Law Enforcement & Corrections Track

Changing Attitudes: Law Enforcement, Public Health and Naloxone

Patrick Glynn, MA, NREMT, Lieutenant Detective-Commander, Special Investigations and Narcotics Units, Quincy (MA) Police Department

William Lynch, RPh, BPharm, Clinical Staff Pharmacist, Jefferson Health System, atTAcK addiction and Camden County (NJ) Addiction Awareness Task Force

Harry Earle, MA, Chief of Police, Gloucester Township (NJ) Police Department

Moderator: Nancy Hale, MA, President and CEO, Operation UNITE, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board
Disclosures

- Patrick Glynn, MA, NREMT; Harry Earle, MA; and Nancy Hale, MA, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
- William Lynch, RPh, BPharm – Speakers’ bureaus: Iroko Pharmaceuticals, LLC and Virpax Pharmaceuticals, LLC
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Recognize the impact of the opioid crisis on the family and society.
- Describe a mindset change of substance use disorder from the officer’s perception: the person.
- Discuss the public’s perception of the changing role of law enforcement.
- Identify objections to law enforcement officers carrying naloxone.
- Explain solutions used to overcome barriers to law enforcement carrying naloxone.
- Outline solutions to enable law enforcement to carry naloxone in your community.
Changing Attitudes
Law Enforcement, Public Health and Naloxone

Lieutenant Detective-Commander
Patrick P. Glynn
Quincy Police,(MA), Department
pglynn@quincyma.gov
Presentation Objectives

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National 2017 Statistics

- 60,000 People have Died
- 174 Everyday
- 1 every 8.5 Minutes
- Fentanyl – 83% all deaths
Substance Misuse
2013 – March 1, 2018

2013 - OD.105  R.91       F. 26
2014 - OD.146  R.109       F. 37
2015 - OD.191  R.108       F. 38
2016 - OD.311  R.142       F. 37
2017 - OD.361  R.169       F. 43
2018 - OD.062  R.027       F. 07

OD=Overdose
R=Narcan Reversal
F=Fatal Overdose

These are specifically Police responses only
**Note not all overdoses require Narcan**
2017 Fatal Overdoses in Norfolk County #148
18% reduction from 2016

Break down by Gender

Males #112
Females #36

#73 Ages 20-30
#62 Ages 40-50
#13 Others
The **P.E.T.E.R.** Theory

5 Pillars of The Quincy Model

- Prevention – Call 911
- Education – Good Sam.
- Treatment - Naloxone
- Enforcement – Yes / No
- Reduce – Fatal OD / Relapse / Recovery / Re-entry
Addressing The Opioid Overdose with a Multi-Discipline Approach
The Re-Focus

- New Concerns
  - Citizen Safety
  - Officer Safety
  - EMS Safety
  - K-9 Safety

- Present Terms
  - Family Member / Person
  - Substance Disorder
  - Poisoning
  - Naloxone-Recovery-Re-Entry
Where Prescription Opioids are Obtained

- Over 71% from family or friend
- 11.4% bought from friend or relative
- 4.4% got from drug dealer or stranger
- 4.8% took from friend or relative without asking
- 7.1% other source
- 17.3% prescribed by one doctor
- 55% obtained free from friend or relative

4 of 5 people started with pills then moved to heroin, MA. 2017
Re-Entering the family with full support-Crucial to success !!!
Naloxone formulations

Nasal with separate atomizer “Multi-step”

NEW: Nasal Spray “Single-Step”

Auto-injector

Intramuscular Injection
How do opioids affect breathing?

OVERDOSE

Opioid Receptors, brain

Opioid
How does Narcan affect overdose?

Restores breathing
Common Risks for Opioid Overdose

- **Opioid dose and purity**
- **Mixing substances**
  - Alcohol, stimulants, marijuana, and prescription medications
- **Polypharmacy**
  - Prescribed or non-prescribed
- **Social Isolation**
  - Using alone
- **Chronic Medical Illness**
  - Lung, liver, and kidney compromise
- **Addiction history**
- **Overdose history**
- **Abstinence**
  - Release from incarceration
  - Completion of detoxification
  - Relapse after abstinence
Mixing Opioids with Benzos

- Combining opioids with benzodiazepines or alcohol leads to a worse outcome
- Benzos are psychoactive drugs prescribed for sedation, anxiety, sleep and seizures
- The most commonly used benzos are: Klonopin, Valium, Ativan, Librium, and Xanax
The Cost of Misuse
Financial & Personal
Trends
Officer Safety

Heroin
Fentanyl
Gray Death
Carfentanil
Acryl Fentanyl
U-47700
Furanyl Fentanyl
Acetylfentanyl

The New PEZ
The Financial Cost per Misuse

- Police $356.70
- Ambulance $2500.00
- Fire $859.40
- Hospital $2168

Total $5884.10
Fatigue and Burnout in the News

More victims of ODs: First responders suffer compassion fatigue

Nashua Fire Captain Robert Barrows said the drugs have made firefighters busier than usual, and have also changed the kinds of calls they have to respond to.

“It has the ability to take more of a toll on you,” he said. “You’re seeing more death than you’re accustomed to.”

Rhodes said he began to see signs of “compassion fatigue” among his firefighters.

“They were going out and they’re finding these people half-dead, dead — restaurants, apartments, homes,” he said.

