

Report of the Governor's Task Force on Drug Abuse Control  
September, 2017



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## Introduction

On January 17, 2017, Governor Christie signed Executive Order 217 creating the Governor's Task Force on Drug Abuse Control (the Task Force). The Task Force is comprised of the following:

Christopher Porrino, Attorney General

Cathleen Bennett, Commissioner, Department of Health

Elizabeth Connolly, Acting Commissioner, Department of Human Services

Gary M. Lanigan, Commissioner, Department of Corrections

Kimberley Harrington, Commissioner, Department of Education

Allison Blake, Commissioner, Department of Children and Families

Richard J. Badolato, Commissioner, Department of Banking & Insurance

Charles B. McKenna, Chairperson

The Task Force held regular meetings, met with and solicited comments and suggestions from the prevention, intervention, treatment, and recovery providers, and considered many of their measured and professional submissions. What follows, is the reasoned judgment of the Task Force regarding measures that can be taken to further the State's already robust efforts to fight, on many levels, the epidemic of substance use disorder that is occurring across the nation and in New Jersey.

In conducting its work, the Task Force became aware of countless determined professionals, both in the various state agencies that have a hand in dealing with this crisis, as well as the private sector and non-profit communities, who work tirelessly and with little recognition of their efforts. They gave generously to the Task Force of their time and thoughts. They are making a difference. While this epidemic is affecting far too many families across this state, it is their efforts that are saving lives on a daily basis and will eventually gain control of this scourge that is exacting a daily toll on its victims. They are too numerous to single out but they have the gratitude of this Task Force and the Governor of our State.

## Recommendations

Substance use disorder is inflicting devastating consequences on its victims, those around them, and society as a whole. A 2015 [report](#) by the Surgeon General of the United States (Surgeon General's Report) revealed that in 2015, 66.7 million people in this Country aged 12 or older, reported binge drinking. Over 27 million people either misused prescription drugs or were current users of illicit drugs. Collectively, these disorders cost this nation an estimated \$400 billion per year. Alcohol abuse alone is responsible for approximately \$249 billion in health care expenses, lost productivity, law enforcement, and criminal justice expenses.

The cost to lives is even more staggering. The abuse of alcohol is responsible for contributing to 88,000 deaths each year. In 2014, there were 47,055 drug overdose deaths. Over 28,000 of those deaths were attributable to opioids, including prescription pain relievers and heroin. Heroin overdose deaths have more than tripled from 2010 to 2014. Drugs now kill more Americans each year than gun violence or car accidents.

New Jersey is not immune from what is occurring across the country. In 2012, 2013, and 2014, non-alcohol, drug-related deaths remained relatively steady at approximately 1,200. Then, in 2015, they spiked to 1,600 and in 2016, there were over 2,100 deaths. Most of those deaths were caused by heroin. Notably, in 2012 and 2013, fentanyl deaths were relatively few. Then, in 2014, they spiked to over 100. In 2015 they jumped again to over 400 and in 2016, there were over 800 deaths involving fentanyl. Fentanyl is a very potent synthetic opioid that is rapidly absorbed into the body and acts much more rapidly than heroin. Fentanyl, which is cheaper than heroin, is often mixed with heroin by dealers to increase the amount of product they can sell. Due to fentanyl's potency, it needs to be carefully measured and administered, which is not a hallmark of street heroin. Thus, a user does not know how much fentanyl has been mixed with the heroin and due to its rapid onset, can cause overdose that cannot be reversed by Naloxone and consequently, death.

New Jersey, as well as other states, has made strides in recent years in dealing with this scourge on our society. We are affecting a cultural shift in the way we view, think about, and act towards people with substance use disorders. But we have much more to do before we can turn the corner. Substance use disorders affect many New Jerseyans on a daily basis. It is responsible for crime, motor vehicle accidents, impaired health and increased health care costs, lost productivity for employers, increased insurance costs for everyone, the ruination of families, and unfortunately, far too many deaths, especially of our most precious commodity - our youth.

This report will outline some practical steps that the state can take to further assist in the process of addressing this pronounced problem. It is not every step that can be taken but it is the hope that recommendations contained in this report can be acted upon in the relative short-term and make a difference in the manner in which the state attacks this problem in order to alleviate the suffering that this has caused so many New Jerseyans as they live with - and unfortunately die with - this mounting problem.

The recommendations are broken down into eight separate categories: structural, professional education, general education, prevention, intervention, treatment, recovery, and prisoner reentry. Each will be discussed and the recommendations explained. These recommendations are aspirational on the part of the task force and represent a point of view of which there can be many. There were other recommendations that the task force did not make for a number of reasons. Thus, it is understood that each of them may not be acted upon moving forward. Nevertheless, this report represents the collective thought process of the task force at a particular point in time.

## **Structural**

The state already has an interagency committee, known as the interagency Opioid Working Group that operates collaboratively. There are two co-chairs of this working group. The co-chairs will work with the Governor's Office to expand the reach and mission of the working group to make it the central forum for engaging in a dialog regarding the best practices to deal with substance use disorder with its present focus remaining on opioids.

**Recommendation:** The Interagency Opioid Working Group should expand its mission and its makeup and the co-chairs shall collaborate with the Governor's staff so that it will become the central forum for engaging in a dialog regarding the best practices to deal with substance use disorder.

