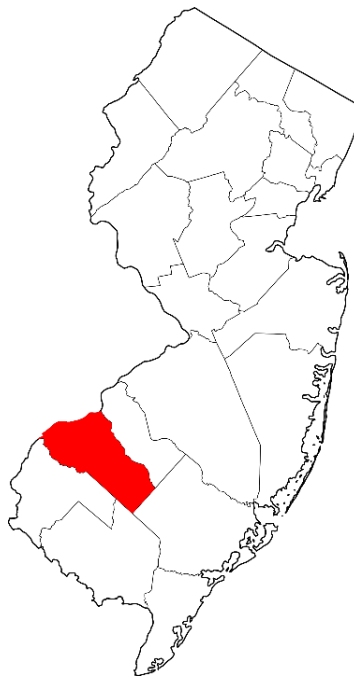


Jurisdiction-level Vulnerability Assessment
Project
Emergency Response:
Public Health Crisis Response-
2018 Opioid Overdose Crisis Cooperative
Agreement

Final Report and Data Maps



Gloucester 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.

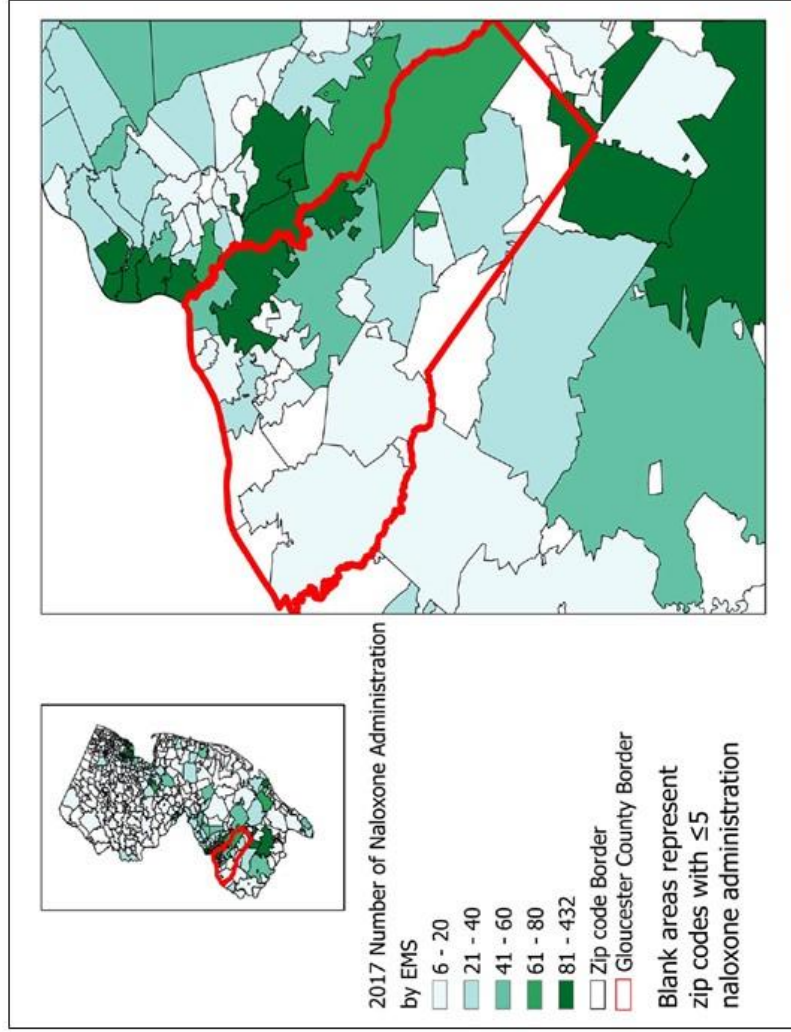
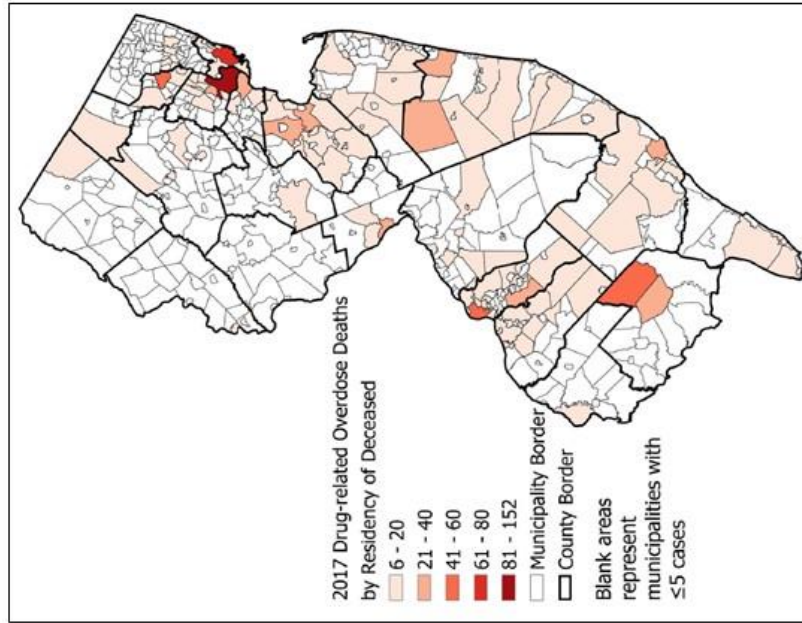
In addition to the vulnerability assessments, NJACCHO worked with stakeholders and partners to develop plans that identifies and allocates prevention and intervention services for opioid and prevention of BBPs. NJACCHO expanded the initial goal of assessing 14 counties to all 21. At the conclusion of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

