

On March 16, 2023, Governor Murphy signed Senate Bill 783, which codified his Executive Order No. 305, and legislatively established the Opioid Recovery and Remediation Advisory Council (the “Advisory Council”) and the Opioid Recovery and Remediation Fund (the “Fund”). As discussed in NCAAR’s January 2023 newsletter, even prior to this legislation being officially signed into law, Governor Murphy had already appointed the 10 members of the public who would serve on the Advisory Council. While money alone is insufficient to deal with the mental health and oft co-occurring substance use disorder crisis New Jersey and America is facing, if utilized correctly, money from the Fund could save lives via additional investment in harm reduction, prevention, awareness/education, reducing stigma, and increasing access to treatment.

It is critical to use the settlement funds to supplement and bolster the current budget devoted to mental health and substance use disorders, not simply supplant existing funding. For example, the American Medical Association explained “[t]he focus now must be ending the epidemic and providing treatment for substance use disorders, prevention of new addictions, and recovery of patients. Diverting funds for other purposes will prolong the epidemic.”¹ New Jersey must adhere to this critical tenant and ensure that it increases capacity, harm reduction services, and removes barriers to treatment, such as stigma. This money cannot be diverted.

Next, New Jersey must invest in evidence-based harm reduction, treatment, prevention, and other strategies that have been proven to be efficient and efficacious. For example, significantly increasing the number of people who receive medication for opioid use disorder. “[R]esearch has shown beyond a doubt that medications for opioid use disorder are overwhelmingly beneficial and can be lifesaving, yet they continue to be vastly underused,” said NIDA Director and senior author, Nora Volkow, M.D.² In fact, only 22% of people with opioid use disorder receive medications.³ One amazing step New Jersey has taken in this regard, is the Department of Human Services will provide both Eva’s Village in Paterson and the Rescue Mission of Trenton with \$425,000, to operate ‘medication-assisted-treatment’ clinics open to shelter residents and visitors, without the need for an appointment.⁴ It is in these clinics that medication for opioid use disorder will be provided to people in need. In addition, Assembly Bill 4755, which was substituted for Senate Bill 3261, and authorizes behavioral and mental

¹ Bailey, Susan. AMA statement on Justice Department settlement with Purdue Pharma. 2020, October 21. <https://www.ama-assn.org/press-center/press-releases/ama-statement-justice-department-settlement-purdue-pharma>

² NIDA. 2023, January 20. Overdose deaths involving buprenorphine did not proportionally increase with new flexibilities in prescribing. Retrieved from <https://nida.nih.gov/news-events/news-releases/2023/01/overdose-deaths-involving-buprenorphine-did-not-proportionally-increase-with-new-flexibilities-in-prescribing> on 2023, March 21.

³ Id.

⁴ Stainton, Lilo. 2023, January 17. Free, walk-in clinics help people who are homeless with addictions. *NJ Spotlight News*. <https://www.njspotlightnews.org/2023/01/homeless-addiction-medication-assisted-treatment-mat-department-of-human-services-evas-village-rescue-mission-gov-phil-murphy-opioids-rowan-university-cooper-medical-school-camden-rutgers-un/#:~:text=New%20Jersey%20was%20the%20first%20state%20to%20permit,expanded%20access%20to%20naloxone%2C%20often%20know%20as%20Narcan.>

health care providers to operate within homeless shelters passed unanimously both in the Senate and the Assembly. This legislation simply awaits Governor Murphy’s signature and then will authorize services for people in New Jersey who are particularly vulnerable to mental health and substance use disorders. This funding and legislation will substantially remove barriers to treatment for thousands of New Jerseyans.

Next, while the state has made significant strides in providing harm reduction services, such as Naloxone and buprenorphine, access must be expanded even further. New Jersey was the first state to permit emergency responders to provide medication for opioid use disorder, specifically buprenorphine to people who they revived by naloxone (which is an opioid antagonist medication that effectively reverses overdose events with limited adverse events),⁵ and has expanded access to medication for opioid use disorder in jails and prisons. Buprenorphine is a medication that reduces the painful withdrawal symptoms after Naloxone has been administered to reverse an overdose, and improves participation in treatment.⁶ In fact, a landmark study by Yale University in 2015, suggested that people using buprenorphine “were more than twice as likely to remain in treatment after a month, when compared to those who attended counseling alone without the medication component.”⁷

Most recently, New Jersey became the first state in the nation that will provide Naloxone, without a prescription, confidentially, in pharmacies across the state at no cost to the person acquiring Naloxone. There is no information available yet on how many pharmacies are going to participate in this program, and not all people are able to access pharmacies. While these are again excellent first steps, New Jersey can do even better. All of these programs should be expanded even further. More specifically, the emergency responders program, administration of buprenorphine should be mandated every time not only by first responders, but also by law enforcement and other state agents who regularly administer Naloxone.

