



# Opioids – A Public Health Epidemic What Every Social Worker Needs to Know



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

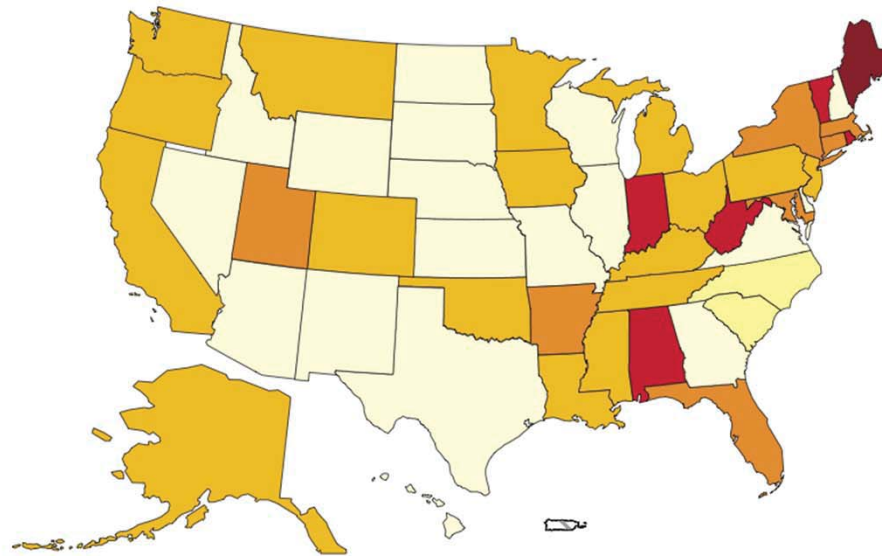
# Americans are dying at the rate of 175 a day from opioid overdoses: National Response



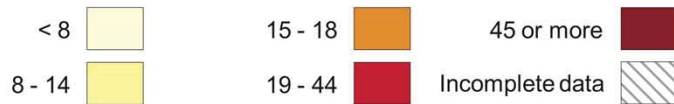
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## Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



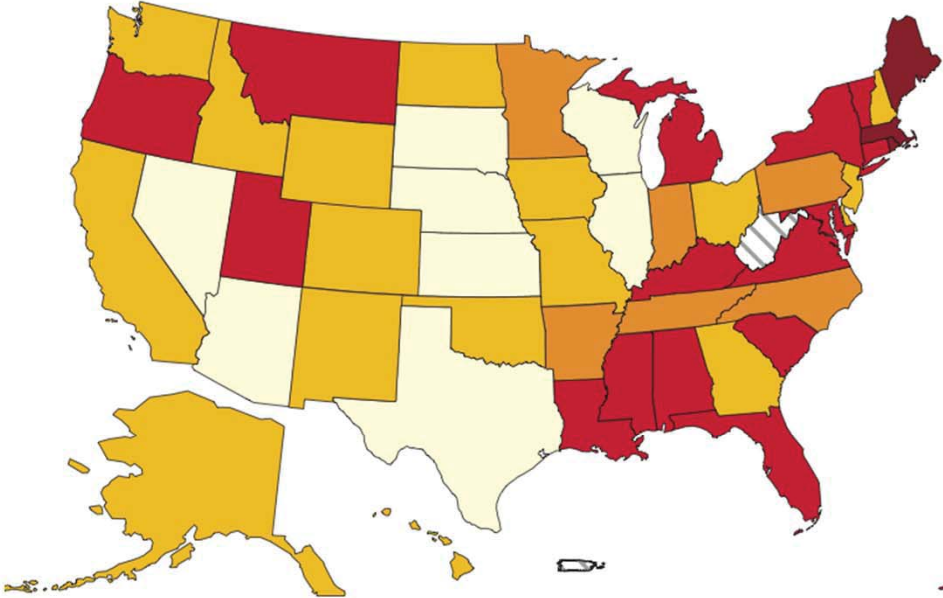
**1999**  
(range 1 - 50)



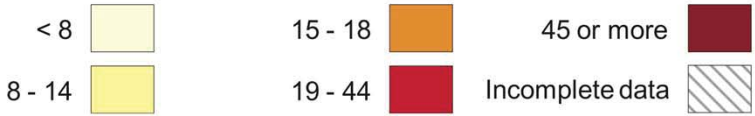
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.



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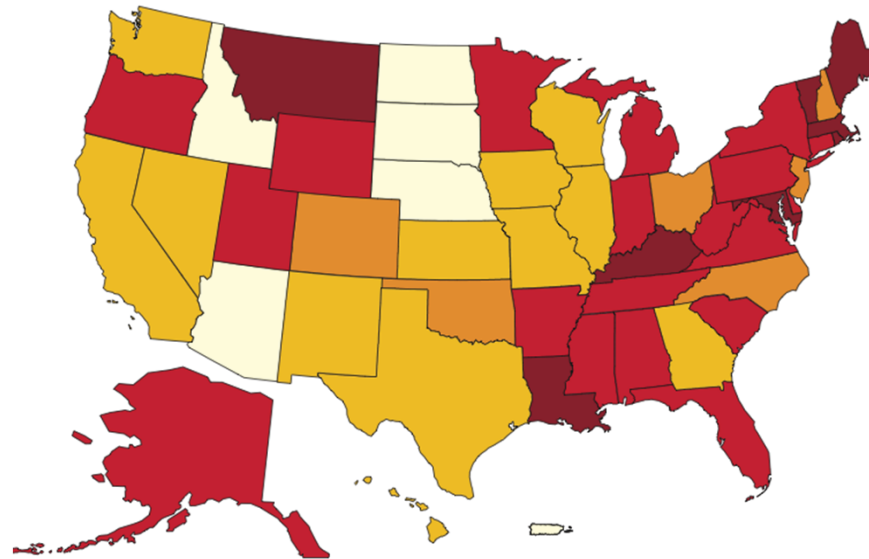
**2001**  
(range 1 – 71)