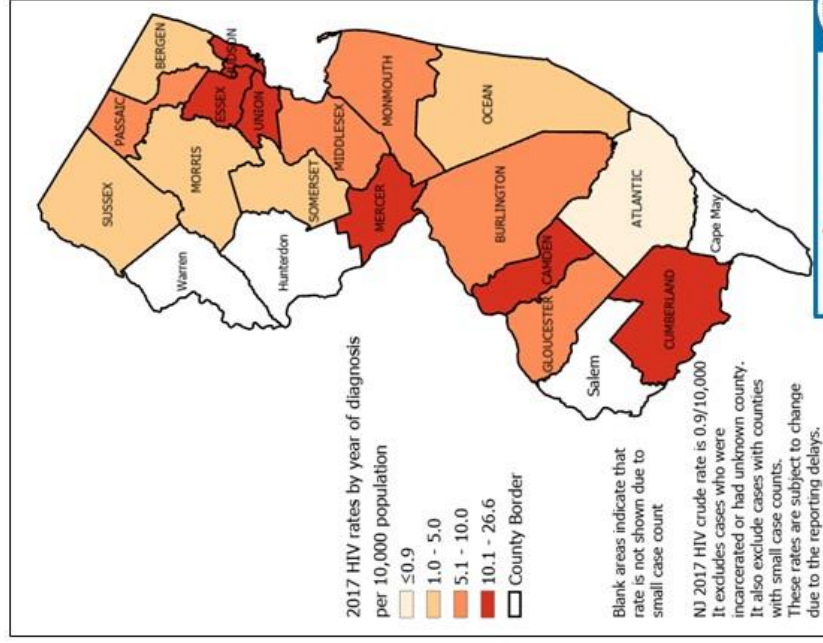
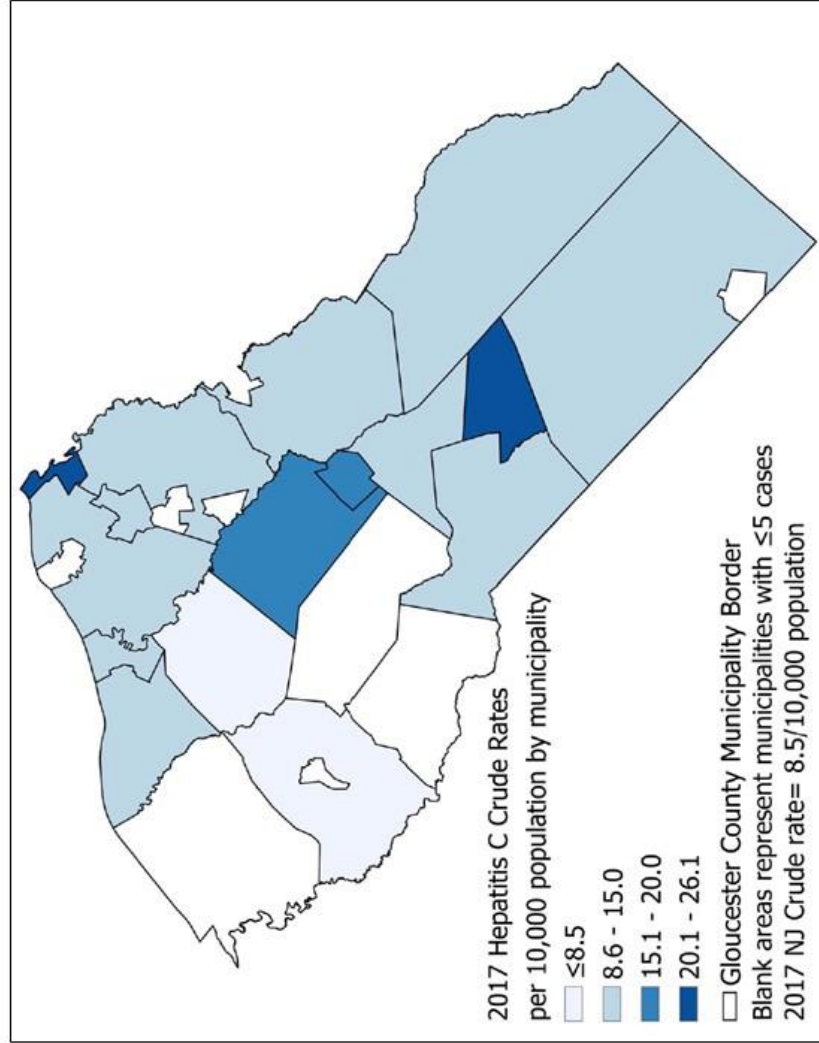
Gloucester County Known Risk Factors