The Governor's Council on Alcohol and Drug Abuse (GCADA) should be moved to the Department of Health to ensure a seamless operation in line with the overall mission of delivering optimal services.

**Recommendation:** GCADA should be moved to the Department of Health.

## **Professional Education**

Doctors enter the medical field because they wish to serve patients' needs and adhere to the Hippocratic Oath. They work hard at their craft and are pulled in many directions. As medicine changes, they work constantly to keep up with innovation. However, given the constant change, especially in the area of drug development by pharmaceutical companies, it is unreasonable to expect doctors to be fully conversant in the benefits and dangers of all that exist. Moreover, given the direct marketing of drugs to consumers, doctors are often pressured by patients to prescribe medications and might face critical social media reviews when they do not. That, coupled with pharmaceutical sales personnel pushing certain drugs and providing their take on the research materials, can put doctors in awkward positions.

There are few classes offered by medical schools in the area of pain management and the dispensing of pain medication including opioids. The Surgeon General's Report noted that "only 8

percent of medical schools had a separate required course on addiction medicine and 36 percent had an elective course, on average, the residency curriculum for psychiatrists included only 8 hours on substance use disorders. Schools of social work and psychology also provided little, and sometimes no, mandatory education on substance use-related problems." (Footnotes omitted). Consequently, many doctors might not be fully conversant with the dangers of opioid use, abuse, and dependence. Because of this, the Governor should recommend New Jersey medical, dental, and veterinary schools provide mandatory courses on pain management and opioid dispensing and should also include guidelines for Schedule II through Schedule IV substances.

There are approximately 115,000 nurses licensed in the state of New Jersey as well as tens of thousands of behavioral health professionals (which include clinical social workers, marriage and family therapists and professional counselors). These professionals are truly where the rubber meets the road. If properly trained in pain management and opioid abuse problems and the signs of addiction, they can be an even greater force for good than they already are. Thus, they, too, should receive training in pain management and opioid dispensing and abuse.

**Recommendation: The Governor should recommend New Jersey medical, dental, veterinary, nursing, and behavioral health schools provide mandatory education on substance use disorders, pain management, and opioid dispensing and abuse.**

To deal with doctors and nurses who have not had the benefit of courses in furtherance of their degrees, and because this area of pain management and dealing with pain in a responsible manner is ever-changing, doctors and nurses and all other behavioral health professionals should be required to take continuing education courses in pain management and opioid dispensing and abuse. Licensed home health care aids should be included among the professionals required to receive continuing training in this area in order to maintain their licenses. Veterinarians too should be required to take courses because they dispense pain killers that are being misused by people instead of being administered to animals. All should be required to attend two hours of coursework in this area every two years. For behavioral health professionals and nurses, when their certification comes up, they must show proof that they have received the appropriate training as a prerequisite for renewal of their license. The

same should be true for physician's assistants and licensed home health care workers. School athletic trainers also should be required to take such courses. The courses should be tailored to each individual profession if necessary.

**Recommendation:** Doctors, dentists, veterinarians, nurses, behavioral health professionals, physicians' assistants, home health care workers, and school athletic trainers should be required to take two hours of continuing education in the area of pain management and opioid dispensing and abuse every two years. The courses should be tailored to address each individual profession.

**Recommendation:** The New Jersey Division of Consumer Affairs should promulgate changes to the continuing education requirements for licensed doctors, dentists, veterinarians, behavioral health professionals (i.e., psychologists, social workers, marriage and family therapists, professional counselors), nurses, home health care aides, and any other professional dealing in the field of health care and behavioral sciences to ensure they receive ongoing training in substance use disorder in each licensing cycle.

### General Education

The Governor has already addressed the need for K-12 education in alcohol and drug abuse so this report makes no further recommendation in that area. Nevertheless, there is a subset of students who warrant special attention and they are student-athletes. This group can suffer repetitive injury and can be prescribed pain medication more frequently than others. Thus, they are especially at-risk and need to understand the ramifications when they receive a prescription for such medication. It should fall to the schools, in addition to their medical professionals, to keep them informed. Thus, all school trainers, along with the coaches, in all sports and endeavors that require physical activity that could result in injury (such as dance, cheerleading, and other such physical activities), across the state, including colleges, should be required, at a minimum, to provide a 45-minute lecture to student-athletes and, for K-12 students, their parents, at the beginning of each sports cycle on pain management and the dangers that pain medication can pose to their health.



**Recommendation:** All school trainers, along with the coaches, in all sports and physical activities with injury risk, across the state, including college sports, should be encouraged, at a minimum, to provide a 45-minute lecture to student-athletes and for K-12 students, at least one parent or guardian, at the beginning of each sports cycle on pain management and the dangers that pain medication can pose to their health.

### Prevention

The area of prevention is wide-ranging and involves many moving parts. Thus, the recommendations in this area cover a broad range of topics that are not necessarily interconnected. However, it is believed that they will enable certain preventative actions to move forward in a more efficient manner.

In the area of professional education, this report touches on the sometimes unclear path that doctors must navigate in the area of pain management and opioid dispensing. In order to provide them with broad guideposts on which they can consult, the state should provide a set of advisory guidelines for prescribing opioids in order to assist professionals in this critical area.