First responders feeling 'helplessness and hopelessness' over overdose crisis

'it's taken its toll on everyone ... our families as well. We take our work home with us'

6/21/17, Huffington Post

1/12/17, CBC News
Myths

Solutions for The Future
The Less Informed Community Member

- People will travel to your Community
- People will use more
- People will host Naloxone parties
- Police should never administer drugs
- It creates enablers
- Naloxone has hidden dangers
Rescue reports – May 27, 2016-October 4, 2016

Post-naloxone withdrawal symptoms

- Single Step n=106
- IM n=64
- Multi-Step 2016 n=1377
- First Responder 2010-15 n=2421
3 - Step Approach

- **Dilemma** - Admit there is a problem (no Epidemic)
- **Option** – Provide Solutions
- **Consequences** - Deaths increase or decrease

Remember: “*We protect and serve all*”
Collaborate or Perish

Safe Prescribing

Safe Dispensing & Disposal

Our Community

Educated Public

Professional Law Enforcement
What can be done?

Decrease supply, temptation & risk

• Quincy Police 1st to install kiosks in PD
• DA Morrissey installed kiosks in all other police stations
• Lock boxes
• Quincy has 4 take back days per year
• Education
• Encourage proper disposal of old medications
Community-Based Opportunities

- Home-based interventions
  - Follow-up at the home of a recent overdose call with the affected individual / family
  - Work with your local prevention and treatment providers
- Promotion of 911 Good Samaritan Law
  - Emphasize importance of fast response time in the fentanyl era
  - The overdose scene is an opportunity to acknowledge that the affected individuals made the right choice in calling 911
  - Encourage the affected individuals to always call 911
- Encourage bystanders to carry naloxone and call 911
  - Make sure that if a person has naloxone on them when arrested, it is returned to them in their property
The Future is Now

- Home Safety Visits
  #350=97% successful

- Provide resources and placements

- Heal the family and individual together

- Reduction in Collateral crime: Re-Entry to Family
Acts of 2012, Chapter 192, Sections 11 & 32

Session Laws

**Acts**

**2012**

**CHAPTER 192** AN ACT RELATIVE TO SENTENCING AND IMPROVING LAW ENFORCEMENT TOOLS.

**Whereas,** The deferred operation of this act would tend to defeat its purpose, which is to strengthen forthwith the laws relative to habitual offenders, update sentencing laws and to provide additional law enforcement tools, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

**Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:**
(d) Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. (emphasis added)
(a) A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.
(c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act, 1970 P.L. 91-513, 21 U.S.C. section 801, et seq.

(d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute.

(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.
Why Not?

- Anaphylactic Shock – Epi-Pen
- Diabetic Emergency – Sugar Product
- Opiate/Opioid Poisoning – Naloxone
Adapting to The Future

--- “Do not go where the path my lead,
go instead where there is no path and leave a trail.”

Ralph Waldo Emerson

* “We must have compassion for those fortunate”
* “We are not going to arrest our way out of this epidemic.”
* “We do not pick those: We Protect & Serve”

Lt. Det. Patrick Glynn
Technical Assistance

Online Resources:
MassTAPP Page:
http://masstapp.edc.org/first-responder-naloxone-narcan-technical-assistance

DPH-BSAS Page:
Changing Attitudes: Law Enforcement, Public Health and Naloxone

Chief W. Harry Earle, MA
Chief of Police-Gloucester Township NJ Police Department
Past President, Camden County NJ Police Chiefs’ Association
Camden County Police Academy Board Member
Camden County Addiction Awareness Task Force Member
- Availability Reduction Committee Co-Chair
FBI National Academy #234
International Association of Chiefs of Police
- Juvenile Justice & Child Protection Committee Member
Changing Attitudes: Law Enforcement, Public Health and Naloxone

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Clinical Staff Pharmacist/Opioid Crisis Committee Member, Jefferson Health-Cherry Hill Hospital
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Rutgers University, Ernest Mario School of Pharmacy Preceptor
Camden County New Jersey Addiction Awareness Task Force Executive Committee Member/Education & Prevention Committee Co-Chair
State of New Jersey Department of Law and Public Safety Division of Criminal Justice Police Training Commission Instructor
Camden County College Police Academy Instructor
NJ State Police, Regional Operations Intelligence Center, Drug Monitoring Initiative, Fusion Center Partner
Planet Youth Coalition-Bellevue Community Center
Delaware Prevention Coalition Partner
State of Delaware Substance Abuse Epidemiological Outcomes Working Group
atTAcK addiction Advisory Board Member
Keep Delaware Safe and Healthy Coalition Member

#Rx Summit www.NationalRxDrugAbuseSummit.org
Disclosure Statement

Earle, William. Has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.
Disclosure Statement

William J. Lynch, Jr. BS-Pharm, RPh wishes to disclose he is a consultant with Iroko Pharmaceuticals, LLC and Vimpax Pharmaceuticals

He will present this content in a fair and balanced manner
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Objections to Carrying Naloxone

- Why would we want to do that?
- Not our problem
- Not Medical Professionals
- Requires Training
- Could Hurt Someone
- Stigma: Character Flaw/Moral Failing
- Not a Disease
- Cost/Too Expensive
### GLOUCESTER TOWNSHIP

