

OPIOID OVERDOSE: SAVING OUR PARTICIPANTS' TOMORROWS

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INTENT OF THIS COURSE

The prevalence of drug overdose is common knowledge, and despite our best efforts to educate and the tireless efforts of teams and responders, deaths continue to increase annually. Opioids are powerful pain mediators that when misused can be accompanied by deadly consequences.

Drug courts continue to lose participants whose lives were in the process of being restored—even those who seemed to be doing well. Knowing what to look for in participants who use licit or illicit opioids and possible intervention practices arms us with additional tools of knowledge for tackling opioid overdose within drug courts.

COURSE AGENDA

Learning Objectives

1. Learn the risk factors and symptoms of opioid misuse and return to use post-abstinence
2. Gain knowledge of effective opioid treatment practices and up-and-coming proposed interventions
3. Become aware of preventive measures and resources to do what you can do right where you are

CDC 2017 STATS

- ▶ 70,237 OD deaths– 47,600 involved opioids
- ▶ Highest rates were
 - ▶ WV 57.8 per 100k
 - ▶ Ohio 46.3 per 100k
 - ▶ PA 44.3 per 100k
 - ▶ DC 44 per 100k
 - ▶ Kentucky 37.2 per 100k
- ▶ 23 states *statistically significant* OD death increases 2016 to 2017

As you already
know...
no good news
nationally

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New Jersey's
"opioid crisis" is
real... but we're
saving lives

Overdose Deaths

874

January 1 through
May 12, 2019
6.6/day → 2416/yr.

Down from
3118 in 2018

Naloxone Administrations

3,294

January 1 through
March 31, 2019
36.6/day → 13,359/yr.

Down from
16,082 in 2018

Opioid Prescriptions

1,017,318

January 1 through
March 29, 2019
11,560/day →
4,219,557/yr.

Down from 4,266,645
in 2018

CDC'S TOP 10 OD DEATH DRUGS 2011-2016

What you may
not know...
It's not just
opioids

- ▶ Fentanyl, heroin, hydrocodone, methadone, morphine, oxycodone, alprazolam, diazepam, cocaine, methamphetamine
- ▶ Ranking changed year to year, but top 10... remained consistent
- ▶ Most frequent: methadone, morphine, hydrocodone, alprazolam, diazepam, & methamphetamine
- ▶ Only decrease was methadone– 4545 OD deaths in 2011 vs 3493 in 2016. Still 8th in 2016.
- ▶ 2016, proportion of deaths involving referent drug & at least one other ranged from 50% methamphetamine to 96% alprazolam or diazepam
- ▶ Most frequent with unintentional OD deaths 2016: fentanyl, heroin, cocaine
- ▶ Most frequent with suicide 2016: oxycodone, diphenhydramine, hydrocodone, & alprazolam.

So What Do We
Do About It?

We Offer You 3
Actions that Anyone
& Everyone Can Do

ACTION #1

**Learn the risk factors and symptoms
of opioid misuse and return to use
post-abstinence**

What is this “fentanyl”
I keep hearing about?

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Fentanyl is 15-20x stronger than heroin, 100x stronger than morphine. It is a prescribed medication, but it has become more popular because it can be quickly and cheaply produced by criminal organizations

In 2015, only 2% of samples tested positive for fentanyl or other adulterants at the NJ State Police labs. In the 2nd quarter 2018, 52% of heroin contained fentanyl

A kilo of heroin can yield \$500,000;
a kilo of fentanyl is worth as much
as \$1.2 million.

