

Jurisdiction-level Vulnerability Assessment
Project
Emergency Response:
Public Health Crisis Response-
2018 Opioid Overdose Crisis Cooperative
Agreement

Final Report and Data Maps



Essex County, New Jersey
August 7, 2019



Project Overview

The Centers for Disease Control and Prevention (CDC) provided funding to states that are affected by the opioid epidemic. The rationale of the public health crisis finding is to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 states and Washington DC.

The United States is in the midst of an opioid overdose epidemic. On average, 115 Americans die every day from an opioid overdose, and more than 630,000 people have died from a drug overdose from 1999 to 2016. In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was five times higher than in 1999. Hepatitis C, a bloodborne pathogen, has high rates of transmission among persons who inject drugs.

The funding covers different domains that include Strengthen Incident Management for Early Crisis Response, Strengthen Jurisdictional Recovery, Strengthen Biosurveillance and Strengthen Information Management.

The New Jersey Department of Health (NJDOH) submitted various proposals that spanned domains. NJDOH's Public Health Infrastructure, Laboratories, and Emergency Preparedness (PHILEP) coordinated the cooperative agreement application for the department. The CDC approved funding for a project between the NJDOH Communicable Disease Service and the New Jersey Association of County and City Health Officials (NJACCHO).

The Opioid and Bloodborne Pathogen Transmission Vulnerability Assessment Project was funded in Domain 2: Strengthen Jurisdictional Recovery. This project is a collaborative effort between the NJDOH and NJACCHO. The initial goal of the project was to conduct vulnerability assessments to identify resources in 14 counties to identify areas at high risk for opioid overdoses and bloodborne pathogens (BBP) associated with non-sterile injection drug use. The 14 counties were selected because of the prevalence of hepatitis C per populations and those counties identified as High Intensity Drug Trafficking Areas (HIDTA). HIDTA counties are included in the project, as injection drug use has been linked to the opioid epidemic. NJACCHO modified the initial goal to expand data collection to all 21 counties.