**Recommendation:** The state should formulate prescribing guidelines for the dispensing of opioids.

Health care is no longer what it used to be and is driven more and more not by what is necessarily best for the patient, but what health coverage, whether fully insured, self-funded, or government programs, will support. Thus, those who provide health coverage need to be encouraged to support non-opioid therapies and new and additional pathways for the treatment of pain.

**Recommendation:** All those who provide health coverage should be encouraged to support non-opioid therapies and new and additional pathways to treatment for the treatment of pain.

While this report, in many instances, dwells on things that can be improved, there are many success stories in the area of addiction, especially in the area of opioid prescribing. One such point of light is the ALTO, or Alternatives to Opioids, program that is being undertaken at the Emergency Department of St. Joseph's Hospital in Paterson under the direction of Drs.

Mark Rosenberg and Alexis LaPietra. The ALTO program takes a hard look at opioid prescribing and seeks to find viable alternatives that will do no harm to the patients and effectively manage their pain in a way that does not leave them open to some of the harmful side effects, such as addiction, caused by opioids. The program has proven successful and today, the emergency department at St. Joseph's prescribes 57 percent fewer opioids than it did two years ago with no effect on the patients' levels of pain. This thoughtful program, or similar programs in decreasing opioid dispensing, should be adopted in all hospitals throughout the state.

**Recommendation: Hospitals across the state should be encouraged to look at the success of the ALTO project at St. Joseph's Hospital and either adopt it or take a hard look at alternatives to pain management in their facilities and adopt methods that will lead to a dramatic lessening of opioid prescribing/dispensing.**

Veterinarians operate somewhat differently than other doctors, often dispensing pain medication for animals from their offices. Due to the harsh realities of what people will do in order to obtain opioids to feed their habit, there have been stories of people inflicting injuries to animals that will require opioids to properly treat the situation. Sadly, the animal never receives the opioids which are consumed by the addict. Thus, the state needs to ensure that veterinarians adhere to all of the appropriate regulations of the medical profession.

**Recommendation: Veterinarians should be required to adhere to all of the regulations involving the dispensing of opioids that the rest of the medical profession does, including, but not limited to, using the Prescription Monitoring Program and continuing education requirements. The NJ Division of Consumer Affairs will make necessary changes to the PMP system to accommodate use by veterinarians.**

Statistics, however grim, regarding overdose deaths are vitally important in attacking this epidemic. Timely, accurate reporting of where deaths are occurring and from what substances will permit those combatting the problem to properly deploy resources and effectively and efficiently respond to the many variables of this problem. However, while there is a state medical examiner with some oversight authority, individual county medical examiners offices do not always operate in the same manner. The differences are not overly pronounced but they

do produce anomalies at times. Moreover, many medical examiners offices around the state are underfunded and often understaffed which affects the types of toxicology tests that are ordered and the rapidity with which statistics are generated for dissemination. Uniformity and timeliness of reporting are important elements of the state's ability to tackle this problem. That is not to say that the medical examiners around the state are not hard-working professionals, because they are. However, they require guidance and resources to properly carry out their mission in this critical area.

**Recommendation: Uniform testing and reporting by medical examiners of drug overdose deaths in a timely manner is essential. To that end, the Office of the State Medical Examiner should formulate appropriate guidelines, seek to coordinate a system of reporting that is efficient and uniform, and, where possible, consolidate the purchasing of services from outside testing laboratories in order to secure advantageous pricing for medical examiners across the state.**

Many state agencies and private social service providers rely upon federal grants to provide many of their services. The federal government, in providing scarce dollars, rightfully looks for metrics before providing grants. One of the pieces of data they often seek is statistics on the amount of drug and alcohol usage and abuse that is occurring by junior and senior high school children in a given state. That information is generally obtained through the Youth Risk Behavioral Surveillance Survey (the Survey"). The Survey is used to gather information on six behavioral activities including alcohol and drug use; behavior that contributes to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted diseases; and tobacco use. The Survey is anonymous and administered in public schools. Historically, the Survey was opt-out, meaning that you could affirmatively opt-out of having your child fill out the survey if you so desired. People chose to opt-out but there were always a sufficient number of students whose parents did not opt-out to obtain sufficient numbers to include in grant applications.

Legislation was passed changing the opt-out practice to an opt-in practice meaning that parents had to affirmatively opt-in to their children completing the Survey. As of 2015, only three other states, Alaska, Hawaii, and Utah require active parental consent for student participation. Because of the opt-in

requirement, the ability to gather a sufficient number of survey results has been hampered to the point where some agencies have not been able to submit proper grant proposals and have lost federal dollars. Indeed, the Department of Education website reported that for the 2015 survey, it was "unable to obtain the number of student responses needed to reach the 60% response rate required by CDC to be able to weight the data to be representative of the New Jersey high school student population." It is not known how many of the parents who refused to opt-in, truly did not want their children to complete the survey or merely did not undertake the exercise of completing the appropriate form.

Because the lack of data is affecting the ability of some organizations to effectively compete for federal grant dollars, it is believed that the legislation requiring parents to opt-in should be repealed and the system should revert to one requiring parents to opt-out.