SIGNS OF OPIOID USE DISORDER / RETURN TO USE

- ▶ The inability to control opioid use, uncontrollable cravings
- ▶ Drowsiness, changes in sleep habits
- ▶ Weight loss, frequent flu-like symptoms
- ▶ Decreased libido, lack of hygiene
- ▶ Changes in exercise habits, withdrawing from social activities once enjoyed
- ▶ Isolation from family & friends
- ▶ Sudden and dramatic mood swings that seem out of character
- ▶ Impulsive actions and decision-making, engaging in risky behavior such as driving under the influence
- ▶ Visiting multiple doctors in order to obtain more prescriptions
- ▶ Stealing from family, friends, businesses
- ▶ New financial difficulties

SIGNS OF ACTIVE HEROIN USE OR RETURN TO USE

- ▶ Finding remnants of drugs: powdery white or brown residue, dark sticky residue
- ▶ Paraphernalia: burnt spoons, tiny baggies, small glass or metal pipes, rubber tubing or belts, syringes, lighters
- ▶ Dry mouth, flushed skin, constricted pupils, sleepy eyes, feel heavy & “dopey”, fade in and out of wakefulness, nod off suddenly, slow breathing, flushed skin, runny nose, slurred speech
- ▶ Itching, scratching, nausea, vomiting, constipation, failure to eat, regular use of laxatives, skin or other infections, lowered immunity to illness
- ▶ Unclear thinking when awake, memory loss, decision-making & self-control deteriorate
- ▶ Fear pain & sickness of withdrawal
- ▶ Wearing long-sleeved shirts to cover needle marks

SIGNS OF IMPENDING RETURN TO USE

- ▶ Drug cravings
- ▶ Sudden mood changes
- ▶ Depressed, anxious or destructive thoughts
- ▶ Denial of events or behaviors
- ▶ Secretive behavior
- ▶ Increased irritability
- ▶ Avoiding family or friends
- ▶ Making impulsive decisions
- ▶ Returning to previous habits, routines or social groups

OPIOID WITHDRAWAL

- ▶ Dysphoric mood
- ▶ Nausea or vomiting
- ▶ Muscle aches
- ▶ Lacrimation or rhinorrhea
- ▶ Pupillary dilation, piloerection, or sweating
- ▶ Diarrhea
- ▶ Yawning
- ▶ Fever
- ▶ Insomnia

OPIOID USE IN TEENS

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SIGNS OF TEEN OPIOID USE / RETURN TO USE

Relational and Emotional

- ▶ Mood and personality changes, sullen/withdrawn/depressed
- ▶ Loss of inhibitions, silent/uncommunicative, hostile when questioned, refuse to cooperate during conversations, deceitful/secretive
- ▶ Avoidance of activities once important, loss of motivation and focus
- ▶ Inability to step up to their responsibilities or plan
- ▶ Loss of interest in school or extracurricular, slipping grades, teacher complaints

Physical appearance and Health

- ▶ Track marks, slurred speech, small pupils, nausea or unexplained vomiting, rashes or flushed skin, abrasions, localized skin infections (needles), unexplained weight loss
- ▶ Hygiene – the first area to suffer- stops caring about appearance or clothing, especially when has previously taken great care with how they look
- ▶ Unusually tired, lethargic, numbness, unable to feel pain

SIGNS OF TEEN OPIOID USE / RETURN TO USE (CONT.)

Behavioral – some of the most telling signs

- ▶ Changes in relationships with family or friends, making excuses to avoid family functions
- ▶ Breaking curfews and missing appointments
- ▶ Confusion, poor concentration, change in sleeping patterns
- ▶ Avoiding eye contact, unexplained giggling, clumsiness and lack of coordination
- ▶ Going out every night, even during school week

ADDRESSING OPIOID USE IN TEENS

- ▶ Spotting opioid abuse in teenagers may seem a bit daunting, given... they are going through a difficult, hard to interpret, phase...moodiness that is so common in teens...need for privacy...could be just a normal coping mechanism against the stresses of their daily lives, but these behaviors could also be signs of trouble.
- ▶ There are ways to detect whether our kids are using opioids or not, and fortunately, most of them only require good observation skills, a working knowledge of their routines and appearance, and the correct use of all our senses. In short, in most cases we just need to give them a good look to figure out if something's wrong.
- ▶ The first step...the direct approach...While the worst thing that could happen is them answering "Yes", asking directly can open the door to having an honest conversation which could lead to prevention, and, at the very least, to finding out if there is anything wrong in their lives.
- ▶ Don't expect every teenager to be so open about something they already know is wrong...even though they may deny using opioids, or any type of drug, sometimes it will become necessary to dig even further.