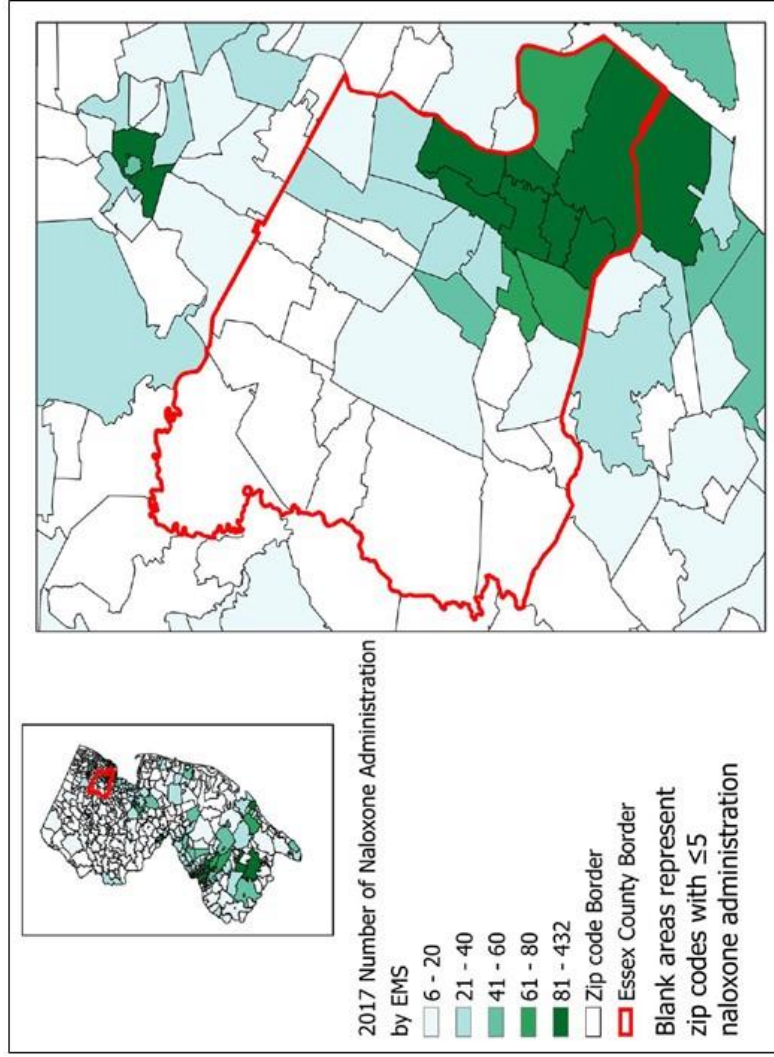
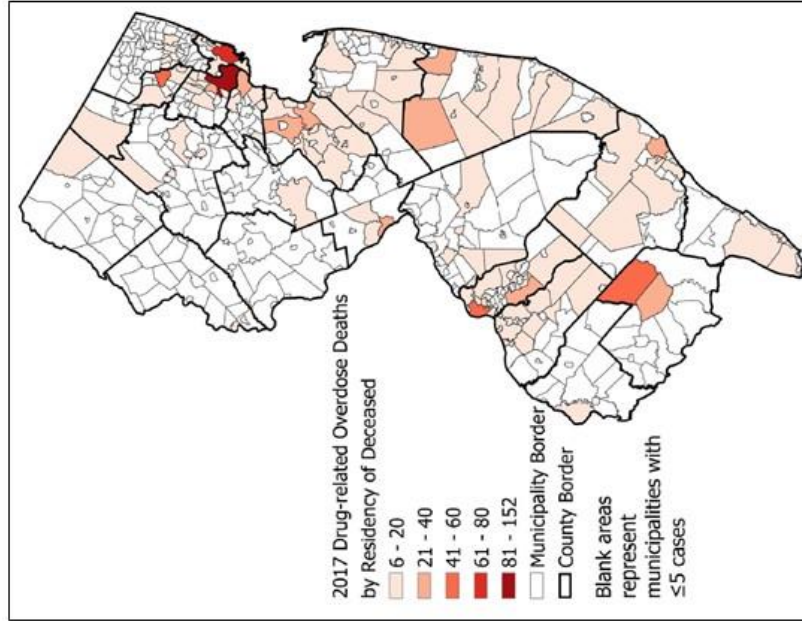
In addition to the vulnerability assessments, NJACCHO worked with stakeholders and partners to develop plans that identifies and allocates prevention and intervention services for opioid and prevention of BBPs. NJACCHO expanded the initial goal of assessing 14 counties to all 21. At the conclusion of the project, the expanded efforts lead to 18 county meetings with stakeholders and partners, and 18 fully complete vulnerability assessments.

NJACCHO in collaboration with NJDOH collected the following data indicators for 2017 at the municipality level, broken into risk factor, harm reduction and social determinants of health categories:

Risk Factors	Harm Reduction	Social Determinants of Health
Overdose Deaths	Syringe Access Locations	Living Below the Poverty Level
Naloxone Administrations (EMS)	Bloodborne Pathogen Testing Sites	Unemployment Rates
Hepatitis C Rates	Municipal Alliances	
HIV/AIDS Rates	Rx Drop Box Locations	
Drug Related Arrests	Licensed Opioid Treatment Programs	
	Medication-Assisted Treatment (MAT) Locations	
	Drug Detox Locations	
	Sober Living Houses	

The remainder of this report will provide the Geographic Information System (GIS) mapping of the indicators above, at the municipality level. These GIS maps serve as a visual representation of the locations of prevention and intervention services and resources and will assist with identifying which services and resources are needed in the county to fight the opioid epidemic.