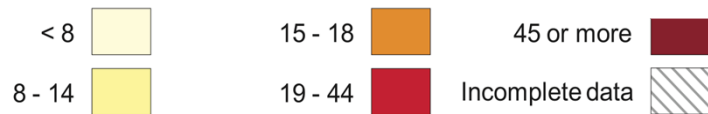
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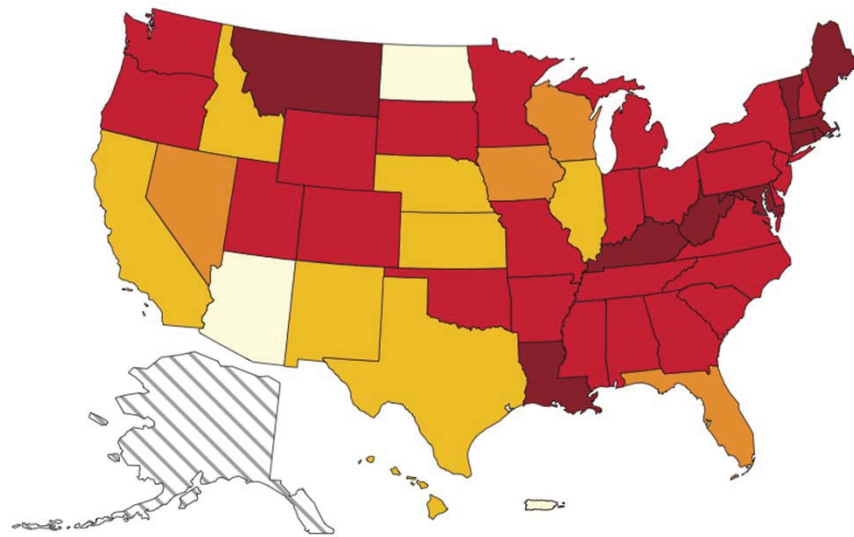
**2003**  
(range 2 – 139)



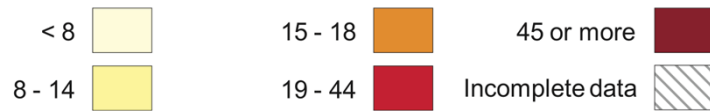
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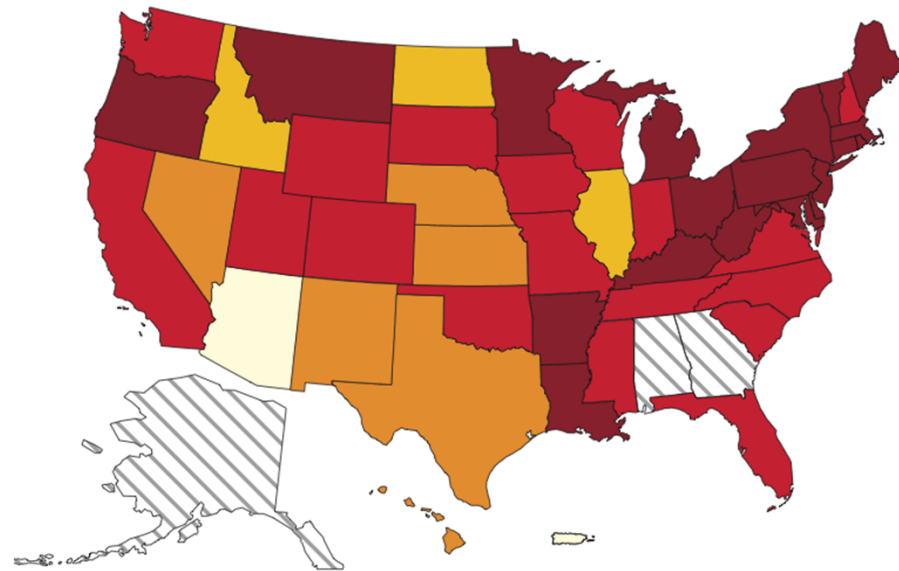
**2005**  
(range 0 – 214)



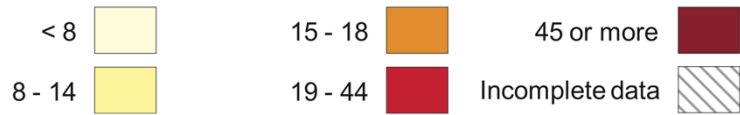
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.