ACTION #2

Gain knowledge of effective opioid treatment practices and up-and-coming proposed interventions

QUESTIONS ON EFFECTIVE OPIOID ADDICTION TREATMENT

Can addiction be treated successfully?

- ▶ Yes, addiction is a treatable disorder... research-based methods that help people to stop using drugs and resume productive lives, also known as being in *recovery*.

Can addiction be cured?

- ▶ Like other chronic diseases ... isn't a cure... *can* be managed successfully. Treatment ... to counteract addiction's disruptive effects on their brain and behavior and regain control of their lives.

Does relapse to drug use mean treatment has failed?

- ▶ No. The chronic nature of addiction ... some people *relapse*... can be part of the process... Relapse rates for drug use are similar to ... other chronic medical illnesses. If people stop following their medical treatment plan
- ▶ Treatment of chronic diseases involves changing deeply rooted behaviors... When a person... *relapses*... needs to speak with their doctor to resume treatment, modify it, or try another treatment.

PRINCIPLES OF EFFECTIVE OPIOID ADDICTION TREATMENT

- ▶ Research shows that when treating addictions to opioids ... medication... combined with some form of behavioral therapy or counseling.
- ▶ Medications are used to help people detoxify...detox is not the same as treatment and is not sufficient...without subsequent treatment generally leads to resumption of drug use.
- ▶ Treating withdrawal. When patients first stop using drugs, they can experience various physical and emotional symptoms... Certain treatment medications and devices reduce these symptoms, which makes it easier to stop the drug use.
- ▶ Staying in treatment. Some treatment medications and mobile applications are used to help the brain adapt gradually to the absence of the drug...help prevent drug cravings and have a calming effect on body systems... can help patients focus on counseling and other psychotherapies related to their drug treatment.
- ▶ Preventing relapse. Stress cues linked to the drug use... people, places, things, moods, contact with drugs...most common triggers...Scientists have been developing therapies to interfere with these triggers to help patients stay in recovery.

FDA APPROVED MEDICATIONS FOR EFFECTIVE OPIOID ADDICTION TREATMENT

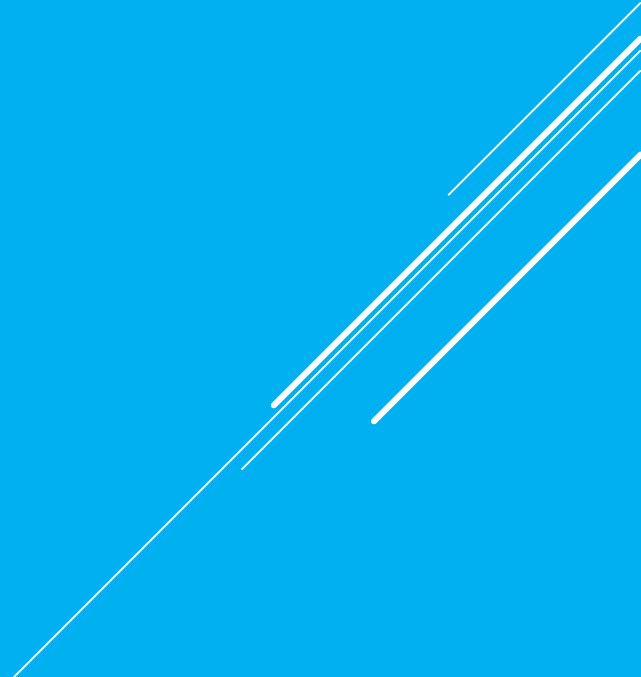
- ▶ Methadone (Dolophine)
- ▶ Buprenorphine
 - ▶ Suboxone® and Subutex® (sublingual)
 - ▶ Probuphine® (6 month implants, \$4950)
 - ▶ Sublocade® (1 month injection, \$1500)
- ▶ Naltrexone
 - ▶ ReVia®, Depade® (oral)
 - ▶ Vivitrol® (1 month injection, \$1000)

