.1%
	Cocaine/Crack	5.9%	4.9%	5.4%	4.8%	6.8%
	Marijuana	16.5%	14.7%	12.8%	8.2%	6.7%
	Other Drugs	4.5%	12.0%	3.8%	5.7%	6.5%
	Unassessed	0.0%	0.0%	0.0%	0.0%	0.0%



The Opioid Crisis: Where We Stand as 2024 Concludes

Captain Jason Piotrowski

Executive Officer
Forensic and Technical Services Section
New Jersey State Police

MPH Candidate Johns Hopkins University
Bloomberg School of Public Health

Jason.Piotrowski@njsp.gov
Jpiotro8@jh.edu





To register for continuing education for today's webinar:
Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: knockoutday.drugfreenj.org/dec12
EMT: KnockOutDay.DrugFreeNJ.org/EMT
Athletic Trainers: KnockOutDay.DrugFreeNJ.org/Trainers

UPCOMING WEBINAR
The National Opioid Crisis: Current Trends and Solutions
11 a.m. Thursday, January 30, 2025
Register at KnockOutDay.DrugFreeNJ.org/events