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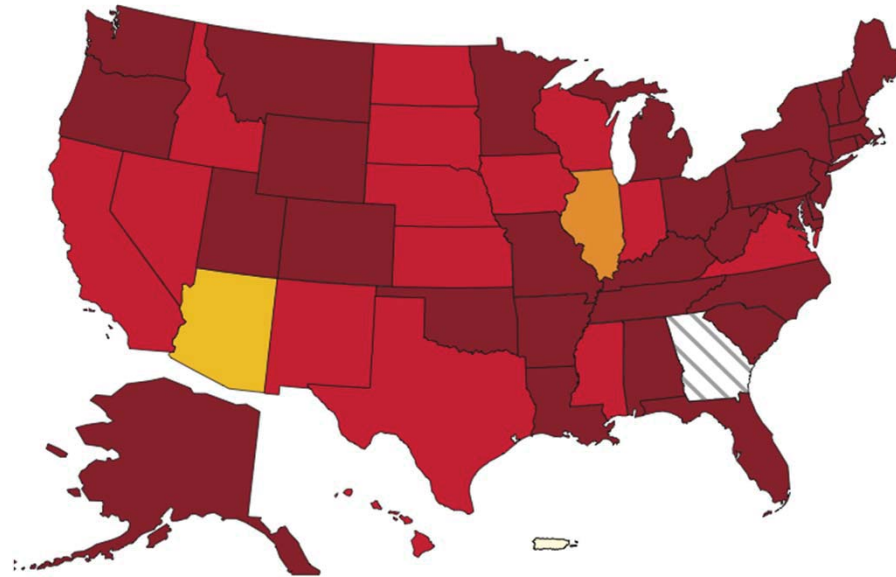
**2007**  
(range 1 – 340)



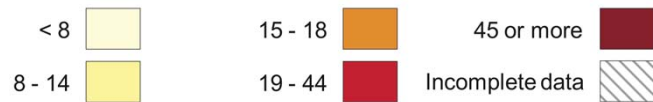
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.



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**2009**  
(range 1 – 379)

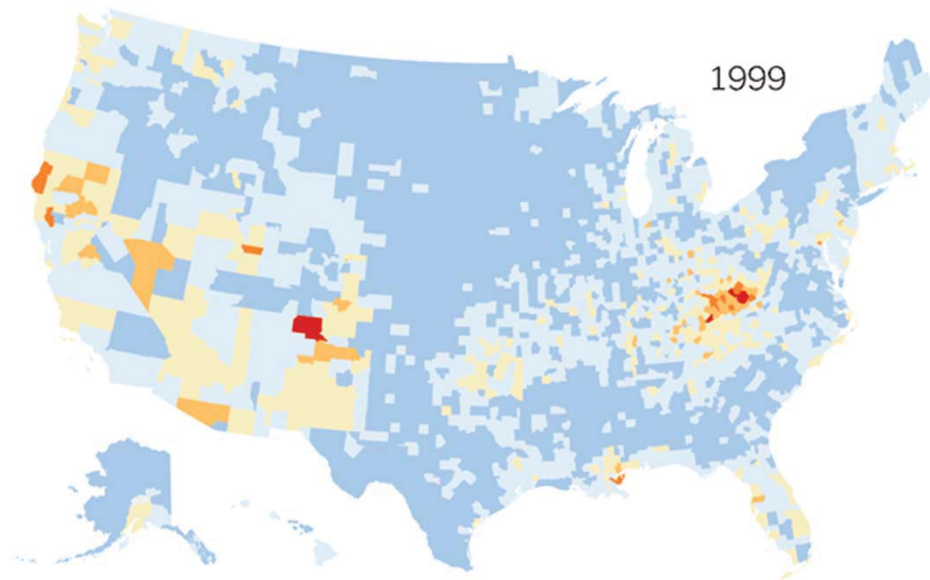


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.





Overdose deaths per 100,000  
Source: The New York Times



# NJ is Not Immune

## Survey Finds 1 In 5 College Students Have Abuse Prescription Medication

123 Inside N.J.'s historic push to tackle heroin epidemic

### 5 N.J. legislature tackles addiction: List of bills included in major package



Heroin and opiate addiction are on the rise in New Jersey. (Thinkstock)

By Stephen Stirling | NJ Advance Media for NJ.com  
 Updated on September 17, 2014 at 1:41 AM. Updated 11:42 AM

Today, New Jersey legislators are expected to introduce a package of bills to tackle the state's burgeoning heroin and prescription drug abuse crisis. Sen. Joseph Vitale (D-Middlesex), who introduced the bill package in 2013, said he hopes the legislation will bring about meaningful change and help shape the conversation forward in New Jersey as one about a public health and enforcement problem.

Below is a list of the bills expected to be introduced and brief summaries of their intent:

- S-2366**, sponsored by Senators Weinberg and Passaic, would increase the penalties for certain repeat prescription drug offenses.
- S-2367**, sponsored by Senator Coakley, would increase the penalties for certain repeat prescription drug offenses.
- S-2368**, sponsored by Senator Rice, would increase substance abuse prevention efforts by \$5 million.
- S-1998/A-3129\*\***, sponsored by Senators Vitale, Assemblymen Conway and Laguna, Assemblywoman Benson and Assemblywoman DeLeon, would require physicians to register for the state Prescription Drug Monitoring Program (PDMP) to help identify individuals who are doctor shopping or who are operating "pill mills."
- S-2029\***, sponsored by Senators Turner and Vignone, would increase the penalties for certain repeat prescription drug offenses.
- S-2369/A-2859\*\***, sponsored by Senators Vitale and Benson and Assemblywoman Vaino, would expand the number of places individuals can drop off unused prescription drugs at every county sheriff's office and in county and municipal locations that choose to participate.