**Recommendation: The statute requiring parents to opt-in for the purpose of having their children fill out the Survey should be repealed and the system should revert to one that is opt-out.**

**Recommendation: Increase screenings in schools to identify youth that are at-risk for substance use disorder so specialized counseling can be provided.**

**Recommendation: Explore the potential to utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) for both youth and adults through primary care providers.**

Perhaps the most vulnerable victims of alcohol and drug abuse are those in utero and born of mothers who used or abused alcohol or drugs during their pregnancy. Drugs and alcohol pose important and often long-term health issues for the developing fetus and the child that is born. Thus, special care needs to be taken to support the most vulnerable victims of alcohol and drug use - the unborn and infants whose mothers used or abused alcohol or drugs during pregnancy.

**Recommendation: Designate a formal interagency working group to promote improved outcomes for substance use disorder-related infants and their families to include, at a minimum, representatives from DCF, DOH, DHS, American Academy of Pediatrics NJ, the New Jersey Hospital Association, and Maternal Child Health Consortia members.**

**Recommendation:** Adopt regulations that require healthcare providers to report all cases of infants affected by substance use disorder to the Division of Child Protection and Permanency (DCPP), regardless of abuse and neglect concerns, so that plans for safe care can be developed for these infants and their families.

**Recommendation:** Ensure the development and implementation of plans for safe care for infants affected by substance use disorder and their caregivers, including resources to support multidisciplinary planning across the child welfare and early childhood systems and the delivery of evidence-based and best-practices services to support infants and families.

People who dispose of pharmaceuticals often do so by throwing them in the garbage or flushing them down the toilet, both environmentally unsound options. Worse yet, many people simply do not dispose of their pharmaceuticals, leaving them in their homes where others can get their hands on them and either begin a journey of drug abuse or feed an existing addiction. For instance, in a Pennsylvania survey, 41 percent of students who were using prescription drugs claimed to be taking them from family members in their home. The District Attorney of Norfolk County, Massachusetts acknowledged that he had people going to real estate open houses specifically to look for prescription drugs they could steal.

Drug takeback programs are vitally important. New Jersey has instituted Project Medicine Drop to promote the safe turning in of unused prescription drugs. Certain pharmacies, such as Walgreens also have begun accepting back unused prescription drugs. While these projects have been successful, more needs to be done. Additional partnerships and increased public awareness of the dangers that exist in medicine cabinets across the state are necessary to rid ourselves of dangerous pharmaceuticals that we no longer need or use.

**Recommendation:** The New Jersey Division of Consumer Affairs needs to expand and better publicize the benefits and necessity of proper disposition of prescription drugs that are not needed or used by people in the state.

The Prescription Monitoring Program (PMP) currently requires, in certain specified instances, a mandatory lookup by health care professionals who are prescribing Schedule II opioids and no other controlled dangerous substance. While that is important,

it is missing important, habit-forming drugs, which can be abused and can lead to abuse and addiction. Thus, to be more effective, the mandatory lookup function should be expanded to include all Schedule II, III, and Schedule IV Benzodiazepines. The Board of Pharmacy also should evaluate newly scheduled drugs such as Tramadol and provide guidance to the Director of Consumer Affairs on whether to require mandatory look-ups for such controlled substances.

**Recommendation: Recommend PMP review for all Schedule II and III substances as well as Schedule IV Benzodiazepines, to also include newly scheduled drugs as recommended by the Board of Pharmacy and approved by the Director of Consumer Affairs, in addition to the current requirement of Schedule II substances for chronic and acute pain reviews.**

Currently, emergency room practitioners are exempted from having to look-up PMP information if they provide Schedule II controlled substances for chronic or acute pain in the amount that does not exceed a five-day supply. (N.J.S.A. 45:1-46.1b(5)). A similar exemption applies for prescribers who provide a patient less than a 30-day supply of a Schedule II controlled substance "immediately after the patient has undergone an operation, procedure, or treatment for acute trauma." (N.J.S.A. 45:1-46.1b(11)). These exemptions do not serve the best interest of patients. Prescribers need to have a full awareness of the medications their patients are taking prior to making a prescribing decision.

**Recommendation: Exemptions in the current PMP statute for emergency room practitioners and for those performing operations of procedures and treating acute trauma should be deleted thereby requiring a mandatory look-up prior to making a prescribing decision.**

In addition to the PMP program, those who administer health coverage, whether fully insured, self-funded or government programs, as well as prescription drug plans, may become aware of the possibility that certain individuals or doctors might be taking or prescribing more of certain pharmaceuticals than is normal. There could be valid reasons for such practices but perhaps not. Thus, when any such administrator becomes aware of abnormalities that might look suspicious they should be encouraged or required to report such suspicious activities to the Division of Consumer Affairs.

**Recommendation:** Providers of health coverage plans and prescription drug plans who become aware of abnormalities in either drug receiving or dispensing that might look suspicious should be encouraged to report such suspicious activity to the Division of Consumer Affairs. Nothing in this recommendation is meant to violate the requirements of HIPAA or any other state or Federal statute or regulation.