EFFECTIVE OPIOID ADDICTION TREATMENT

HOW THE BEST PROGRAMS HELP PATIENTS RECOVER

- ▶ Stopping drug use is just one part of a long and complex recovery process...addiction has often caused serious consequences in their lives...disrupting their health...function...family... work...community
- ▶ Treatment should address the needs of the whole person to be successful.
- ▶ Counselors may select from a menu of services that meet the specific medical, mental, social, occupational, family, and legal needs of their patients to help in their recovery.

UP-AND-COMING PROPOSED INTERVENTIONS

- ▶ **Safe Injection Sites**
 - ▶ **Medicinal Marijuana**
 - ▶ **CBD**
- 
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INJECTION SITES IN EUROPE

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- ▶ First supervised drug consumption room was opened in Berne, Switzerland in June 1986. Further facilities...subsequent years in Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark, Greece and France... 78 official drug consumption facilities currently operate in seven EMCDDA reporting countries
- ▶ Illicit drugs can be used under the supervision of trained staff... These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.
- ▶ Seek to contribute to a reduction in drug use in public places and the presence of discarded needles and other related public order problems linked with open drug scenes.
- ▶ Typically...provide drug users with: sterile injecting equipment; counselling services before, during and after drug consumption; emergency care in the event of overdose; and primary medical care and referral to appropriate social healthcare and addiction treatment services

INSIDE *INSITE*

North America's first injection facility,
Vancouver Canada, 2003.

- ▶ Serves 700 drug users a day.
- ▶ 2017 soaring fentanyl overdose deaths, federal government removed legal hurdles to opening new sites.
- ▶ Quebec was approved to set up 3 sites in Montreal's downtown.
- ▶ "Supervised consumption sites have shown positive results....," per Health Minister, "Disease transmission and overdose deaths decrease, and infections, emergency room use and hospital admissions in relation to injection drug use are reduced."
- ▶ Vital statistics? Research data?

<http://www.drugpolicy.org/issues/supervised-consumption-services>

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EFFECTIVENESS OF DRUG CONSUMPTION ROOMS

- ▶ Have the ability to reach and maintain contact with high-risk drug users who are not ready or willing to quit drug use.
- ▶ In a number of European countries supervised consumption has become an integrated component of low-threshold services offered within drug treatment systems.
- ▶ Closures– In Switzerland and Spain some drug consumption rooms have been closed, primarily due to the reduction in injecting heroin use and a decline in the need for such services, but also sometimes due to cost considerations.
- ▶ In Greece the operation of the facility was suspended... a legal basis... In the Netherlands cutbacks were made following a reduction in the number of visitors, linked to the success of another programme that brought homeless people into (supervised) accommodation where the use of drugs is often allowed.
- ▶ As frontline, low-threshold services, drug consumption rooms are often among the first to gain insights into new drug use patterns and thus they also have a role to play in the early identification of new and emerging trends among the high-risk populations using their services.

OPIOID DEATHS AND INJECTION SITES

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- ▶ A stronger evidence base is needed, Keith Humphreys, addiction researcher and psychiatry professor at Stanford University says.
- ▶ "Nobody should be looking at this literature making confident conclusions in either direction."
- ▶ The research has not strongly demonstrated an overall reduction in overdose deaths over time.
- ▶ "The real problem," he says, "is there just are not a lot of good studies, period, on supervised injection. So I think we should be pretty cautious."

CANNABIS USE & RISK OF PRESCRIPTION OPIOID USE DISORDER

- ▶ Objective: Determine whether cannabis use is associated w/ nonmedical prescription opioid use and opioid use disorder (OUD) at 3-year follow-up
- ▶ Method: Assessed associations between cannabis use in 2001/2002 & nonmedical prescription opioid use, and prescription OUD in 2004/2005
 - ▶ Cannabis & prescription opioid use were measured via structured interview & DSM-IV
 - ▶ Like analyses done on adults w/ moderate/severe pain & nonmedical opioid use in 2001/2002
- ▶ Results: Cannabis use 2001/2002 associated w/ increased nonmedical prescription opioid use and OUD in 2004/2005
 - ▶ Adults w/ pain 2001/2001, cannabis use associated w/ increased nonmedical opioid use 2004/2005 & w/ increased prescription OUD, although fell short of significance
- ▶ Conclusions: Cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder.