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### N.J. lawmakers set to combat heroin, opiate abuse

Dustin Racioppi, @dracioppi 10:30 p.m. EDT September 17, 2014

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TRENTON – State lawmakers unveiled a package of 21 bills in a sweeping effort to curb prescription drug abuse, a crisis that has hit New Jersey and especially the Jersey Shore.

Photo: Staff photo

## Christie cites death of friend, urges more vigilant about prescription drug



The Overdose Protection Act, which allows law enforcement to carry the antidote naloxone, would be expanded to include substance abuse workers.

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### N.J. lawmakers unveil package of bills aimed at curbing heroin, pill abuse

SEPTEMBER 17, 2014 2:43 PM LAST UPDATED THURSDAY, SEPTEMBER 18, 2014 12:48 AM

BY REBECCA D. O'BRIEN AND MELISSA HAYES STAFF WRITERS | THE RECORD



Sen. Joseph Vitale speaks Wednesday at the announcement of a package of bills focused on the state's heroin crisis.

A package of bills aimed at stemming heroin and opioid painkiller addiction was announced on Wednesday by lawmakers, the first coordinated legislative effort to address the crisis that has overwhelmed the health care system, confounded law enforcement and caused hundreds of deaths.

The 21 bills, which have bipartisan support and several of which have been introduced in the state Senate or Assembly, focus on education, prevention and treatment.



Gov. Chris Christie and Sen. Joseph Vitale (D-Middlesex) announced a package of 21 bills to combat prescription drug abuse and heroin addiction. The package includes measures to increase penalties for repeat offenses, expand the state's Prescription Drug Monitoring Program (PDMP), and create a new "pill mill" license. Christie said the bills are a "holistic strategy" to address the crisis.

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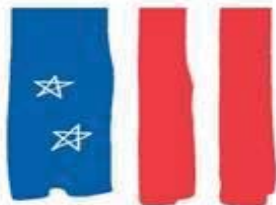
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# Opioid Dependency and Addiction

- ❖ A chronic, relapsing disorder that is characterized by compulsive drug seeking and drug use, despite harmful consequences.
- ❖ It is considered a disorder because opiates change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors and consequences seen in people who use drugs.

<http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction>



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# Opioid Misuse and Overdose Epidemic: New Jersey

New Jersey ranks sixth in the nation for highest rate of visits to the emergency room due to opioid abuse/overdose.



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# Opioid Epidemic: New Jersey

In 2016, there were between 2,090 and 2,250 drug-related deaths in New Jersey, an increase from 1,587 in 2015, according to the Office of the NJ Medical Examiner.

NJ is 19<sup>th</sup> in the Nation for opioid overdose deaths, with 23.2 per 100,000 residents.

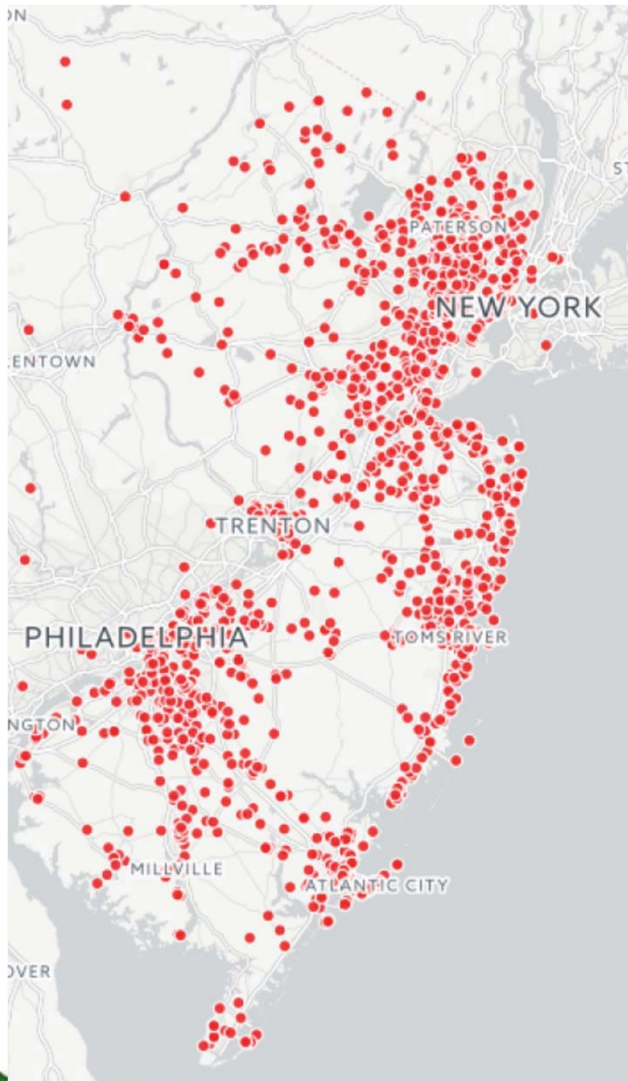


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# NJ Opioid Deaths

The number of people who died from opioid overdoses in New Jersey last year, was well over twice the number of people from the state who died in the attacks on Sept. 11.