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

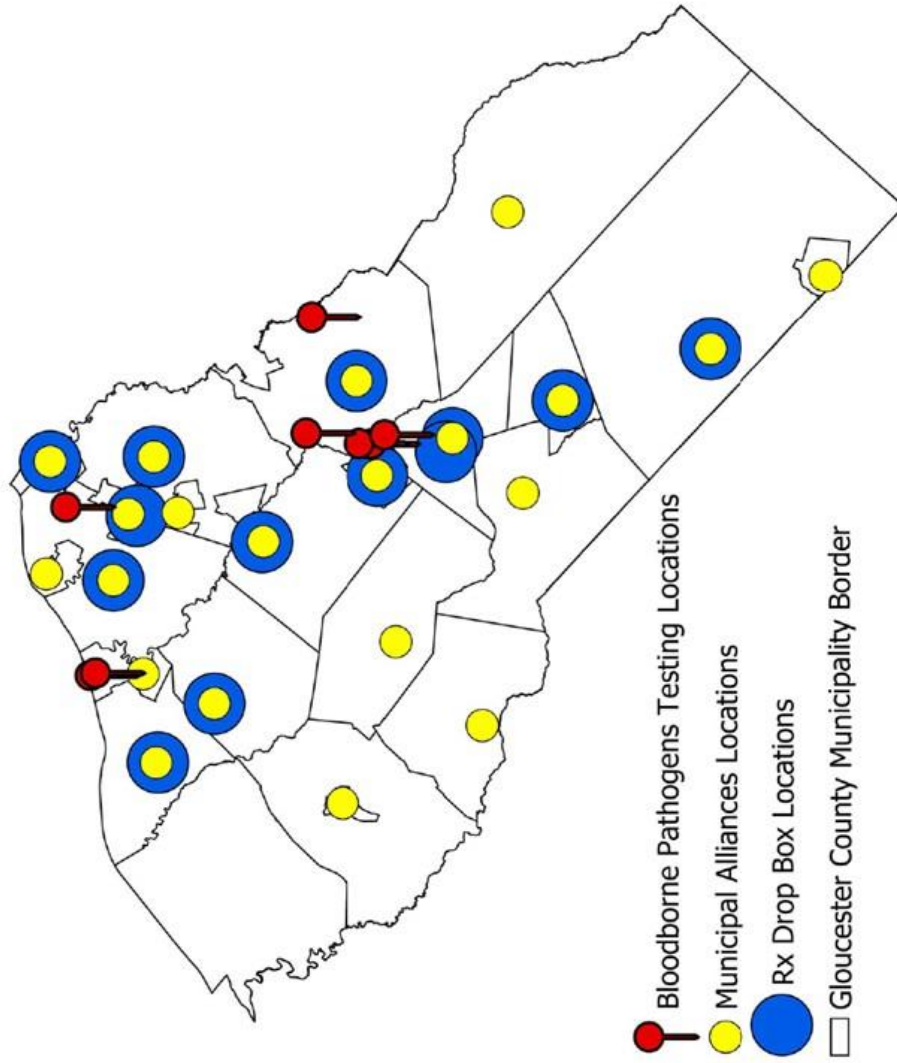


Gloucester County Hepatitis C and HIV Rates



