What is Narcan (naloxone) and Why Use It?

In New Jersey, the heroin-related overdose death rate is more than triple that of the rest of the United States. According to an article on NJ.com, data from the state health department show that the heroin-related death rate in the Garden State is now higher than suicide, homicide, car accidents, AIDS and on-par with circumcision of the liver.

Unsurprisingly, NJ also has triple the purity rate of heroin than the rest of the country (an average purity rate of 4.4%, whereas the national average is 15%). Narcan (naloxone) has been used to save hundreds of lives in NJ since law enforcement and first responders started carrying it. So it is important to identify, assess/refer to treatment those patients abusing prescription opioids.

Narcan (naloxone) is a prescription medicine that blocks the effects of opioids and reverses an overdose. It cannot be used to get a thrill and feel high. A person who uses opioids daily would normally go through withdrawals if they stopped using the opioids. The use of Narcan (naloxone) will start that withdrawal process for a daily opioid user. If given to a person who has not taken opioids, it will not have any effect on them, since there is no opioid overdose to reverse.

How does Narcan (naloxone) work? If a person has taken opioids and is then given Narcan (naloxone), the opioids will be knocked out of the opiate receptors in the brain. Narcan (naloxone) can help even if the person has taken alcohol or other drugs. After a dose of Narcan (naloxone), the person should begin to breathe more normally and it will become easier to wake them. It is very important to give this type of medicated assisted treatment to an overdriven person right away. Brain damage can occur within only a few minutes of an opioid overdose as the result of a lack of oxygen to the brain. Narcan (naloxone) is sometimes consumed helps patients have a window of opportunity to save a life by providing extra time to call 911 and carry out rescue breathing and first aid until emergency medical help arrives.

How is Narcan (naloxone) dispensed to an overdriven person? Narcan (naloxone) can be given by intramuscular (IM) injection — into the muscle of the arm, thigh or buttocks — or with a nasal spray device (into the nose). NJ has both options to use with first responders and police officers. There are programs available in NJ to train people in the proper use of Narcan (naloxone). CVS Pharmacy just recently expanded to NJ the availability of prescription free Narcan (naloxone) to those who want it for themselves or for loved ones.

My feelings about having to be in a program what this program has done for me. I remember when I arrived at HDAP in June of 2008. I was receiving emergency help from Social Services due to homelessness caused by untreated mental illness, and drug and alcohol addiction. As a part of Social Service’s Work First NJ Program (which is a welfare-to-work program), they insisted that I participate in an intensive outpatient program and I was hesitant because I had little success with a different, previous program.

I could learn to live my life without getting high or drunk. Upon return, I started to see that this program and these counselors could help if I wanted them to. I slowly came out of my shell and started to accept where I was. I started to realize that maybe I could learn to live my life without getting high or drunk. Upon return, I started to see that this program and these counselors could help if I wanted them to. I slowly came out of my shell and started to accept where I was. I started to realize that maybe I could learn to live my life without getting high or drunk. Upon return, I started to see that this program and these counselors could help if I wanted them to. I slowly came out of my shell and started to accept where I was. I started to realize that maybe I could learn to live my life without getting high or drunk. Upon return, I started to see that this program and these counselors could help if I wanted them to. I slowly came out of my shell and started to accept where I was. I started to realize that maybe I could learn to live my life without getting high or drunk. Upon return, I started to see that this program and these counselors could help if I wanted them to. I slowly came out of my shell and started to accept where I was. I started to realize that maybe I could learn to live my life without getting high or drunk.
The emerging trend still causing epidemic proportions in Hunterdon County and across the State of NJ is opiate drug abuse. Opiates are narcotic analgesics used for pain relief. The most pronounced change in opiate drug use is the abuse of prescription opiate medications (Oxycodone, Percocet, Oxycontin, Roxycodone) and the use of Fentanyl.

Statistically, the number of prescriptions written for opiates has increased 1000% since 1999. Prescription drug abuse continues to show a dramatic increase, and has helped cause something that has never happened in the history of addiction treat-

tment: for the first time in 2007, the State of NJ saw for the first time opiate addiction as the #1 reason for admission into treatment. In Hunterdon County (HC), we have historically bucked the statewide trend with opiate use being the #2 reason for admission into treatment, behind alcohol. However, thus far in 2015 (Jan - Oct), heroin and other opiate use is the #1 reason for admission into treatment for Hunterdon County residents.

In 2014, 34.4% of admission into treatment for HC residents was due to opiate use (alcohol use was the primary drug reported for 39% of the HC population). In 2015, 51.8% of treatment admissions county-wide are due to the use of opiates, with alcohol being reported for 37.4% of admissions. That is an increase of 7.4% from 2014, and the first time opiates ever took over alcohol as the number one reason for admission into treatment for HC residents.