Source:

[http://www.nj.com/news/index.ssf/2017/09/all\\_1001\\_people\\_killed\\_by\\_opioids\\_in\\_nj\\_last\\_year\\_mapped.html](http://www.nj.com/news/index.ssf/2017/09/all_1001_people_killed_by_opioids_in_nj_last_year_mapped.html)

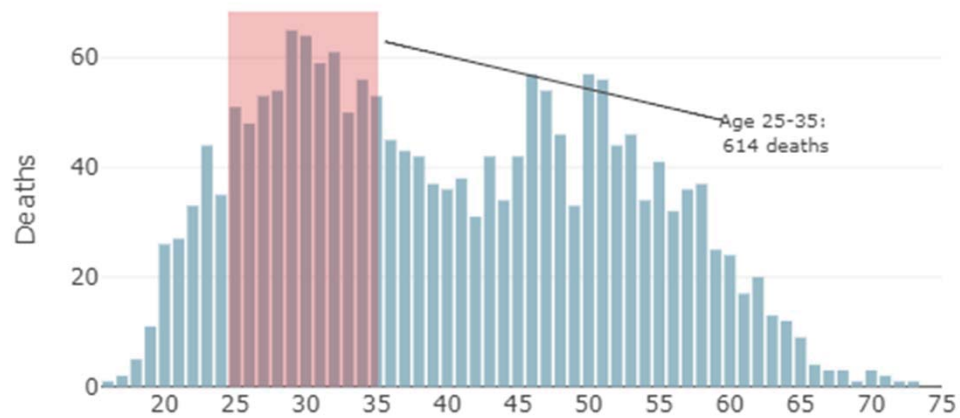


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N.J. opioid overdoses by age in 2016



Nearly a third of opioid overdoses in 2016 were between 25 and 35 years old, according to the data.

Source:

[http://www.nj.com/news/index.ssf/2017/09/all\\_1901\\_people\\_killed\\_by\\_opioids\\_in\\_nj\\_last\\_year\\_mapped.ht...](http://www.nj.com/news/index.ssf/2017/09/all_1901_people_killed_by_opioids_in_nj_last_year_mapped.ht...)



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# National Outlook



Overdose deaths surpassed Breast Cancer Deaths for the first time, last year.



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**PUBLIC HEALTH**  
**Life Expectancy Drops Again As Opioid Deaths Surge In U.S.**  
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Life expectancy in the U.S. has fallen for the second straight year, in part because of the surge of overdoses on opioids, such as oxycodone.

Life expectancy in the U.S. fell for the second year in a row in 2016, nudged down again by a surge in fatal opioid overdoses, federal officials report Thursday.

"I'm not prone to dramatic statements," says Robert Anderson, chief of the mortality statistics branch at the National Center for Health Statistics. "But I think we should be really alarmed. The drug overdose problem is a public health problem, and it needs to be addressed. We need to get a handle on it."

The trend is especially concerning because life expectancy is considered an important indicator of the general well-being of a nation.

"It gives you sort of an overall sense of what's going on," Anderson says.

Life expectancy, which is the average time someone is expected to live, generally has been rising steadily for decades in the United States, with only occasional downward ticks.

The last time the U.S. life expectancy dropped was in 1993 because of the AIDS epidemic. Life expectancy hasn't fallen two years in a row in the U.S. since the early 1960s.



— DRUG OVERDOSES —  
**KILL MORE**  
THAN CARS, GUNS, AND FALLING.



Falling **28,360** deaths



Guns **32,351** deaths



Traffic accidents **33,692** deaths



Drug overdoses **41,340** deaths

(16,917 from opioid  
pain medicine)

Source: CDC Wide-ranging OnLine Data for Epidemiologic Research  
(WONDER) on Mortality: <http://wonder.cdc.gov/mortsql.html> (2011)