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<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Overdose Deaths</td>
<td>6</td>
<td>20</td>
<td>25</td>
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<tr>
<td>Overdose Non Death</td>
<td>N/A</td>
<td>89</td>
<td>152</td>
</tr>
<tr>
<td>Narcan Deployments</td>
<td>N/A</td>
<td>33</td>
<td>36</td>
</tr>
<tr>
<td>Narcan Saves</td>
<td>N/A</td>
<td>25</td>
<td>32</td>
</tr>
</tbody>
</table>

**WE ALL HAVE THE SAME PROBLEMS**
GOING BEYOND THE BROKEN COLLARBONE

ADVERSE CHILDHOOD EXPERIENCES

ABUSE
- PARENTAL SEPARATION OR DIVORCE
- MOTHER TREATED VIOLENTLY
- EMOTIONAL ABUSE
- MENTAL ILLNESS IN HOME
- PHYSICAL ABUSE

HOUSEHOLD CHALLENGES
- PHYSICAL NEGLECT
- IF YOU TELL ANYONE

NEGLECT
- CRIMINAL HOUSEHOLD MEMBER
- EMOTIONAL NEGLECT
- HOUSEHOLD SUBSTANCE ABUSE
THE PHONE CALL

Salvatore J. Marchese | 1984 - 2010 | Obituary

Salvatore J. Marchese
Born: April 11, 1984
Died: September 27, 2010

Salvatore J. Marchese, suddenly, on September 27, 2010, of Blackwood, formerly of...

Devoted father of Salvatore W., II. Beloved son of Patricia DiRienzo and Salvatore W. Jr.

Share this obituary

CITY OF LOS ANGELES
POLICE

“to protect and to serve”

#Rx Summit www.NationalRxDrugAbuseSummit.org
WHAT DO YOU CALL A PERSON WHO IS ADDICTED?

- Victim
- Husband
- Daughter
- Wife
- Son
- "Shi* Bag"
- "Track Head"
- "Junkie"
- "Dirt Bag"
- "Skell"
PROVIDING HELP…CHANGING ATTITUDES

YOUTH

Need help?

Gloucester Township Police offers services and information to include social programs for Township youth and their parents who may be experiencing some emotional stress or family crisis.

For more information, please call our Clinical Licensed Social Worker at 856-842-5553 or email familyresource@gtpolice.com

ADDITION

Need help?

The Project SAVE Advocate serves as a resource for the Gloucester Township Police Department providing information about treatment programs to individuals who need assistance and information regarding substance abuse for themselves, a friend, or a loved one.

The Gloucester Township Police Department offers a SAVE Advocate for those suffering from addiction.

For more information and help related to addiction please contact: 856-302-7051

CRISIS

People often don’t know where to turn when dealing with a loved one who has a mental illness. The Gloucester Township Police proudly supports the New Jersey Crisis Intervention Team (CIT) model and training to be responsive to individuals with mental illness and their families.

When in Crisis
1. When calling for police assistance, request for a CIT officer.
2. When the CIT officer arrives, advise them if the person is armed, has access to weapons, or children are present.
3. Provide the CIT officer with a current list of medications and doctors’ names when he/she arrives.
4. Meet the CIT officer outside if possible and fully explain the crisis and what you would like to happen.
5. Make the CIT officer aware of anything you know that upsets the person in crisis.
6. Be prepared to go to the hospital — but remember all CIT calls do not necessarily mean a trip to the hospital.
7. Let your family member know the police are there to help.

*Remember, when weapons are involved, police concentrate on the possible threat of violence first until it is neutralized.

*Understand, the CIT officer will probably ask you to wait in an area away from the person in a crisis. Let the officer do his job and only offer assistance if asked.

OFFICER NAME: ____________________________

#Rx Summit    www.NationalRxDrugAbuseSummit.org
AT THE TOP AND FROM THE BEGINNING

CAMDEN COUNTY CHIEFS OF POLICE ASSOCIATION
BEST PRACTICES SUMMIT

Understanding Addiction

Genetic Pre-Disposition

It’s a Disease

Reduce the Stigma

#Rx Summit  www.NationalRxDrugAbuseSummit.org
CHANGED ATTITUDES

Jimmy Mondelli

Marc Feola
1989-Aug. 20, 2015

#Rx Summit www.NationalRxDrugAbuseSummit.org
Strategies & Tactics Convincing Law Enforcement to Carry Naloxone

- Employed by Camden County Addiction Awareness Task Force in NJ and atTAck Addiction in DE
- Addressing senior officers & academy recruits
- Methodologies, include:
  - Providing scientific evidence of changes in brain’s:
    - Neurochemistry
    - Structure
    - Function
  - Demonstrating genetic predisposition to the disease of addiction
  - Solutions to mitigating cost of naloxone
- Key message: “protecting our own”
Training First Responders: LE & EMS

- Understanding Substance Abuse Disorder
  - Science behind the disease
    - Genetic Predisposition
    - Different Opiate Receptors (Mu, Sigma, Kappa, Delta, etc.)
    - Naturally occurring Enkephalins & Endorphins
      - Workout or Runner’s High
    - Different Metabolizers: Poor/Intermediate/Extensive/Ultra-Rapid
    - Addiction-Dependency-Tolerance-Withdrawal
  - Addressing facts vs. fiction
    - Choose to Use vs. Do Not Choose to Become Addicted

- Different substances of abuse
  - Prescription & Illicit
  - Classes of drugs
  - Designer drugs
  - Increase in morbidity/mortality with combinations
    - Opiates & benzodiazepines
What is Addiction?
Addiction is a Brain Disease

- Characterized by:
  - Compulsive Behavior
  - Continued abuse of drugs despite negative consequences
  - Persistent changes in the brain’s structure and function
Definitions Related to Substance Use/Abuse

- **Addiction**: chronic disease characterized by compulsive drug seeking/drug use and changes in brain’s chemistry
- **Dependence**: physiological state occurring through regular use of certain medications, resulting in withdrawal when drug use stops
- **Tolerance**: result of repeated use of a drug in which higher doses are needed to experience the same effect as felt initially
- **Withdrawal**: symptoms experienced after suddenly stopping/reducing chronic use of certain drugs
Science of Addiction

Here’s how people communicate.

