ASSEMBLY, No. 3459

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 25, 2020

Sponsored by:
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District 35 (Bergen and Passaic)
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District 34 (Essex and Passaic)
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District 37 (Bergen)

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SYNOPSIS

"HOPE Initiative Act"; requires establishment of public awareness campaign to educate citizens about dangers and causes of, and appropriate responses to, heroin and opioid addiction.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 3/16/2020)

AN ACT concerning the dissemination of information related to the heroin and opioid drug epidemic, designated as the "HOPE Initiative Act," and supplementing Chapter 2G of Title 26 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. This act shall be known, and may be cited, as the "HOPE Initiative Act."

2. The Legislature finds and declares that:

a. There is an epidemic in this State stemming from the use of heroin and the abuse of opioid medications.

b. In order for the State to combat this epidemic, citizens in all walks of life must be alerted to the problem and armed with information that will allow them to recognize, and undertake appropriate actions, when they or their loved ones are at risk of, or are succumbing to, a heroin or opioid addiction.

c. The widespread dissemination of information necessary to combat the State's heroin and opioid epidemic could be successfully achieved through the institution and maintenance of a multicultural Statewide public awareness campaign, which would be carefully coordinated, through all available multimedia channels, to reach a wide variety of audiences, including drug users, their family members and friends, medical practitioners and nurses, emergency personnel, and employers.

d. In order to be successful, the public awareness campaign that is used to combat the State's growing heroin and opioid epidemic must be designed to: (1) educate the public as to the reasons why ordinary people may engage in the abuse of opioid medications and the associated use of heroin; (2) rebut the commonly accepted myths and stereotypes associated with heroin use and opioid abuse; and (3) stigmatize and condemn the abuse and diversion of prescription opioid drugs, while still recognizing the legitimate use of those same drugs as medications.

3. a. The Division of Mental Health and Addiction Services in the Department of Human Services, in consultation with the Governor's Council on Alcoholism and Drug Abuse, the Partnership for a Drug-Free New Jersey, and, as appropriate, the federal Drug Enforcement Administration, shall develop, coordinate, implement, and oversee a comprehensive multicultural public awareness campaign to be known as the "Heroin and Opioid Drug Public Education (HOPE) Initiative," which shall allow for the coordinated and widespread dissemination of information designed to combat the growing heroin and opioid epidemic in this State.

b. Using the means described in subsection c. of this section, the HOPE Initiative shall provide for the coordinated and widespread public dissemination of individual case stories and other generalized information that is designed to:

(1) identify the pathways that can lead to opioid abuse and heroin use, and the reasons why opioid abuse may evolve into heroin use;

(2) show the new face of heroin and opioid addiction, and rebut the commonly accepted myths and stereotypes about heroin users and opioid abusers, including the myth that all heroin users are back-alley denizens;

(3) condemn and stigmatize the abuse and diversion of prescription opioid drugs, while recognizing the legitimate use of those same opioid drugs as medications;

(4) describe the effects and warning signs of heroin use and opioid abuse, so as to better enable members of the public to determine when help is needed;

(5) show the link that exists between heroin and opioid addiction and suicidal behavior;

(6) identify the pathways that are available for individuals to seek help in association with their own, or another person's, opioid or heroin addiction, and indicate the various telephone hotline systems that exist in the State for persons who wish to report a case of drug abuse or engage in substance abuse treatment;

(7) highlight the provisions of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.) that provide for the application of civil and criminal immunity to persons who seek medical assistance for a drug overdose;

(8) highlight the availability of naloxone hydrochloride as a means to avert death from a heroin or opioid overdose, identify pathways for members of the public to obtain a prescription for naloxone and training in the emergency administration of naloxone, and promote the proper use of naloxone in crisis situations;

(9) highlight the benefits of substance abuse treatment and the potential for such treatment to allow for the reclaiming of lives that have been upset by addiction, and underscore the fact that relapses occur not because treatment is ineffective, but because of the nature of addiction, which is a recurring, relapsing disorder;