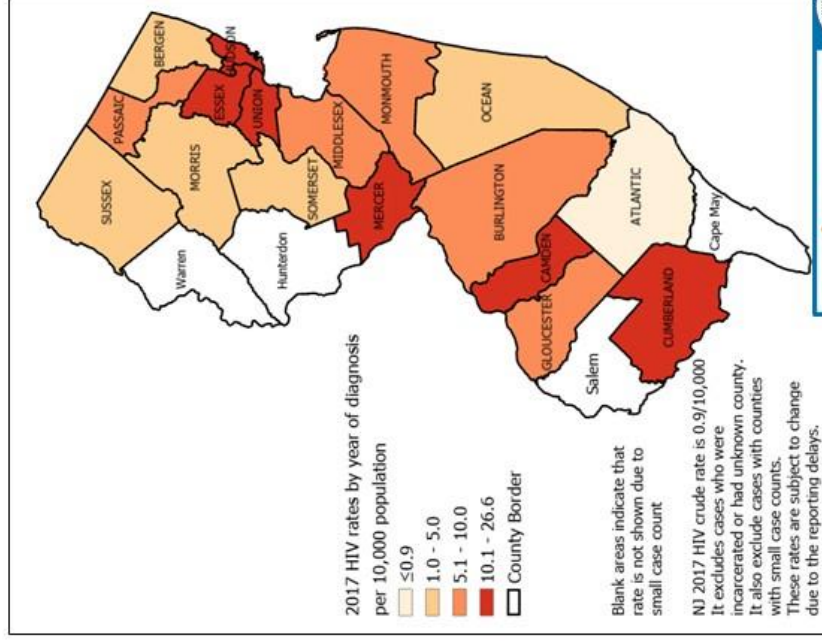
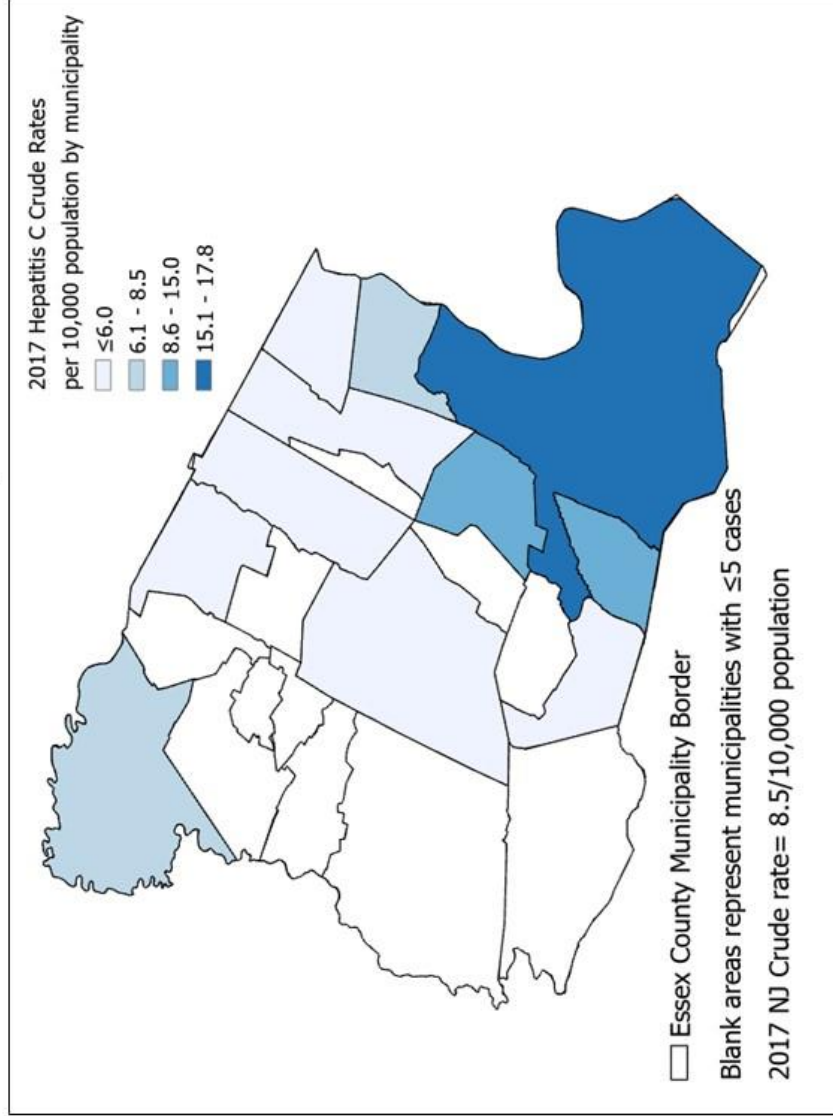
Essex County Known Risk Factors