MARIJUANA USE SPECULATED TO DECREASE OPIOID PRESCRIBING

- ▶ *Associations of Medical & Adult Use Marijuana Laws with Opioid Prescribing for Medicaid Enrollees* May 2018
- ▶ Medicaid prescription data 2011-2016
- ▶ States with “medical marijuana laws” showed 5.88% lower opioid prescribing rates—usual 670 scripts less per 1000 enrollees decreased by 39.4 scripts
- ▶ States with “adult-use marijuana laws” showed 6.38% lower opioid prescribing rates—usual 621 scripts less per 1000 enrollees decreased by 39.6 scripts
- ▶ Adult use Alaska, Colorado & Oregon significantly lower; Washington relatively moderate
- ▶ Medical and adult use laws saw 8.36% & 8.69% decrease in non-opioid pain meds, respectively
- ▶ Excluded MAT and non-pain opioids ie.: cough syrup
- ▶ “Marijuana liberalization... providing them with legal protection and access to marijuana as an alternative relief from pain conditions”

WHY MARIJUANA WILL NOT FIX THE OPIOID EPIDEMIC

EVIDENCE CANNABIS USE INCREASES RATHER THAN DECREASES NON-MEDICAL PRESCRIPTION OPIOID USE & USE DISORDER

- ▶ “The researchers themselves (in Medicaid studies) cannot say if people switched from using opioid prescriptions to using a medical marijuana product.” Kenneth Finn, MD
- ▶ 2017 Colorado had record number of opioid overdose deaths, having a medical marijuana program since 2001
- ▶ Cannabinoid and opioid receptors both belong to the rhodopsin subfamily... and receptors in both systems impact neurotransmitters dopamine, norepinephrine, serotonin, acetylcholine modulating pain pathways
- ▶ Benefit will be outstripped by increased risk of harm, cannabis contributing to ongoing opioid use. Animal studies show THC enhanced heroin self administration.
- ▶ 90%+ heroin users report history of cannabis use compared to 47% prior history of pain killer use
- ▶ “The currently accepted body of evidence supporting use of cannabis in pain.. 28 studies comprised of 63 reports on 2454 patients, & additional articles relying on this primary (Medicaid) paper

WHY MARIJUANA WILL NOT FIX THE OPIOID EPIDEMIC

(CONT.)

- ▶ Large and growing body of evidence showing cannabis use increases, rather than decreases non-medical prescription opioid use & OUD, based on follow-up 33,000 people.
- ▶ Concurrent opioid & cannabis in chronic pain patients indicates higher risk opioid misuse
- ▶ Cannabis use is predictor of aberrant drug behaviors in patients receiving chronic opioid therapy
- ▶ Inhaled cannabis in low back pain patients– does not reduce opioid use, more likely to meet criteria for SUDs, more likely non-adherent with prescription opioids
- ▶ Chronic pain patients in pain rehab using cannabis more likely to report past history illicit substance use
- ▶ 57,000 people in a study showed that medical marijuana users were more likely to use prescription drugs medically and non-medically.
- ▶ “There is sufficient evidence demonstrating that medical marijuana will not curb the opioid epidemic...marijuana is a companion drug rather than substitution drug...may be contributing to the opioid epidemic rather than improving it.” Kenneth Finn, MD