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/>

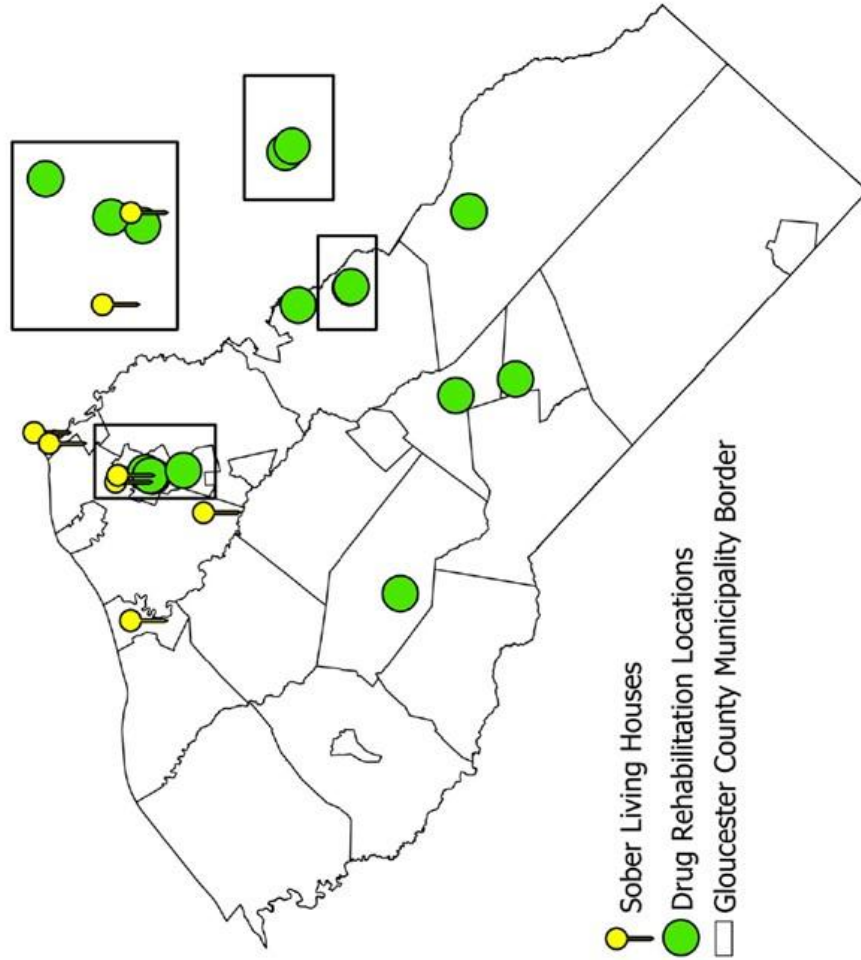
Gloucester County Harm Reduction and Prevention Services