Data source: Drug-related overdose deaths data were obtained from Center for Health Statistics and Informatics of NJDOH and Naloxone Administration data were obtained from NJDOHEMS
 Maps Created 7/15/2019

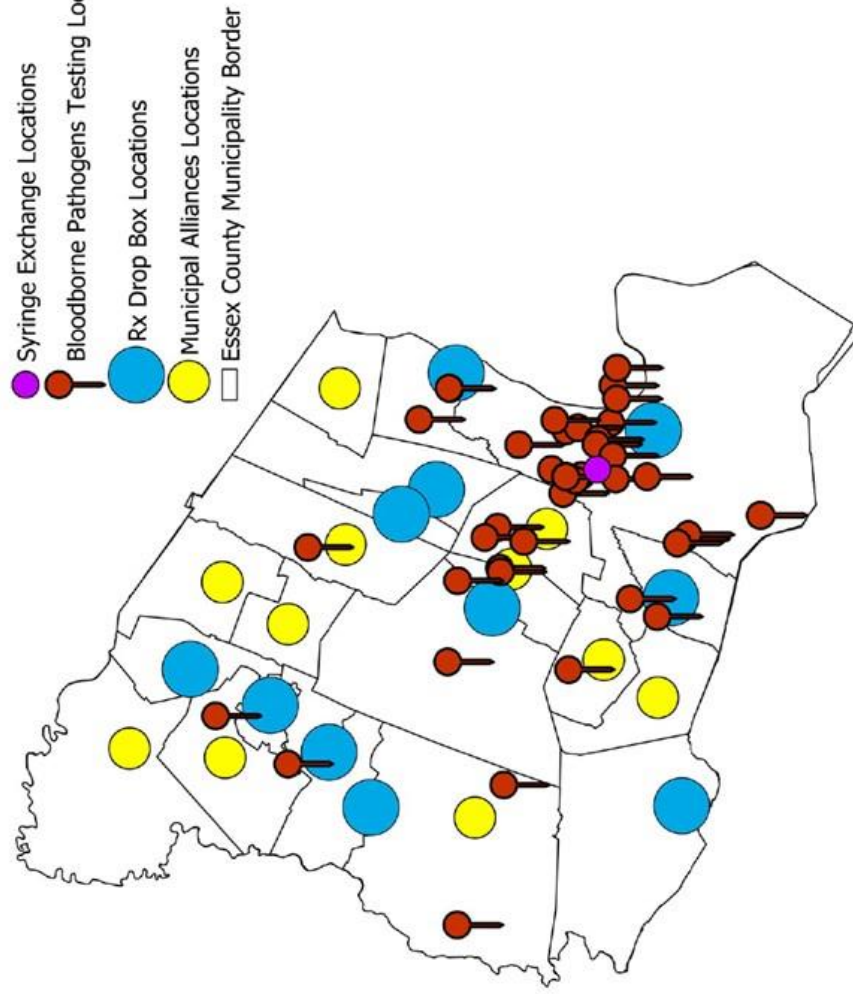


Essex County Hepatitis C and HIV Rates



Data Source: Hepatitis C data were obtained from Communicable Disease Reporting and Surveillance System
HIV/AIDS data were obtained from <https://www.nj.gov/health/hivstdtb/>