Transmitter  Receptor

Here’s how brain cells communicate.

Neurotransmitter  Receptor

Concept courtesy: B.K. Madras
Natural and Drug Reinforcers Increase Dopamine in NAc

Drugs of abuse increase DA in the Nucleus Accumbens, which is believed to trigger the neuroadaptions that result in addiction.
nerve terminals in nucleus accumbens

GABA receptor

delta (δ) or kappa (κ) opiate receptor

morphine

heroin

dopamine receptor

synaptic cleft

post-synaptic membrane
Most drugs of abuse target the brain’s reward system by flooding it with dopamine. Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.
Science of Addiction

• Long-term drug abuse impairs brain functioning

Dopamine D2 Receptors are Lower in Addiction

Cocaine

Alcohol

Heroin

control

addicted

DA D2 Receptor Availability
The Target Of Opioids Is the \( \mu \) Opioid Receptor and the Gene That Encodes (\textit{OPRM1}) Is Polymorphic

- A118G SNP at \textit{OPRM1}, is functional: it affects receptor levels in brain

- 118G as well as other variants have been associated with increased risk for addiction to opiates and with worse clinical severity for overdoses

\textit{Hancock et al., Biol Psychiatry. 2015.}  
\textit{Manini et al., J Med Toxicol. 2013.}  
\textit{Peciña M et al., Neuropsychopharmacology 2015.}
Neonatal Abstinence Syndrome

![Graph showing the comparison between Infants with AA Genotype and Infants with AG/GG Genotype in terms of Mean Length of Hospital Stay, Percentage Requiring Treatment, and Percentage Requiring 2 or More Medications.](http://www.drugabuse.gov/news-events/nida-notes/2014/06/gene-variants-reduce-opioid-risks on October 1, 2014)
Brain abnormalities associated with long-term heavy cannabis use

Tracings of left (yellow) and right (blue) amygdalae and left (red) and right (green) hippocampi.

Hippocampal (A) and amygdalar (B) volumes were smaller in cannabis users than in non using control subjects.

Fig. 1. Corpus callosum tract: whole (a) and segmented (b). Regions of interest as defined according to Witelson (1989) subdivisions. RB, Rostral body; AMB, anterior mid-body; PMB, posterior mid-body; Ism, isthmus.


Conclusions. Frequent use of high-potency cannabis is associated with disturbed callosal microstructural organization in individuals with and without psychosis. Since high-potency preparations are now replacing traditional herbal drugs in many European countries, raising awareness about the risks of high-potency cannabis is crucial.
Adolescents who Smoke Cannabis have Increased Risk of Schizophreniform Disorder, Depending on the COMT Gene

Caspi et al., 2005
Cost: Naloxone Purchasing Program

- Collaborative Agreement between:
  - Jefferson Health System (JHS)
  - Camden County Police Chiefs’ Association (CCPCA)
  - Added Cooper, Lourdes, Virtua Health Systems
  - Agreement covers all naloxone purchases for LE in Camden County
  - Expanded to Gloucester County Prosecutor’s Office
    - Jefferson + Inspira
    - Agreement covers all LE naloxone purchases for 2 years

- atTAcK addiction pursuing in DE with different hospitals & LE agencies

- Purchased by JHS Hospital Pharmacy
  - Leverage group/bulk purchasing power
  - CCPCA President Chief Chris Winters requests
  - JHS Director of Pharmacy Services has buyer order
  - Pass along savings at cost, now purchase outright

- All 36 municipalities in Camden County have police officers carrying 2 units nasal naloxone/officer
Do It For Our Children…

- Testing positive for opioid addiction or dependency in the US Emergency Rooms increased from 32,235 in 2008 to 49,626 in 2013
- With 2013 data, 135 patients 21 years of age or younger tested positive for opioid addiction or dependency EVERY DAY in our country’s emergency rooms.
- 135 pediatric patients per day
- 92% did not have any chronic co-morbid condition
- A pediatric public health crisis

Figure 2. Percent distribution of drug overdose deaths for adolescents aged 15–19, by intent and sex: United States, 2015

<table>
<thead>
<tr>
<th></th>
<th>Undetermined</th>
<th>Homicide</th>
<th>Suicide</th>
<th>Unintentional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5.2%</td>
<td>0.9%</td>
<td>13.5%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Male</td>
<td>4.5%</td>
<td>0.6%</td>
<td>8.7%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Female</td>
<td>6.5%</td>
<td>1.4%</td>
<td>21.9%</td>
<td>70.1%</td>
</tr>
</tbody>
</table>

1 Differences in percentages for males and females were statistically significant; p < 0.05.

NOTES: Drug overdose deaths are identified with International Classification of Diseases, Tenth Revision underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined). Figures may not add to 100 due to rounding. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db282_table.pdf#2.

