

# Overdose risk more than tripled from 2014-2019 among New Jersey Medicaid users

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A rise in heroin and fentanyl in New Jersey between 2014-2019 led to the tripling of medically treated opioid overdoses despite the state's strict limiting of prescription opioids for pain and substantial state initiatives

to expand access to treatment for opioid use disorder, according to a Rutgers-led study.

Researchers say the increased risk for overdose, primarily caused by heroin and synthetic opioids, was associated with co-occurring alcohol and other drug disorders, depression and hepatitis C. Those suffering with alcoholism, benzodiazepine addiction, major depression, hepatitis C, heart failure and pneumonia had overdose rates at least 1.5 times higher than those without these conditions.

"New Jersey was among the earliest states to see a rise in heroin mixed with fentanyl, which has rapidly taken over in our state's illicit drug markets," said Stephen Crystal, director of the Rutgers Center for Health Services Research at the Institute for Health, Distinguished Research Professor at the School of Social Work and lead author of a study appearing in the *Journal of Substance Abuse Treatment*. "National policies in a changing opioid environment need to consider that along with sharply expanded medication treatment for opioid use disorder, comprehensive care strategies should address the complex mental health, substance use and medical conditions that characterize those who survive overdoses."

Researchers used New Jersey Medicaid claims from 2014 to 2019 for enrollees ages 12-64 to examine the demographic and clinical profiles of people who overdosed on opioids. The study found the overdose rate continued to rise even as opioid prescription rates among Medicaid beneficiaries decreased from 23 percent in 2015 to 13 percent in 2019. During this same period, fentanyl—a manufactured opioid more potent than heroin—found in samples seized by police increased from 2 percent to 80 percent, making it a significant driver of overdose rates.

New Jersey saw an increase in other diseases like diabetes—from 21 percent to 30 percent—between 2014-2019 among those who had

medically treated overdoses in the Medicaid population. The proportion of overdose sufferers who also suffered from depression increased from 29 percent to 51 percent during the same time period.

During the five-year period, the rate of overdose increased even faster for Black than white enrollees, a reason the researchers suggest increasing outreach efforts to combat the problem in communities of color.

"The advent of the COVID-19 pandemic made meeting the needs of this vulnerable population more complex, with its burden of co-existing conditions that likely increase risk of [overdose](#) because of infectious diseases and substance abuse," Crystal said.

The researchers called for more integration and coordination of services that not only treat opioid use, but also alcoholism, diabetes, heart failure, HIV, pulmonary disease and mental health conditions such as depression, bipolar disorder and schizophrenia. If left untreated, Crystal says, the conditions that coincide with opioid use disorder make a person's situation more dire.

**More information:** Stephen Crystal et al, Medically treated opioid overdoses among New Jersey Medicaid beneficiaries: Rapid growth and complex comorbidity amid growing fentanyl penetration, *Journal of Substance Abuse Treatment* (2021). [DOI: 10.1016/j.jsat.2021.108546](https://doi.org/10.1016/j.jsat.2021.108546)

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