Essex County Harm Reduction and Prevention Services

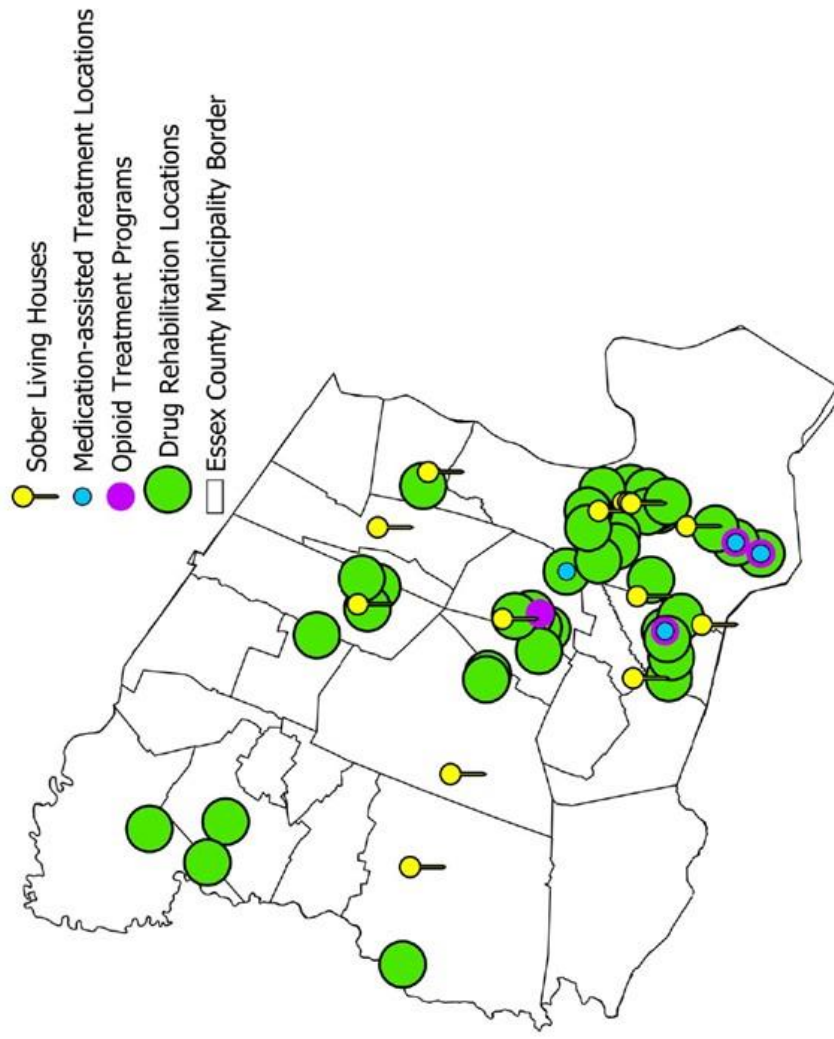


Data Source

1. Syringe Access Locations from <https://www.nj.gov/health/hivstadb/sap.shtml>
2. Bloodborne Pathogens Testing Sites
 - a. ARCH Nurses from https://www.nj.gov/health/cd/documents/hepatitis_resource_guide.pdf
 - b. NJDOH Hepatitis B & Hepatitis C Testing and Treatment in NJ from https://www.nj.gov/health/cd/documents/hepatitis_resource_guide.pdf
 - c. Ryan White Testing Sites from <https://www.nj.gov/health/hivstadb/hiv-aids/getting-tested/>
 - d. Federally Qualified Health Centers from <https://web.doh.state.nj.us/apps2/his/cph/cph.csearch.aspx>
 - e. NJDOH HIV Testing sites from https://www.nj.gov/health/hivstadb/documents/all_counties_clinic_sites.pdf
4. Municipal Alliances from <https://gada.nj.gov/alliance/>
5. Rx Drop Box Locations from <https://www.njconsumeraffairs.gov/mddrop/Pages/Locations.aspx>