WHAT YOU THOUGHT WAS MILES AWAY, IS RIGHT IN YOUR BACKYARD

FENTANYL. HEROIN. PILLS. IT ALL KILLS.
Protecting Our Own...

DEA Officer Safety Alert
Fentanyl Warning

http://go.usa.gov/chBgh
### Death Rates for Drug OD Deaths by State 2015/2016*

<table>
<thead>
<tr>
<th>State (US=19.8, 21.0%)</th>
<th>Age Adjusted Death Rate 2015</th>
<th>Age Adjusted Death Rate 2016</th>
<th>% Change 2015 to 2016</th>
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</thead>
<tbody>
<tr>
<td>West Virginia</td>
<td>41.5</td>
<td>52.0</td>
<td>25%*</td>
</tr>
<tr>
<td>Ohio</td>
<td>29.9</td>
<td>39.1</td>
<td>31%*</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>34.3</td>
<td>39.0</td>
<td>14%*</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>18.6</td>
<td>38.8</td>
<td>109%*</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>26.3</td>
<td>37.9</td>
<td>44%*</td>
</tr>
<tr>
<td>Kentucky</td>
<td>29.9</td>
<td>33.5</td>
<td>12%*</td>
</tr>
<tr>
<td>Maryland</td>
<td>20.9</td>
<td>33.2</td>
<td>59%*</td>
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<td>Massachusetts</td>
<td>25.7</td>
<td>33.0</td>
<td>28%*</td>
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<td>Delaware</td>
<td>22.0</td>
<td>30.8</td>
<td>40%*</td>
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<td>Rhode Island</td>
<td>28.2</td>
<td>30.8</td>
<td>9%*</td>
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<td>21.2</td>
<td>28.7</td>
<td>35%*</td>
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<td>22.1</td>
<td>27.4</td>
<td>24%*</td>
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<td>25.2</td>
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<tr>
<td>Tennessee</td>
<td>22.2</td>
<td>24.6</td>
<td>11%*</td>
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<tr>
<td>Michigan</td>
<td>20.4</td>
<td>24.4</td>
<td>20%*</td>
</tr>
<tr>
<td>New Jersey</td>
<td>16.3</td>
<td>23.2</td>
<td>42%*</td>
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</table>

### New Jersey Office of the State Medical Examiner (OSME) Drug Related Deaths for 2016

<table>
<thead>
<tr>
<th>County</th>
<th>Total</th>
<th>Heroin</th>
<th>Morphine</th>
<th>Cocaine</th>
<th>Fentanyl</th>
<th>Analog</th>
<th>Oxycodone</th>
<th>Methadone</th>
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From 2015 to 2017, there was a 250% increase in fentanyl-related submissions, and a 376% increase in fentanyl-related glassine bags.
## Statewide Drug Harm Index

### Fentanyl Submissions & Rank

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### County Rankings

Fentanyl Submissions: 1/1/2015 - 12/31/2017

The number in each county designates rank.
Carfentanil

100x Stronger than Fentanyl
Considered a chemical weapon
One dose is the size of a poppy seed can be fatal
Public Awareness
Fake Prescription Pills Containing Dangerous Drugs

- During 2017, forensic laboratories in New Jersey have identified a large amount of imitation prescription pills containing dangerous drugs.
- So far this year, law enforcement in NJ have seized over 500,000 fake prescription pills that have actually contained highly potent opioids, including heroin and fentanyl class compounds.
- Recently, carfentanil was identified in what appeared to be a legitimate prescription oxycodone pill.
  - *Carfentanil is typically used to tranquilize large animals, specifically elephants. Reportedly, the equivalent of one grain of salt is enough to kill one human being.*
- Imitation prescription pills containing dangerous drugs such as carfentanil are being sold by drug dealers, placing users at significant risk of death.

Carfentanil, a synthetic opioid, is approximately 10,000 times more potent than morphine, 5,000 times more potent than heroin, and 100 times more potent than fentanyl.

Photos of Imitation Prescription Pills Containing Fentanils

Fake oxycodone/acetaminophen pill, actually contained heroin.

Fake oxycodone pill, actually contained carfentanil.

Where To Go For Help?

ADDICTION IS A DISEASE. DON'T SUFFER. DON'T WAIT. HELP IS WITHIN REACH.

RECOVERY STARTS NOW CALL 844-REACH NJ OR VISIT REACHNJ.GOV

ReachNJ - 1.844.ReachNJ (1.844.732.2465) ReachNJ. New Jersey's Addiction Helpline is an information and referral service that will connect you with the addiction recovery and support services that are available throughout our state. Call to get what you need to take the next step on your road to recovery.
Carfentanil, a synthetic opioid, is approximately 10,000 times more potent than morphine, 5,000 times more potent than heroin, and 100 times more potent than fentanyl.
Increased Presence of Adulterated Tablets (Imitation Pills)

Heroin Tablets

Fentanyl Tablets
- U-47700/Furanyl Fentanyl
- Fentanyl/Acetaminophen
- Furanyl Fentanyl
- Fentanyl

Meth Tablets
GULF COAST HIDTA
INVESTIGATIVE SUPPORT NETWORK

Emerging Trend Bulletin:
Potent new opioid/opiate compound known as “Grey Death”

Background

A new substance responsible for overdoses within the Gulf Coast region has been identified as “grey death.” Grey death, the only terminology currently known, appears similar to concrete mixing powder and varies in texture, which ranges from a chunky rock-like material to a fine powder. It is not a single drug, but is considered to be a compound containing several potent opioids. It has a potency much higher than that of heroin and can be administered via injection, ingestion, insufflation, and smoking. The analysis of each grey death sample collected so far revealed the presence of U-47700, heroin, and fentanyl; though the amount of each drug within grey death varied from sample to sample.