### Intervention

In recent years, there has been an emerging recognition of the importance of including peers (people in recovery) in the continuum of care for those with substance use disorders. The peer recovery support efforts have expanded across the country typically to provide support to those returning to their community following their treatment for a substance use disorder. Peers are being sought by treatment agencies, emergency departments of hospitals, local law enforcement agencies, and communities, by interested parties trying to do their part to stem this deadly tide. Recovery Centers with trained Peer Coaches are being established across New Jersey. These Peer Coaches are helping to support those in various stages of recovery to maintain their path to wellness. Unique to New Jersey are programs like the Opioid Overdose Recovery Program (OORP) and those in a few police departments, that are utilizing the unique skills of Peer Recovery Specialists to provide bedside support to those that have overdosed and been revived by Narcan as well as support to those coming into police stations to find help. With the support of qualified certified and licensed clinicians and agencies, these peers provide an invaluable support that is significantly increasing the willingness of those with a substance use disorder to enter treatment.

However, unlike their teammates (supervisors) that have a CADC, LCADC, LCSW or who are certified and licensed and regulated, this emerging profession of Peer Supporters is not regulated. The state should ensure that these peers do not work without supervision, or work outside their scope of practice as well as ensuring that no one misrepresents themselves to victims or their families. Without this structure, there is a possibility of peer recovery specialists, coaches, and other peers, working outside their scope of practice, independently offering their support without the needed supervision through a qualified

organization. Additionally, because individuals and families are so vulnerable and in search of any answers, paying a fee for these peer services, or the peer receiving payment from treatment agencies for referrals of clients with insurance, or misrepresenting outcomes to family members could occur. In the current unregulated environment for these peer recovery services there is a risk of unethical behavior due to the vulnerability of victims and families. There is anecdotal evidence of out-of-state treatment providers having peers intervene with people in need and referring privately insured clients to out of state facilities which, if left unaddressed, could leave mostly uninsured or underinsured clients to go to New Jersey-based treatment facilities.

The Division of Consumer Affairs, through the Marriage and Family Therapy Board, has existing mechanisms and the authority to impose standards (see: Alcohol and Drug Counselor Committee, Subchapter 3. 13:34C2.2-2.6), regulate performance expectations and "scope of practice" (13:34C-3.1-3.4), mandate expectations for supervision (13:34C-6.1-6.4), and impose sanctions for Certified Alcohol and Drug Counselors (and other clinical professionals) (See: 45:1-17 thru 45:1-25). That same oversight for peer services would protect the public from unscrupulous persons and practices for this emerging role of peer recovery support. Understandably, this structure has not yet been established for Peer Recovery Support.

The current regulations do not include Peer Recovery Specialist/Coach/Mentors within their authority. The current regulations require updating to include this new and emerging area. Once included under the Alcohol and Drug Counselor Committee's authority, standards of competence and accountability for those working in these settings, to assure those performing these services are adequately trained, experienced, and supervised will be key to the overall integrity of the system. Currently, supervision and guidance is provided by qualified agencies but there is no protection from those that might be working independently. These changes and updates would be critical to protect these most vulnerable individuals and families. The Division of Consumer Affairs is the agency most appropriate to provide this service to protect New Jersey citizens.

**Recommendation: Provide authority to NJDMHAS and Consumer Affairs to regulate, and/or require training of, peer**



**professionals and the organizations that provide peer services and create guidelines for professional dispensing of these services.**

Many people are arrested for drug possession crimes who are suffering from substance use disorder. If their only crime is possessing the substance their disease compels them to take, there might be room for discretion to keep them out of the criminal justice system provided they are willing to seek appropriate treatment for their disease. Drug courts in this state, which have proven effective, could be a way of dealing with these individuals but in the proper circumstances it might not be necessary to trigger the mechanism of the criminal justice system. By exercising discretion in the appropriate cases, the police become partners in fostering treatment for the disease of addiction. This method of dealing with those suffering from the disease of addiction has proven effective in Ocean County where it was spearheaded by Prosecutor Coronato.

**Recommendation: Encourage alternatives to arrest of those suffering from substance use disorder.**

Recovery coaches have proven effective in getting those addicted to seek help. However, not every county has the program at this time. Expanding it to all 21 counties will permit the benefits of the program to be realized throughout the state.

**Recommendation: Expand the recovery coach program to all 21 counties.**

When medical examiners produce statistics regarding overdose deaths, those statistics must be properly packaged and timely utilized by law enforcement for criminal investigation and possible arrests and by social services agencies to increase intervention and focus in those areas.

**Recommendation: Utilize overdose reports to identify geographical areas for increased intervention and focus by social services agencies and law enforcement.**

[ReachNJ.gov](http://ReachNJ.gov), the official website for the Facing Addiction Task force, has become a valuable resource for those seeking assistance from the scourge of substance use disorder. While the website is very readable on a cellphone, many people, especially younger individuals, make use of apps. Thus, in order to make further penetration of a worthy and effective project, an app for the ReachNj material should be formulated.

**Recommendation.** The ReachNJ website should be embodied in app form to increase penetration of the important information it provides, especially to younger individuals, who make greater use of apps.