CBD OIL USE SPECULATED IN EASING OPIOID CRAVINGS

- ▶ CBD Oil is Cannabidiol, a non-psychoactive component of marijuana and can be isolated from the cannabis
- ▶ Mount Sinai study NY, measured effects of CBD on opioid cravings
- ▶ 42 drug-free subjects ages 21-65 were randomly assigned daily 400 mg or 800 mg or placebo, three consecutive daily administrations
- ▶ Measured BP, skin temperature, heart rate, respiratory rate, O2 saturation. Results were reduced heart rate and salivary cortisol levels which typically increase in response to anxiety provoking images
- ▶ CBD was found to decrease cravings at three measured intervals: immediately after dose, 24 hours after dose, and 7 days after last dose
- ▶ Small sample & single study– researchers say more studies are needed

ACTION #3

**Become aware of preventive measures
and resources to do what you can do
right where you are**

America's
"Opioid
Crisis" is
Real

SURGEON GENERAL URGES AMERICANS TO CARRY DRUG THAT STOPS OPIOID OVERDOSES

The United States Surgeon General, Dr. Jerome M. Adams, issued a national advisory Thursday (April 5, 2018) urging more Americans to keep on hand and learn how to use the drug naloxone, which can save the lives of people overdosing on opioids.

It was the first advisory issued by a surgeon general since 2005, and it underscored the urgency of addressing an opioid epidemic that has killed more than 250,000 people over the past decade, including more than 42,000 people in 2016.

Dr. Adams said making naloxone more available in communities across the country is critical to reducing overdose deaths among people prescribed high doses of opioids for pain, as well as those who abuse painkillers or illicit opioids like fentanyl and heroin.

"Each day we lose 115 Americans to an opioid overdose — that's one person every 12.5 minutes," Dr. Adams said in a statement. "It is time to make sure more people have access to this lifesaving medication, because 77 percent of opioid overdose deaths occur outside of a medical setting and more than half occur at home."

NATIONAL & NEW JERSEY RESOURCES

NALOXONE

Kits for Purchase (National)

CVS

Walgreens

Ask Your Physician (New Jersey)

Doctors can prescribe Naloxone to anyone who may be in a position to assist in an overdose emergency. Those who prescribe, dispense and administer Naloxone are protected from Civil and Criminal Liability. Persons with insurance may choose this resource, co-pays vary.

Ask Your Pharmacist (New Jersey)

Any pharmacist can obtain a standing order to dispense Narcan.

The Department of Health will issue a standing order to any licensed pharmacist in good standing.

NEW JERSEY RESOURCE

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NIH RESOURCE DATA & TREATMENT LINK BY STATE

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NATIONAL RESOURCE PARTNERSHIP FOR DRUG-FREE KIDS

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NATIONALLY PDMP'S IMPACT ON OPIOID OVERDOSE

- ▶ Prescription drug monitoring programs (PDMPs) continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. (CDC)
- ▶ Although findings are mixed, evaluations of PDMPs have illustrated changes in prescribing behaviors, use of multiple providers by patients, and decreased substance abuse treatment admissions. (CDC)
- ▶ 49 states and DC have operational PDMPs (NEJM)
- ▶ Missouri is only holdout – privacy concerns “tangled” with gun control – fears medical issues might be tied with ability to buy a gun (NEJM)
- ▶ Intended to deter prescribing, diversion, & misuse (NEJM)
- ▶ 17 studies assessed effect of PDMP on fatal & nonfatal Ods; 10 studies suggested PDMPs might lower fatal ODs but 3 studies showed increase in heroin OD deaths
- ▶ Features associated with fewer ODs include data sharing among states, mandatory provider review prior to prescribing, proactive reporting of patient substance prescription histories to prescribers & review boards, & updating data at least weekly (NEJM)

THE POPPY'S PARADOX IS A PROFOUNDLY HUMAN ONE:
IF YOU WANT TO BRING HEAVEN TO EARTH, YOU MUST ALSO BRING HELL.

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No other developed country is as devoted to the poppy as America.
We consume 99 percent of the world's hydrocodone and 81 percent of its
oxycodone.