Why is this occurring? We have the most pure heroin in the country in NJ (upwards of 44% average purity) and the cheapest prices (as low as $3.50 per bag when you buy in bulk). Overdoses have increased in HC as has the use of Naloxone (Narcan). Statistically, there are many committees of experts in law enforcement and healthcare who are trying to deal with this issue. See Page 4 for an in depth discussion on what Narcan is and how it works along with more detailed statistics.

Executive Director Spotlight - Glenn Duncan LPC, LCADC, CCS, ACS

Glenn Duncan has been Executive Director since 2013 and is a Certified Professional in addictions Counseling and Drug Counseling, a Certified and Approved Clinical Supervisor.

2015 Drug Trends - The Epidemic of Opiates Continues in Hunterdon County

My already torn family was completely shredded after my Father’s death, and that is when my addiction really took off. At this point in my life, I was working in bars tending, waitressing, dancing and hanging out. I went from one long-term, addicted, volatile relationship, to the next. Those I found myself with were usually “worse” than me so I could rationalize my behavior and try to save them. The last relationship I had before getting clean and sober was different. I was WAY worse than him (with my physical and verbal abuse, dishonesty, stealing, etc.) until he finally gave up on the notion of helping me, and he made me leave his home. Ironically, this was the most helpful thing he did for me. This is how I became homeless and eventually wound up at HDAP. I could write a book about HDAP. I learned so many things in the 2 years I was there. Social Services was satisfied after I attended a few months and passed some urine screens, and their funding for my treatment stopped. At that point, Glenn asked me if I wanted to keep coming, and complete their program, and if so he would get me a grant. I wanted to! And I did! I graduated in April 2010 and it was one of the best accomplishments of my life!

While I was there, the counsellors taught me about how to live life. From relationships to finances, I learned by figuring out what it was that I enjoyed doing. I learned what went beyond the basics of relapse prevention and triggers of using, although of course that is where we started out. To this day I use things that I learned in groups and individual sessions. I have a pretty good idea of who I am, and do things I love work with animals, and hike and bike in nature (just to name a few).

While attending HDAP, when my issues other than drugs and alcohol came up (as they often did), the counselors spent a great deal of time helping me through it. I was still cutting myself as a way to deal with the brain trauma. I had attempted suicide numerous times over the years and that obsession to end things was quite strong when I first stopped using. My counselor had me do a great deal of writing about this. Eventually, they sent me for other/extra help. I have seen a therapist every week for the past 6 years. I have seen a nutritionalist, and I have a psychologist whom I can trust to mediate my mental health issues, while keeping my recovery safe and intact. I rarely think about death and/or cutting these days, and if I do, I know how to handle those thoughts.

I attend a few different 12 step programs, and I am very active in one in particular. There, I have a sponsor, a network of friends, and a place where I make coffee, chair meetings, and reach out to new people. I sponsor other women by taking them through the 12 steps. I sign up to answer the hotline once or twice a year. I give back any way I can. It keeps me connected and gives me a purpose. About 5 years ago, I started to go into the Hunterdon County Jail once a month to bring a meeting to the women who are incarcerated. Since then, I took over as liaison between the 12 step program and the administration at the jail. I love this service most of all. I never found myself in jail but that certainly doesn’t mean that I couldn’t have.

Please understand that I mention my service work with humility. It is not to boast, but to show my gratitude. I have heard that gratitude is an action. I must give back what has been given to me. It is a win-win situation because it helps me and it helps others. With that in mind, I live a life of purpose, one that I love, even when it is difficult.

Last Thanksgiving my sister passed away. She was only 48 years old and had been sick with cancer. We were estranged for many years, but during the last year of her life we were able to become sisters again. It was a sad situation, to say the least, but at the same time, a beautiful gift of recovery that we made amendments to each other. I reminisced, laughed and cried together. I also lost my beloved cat a few months later. He was 21 years old and was like a child to me. He was my friend and family when my disease prevented me from having humans in my life. That has changed now and it’s a good thing because my human friends in recovery held me up during this time of intense grieving.

My other sibling and I are working on our relationship and have really become closer. She has 4 beautiful daughters who I am getting to know. Not all family members are safe to have in my life and I try not to invite too many for fear I can have close. I never in a million years would have thought that I would have a child of my own. I also would not have thought that I would have a wife that I love. I have a child who I love and I love myself. I could never give back all of what I have been given, but I will keep working at it every day.

I have taken some home study certification courses and I am certified as a personal trainer and fitness nutrition specialist. My dream is to go to college and get a degree. Right now this seems out of reach financially and otherwise, but I know that it is only going to be possible if I prove to myself to take responsibility for myself. Today I love myself, and value my life, and I want to be the best that I can be. I will keep working at it every day.

Welcome aboard David!