U-47700 is a relatively new designer drug responsible for a series of overdoses nationwide. U-47700 is approximately eight times more potent than morphine and can be ingested using a variety of methods. It is unknown at this time how U-47700 interacts with either fentanyl or heroin within the body.

Details

There have been several overdoses and overdose-related deaths across Georgia and Alabama linked to grey death. There were two confirmed overdoses in Auburn, Alabama and another two in Georgia as a result of experimentation with the compound. The two subjects in Auburn ingested the compound using different methods; one by intravenous injection and the other by insufflation. The TV user lost consciousness soon after administration and the other user attempted to resuscitate him using CPR before he also overdosed.

The DEA Special Testing and Research Laboratory determined that the sample from Alabama was comprised of the same drugs as the sample from Georgia. It is important to note that the amount of each ingredient differed between the Georgia/Alabama cases. Some of the samples collected from Georgia contained butyrfentanyl and acrylfentanyl, while other samples showed an entirely different composition.

This information is being released to raise awareness of the unpredictability and danger of this compound.

This bulletin was produced by the Gulf Coast High Intensity Drug Trafficking area. Questions or comments may be directed to Mike Murphy at (504)340-1470 or Murphym@gchideia.org

Sources:
Alabama Law Enforcement Agency (ALEA)
D. Klincez, GBI Drug Chemistry Crime Lab Manager
DEA Special Testing and Research Laboratory
Georgia Bureau of Investigation (GBI)
Georgia Bureau of Investigation Crime Lab
Georgia Information Sharing & Analysis Center (GISAC)
Gray Death/Gray Grey Death/Grey

- Contains: heroin, fentanyl, U47700 (synthetic opioid-pink/U4)
  - With or without carfentanil
- Looks like cement powder/hardened cement (“rock”)
- Taken via ingestion, insufflation, smoking, injection
- Drug seizures/OD cases in AL, CA, GA, IL, IN, KY, OH, PA
  - Bethlehem, PA drug seizure on 5/10/17
  - GA samples w/butyrylfentanyl & acrylfentanyl
  - Auburn, AL: 1 patient IV/1 patient IN
    - IN patient tried to revive IV patient w/CPR-both succumbed to overdoses
  - “Gray Death is one of the scariest combinations that I have ever seen in nearly 20 years of forensic chemistry drug analysis.”
    - Deneen Kilcrease, Manager Chemistry Section Georgia Bureau of Investigation

TN Dept. of Mental Health and Human Services http://mailchi.mp/a0c31a359edb/6czt0uhs4u?e=f51966c778
Follow the Pattern of Success

- Camden County Chiefs’ of Police Association Summit 12/10/15
- Lindenwold Police Department 5/5/16
- Camden County College Police Academy PT Instructor Course
  - 7/26/17 for NJ & Out of State Instructors
- Delaware Department of Safety & Homeland Security
  - Delaware Alcohol & Tobacco Enforcement
  - Police Officers Training: 6/24/15 & 11/18/16
  - Naloxone Training 11/18/16
  - 5th Law Enforcement Agency to carry naloxone in DE
  - Community Academy: 3/1/17
May 16, 2017

- Delaware Police Chiefs’ Council Meeting
- *Environmental Occupational Accidental Exposure*
- Do you really think that has the potential to happen?
- Not only does it have the potential to happen—it already has happened, with naloxone being administered

May 27, 2017

- “The Delaware State Police have joined other Delaware Law Enforcement agencies in carrying the overdose reversal drug, Naloxone, also known as Narcan on patrol.”

*Narcan kits to be carried on patrol, police say. The News Journal. May 27, 2017*
Public Safety Personnel Fentanyl Exposure Incidents

- August 2015: two detectives from the Atlantic County Prosecutor’s Office were exposed to a mix of heroin, cocaine, and fentanyl.

- 31 August 2016: a New York State Trooper was exposed to a suspected mixture of heroin and fentanyl and administered Naloxone.

- 25 October 2016: a Avalon PD, NJ officer touched the face and bag of an overdose victim and was exposed to a mix of heroin and fentanyl.

- 27 October 2016: 3 K9’s from Broward County Sheriff’s Office were exposed to fentanyl and had to be administered Naloxone.

- 14 September 2016: 11 members of the Hartford (CT) PD SWAT Team were exposed to narcotic particles present in the air during the execution of a search warrant.

- January 2017: an NJ Office of Forensic Science (OFS) lab technician was exposed to fentanyl and Naloxone administered.

- January 2017: an NJ OFS lab technician was exposed to fentanyl.

- February 2017: a Northwest HIDTA was exposed to a suspected illicit stimulant while processing seized currency via a money counter machine. The individual was standing in front of the money counter as it was operating.
Public Safety Personnel Fentanyl Exposure Incidents (cont.)