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/cphSearch.aspx>
 e. NJDOH HIV Testing sites from https://www.nj.gov/health/hivstadb/documents/all_counties_clinic_sites.pdf
 4. Municipal Alliances from <https://gda.nj.gov/alliance/>
 5. Rx Drop Box Locations from <https://www.njconsumeraffairs.gov/mddrop/Pages/Locations.aspx>



Gloucester County Treatment Services

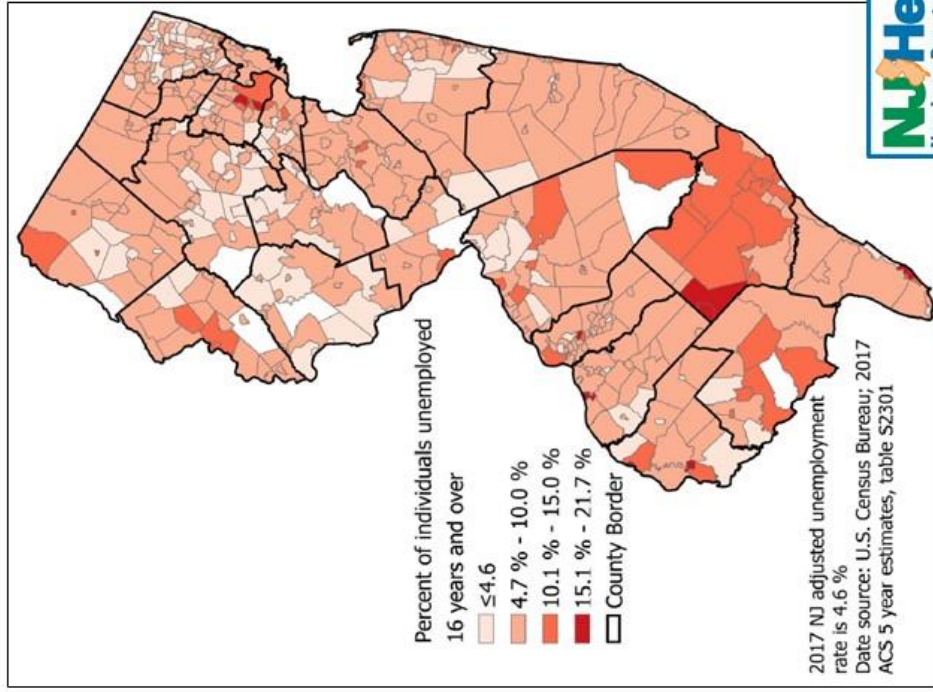
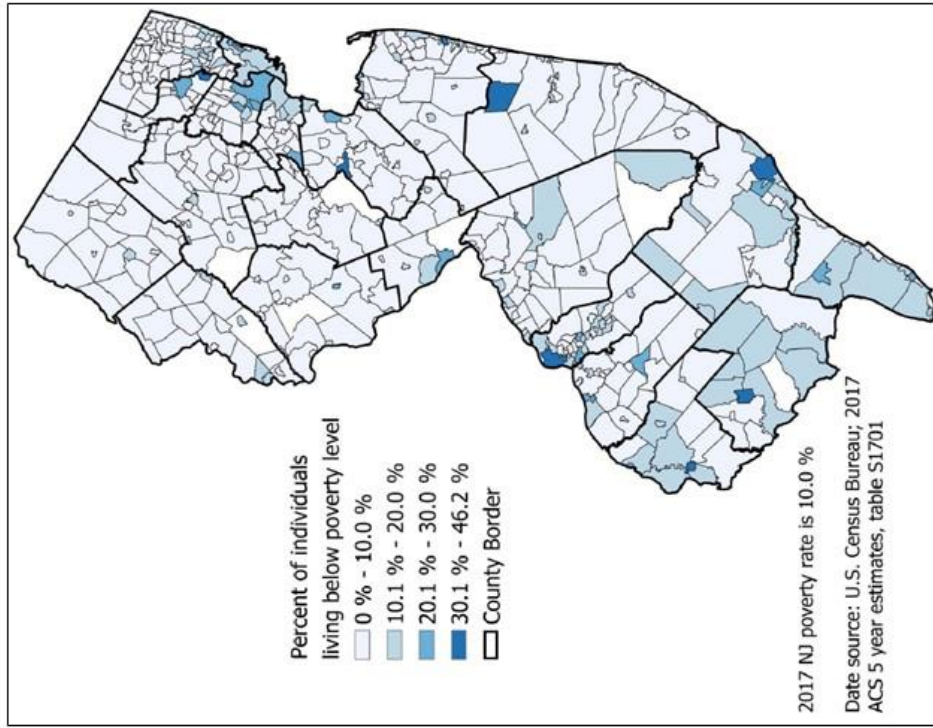