### **Treatment**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the use of medications approved by the FDA to treat addictions in conjunction with evidence-based therapies, are effective in treating addictions and can help recovering users to extend their periods of sobriety, thus making for better odds of a successful recovery. Some report good results with the medication alone. Thus, the state should do all it can to foster medication-assisted treatment as appropriate for those diagnosed with substance use disorder.

**Recommendation:** The state should increase access to medication assisted treatment (MAT) of substance use disorder. Specifically, incentives should be offered to entice private physicians to partner with licensed treatment agencies to provide access to Buprenorphine, Vivitrol and Naloxone in combination with counseling or other therapeutic interventions.

Presently, the federal government limits the number of patients a doctor can treat with Buprenorphine. If a doctor has met the requirements to treat 100 patients (the starting number is 30) and has done so for a year or more, she or he can apply for a waiver to treat up to 275 patients. This has the effect of limiting the number of people who can be helped with MAT. Given the gravity of the situation, placing barriers to the effective treatment of those suffering from the disease of addiction seems harsh and counterproductive. Thus, the artificial limits on Buprenorphine should be lifted indefinitely, or until the present crisis is under control.

**Recommendation:** The federal government should lift the limits on the number of persons who can be treated with Buprenorphine by a single provider.

Presently in New Jersey, Advance Practice Nurses (APN) require a collaborator, a doctor, to oversee the APN's writing of prescriptions. As it affects MAT, not many doctors or collaborators have obtained the authority to treat with Buprenorphine. Thus, APN's who want to engage in MAT can face

barriers because their collaborator is not permitted to do what they wish to do. Thus, the requirement of having to use a collaborator in dispensing of Buprenorphine should be lifted.

**Recommendation: Advance Practice Nurses who wish to dispense Buprenorphine should not be required to utilize a collaborator provided they have met the federal approvals for dispensing the treatment.**

Naloxone, or Narcan, can save lives when properly deployed to an individual who has overdosed on opiates. The stronger the dose or drug, the more Narcan must be deployed. Thus, first-responders have found that 4mgs of Narcan is needed to immediately counteract the effects of fentanyl. However, not all EMT's are permitted to carry 4mgs of Narcan. Some are limited to 2mgs. This should change as even civilians can obtain Narcan in 4mg doses.

**Recommendation: All EMT's should be permitted, although not mandated, to carry and dispense Narcan in 4mg doses.**

Under the present operating scenario in most counties, after a first-responder deploys Naloxone and the individual is revived, he or she has the option of going to the emergency room or declining. If an individual declines to go to the emergency room, that creates two negative consequences. First, because the person administering the Naloxone does not know what the patient took to bring on the overdose, there is no assurance that the individual might not relapse once the Naloxone is no longer effective. This is especially true where Fentanyl is involved. Thus, most importantly, for the health and well-being of the individual, he or she should be transported to the hospital to ensure their health will not be negatively affected. Second, if a person declines to be transported to an emergency room, he or she will not have the opportunity to encounter a recovery coach who can discuss alternatives to substance use disorder for the long-term recovery of the patient.

**Recommendation: Every person who is administered Naloxone by a first-responder should be transported to a hospital to ensure their health and well-being.**

Presently, Federal medical financing funds are not available for the care of certain mental health and drug abuse patients in facilities with more than 16 beds. These Institutions for Mental Diseases (IMD's) are defined as a "hospital, nursing

facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services" (U.S. Department of Health and Human Services (USDHHS)1992, 1994). This lack of Medicaid funding curtails the state's ability to provide more residential treatment for people with substance use disorder. Accordingly, the state should seek to have Congress fully repeal the IMD exclusion or, in the alternative, raise the bed limit above 16, or exclude substance abuse disorders from the definition of "mental disease."

**Recommendation: the state should seek to have Congress fully repeal the IMD exclusion or, in the alternative, raise the bed limit above 16, or exclude substance abuse disorders from the definition of "mental disease."**

Our nation's veterans often suffer from conditions that originated during their combat deployments. Too often, these conditions, such as Post Traumatic Stress Disorder (PTSD) manifest themselves in substance use disorder. These are people who contracted the disease while they were selflessly protecting the America ideals around the world and we must not abandon them when those sacrifices make them susceptible to the disease of addiction. Thus, we must push the federal government to increase its support for prevention and treatment of substance use disorder tailored specifically to veterans and their issues.

**Recommendation: Encourage the federal government to increase its support for prevention and treatment of substance use disorder tailored specifically to veterans and their issues.**

### **Recovery**

The single most important attribute of this country, which sets it apart from all other countries of the world, is the concept of the American Dream. It is, as James Truslow Adams stated, a "dream of a land which life should be better and richer and fuller for everyone, with opportunity for each according to ability of achievement." It is the opportunity Adams spoke of which is the lubricant of the American Dream. Without opportunity, it does not exist. Thus, in order for people to recover from addiction, they have to see a better life; a life where opportunity exists. Without opportunities, we have robbed

them of the American dream and thereby diminished them. Thus, we have to create opportunity for those recovering from addiction.