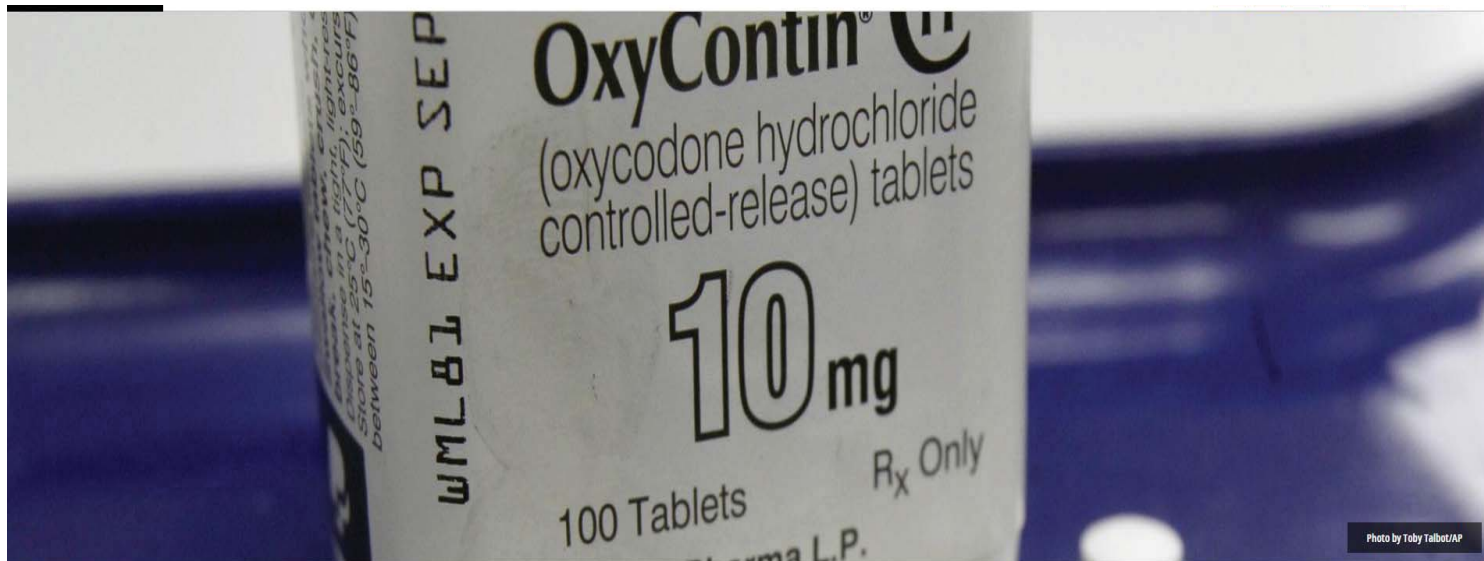


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# How did we get here?



HEALTH

## The CDC Just Told American Doctors to Rethink Pain Treatment and Opioid Addiction

By Tess Owen

March 17, 2016 | 11:45 am



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# The Rx Abuse Epidemic

Vol. 302 No. 2

CORRESPONDENCE

## ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

*To the Editor:* Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients<sup>1</sup> who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,<sup>2</sup> Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER  
HERSHEL JICK, M.D.  
Boston Collaborative Drug  
Surveillance Program

Waltham, MA 02154

Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. *JAMA*. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. *J Clin Pharmacol*. 1978; 18:180-8.

Porter J, Jick H: *NEJM* 1980; 302:123



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# Pain Scores

VIEWPOINT

## Patient Satisfaction, Prescription Drug Abuse, and Potential Unintended Consequences

Aleksandra Zgierska, MD, PhD

Michael Miller, MD

David Rabago, MD

**P**ATIENT-CENTERED CARE CAN IMPROVE TREATMENT outcomes, and its implementation has become the focus of national and local efforts to optimize health and health care delivery. Patients' satisfaction with care is one of the pillars of patient-centered care.<sup>1</sup> As such, results from patient satisfaction surveys (ie, patient experience of care measures) can be a driving force behind changes in health care delivery—with institutions and individual clinicians hoping for and actively seeking optimal survey scores. Although such initiatives generally promote improvements in practice that are responsive to patients' expressed needs, they may paradoxically promote prescribing of opioids and other addictive medications.

Complaints of chronic pain are increasing in the aging, sedentary population. Although opioid management for severe acute pain is often beneficial, the effectiveness of long-term opioids for chronic non-cancer-related pain is controversial and may have significant negative effects on individuals and society.<sup>2</sup> The United States is facing an epidemic of prescription drug misuse and diversion resulting in increased rates of addiction, health care utilization, and overdose deaths.<sup>3</sup> Prescribed opioids constitute the main supply of these drugs for 70% of opioid abusers.<sup>4</sup> Federal and addiction specialty policy statements<sup>5,6</sup> recommend imple-

haviors. Medical quality committees and even licensure boards can determine that care is substandard if clinicians exclude these components. Before prescribing opioids, clinicians may be expected to recommend nonopioid interventions and refer patients to consultants even if what the patient wants is an opioid prescription. Combined with overall poor treatment outcomes in chronic pain and difficulties reported by most clinicians regarding issues surrounding prescription drug abuse, it is not surprising that clinicians' satisfaction and comfort level with management of care for patients with opioid-treated chronic pain are low.<sup>7</sup> This general picture sets a stage for the following considerations.

First, office visits in primary care are brief, and the pressure on clinicians to maximize "through-put" to meet patient volume benchmarks has intensified. In the context of these time pressures, how should a clinician respond to the patient's request for inappropriate opioid pain medication? Guidelines<sup>8</sup> suggest discussion of treatment alternatives such as pharmacological alternatives, lifestyle changes, and a clear statement that opioids are not the best choice.<sup>9</sup> However, such patient encounters are challenging and time consuming and exact an emotional toll on clinicians, contributing to diminished practice satisfaction and burn-out.<sup>7</sup> Given that compensation favors interventional procedures and high patient volume rather than time-consuming discussion, many physicians may behave in a way even they think is questionable: write the requested opioid prescription, and move on. The clinician saves time, but may be left with emotional and moral distress.