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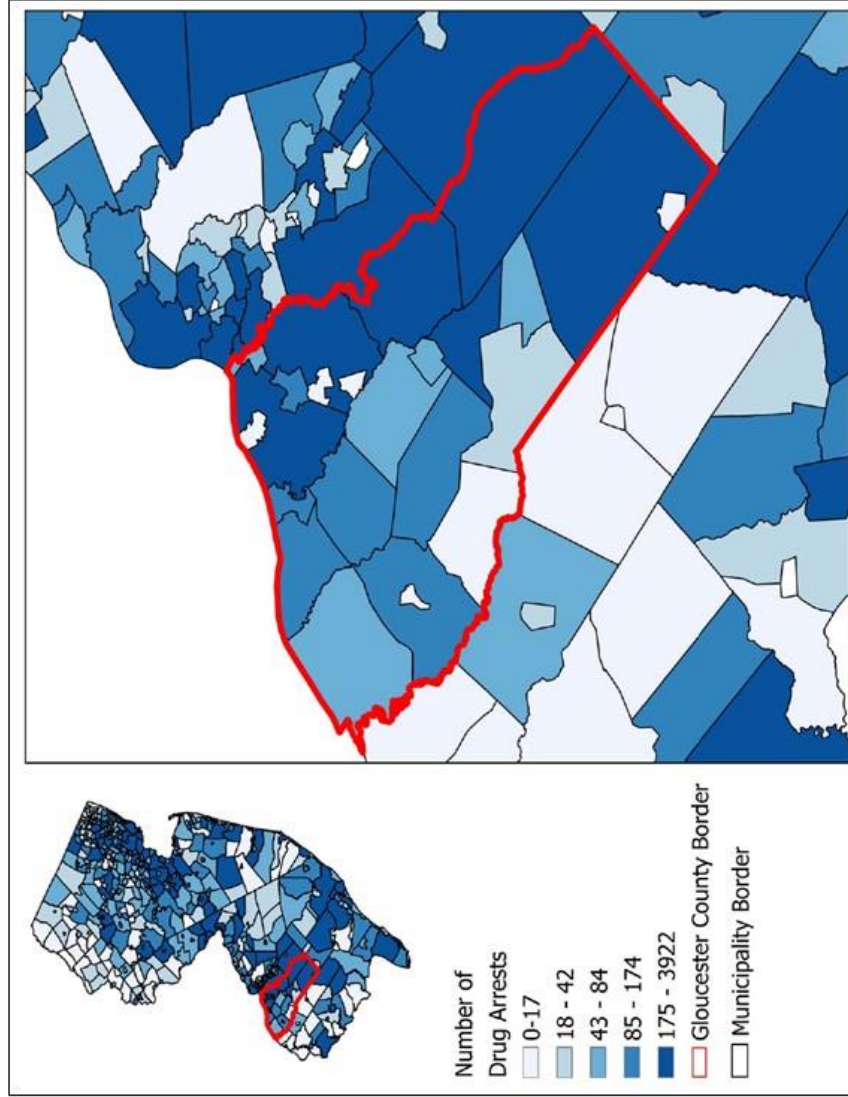
1. Drug Detox Locations from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
2. Medication-assisted Treatment Locations from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
3. Sober Living Houses from <https://njisams.rutgers.edu/dasbdirectory/bdirmain.htm>
4. Drug Rehabilitation Locations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