Essex County Treatment Services

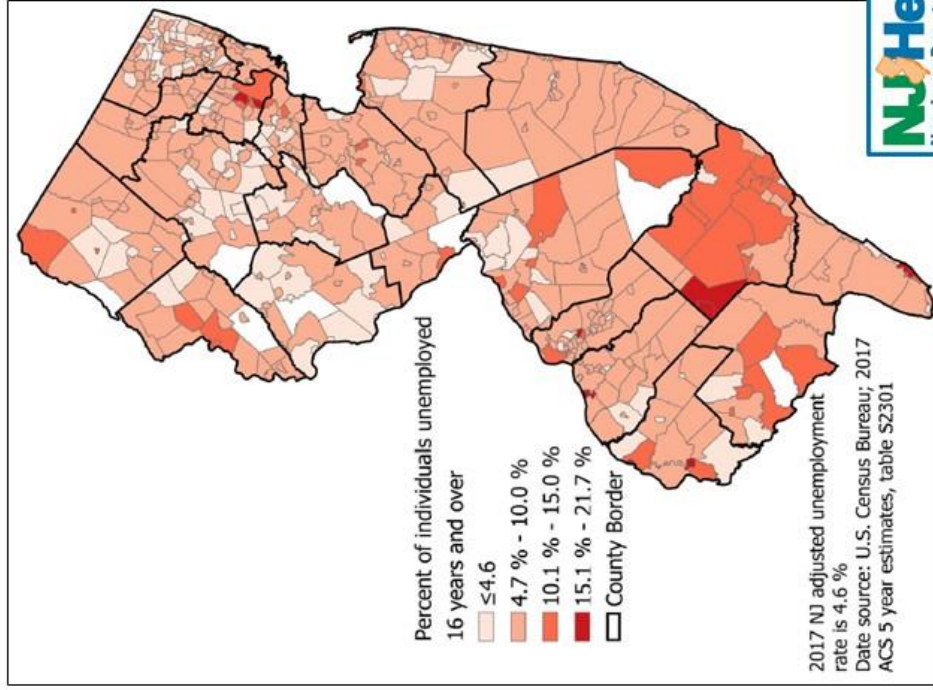
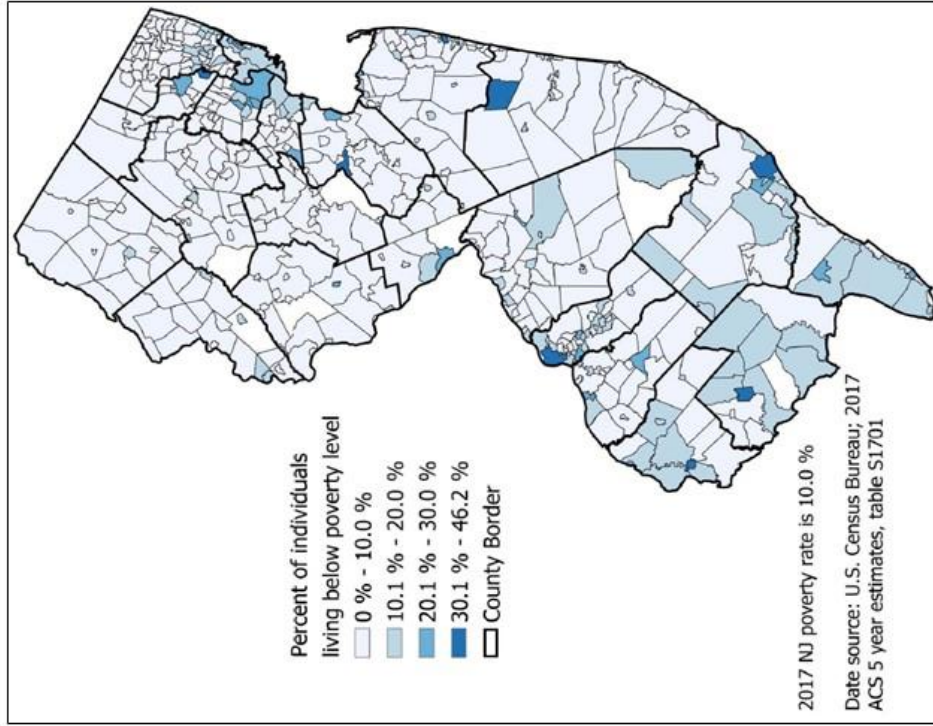