NEW JERSEY PRESCRIPTION LEGISLATION

- ▶ Prescription Drug Monitoring Program
 - ▶ Pharmacies – prescriptions must be reported to the database no more than one (1) business day after the date the prescription was dispensed
 - ▶ Physician mandatory look-up for 1st time prescribing of opioids, benzos, Schedule II to patients, and quarterly for ongoing patients
- ▶ New Jersey Legislation February 15, 2017
 - ▶ Limits initial opioid prescription to 5 day supply;
 - ▶ Can add another 5 days after the 4th day if pain has not subsided
- ▶ How effective were these measures?

New Jersey
Opioid
Prescriptions Show
Decrease

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Compare to
5,640,864 in
2015

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NEW JERSEY DRUG COURT PREVENTIVE MEASURES AND RESOURCES

JUDICIARY DRUG COURT AND TASC COMMEMORATE INTERNATIONAL OVERDOSE AWARENESS DAY

- ▶ August 31st statewide
- ▶ Annual Memo from Judge Grant recognizing International Overdose Awareness Day
- ▶ OD Awareness Lunch & Learn
- ▶ Presentation at National Drug Court Conference
- ▶ SAEs & teams present in each county

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NEW JERSEY DRUG COURT SUPPORTS CLINICALLY JUSTIFIED USE OF MAT BY PARTICIPANTS

- ▶ August 10, 2015 law enacted to permit the use of medication-assisted treatment by Drug Court participants... The term “medication-assisted treatment (MAT)” herein defined as “the use of any medications approved by the...FDA to treat substance use disorders, including extended-release naltrexone, methadone, and buprenorphine, in combination with counseling and behavioral therapies...
- ▶ Drug Court pays for Vivitrol, Buprenorphine, and Methadone for participants engaged the Drug Court Program & providers arrange Medicaid for continued service post-treatment
- ▶ Drug Court participants & other incarcerated persons can access MAT in many counties. Most jails offer Vivitrol, some offer Methadone and/or Suboxone
- ▶ Drug Court provides training on MAT to the courts regularly & upon request
- ▶ TASC Substance Abuse Evaluators receive ongoing current training & clinical supervision on MAT to individualize MAT to the client
- ▶ Drug Court Treatment Provider Forums held bi-annually include MAT training and problem-solving

NATIONAL MAT RESOURCES

Suboxone Opioid Dependence Treatment

Physician Locator, searchable by zip code

<https://www.suboxone.com/>

Buprenorphine Treatment Physician Locator

Substance Abuse and Mental Health Services Administration

Buprenorphine directory, searchable by zip code, city, or state

<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

Opioid Treatment Program Directory

Substance Abuse and Mental Health Services Administration

Methadone directory, searchable by state

<http://dpt2.samhsa.gov/treatment/directory.aspx>

NEW JERSEY DRUG COURT NALOXONE CARDS IN EVERY COURT HOUSE

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NEW JERSEY RESOURCES

OVERDOSE PREVENTION AND TREATMENT

New Jersey Department, DMHAS

Opioid Overdose Recovery Program

State Integrated Opioid recovery Specialists and Patient Navigators

<https://www.state.nj.us/health/integratedhealth/services-treatment/recovery.shtml>

New Jersey Department, DMHAS

Substance Abuse Treatment Directory, searchable by county

<https://www.state.nj.us/health/integratedhealth/services-treatment/treatmentservices.shtml>

Project Medicine Drop

Drop Box locations

<https://www.njconsumeraffairs.gov/meddrop/Pages/Locations.aspx>

NATIONAL RESOURCES

SELF-HELP

Narcotics Anonymous of New Jersey Family Group Home Page

Narcotics Anonymous of New Jersey Family Group

<http://www.naranonofnj.org/>

Narcotics Anonymous Home Page

Narcotics Anonymous of New Jersey

<http://www.nanj.org/>

Alcoholics Anonymous Home Page

http://www.aa.org/pages/en_US/find-local-aa

Al-Anon and Alateen

<https://al-anon.org/al-anon-meetings/>

NO PREVENTIVE ACTION WE TAKE IS *TOO SMALL*

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THANK YOU FOR JOINING US TODAY

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