- 19 May 2017: a Hartford County Sheriff’s Dept., MD was believed to come in contact with suspected fentanyl and administered naloxone.
- 14 May 2017: East Liverpool, Ohio officer passed out at the police station, suspected to be a result of brushing suspected fentanyl powder off his shirt. The officer was administered four doses of naloxone.
- May 2017: West Virginia officer overdosed and was administered naloxone after cutting into a parcel.
- 29 May 2017: Washington, PA officer searching vehicle after an accident exposed to fentanyl and Naloxone administered.
- 31 May 2017: a Camden County Prosecutor’s detective and a Cherry Hill PD detective were both exposed to suspected fentanyl while touching a victim’s body and treated and transported to the hospital.
- 15 June 2017: Alexandria, NH officer, on a MV stop, was exposed to fentanyl in the driver’s purse and Naloxone administered.
- July 2017: Bucks County overdose exposure sent two paramedics, an EMT, and a firefighter to the hospital.
FENTANYL†

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

† For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein referred to as fentanyl†) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- The abuse of drugs containing fentanyl† is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl† have resulted in confusion in the first responder community.
- You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl† in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- This document provides scientific, evidence-based recommendations to protect yourself from exposure.

WHAT YOU NEED TO KNOW

- Fentanyl† can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
- Personal Protective Equipment (PPE) is effective in protecting you from exposure.
- Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl† intoxication.
- Naloxone is an effective medication that rapidly reverses the effects of fentanyl†.

To protect yourself from exposure

- Wear gloves when the presence of fentanyl† is suspected.
- AVOID actions that may cause powder to become airborne.
- Use a properly-fitted, NIOSH-approved respirator (“mask†”), wear eye protection, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl† are visible and may become airborne.
- Follow your department guidelines if the scene involves large amounts of suspected fentanyl† (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill or release).

When exposure occurs

- Prevent further contamination and notify other first responders and dispatch.
- Do not touch your eyes, mouth, nose or any skin after touching any potentially contaminated surface.
- Wash skin thoroughly with cool water, and soap if available. Do NOT use hand sanitizers as they may enhance absorption.
- Wash your hands thoroughly after the incident and before eating, drinking, smoking, or using the restroom.
- If you suspect your clothing, shoes, and PPE may be contaminated, follow your department guidelines for decontamination.

If you or other first responders exhibit

- Slow Breathing or No Breathing
- Drowsiness or Unresponsiveness
- Constricted or Pinpoint Pupils

- Move away from the source of exposure and call EMS.
- Administer naloxone according to your department protocols. Multiple doses may be required.
- If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives. Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address the exposure risk.
- If needed, initiate CPR until EMS arrives.

Collaborative Support From:

- American College of Emergency Physicians
- American College of Medical Toxicologists
- American Industrial Hygiene Association
- Association of State and Territorial Health Officials
- Association of State Criminal Investigative Agencies
- Fraternal Order of Police
- International Association of Chiefs of Police
- International Association of Fire Chiefs
- International Association of Fire Fighters
- Major Cities Chiefs Association
- Major County Sheriffs of America
- National Alliance of State Drug Enforcement Agencies
- National Association of Counties
- National Association of County and City Health Officials
- National Association of Emergency Medical Technicians
- National Association of EMS Physicians
- National Association of State EMS Officials
- National Governor's Association
- National HIDTA Directors Association
- National Narcotic Officers' Associations' Coalition
- National Sheriffs' Association
- National Volunteer Fire Council
- Police Executive Research Forum
- Police Foundation

https://www.whitehouse.gov/onddcp/key-issues/fentanyl
Key Findings
Analysis of forensic laboratory submissions in New Jersey has indicated a significant increase in the presence of dangerous opioids, specifically fentanyl class compounds. Extreme caution is necessary when potential exposure exists. First responders (law enforcement, fire, rescue, and EMS personnel) are increasingly likely to encounter fentanyl class compounds during the course of duty (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).

Details
- Thirty-three percent (33%) of suspected heroin samples submitted to New Jersey forensic laboratories during the third quarter of 2017 contained fentanyl class compounds, compared to just two percent 2% during the first quarter of 2015.
- If you are handling suspected heroin, approximately 1/3 of the time, it will contain fentanyl.
- Fentanyl class compounds can come in many forms including powders, imitation prescription pills, capsules, liquids, solutions, rocks, or in nasal sprays.

Protect Yourself from Exposure
- Avoid actions that may cause powders to become airborne.
- **Glove up** - powder-free nitrile gloves with a minimum thickness of 5+- 2 mil (i.e. 0.127 +/- 0.051 millimeters; 1 mil=0.0254 millimeters) should be worn during routine drug handling.
- **Protect your eyes** - wear OSHA-approved protection for eyes and face.
- **Protect your lungs** - wear a fitted N95 or P100 respirator to eliminate potential inhalation.
- Have multiple doses of naloxone available.
- Gloves, coveralls, boot covers and protective sleeves worn during seizures must be disposed of properly.
- Do not eat, drink, smoke or use the bathroom while working in an area with known or suspected fentanyl.
- Do not touch the eyes, mouth, and nose after touching any surface potentially contaminated with fentanyl.
- Wash skin thoroughly with cool water and soap, if available. **Do NOT use hand sanitizers as they may enhance absorption.**
- Website www.FentanylSafety.com;
- Formal RCMP National policy for handling any exhibits that may be or contain Fentanyl (available for other law enforcement members);
- RCMP National program to train all narcotics dogs to detect Fentanyl and analogues.
Understanding Addiction: Those @ Risk
November 14, 2017