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et al, JAMA, April 4, 2012 – Vol 307, No 13, Pg. 1377



## Prescription Opioids in Adolescence and Future Opioid Misuse

Richard Miech, Lloyd Johnston, Patrick M. O'Malley, Katherine M. Keyes and  
Kennon Heard

*Pediatrics*; originally published online October 26, 2015;

**BACKGROUND AND OBJECTIVE:** Legitimate opioid use is associated with an increased risk of long-term opioid use and possibly misuse in adults. The objective of this study was to estimate the risk of future opioid misuse among adolescents who have not yet graduated from high school.

**METHODS:** Prospective, panel data come from the Monitoring the Future study. The analysis uses a nationally representative sample of 6220 individuals surveyed in school in 12th grade and then followed up through age 23. Analyses are stratified by predicted future opioid misuse as measured in 12th grade on the basis of known risk factors. The main outcome is nonmedical use of a prescription opioid at ages 19 to 23. Predictors include use of a legitimate prescription by 12th grade, as well as baseline history of drug use and baseline attitudes toward illegal drug use.

**RESULTS:** Legitimate opioid use before high school graduation is independently associated with a 33% increase in the risk of future opioid misuse after high school. This association is concentrated among individuals who have little to no history of drug use and, as well, strong disapproval of illegal drug use at baseline.

**CONCLUSIONS:** Use of prescribed opioids before the 12th grade is independently associated with future opioid misuse among patients with little drug experience and who disapprove of illegal drug use. Clinic-based education and prevention efforts have substantial potential to reduce future opioid misuse among these individuals, who begin opioid use with strong attitudes against illegal drug use.

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**Enough prescription painkillers are prescribed to medicate every American adult around-the-clock for a month.**

**Do we have your attention yet?**

**Ask your doctor how prescription drugs can lead to heroin abuse.**

**[drugfreenj.org](http://drugfreenj.org)**



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**Nearly half of young people who inject heroin reported abusing prescription opioids before starting to use heroin.**

**Do we have your attention yet?**

**Ask your doctor how prescription drugs can lead to heroin abuse.**

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**After a tooth extraction, 61% of 14-17 year olds  
are prescribed opioids.**

**Do we have your attention yet?**

**Ask your doctor or dentist how  
prescription drugs can lead to heroin abuse.**

**[drugfreenj.org](http://drugfreenj.org)**



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**Male youth athletes are twice as likely to be prescribed opioid painkillers and four times more likely to abuse them.**

**Do we have your attention yet?**

**Ask your doctor how prescription drugs can lead to heroin abuse.**

**[drugfreenj.org](http://drugfreenj.org)**



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21 percent of male athletes and 14 percent of female athletes suffer a sports-related injury in a given year, according to a University of Michigan study



11 percent of high school athletes have used an opioid medication for nonmedical reasons, according to the University of Michigan Monitoring the Future Study



# How Can We Respond?

Sharing information with students and parents about the addictive qualities of the opioid they are prescribed and possible alternatives is a life saving measure – and the law!



Would you give your child  
**HEROIN**  
to remove a wisdom tooth?

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

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**BEFORE THEY PRESCRIBE - YOU DECIDE.™** drugreenj.org



Would you give your child  
**HEROIN**  
for a sports injury?

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


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Doctor prescribed opioid use before high school graduation increases the risk of future opioid misuse after high school  
**by 33%**

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

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Would you give your child  
**HEROIN**  
for a broken arm?

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

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# Legislation You Should Know About— Mandated PMP

NJ Gov. Christie Signs Bill Expanding Drug Monitoring Program

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New Jersey Governor Chris Christie

Pharmacists and doctors prescribing oxycodone and other controlled substances are now required to participate in a state program designed to prevent addicts from seeking multiple medical opinions with the aim of obtaining prescription drugs.

Gov. Chris Christie signed a bill into law Monday requiring drug prescribers and pharmacists in New Jersey to register for access to the state's Prescription Monitoring Program.

- [Stabbing on Jersey Shore Boardwalk](#)

"We're not only making the New Jersey Prescription Monitoring Program even



More information at: <http://www.njconsumeraffairs.gov/pmp/>



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# A3/S3 New Legislation

- NJ State Senate passed several pieces of 21 part legislative package

Attorney General, Division of Consumer Affairs:  
Emergency new rules for Boards of Medical Examiners, Nursing,  
Dentistry and Optometry

The amendments also require the prescribing practitioner to **discuss with the patient or the patient's parent or guardian the reasons why the medication is being prescribed, the possible alternative treatments, and the risks associated with the medication.**



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# What Can You Do:

## Education and Awareness

In a 2016 study, nearly **one in three** parents of New Jersey middle school students do not believe there is a link between pain killers prescribed for things like sports injuries and wisdom tooth removal and the rising use of heroin in New Jersey.

The study also found that less than 50 percent of parents feel they are knowledgeable about heroin.

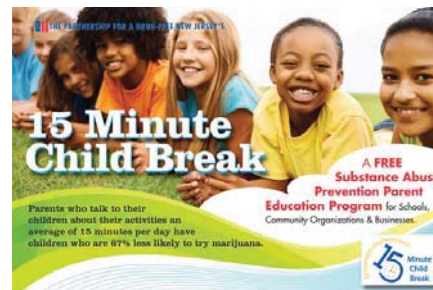




# Partnership Programs and Resources

## Community Based Programs

- 15 Minute Child Break
- Do No Harm Symposium Series
- TalkNowNJ.com




DRUGS  
DON'T  
WORK  
IN NJ!