Below Poverty Level and Unemployment Rates



Gloucester County Drug Arrests by Municipality



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.
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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).

Gloucester County Plan

Challenges:

1. Difficulty collecting or accessing local, community level data. Existing data is only available on a County wide level. Hospital reporting can be skewed based on Epi-Center program and not categorizing drug overdoses or mis-use correctly.
2. Current response and priority for services and programs is crisis related. For long term success, more resources are needed to support prevention-based programming and outreach.
3. First responders and Emergency Department (ED) staff are most likely to interact with drug users, but not equipped with knowledge or information to provide resources to individual or their family. Limited resources also exist at hospitals if Recovery Specialist is not available to discuss treatment options.
4. Limited resources and options in County for detox, treatment and long-term recovery services. Limited access to public transportation and rural environment acts as an additional barrier to care.
5. Current licensing and treatment structure do not support integrated care for those with substance abuse disorders and other co-existing conditions.
6. Limited priority placed on risk of blood borne pathogens (BBP) transmission in injection drug use population.
7. Insurance is dictating length and type of allowable care, not medical professionals, thus limiting options and access to needed acute and long-term care.

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. Continue to cultivate the partnerships and collaborative work done within the County and Regionally. Explore gaps and seek out missing partners and sectors including faith-based organizations and re-entry programs.
3. Utilize existing information sharing platforms and networks from partnerships to increase awareness of risk factors for opioid use and BBP transmission. Provide education on vaccination and other prevention opportunities, screening and treatment of addiction and BBP.
4. Explore opportunities to expand current stigma free campaign within County and individual municipalities. Choose messaging platforms to disseminate information to reach all community stakeholders and community residents to reduce stigma. Specific items should include:
 - a. BBP transmission, screening, prevention and treatment
 - b. Prescription drug use and addiction
 - c. Process of addiction and recovery
 - d. All treatment options, including Medication Assisted Treatment (MAT) and documented effectiveness
5. Create resources for those directly interacting with drug users, including Police Officers, EMTs, Recovery Specialists and Emergency Department Staff. Specific information related to screening for BBP, treatment and long-term recovery should be included.
6. Given concerns with transportation and lack of access to treatment within the County, explore models and best practices that mobilize screenings, outreach, education and access to recovery support professionals into the communities with highest need.
7. Evaluate current Harm Reduction Centers in New Jersey Counties and provide information on the purpose, safety and community impact and advocate for a center within the County to law and policy makers.
8. Evaluate the Overdose Fatality Review Team model and create a team within the County to steer future work and promote additional cross sector partnership.
9. Evaluate the need and capacity for improving community support, services and education based upon the attached maps through continuous multi-sector quarterly meetings.