**Recommendation: The state should encourage businesses to remove employment barriers for individuals in recovery.**

In years past, there was a concept that those who had been in prison have served their debt to society and they were able to make their way back into the system. In today's service environment, it is much harder for people to put the stigma of a criminal conviction behind them and prove that they have truly reformed. There are many barriers that a conviction erects and some may be insurmountable. Thus, for too many who are released from prison and jail, there is no debt to society that will ever be paid off and consequently, the American Dream is not available to them. The state should take steps to restore that dream for those who have chosen the right path and wish to become contributing members to society.

**Recommendation: The state should consider whether in appropriate situations, second and first degree CDS cases can be considered for expungement.**

### **Prisoner Reentry**

A number of New Jersey prison inmates suffer from substance use disorder and those who are released without having addressed their conditions will require rehabilitative services. In addition, as set forth above, with a recent imprisonment, their ability to integrate themselves into the community as contributing members of society will often be stymied by their history. Moreover, they are often saddled with fines and court fees that they cannot pay, which presents an overwhelming fiscal burden exacerbated by their inability to gain employment. Indeed, many drug offenders are barred from even obtaining a driver's license for long periods of time so the most basic of jobs are often out of reach for them. Coupled with substance use disorder, these added handicaps often prove too much for them and they succumb to their addiction and get caught in the criminal justice cycle.

**Recommendation: Senate bill 654 seeks to authorize restricted driver's licenses for the purpose of operating a motor vehicle exclusively between the driver's residence and place of**

employment, an accredited educational institution, a mandated treatment program, a health care or child care facility for those whose licenses have been suspended or revoked for failure to pay certain motor vehicle surcharges. Thought should be given to expanding the class of individuals this bill seeks to assist to include non-violent drug offenders whose conviction did not involve the unsafe use of a motor vehicle as well as to include work-related driving as an appropriate activity.

**Recommendation:** The area of fines and penalties foisted upon those convicted of non-violent drug crimes should be looked into with an eye toward ameliorating the crushing debt many face upon release from prison.

Many occupations in New Jersey require licenses issued by the state. For instance, a license is required to be a physical therapist, massage therapist, elevator mechanic, hearing aid dispenser, an interior designer, and a cosmetologist or hairstylist. While a person is not precluded from obtaining these licenses by virtue of a conviction, the Division of Consumer Affairs should ensure that appropriate candidates for licenses issued by the state are not denied licenses they would otherwise be approved for, solely based upon a non-violent drug conviction.

**Recommendation:** The Division of Consumer Affairs should ensure that appropriate candidates for licenses issued by the state are not denied licenses they would otherwise be approved for, solely based upon a non-violent drug conviction.

There presently exist situations where those on probation are receiving in-patient and even out-patient drug treatment and have a violation of probation hearing scheduled in New Jersey. Presently, unless they want to risk further charges and/or the issuance of a warrant for their arrest, those inpatient individuals must return to New Jersey thereby negatively affecting their rehabilitative efforts.

**Recommendation:** Probation Supervision Services should establish protocols for those individuals receiving out-of-state inpatient and out-patient drug rehabilitation services who are summoned to New Jersey for a court appearance for a violation of probation that does not interfere with their rehabilitative efforts and serves the ultimate goal of justice.

When a prisoner with substance use disorder is being released from prison, there is presently no mechanism for transporting that prisoner directly to a treatment center. Left to their own devices, even the best-intentioned releasee can stray even on the course to a rehabilitation center and this window of opportunity to relapse needs to be closed.

**Recommendation: The Department of Corrections needs to partner with community health centers so that those released from prison can seamlessly transition to treatment centers if necessary.**

## APPENDIX

Recommendation: The Interagency Opioid Working Group should expand its mission and its makeup and the co-chairs shall collaborate with the Governor's staff so that it will become the central forum for engaging in a dialog regarding the best practices to deal with substance use disorder.

Recommendation: GCADA should be moved to the Department of Health and report to the Commissioner or his or her designee.

Recommendation: The Governor should recommend New Jersey medical, dental, veterinary, nursing, and behavioral health schools provide mandatory education on substance use disorders, pain management and opioid dispensing and abuse.

Recommendation: Doctors, dentists, veterinarians, nurses, behavioral health professionals, physicians' assistants, home health care workers, and school athletic trainers should be required to take two hours of continuing education in the area of pain management and opioid dispensing and abuse every two years. The courses should be tailored to address each individual profession.

Recommendation: The New Jersey Division of Consumer Affairs should promulgate changes to the continuing education requirements for licensed doctors, dentists, veterinarians, behavioral health professionals (i.e., clinical social workers, marriage and family therapists, professional counselors), nurses, home health care aides, and any other professional dealing in the field of health care and behavioral sciences, to ensure that they receive ongoing training in substance use disorder in each licensing cycle.

Recommendation: All school trainers, along with the coaches, in all sports and physical activities with injury risk, across the state, including college sports, should be encouraged, at a minimum, to provide a 45-minute lecture to student-athletes and for K-12 students, at least one parent or guardian, at the beginning of each sports cycle on pain management and the dangers that pain medication can pose to their health.

Recommendation: The state should formulate prescribing guidelines for the dispensing of opioids.



Recommendation: All those who provide health coverage should be encouraged to support non-opioid therapies and new and additional pathways to treatment for the treatment of pain.