ERASING THE STIGMA
Responses of Attendees

Addiction is:
- Didn’t believe it, you convinced me—addiction is a disease
- Drug addicts have a disease
- Drug abusers are victims
- Be empathetic towards addicts
- Be more aware of potential drug abuse victims
- Communication with family members is key
- Try & encourage drug users to enter treatment programs
- Take more seriously the epidemic of drug abuse
- How addiction is genetically predisposed
- How abuse is killing our youth & adults
- How easily people can get addicted to opiates
- Tolerance levels can increase to substantial amounts
- The true affect substance abuse has on the brain
- How early in age drug addiction starts
- Be more aware that drug abuse is everywhere and can happen to anyone
- Addiction can affect anyone
- Be more ready to handle drug related incidents, based on having a better understanding
- Be more aware of those who struggle with addiction
- They picked to do the drug—but not to be addicted
- Will try harder to get those who are drug addicted the help they need
- Focus more on treating those addicted as victims
- Had very little knowledge of fentanyl
- Risk of exposure to fentanyl
- How to protect oneself from dangerous drugs (fentanyl, etc.)
- That there are drugs stronger than fentanyl
- More vigilant to different drugs disguised to look like legal drugs
- Fentanyl can be absorbed through the skin
- How serious fentanyl is
- Fentanyl safety recommendations
- Different fentanyl analogues
- Safer approach to handling drugs
- A lot of information I did not know
- Fentanyl is taking over instead of heroin
- Sometimes overdoses can require multiple naloxone applications
- About being safe & using this knowledge
- The dangers of fentanyl and drugs like it
- Did not know about carfentanil
- How fentanyl affects my job
- Be more careful on scene
- Mixed with a lot of stuff I was unaware of
- Civilians can carry naloxone & should be encouraged to use it
- Amount of officers that are battling with drug abuse

#Rx Summit   www.NationalRxDrugAbuseSummit.org
## Statewide Drug Harm Index

### Naloxone Administrations & Rank

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<td>18</td>
</tr>
<tr>
<td>Salem</td>
<td>315</td>
<td>19</td>
</tr>
<tr>
<td>Sussex</td>
<td>267</td>
<td>20</td>
</tr>
<tr>
<td>Hunterdon</td>
<td>193</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31,307</strong></td>
<td></td>
</tr>
</tbody>
</table>

### County Rankings

**LE & EMS Naloxone Administrations**

1/1/2015 - 12/31/2017

The number in each county designates rank.
“Drug addiction is a brain disease that can be treated.”

Nora D. Volkow, M.D.
Director
National Institute on Drug Abuse
Acknowledgements: Thank You!!

- **Rachel M. Lynch, PharmD**
  - Clinical Pharmacist, Christiana Care Hospital, Wilmington, DE
- **Brian V. Blazovic**
  - Doctor of Medicine Candidate 2018 - Sidney Kimmel Medical College, Thomas Jefferson University
- **David Z. Yang, PharmD**
  - Pharmacy Resident, The Brooklyn Hospital, Brooklyn, NY
- **Gregory E. Cabanas, PharmD**
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- **Eric W. Lynch**
  - Doctor of Pharmacy Candidate 2020 - Rutgers University, Ernest Mario School of Pharmacy
- **Kevin Huang**
  - Doctor of Pharmacy Candidate 2019 - Rutgers University, Ernest Mario School of Pharmacy
- **Gamsa Charis Oh**
  - Doctor of Pharmacy Candidate 2019 - Rutgers University, Ernest Mario School of Pharmacy
- **Nicole Genovese**
  - Doctor of Pharmacy Candidate 2018 - Rutgers University, Ernest Mario School of Pharmacy
- **David C. Humes**
  - atTAcK addiction Board Member
- **Jeanne Keister & Don Keister**
  - atTack addiction Founders/Board Members
- **Christopher J. Winters**
  - Chief of Police, Pine Hill Police Department, Pine Hill, NJ
- **Lieutenant Jason Piotrowski & Sergeant Adam Polhemus**
  - New Jersey State Police, Regional Operations Intelligence Center, Drug Monitoring Initiative
We thank ALL of the members of our Camden County Addiction Awareness Task Force who engage in battling this epidemic in our community every day. Together we ARE making a positive difference!

addictions.camdencounty.com
We also thank ALL the members of atTAcK addiction who engage in battling this epidemic in our community every day. Together we ARE making a positive difference!

www.attackaddiction.org
THANK YOU!!

THANK YOU FOR

YOUR SERVICE!!!
Changing Attitudes: Law Enforcement, Public Health and Naloxone

Patrick Glynn, MA, NREMT, Lieutenant Detective-Commander, Special Investigations and Narcotics Units, Quincy (MA) Police Department

William Lynch, RPh, BPharm, Clinical Staff Pharmacist, Jefferson Health System, atTAcK addiction and Camden County (NJ) Addiction Awareness Task Force

Harry Earle, MA, Chief of Police, Gloucester Township (NJ) Police Department

Moderator: Nancy Hale, MA, President and CEO, Operation UNITE, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board
THANK YOU

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