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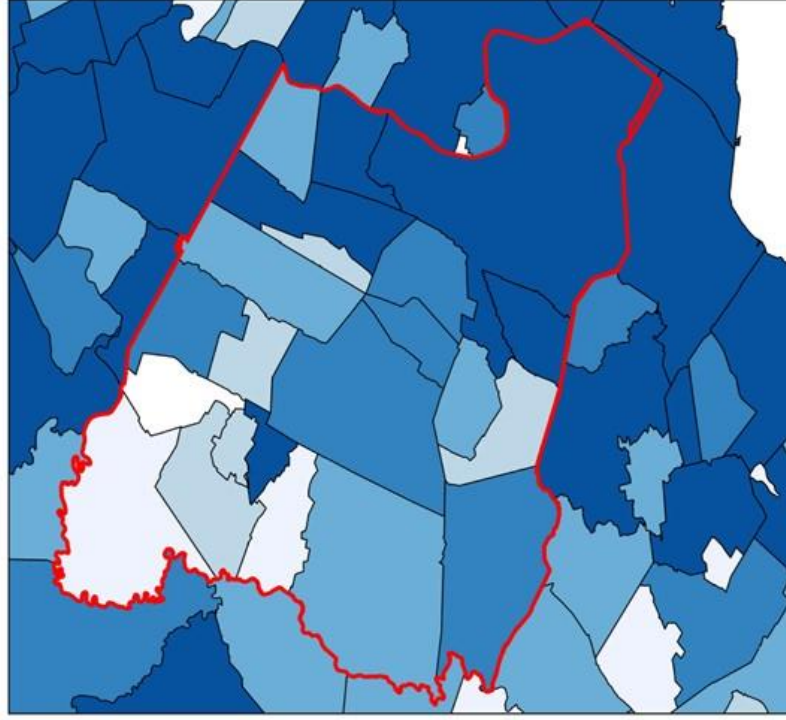
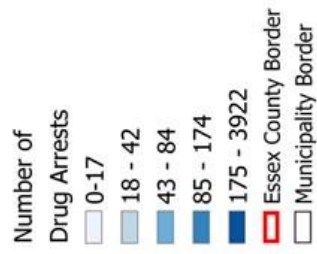
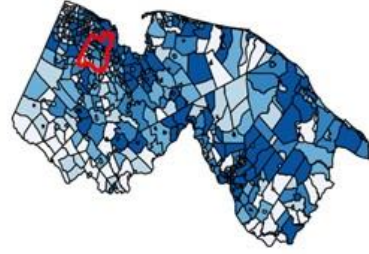
1. Drug Detox Locations from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
2. Medication-assisted Treatment Locations from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
3. Sober Living Houses from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
4. Drug Rehabilitation Locations from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
5. Opioid Treatment Programs from <https://dpc.samhsa.gov/treatment/>



Below Poverty Level and Unemployment Rates



Essex County Drug Arrests by Municipality



Data Source: NJ State Police



References

1. Jacquemin, B. Data file received in 2019, Center for Health Statistics and Informatics of New Jersey Department of Health. 2017 Drug-related overdose deaths.
2. New Jersey Department of Health Emergency Medical Services. Data file received in 2019. Naloxone Administration by EMS.
3. Hepatitis C. Data file was generated by Pinar Erdogdu (May 2019) using Communicable Disease Reporting and Surveillance System.
4. HIV/AIDS Data, accessed data in 2019 from <https://www.nj.gov/health/hivstdtb/>
5. Syringe Access Locations. Accessed data 2019 from <https://www.nj.gov/health/hivstdtb/sap.shtml>
6. Bloodborne Pathogens Testing Sites
 - a. ARCH Nurses, accessed data in 2019 from <https://sites.google.com/site/archnurseprogram/home>
 - b. NJDOH Hepatitis B & Hepatitis C Testing and Treatment in NJ, accessed data in 2019 from https://www.nj.gov/health/cd/documents/hepatitis_resource_guide.pdf
 - c. Ryan White Testing Sites, accessed data in 2019 from <https://www.nj.gov/health/hivstdtb/hiv-aids/getting-tested/>
 - d. Federally Qualified Health Centers, accessed data 2019 from <https://web.doh.state.nj.us/apps2/fhs/cphc/cphcSearch.aspx>
 - e. NJDOH HIV Testing sites, accessed data in 2019 from https://www.nj.gov/health/hivstdtb/documents/all_counties_clinic_sites.pdf
7. Municipal Alliances, accessed data in 2019 from <https://gcada.nj.gov/alliance/>
8. Rx Drop Box Locations, accessed data in 2019 from <https://www.njconsumeraffairs.gov/meddrop/Pages/Locations.aspx>
9. Drug Detox Locations, accessed data in 2019 from <https://njsams.rutgers.edu/dastxdirectory/txdirmain.htm>
10. Medication-assisted Treatment Locations , accessed data in 2019 from <https://njsams.rutgers.edu/dastxdirectory/txdirmain.htm>
11. Sober Living Houses, accessed data in 2019 from <https://njsams.rutgers.edu/dastxdirectory/txdirmain.htm>
12. Drug Rehabilitation Locations, accessed data in 2019 from <https://njsams.rutgers.edu/dastxdirectory/txdirmain.htm>
13. Opioid Treatment Programs, accessed data in 2019 from <https://dpt2.samhsa.gov/treatment/>
14. U.S. Census Bureau; American Community Survey, 2017 American Community Survey 5-Year Estimates, Tables S2301 and S1701; generated by Pinar Erdogdu; using American FactFinder; <http://factfinder.census.gov>; (June 2019).