(10) highlight the benefits of medication-assisted therapy using methadone, buprenorphine, or other similar drugs, and de-stigmatize the use of such medication-assisted therapy;

(11) identify the methods that can be used by an individual to help finance the costs of substance abuse treatment;

(12) identify the steps that individuals can take to prevent and deter family members, friends, students, patients, co-workers, and others from first experimenting with inappropriately obtained prescription opioid medications, and from misusing or mismanaging lawfully prescribed opioid medications;

(13) identify the proper methods for safeguarding, and for safely disposing of, legitimately prescribed opioid medications; and

(14) address any other issues that the division may deem appropriate and necessary to proactively educate the public about the State's heroin and opioid epidemic and the actions that can be taken by members of the public to reduce the likelihood of heroin or opioid addiction, or to otherwise respond to, or mitigate the effects of, heroin or opioid addiction in cases where it is present.

c. The HOPE Initiative shall effectuate the dissemination of information, as described in subsection b. of this section, using every available type of media, including print media, television and radio, Internet and social media, billboards, and non-traditional media, such as milk cartons and water bottles.

d. In disseminating the information described in subsection b. of this section, the HOPE Initiative shall employ a variety of complementary educational themes and messages, which shall be tailored to appeal to different target audiences in the State. At a minimum, the initiative shall incorporate: (1) at least one message that is directed at, and is tailored to influence and resonate with, individuals who are personally at risk of heroin use or opioid abuse, or who have already started down a pathway to addiction; and (2) at least one message that is directed at, and is tailored to influence and resonate with, other individuals, such as the family members and friends of addicted persons, as well as teachers, school nurses, medical practitioners, and employers.

e. Information under the HOPE Initiative shall be disseminated using culturally and linguistically appropriate means, in a manner that demonstrates respect for individual dignity and cultural differences. Where feasible and appropriate, the information shall be made available in a variety of languages.

f. The division may enter into public-private partnerships with pharmaceutical or health care insurance companies that provide services in the State, in order to facilitate the dissemination of information under the HOPE Initiative.

4. a. The division shall regularly monitor the impact of the HOPE Initiative, and, on at least an annual basis, shall convene at least one focus group and conduct a survey of households in the State, in order to gauge the effectiveness of the initiative.

b. Within 120 days after the completion of the annual focus group meeting and household survey required by subsection a. of this section, the division shall take appropriate action, as needed, to refine or improve the HOPE Initiative, such as by revising the educational themes and messages that are employed thereunder, in order to ensure that the initiative has the greatest positive impact on each target audience in the State.

c. Within 180 days after the completion of the annual focus group meeting and household survey required by subsection a. of

this section, the division shall submit a report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, showing the findings from the focus group meeting and household survey; providing a summary of the actions that have been undertaken by the division, pursuant to subsection b. of this section, to improve the HOPE Initiative in response to that focus group meeting and household survey; and providing any recommendations for legislative or executive action that may be necessary to facilitate the ongoing success of the initiative.

5. The Commissioner of Human Services may adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this act.

6. This act shall take effect immediately.

STATEMENT

This bill would require the Division of Mental Health and Addiction Services in the Department of Human Services to establish and oversee a public awareness campaign that would be known as the "Heroin and Opioid Drug Public Education (HOPE) Initiative." The HOPE Initiative would be designed to combat the growing heroin and opioid epidemic in this State by educating the public about the dangers and causes of heroin and opioid addiction, and the appropriate responses thereto.

The bill would require the division to work in consultation with the Governor's Council on Alcoholism and Drug Abuse, the Partnership for a Drug-Free New Jersey, and, as appropriate, the federal Drug Enforcement Administration, in developing, coordinating, implementing, and overseeing the HOPE Initiative.