Additionally, New Jersey must identify additional opportunities for Naloxone expansion. For example, public health vending machines (PHVMs) are one proven way to expand Naloxone distribution, save lives, and reach the most vulnerable citizens. A 2022 study from Denver Colorado revealed that PHVM increases naloxone uptake and has found no adverse events associated with machine use. More specifically use of PHVM were not associated with syringe litter or increased inquiries in Hep C services.⁸ Finally, a study from Cincinnati Ohio, published

⁵ Facher, L. 2019, June 26. In a nationwide first, New Jersey authorizes paramedics to start addiction treatment at the scene of an overdose. Stat News. <https://www.statnews.com/2019/06/26/new-jersey-paramedics-buprenorphine/#:~:text=W%20ASHINGTON%20%E2%80%94%20In%20a%20potential%20paradigm%20shift,immediately%20after%20reviving%20them%20from%20an%20opioid%20overdose.>

⁶ Stainton, Lilo. 2023, January 17. NJ First State to Let Paramedics Offer Prime Opioid-Withdrawal Drug. *NJ Spotlight News*. <https://www.njspotlightnews.org/2019/07/19-07-01-nj-first-state-to-let-paramedics-offer-important-opioid-withdrawal-drug/>

⁷ Id.

⁸ Nicole M. Wagner, Allison Kempe, Juliana G Barnard, Deborah J. Rinehart, Edward P. Havranek, Russell E. Glasgow, Joshua Blum, Megan A Morris, Qualitative exploration of public health vending machines in young adults who misuse opioids: A promising strategy to increase naloxone access in a high

in the Journal of American Pharmacists Association found the implementation of an automated harm reduction dispensing machine led to increased accessibility of Naloxone and was associated with a lower countywide incidence of unintentional overdose death.⁹ In its first year, the vending machine was directly attributed to overdose reversal for at least 78 individuals. That is 78 lives saved.¹⁰

Next, youth prevention and communication campaigns that increase awareness of dangers of drugs has been linked to changed behavior. Primary prevention efforts—designed to stop use before it starts—can obviate the need for treatment and the horrific consequences associated with substance use disorders. New Jersey must work to strengthen protective factors such as resiliency and reduce risk factors. A portion of the settlement money contained in the Fund should be directed to address racial disparities and inequities. Communities of color are more likely to face barriers to accessing high-quality treatment and recovery support services.

Finally, New Jersey must end the stigma connected to mental health and substance use disorders. When it comes to language, the brain produces a response to words, which is a process known as “associative activation.” Stigmatizing language is one of the many barriers to seeking treatment for substance use or mental health disorders. There is a plethora of evidence to show that people with a substance use disorder who experience stigma may begin to internalize it, leading to lower self-esteem, decreased interest in seeking help, and worsening of their symptoms. Studies have also shown that using scientifically accurate language and terms that centralize the experience of people with substance use disorders is one key component to reducing stigma. Such efforts can improve how people with these conditions are treated in healthcare settings as well as throughout society. Settlement money should be earmarked for this important goal.

NCAAR is also diligently working to end stigma. More specifically, NCAAR sent out a request to elected representatives and legislatures for all stigmatizing language to be removed from the New Jersey Statutes and Government entity names. In January of this year, Senator Gopal and Assemblyman Wimberly introduced S3511 and A5096 respectively. A5096 reported

risk underserved population, *Drug and Alcohol Dependence Reports*, Volume 5, 2022, 100094, ISSN 2772-7246, <https://doi.org/10.1016/j.dadr.2022.100094>

⁹ Daniel Arendt. (2023) Expanding the accessibility of harm reduction services in the United States: Measuring the impact of an automated harm reduction dispensing machine. *Journal of the American Pharmacists Association* 63:1, pages 309-316. [https://www.japha.org/article/S1544-3191\(22\)00375-2/fulltext](https://www.japha.org/article/S1544-3191(22)00375-2/fulltext)

¹⁰ A Nevada study used a modeling approach and found PHVMs likely attributed to an aversion of 41 deaths. See Sean T. Allen, Allison O'Rourke, Jessica. A. Johnson, Chelsi Cheatom, Ying Zhang, Brandon Delise, Kellie Watkins, Kathleen Reich, Rick Reich & Cassius Lockett (2022) Evaluating the impact of naloxone dispensation at public health vending machines in Clark County, Nevada, *Annals of Medicine*, 54:1, 2680-2688, DOI: [10.1080/07853890.2022.2121418](https://doi.org/10.1080/07853890.2022.2121418)

favorably and unanimously from the Assembly Health committee and has 12 bi-partisan sponsors and co-sponsors, while S3511 has 2 prime sponsors and 3 co-sponsors.

It has long been accepted that money cannot buy love or happiness, and similarly while money cannot buy mental wellness or end all substance abuse disorders, appropriate funding is critical to an adequate response in dealing with both of those issues. The Fund provides an opportunity for New Jersey to substantially increase efforts and assets used in dealing with mental health and substance use disorders. New Jersey has been a leader in many ways in responding to the unprecedented challenges humanity is facing, and that needs to continue to prevent further death and destruction.