Essex County Plan

Challenges:

1. Local community data is difficult to collect and/or access. Existing data is only available on a County wide level, which can be skewed by communities with higher use rates and need for treatment.
2. The current State funding and licensing system does not allow for collaborative partnerships between prevention and treatment sectors. This disconnect leads to lack of continuity in treatment and duplication of programs and services without a collective strategic focus.
3. Stakeholder roles in the community opioid response are not well defined, leading to lack of coordination and partnership in community response.
4. Limited priority placed on risk of blood borne pathogens (BBP) transmission in injection drug use population.
5. Transportation and housing concerns exist for connecting residents with treatment and support options, both in acute and long-term care situations.
6. Insurance is dictating length and type of allowable care, not medical professionals.
7. Stigma exists from the community level through treatment professionals and impacts community education, successful linkage to care, treatment options, family support and long-term recovery.

Opportunities & Future Actions:

1. Utilize current and future partners to promote effective cross sector work and to clearly define specific roles in prevention, screening, response, treatment and long-term recovery for injection drug users at risk for BBP. Personal and organizational buy in and community education can increase with defined role in response. Specific sectors to consider include:
 - a. Medical Community, Primary Care Practitioners and other Prescribers
 - b. Public Health Departments
 - c. Prevention Organizations
 - d. Treatment Facilities
 - e. Recovery Specialists
 - f. Law-Enforcement and other First Responders
 - g. Community
 - h. Schools
 - i. Parents and Families
 - j. Faith Based Communities

2. Identify missing partners, sectors and communities and work to engage their participation in the response and messaging.
3. Create resources for those directly interacting with drug users, including Police Officers, EMTs, Recovery Support professionals and Emergency Department Staff. Specific information related to screening for BBP, treatment and long-term recovery support services should be included.
4. Capitalize on current community relationships and stakeholders to provide educational opportunities for community members to reduce stigma and increase awareness. Specific items should include:
 - a. BBP transmission, screening, prevention and treatment
 - b. Prescription drug use and addiction
 - c. Process of addiction and long-term recovery
 - d. All treatment options, including MAT and documented effectiveness
 - e. County services available, including family support
5. Provide education opportunities for the medical and public health community to reduce stigma and increase support for treatment access. Emergency Department (ED) staff, primary care physicians, first responders, public health and prevention organization staff should be included.
6. Explore best practices in other Counties to operationalize services in a mobile capacity. This could provide more active connection to the community, through education, testing for BBP and direct connection to Recovery Specialists.
7. Evaluate the Overdose Fatality Review Team model and create a team within the County to steer future work and promote additional cross sector partnership.
8. Share the impact the Syringe Access Program model in place, the community impact of housing the center and the process of gaining approval throughout the State.
9. Evaluate the need and capacity for improving community support, services and education based upon the attached maps through continuous multi-sector meetings.