The HOPE Initiative would provide for the coordinated and widespread public dissemination of individual case stories and other generalized information that is designed to:

– identify the pathways that can lead to opioid abuse and heroin use, and the reasons why opioid abuse may evolve into heroin use;

– show the new face of heroin and opioid addiction, and rebut the commonly accepted myths and stereotypes about heroin users and opioid abusers;

– condemn and stigmatize the abuse and diversion of prescription opioid drugs, while recognizing the legitimate use of those same opioid drugs as medications;

– describe the effects and warning signs of heroin use and opioid abuse, so as to better enable members of the public to determine when help is needed;

– show the link that exists between heroin and opioid addiction and suicidal behavior;

– identify the pathways that are available for individuals to seek help in association with their own, or another person's, opioid or heroin addiction, and indicate the various telephone hotline systems that exist in the State for persons who wish to report a case of drug abuse or engage in substance abuse treatment;

– highlight the provisions of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.) that provide for the application of civil and criminal immunity to persons who seek medical assistance for a drug overdose;

– highlight the availability of naloxone hydrochloride as a means to avert death from a heroin or opioid overdose, identify pathways for members of the public to obtain a prescription for naloxone and training in the emergency administration of naloxone, and promote the proper use of naloxone in crisis situations;

– highlight the benefits of substance abuse treatment and the capacity of such treatment to allow for the reclaiming of lives that have been upset by addiction, and underscore the fact that relapses occur not because treatment is ineffective, but because of the nature of addiction, which is a recurring, relapsing disorder;

– highlight the benefits of medication-assisted therapy using methadone, buprenorphine, or other similar drugs, and de-stigmatize the use of such medication-assisted therapy;

– identify the methods that can be used by an individual to help finance the costs of substance abuse treatment;

– identify the steps that individuals can take to prevent and deter family members, friends, students, patients, co-workers, and others from first experimenting with inappropriately obtained prescription opioid medications, and from misusing or mismanaging lawfully prescribed opioid medications;

– identify the proper methods for safeguarding, and for safely disposing of, legitimately prescribed opioid medications; and

– address any other issues that the division may deem appropriate and necessary to proactively educate the public about the State's heroin and opioid epidemic and the actions that can be taken by members of the public to mitigate the epidemic's effects.

The information to be provided through the HOPE Initiative would be disseminated using every available type of media, including print media, television and radio, Internet and social media, billboards, and non-traditional media, such as milk cartons and water bottles. In addition, the division would be required to employ a variety of complementary educational themes and messages, which would be tailored to appeal to different target audiences in the State. At a minimum, the initiative would be required to incorporate: (1) at least one message that is directed at, and is tailored to influence and resonate with, individuals who are personally at risk of heroin use or opioid abuse, or who have

already started down a pathway to addiction; and (2) at least one message that is directed at, and is tailored to influence and resonate with, other individuals, such as the family members and friends of addicted persons, as well as teachers, school nurses, medical practitioners, and employers.

The bill would require information under the HOPE Initiative to be disseminated using culturally and linguistically appropriate means, in a manner that demonstrates respect for individual dignity and cultural differences.

The bill would authorize the division to enter into public-private partnerships with pharmaceutical or health care insurance companies that provide services in the State, in order to facilitate the dissemination of information under the HOPE Initiative.

On at least an annual basis, the division would be required to convene at least one focus group and conduct a survey of households in the State, in order to gauge the effectiveness of the initiative. Within 120 days after the completion of the annual focus group meeting and household survey, the division would be required to take appropriate action, as needed, to refine or improve the HOPE Initiative, such as by revising the educational themes and messages that are employed thereunder, in order to ensure that the initiative has the greatest positive impact on each target audience in the State. Within 180 days after the completion of each annual focus group meeting and household survey, the division would be required to submit a report to the Governor and Legislature showing the findings from the focus group meeting and household survey; providing a summary of the actions that have been undertaken by the division to improve the HOPE Initiative in response to that focus group meeting and household survey; and providing any recommendations for legislative or executive action that may be necessary to facilitate the ongoing success of the initiative.

The Commissioner of Human Services would be authorized to adopt rules and regulations to effectuate the bill’s provisions.