Recommendation: Hospitals across the state should be encouraged to look at the success of the ALTO project at St. Joseph's Hospital in Paterson and either adopt it, or take a hard look at alternatives to pain management in their facilities and adopt methods that will lead to a dramatic lessening of opioid prescribing/dispensing.

Recommendation: Veterinarians should be required to adhere to all of the regulations involving the dispensing of opioids that the rest of the medical profession does, including, but not limited to, using the Prescription Monitoring Program and continuing education requirements. The NJ Division of Consumer Affairs will make necessary changes to the PMP system to accommodate use by veterinarians.

Recommendation: Uniform testing and reporting by medical examiners of drug overdose deaths in a timely manner is essential. To that end, the Office of the State Medical Examiner should formulate appropriate guidelines, seek to coordinate a system of reporting that is efficient and uniform and, where possible, consolidate the purchasing of service from outside testing laboratories in order to secure advantageous pricing for medical examiners across the state.

Recommendation: The statute requiring parents to opt-in for the purpose of having their children fill out the Survey should be repealed and the system should revert to one that is opt-out.

Recommendation: Increase screenings in schools to identify youth that are at-risk for substance use disorder so specialized counseling can be provided.

Recommendation: Explore the potential to utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) for both youth and adults through primary care providers.

Recommendation: Designate a formal interagency working group to promote improved outcomes for substance use disorder-related infants and their families to include, at a minimum, representatives from DCF, DOH, DHS, AAP NJ, the New Jersey Hospital Association, and Maternal Child Health Consortia members.

Recommendation: Adopt regulations that require healthcare providers to report all cases of infants affected by substance use disorder to the Division of Child Protection and Permanency (DCPP), regardless of abuse and neglect concerns, so that plans for safe care can be developed for these infants and their families.

Recommendation: Ensure the development and implementation of plans for safe care for infants affected by substance use disorder and their caregivers, including resources to support multidisciplinary planning across the child welfare and early childhood systems and the delivery of evidence-based and best-practices services to support infants and families.

Recommendation: The New Jersey Division of Consumer Affairs needs to expand and better publicize the benefits and necessity of proper disposition of prescription drugs that are not needed or used by people in the state.

Recommendation: Recommend PMP review for all Schedule II and III substances as well as Schedule IV Benzodiazepines, to also include newly scheduled drugs as recommended by the Board of Pharmacy and approved by the Director of Consumer Affairs, in addition to the current requirement of Schedule II substances for chronic and acute pain reviews.

Recommendation: Exemptions in the current PMP statute for emergency room practitioners and for those performing operations of procedures and treating acute trauma should be deleted thereby requiring a mandatory look-up prior to making a prescribing decision.

Recommendation: Providers of health coverage plans and prescription drug plans who become aware of abnormalities in either drug receiving or dispensing that might look suspicious should be encouraged or required to report such suspicious activity to the Division of Consumer Affairs. Nothing in this recommendation is meant to violate the requirements of HIPAA or any other state or Federal statute or regulation.

Recommendation: Provide authority to NJDMHAS and Consumer Affairs to regulate, and/or require training of, peer professionals and the organizations that provide peer services and create guidelines for professional dispensing of these services.

Recommendation: Encourage alternatives to arrest of those suffering from substance use disorder.

Recommendation: Expand the recovery coach program to all 21 counties.

Recommendation: Utilize overdose reports to identify geographical areas for increased intervention and focus by social services agencies and law enforcement.

Recommendation. The ReachNJ website should be embodied in app form to increase penetration of the important information it provides, especially to younger individuals, who make greater use of apps.

Recommendation: The state should increase access to medication assisted treatment (MAT) of substance use disorder. Specifically, incentives should be offered to entice private physicians to partner with licensed treatment agencies to provide access to Buprenorphine, Vivitrol and Naloxone in combination with counseling or other therapeutic interventions.

Recommendation: The federal government should lift the limits on the number of persons that can be treated with Buprenorphine by a single provider.

Recommendation: Nurse Practitioners who wish to dispense Buprenorphine should not be required to utilize a collaborator provided they have met the federal approvals for dispensing the treatment.

Recommendation: All EMT's should be permitted, although not mandated, to carry and dispense Narcan in 4mg doses.

Recommendation: Every person who is administered Naloxone by a first-responder should be transported to a hospital to ensure their health and well-being.

Recommendation: The state should seek to have Congress fully repeal the IMD exclusion or in the alternative, raise the bed limit above 16, or exclude substance abuse disorders from the definition of "mental disease."

Recommendation: Encourage the federal government to increase its support for prevention and treatment of substance use disorder tailored specifically to veterans and their issues.

Recommendation: The state should encourage businesses to remove employment barriers for individuals in recovery.

Recommendation: The state should consider whether in appropriate situations, second and first degree CDS cases can be considered for expungement.

Recommendation: Senate bill 654 seeks to authorize restricted driver's licenses for the purpose of operating a motor vehicle exclusively between the driver's residence and place of employment, an accredited educational institution, a mandated treatment program, a health care or child care facility for those whose licenses have been suspended or revoked for failure to pay certain motor vehicle surcharges. Thought should be given to expanding the class of individuals this bill seeks to assist to include non-violent drug offenders whose conviction did not involve the unsafe use of a motor vehicle as well as to include work-related driving as an appropriate activity.

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