Drugs Don't Work in New Jersey

## School Based Programs:


- 3<sup>rd</sup> Grade Contract for A Healthy Life
- 4<sup>th</sup> Grade Folder Contest
- 5<sup>th</sup> Grade Parent Alert
- Middle School PSA Challenge
- New Jersey Shouts Down Drugs





The American  
**MEDICINE CHEST  
CHALLENGE**

**Home of the  
National Directory  
of Permanent  
Prescription Drug  
Collection Sites**



[www.americanmedicinechest.com](http://www.americanmedicinechest.com)

Mobile app: "AMCC RxDrop"



# Focus on Parent Education of Signs and Symptoms of Opiate Abuse

**Visit this website if your child is depressed.**



**TalkNowNJ.com**

Partnership for a Drug-Free New Jersey



**Visit this website if your child is nodding off.**



**TalkNowNJ.com**

Partnership for a Drug-Free New Jersey



**Visit this website if your child is very itchy.**



**TalkNowNJ.com**

Partnership for a Drug-Free New Jersey



**Every day, two families in New Jersey lose a child to opioid abuse.**

**Are you talking to your kids yet?**

Visit [drugfreenj.org](http://drugfreenj.org)



**Do No Harm**

A Prescription Drug Abuse Symposium for the Medical Community

To register visit [drugfreenj.org/DoNoHarm](http://drugfreenj.org/DoNoHarm)

**Select Any Day**

June 10: MORRISTOWN MEDICAL CENTER

June 11: COMMUNITY MEDICAL CENTER

June 12: COOPER UNIVERSITY HOSPITAL

Only watch this video if you love your children



**TalkNowNJ.com**



# Strategic Partnerships to Reach Varied Audiences

Have an Overdose Action Plan?

**BE A SUPERHERO**

**CALL 911**

- 1 Call 911 and report observable behavior
- 2 Administer rescue breathing
- 3 Administer naloxone
- 4 Stay with the person until professional help arrives

Be a Superhero... Save a Life with Naloxone  
Visit [CaresNJ.org](http://CaresNJ.org) for more information.



Scan to visit  
[CaresNJ.org](http://CaresNJ.org)



- Overdose Prevention
- Naloxone
- Developing an Overdose Action Plan

Have an overdose action plan?



# Additional Resources: Chasing the Dragon



<https://www.youtube.com/watch?v=lqdmWRExOkQ>



# Available Resources

- Resource Guides
- Turn The Tide Pocket Cards

New CDC Opioid Prescribing Guidelines  
Improving the Way Opioids are Prescribed for Safer Chronic Pain Treatment

**The problem:**  
Opioid prescriptions in the United States are increasing, and patients are over-relying on them to manage their chronic pain. Prescribing opioids responsibly is important to improve patient safety and reduce the risk of addiction.

**259 million**  
in 2012, 100 million more prescriptions were written for opioids than in 2006.

**300% increase**  
in the number of prescriptions for opioids in the United States from 2006 to 2012.

**2 million**  
in 2012, 1 million more prescriptions were written for opioids than in 2006.

**16 thousand**  
in 2012, 10 thousand more prescriptions were written for opioids than in 2006.

An estimated **1 out of 5** patients with non-cancer pain or pain-related diagnoses are prescribed opioids.

**PRESCRIBE RESPONSIBLY. REDUCE OVERDOSE.**

[www.cdc.gov](http://www.cdc.gov) GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

**Knock Out Opiate Abuse in New Jersey:**  
A Resource for Safer Prescribing

**TURN THE TIDE**

**PRESCRIBING OPIOIDS FOR CHRONIC PAIN**

**ADAPTED FROM CDC GUIDELINE:**  
OPIOIDS AS FIRST-LINE TREATMENT FOR CHRONIC PAIN

**BEFORE PRESCRIBING:**

**ASSESS PAIN & FUNCTION:**  
Use a validated pain scale. Consider the patient's history of pain, current pain, and functional status.

**CONSIDER NON-OPIOID TREATMENT AND APPROPRIATE DOSE:**  
Non-opioid treatments should be considered first. If opioids are necessary, use the lowest effective dose.

**TALK TO PATIENT ABOUT TREATMENT PLAN:**  
Discuss the risks and benefits of treatment. Consider the patient's history of pain, current pain, and functional status.

**EVALUATE AND MONITOR:**  
Monitor the patient's response to treatment. Consider the patient's history of pain, current pain, and functional status.

**KNOCK OUT OPIOID MISUSE**

**Doctor prescribed opioid use before high school graduation increases the risk of future opioid misuse after high school by 33%.**

Partnership for a Drug-Free New Jersey  
[drugfree.org](http://drugfree.org)

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.**

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  
[drugfree.org](http://drugfree.org)



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# Thank you!

## Partnership for a Drug-Free New Jersey

### 973-467-2100

[www.drugfreenj.org](http://www.drugfreenj.org)



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in Cooperation with the Governor's Council on Alcoholism and  
Drug Abuse and the NJ Dept. of Human Services

