Gurbir S. Grewal
New Jersey
Attorney General
Jonathan Pearson
Executive Director

Horizon
Foundation for New Jersey
Featured Panelists

Lt. Jason Piotrowski
Drug Monitoring Initiative
New Jersey State Police

Lt. Piotrowski began his career in law enforcement in 1995 serving as a local police officer before joining the New Jersey State Police in 2001. In 2014, Jason was selected to help develop the New Jersey Drug Monitoring Initiative, currently serving as the Unit Head of the Office of Drug Monitoring and Analysis. In this position, he oversees the collection, analysis, intelligence production, and training and outreach efforts related to the drug environment, specifically focused on the opioid epidemic.

Heather Ogden
Advocacy Coordinator
NCADD – NJ

Heather has assisted in the planning and launch of a peer-led recovery center, has worked in Assertive Community Treatment and in Substance Use treatment, and has run multiple Opioid Overdose Recovery Programs in New Jersey. She is currently the Advocacy Coordinator at the National Council on Alcoholism and Drug Dependence New Jersey (NCADD-NJ) where she organizes and leads grassroots advocacy teams throughout the state.

Jaime Angelini, MA, DRCC
Director of Consumer Services
Mental Health Association in NJ

Jaime is the Director of Consumer Services at the Mental Health Association in NJ. For close to two decades Jaime has worked as a mental health advocate and mental health educator. She provides support, education and advocacy to individuals in NJ living with mental health challenges and substance use disorders. In recent months, she has spent the vast amount of her time providing emotional and mental health support to those impacted by COVID-19.
Lt. Jason Piotrowski
Drug Monitoring Initiative
New Jersey State Police
Drug Monitoring Initiative
Office of Drug Monitoring and Analysis

NJ Drug Environment
Lt Jason Piotrowski
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Source: Office of the Chief State Medical Examiner

- 2016, 2017, & 2018 data is confirmed
- 2019 is preliminary and subject to change
Drug Monitoring Initiative
Comprehensive Approach to Mitigating Community Drug Harms

- Understand the scope of the drug problem
- Understand the presence & prevalence of specific drugs
- Enhance policies and practices
Suspected drug-related death data is provided by the Office of the State Medical Examiner, all information is preliminary and subject to change.

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Increase in Suspected Drug-Related Deaths

Reporting of suspected drug-related deaths in New Jersey has significant increased beginning May 1st, 2020.

- Reporting of suspected drug-related deaths in New Jersey has significant increased beginning May 1st, 2020.
- Statewide, 309 suspected drug-related deaths were reported for the month of May, a 28% increase from April.
- The highest amount of suspected drug-related deaths reported since the DMI began collecting the data.
- The counties with the greatest percent increase in suspected drug-related deaths comparing the month of May to the month with the previously reported highest number of suspected drug-related deaths from 2020 are:
  - Camden: 34%
  - Cape May: 33%
  - Gloucester: 31%
  - Atlantic: 26%
  - Monmouth: 15%

### Suspected Drug-Related Deaths by County: January 1st, 2020 - May 31st, 2020

<table>
<thead>
<tr>
<th>County</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>% Change (From Highest Monthly # 2020)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>17</td>
<td>13</td>
<td>19</td>
<td>11</td>
<td>24</td>
<td>26%</td>
<td>84</td>
</tr>
<tr>
<td>Bergen</td>
<td>15</td>
<td>11</td>
<td>8</td>
<td>16</td>
<td>13</td>
<td>-19%</td>
<td>63</td>
</tr>
<tr>
<td>Burlington</td>
<td>15</td>
<td>10</td>
<td>12</td>
<td>18</td>
<td>18</td>
<td>0%</td>
<td>73</td>
</tr>
<tr>
<td>Camden</td>
<td>26</td>
<td>26</td>
<td>29</td>
<td>19</td>
<td>39</td>
<td>34%</td>
<td>139</td>
</tr>
<tr>
<td>Cape May</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>33%</td>
<td>23</td>
</tr>
<tr>
<td>Cumberland</td>
<td>9</td>
<td>11</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td>-36%</td>
<td>39</td>
</tr>
<tr>
<td>Essex</td>
<td>41</td>
<td>22</td>
<td>37</td>
<td>31</td>
<td>32</td>
<td>-22%</td>
<td>163</td>
</tr>
<tr>
<td>Gloucester</td>
<td>11</td>
<td>13</td>
<td>11</td>
<td>11</td>
<td>17</td>
<td>31%</td>
<td>63</td>
</tr>
<tr>
<td>Hudson</td>
<td>14</td>
<td>16</td>
<td>12</td>
<td>14</td>
<td>18</td>
<td>13%</td>
<td>74</td>
</tr>
<tr>
<td>Hunterdon</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0%</td>
<td>7</td>
</tr>
<tr>
<td>Mercer</td>
<td>8</td>
<td>20</td>
<td>7</td>
<td>11</td>
<td>12</td>
<td>-40%</td>
<td>58</td>
</tr>
<tr>
<td>Middlesex</td>
<td>22</td>
<td>22</td>
<td>25</td>
<td>14</td>
<td>19</td>
<td>-24%</td>
<td>102</td>
</tr>
<tr>
<td>Monmouth</td>
<td>16</td>
<td>20</td>
<td>16</td>
<td>10</td>
<td>23</td>
<td>15%</td>
<td>85</td>
</tr>
<tr>
<td>Morris</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>12</td>
<td>9</td>
<td>-25%</td>
<td>42</td>
</tr>
<tr>
<td>Ocean</td>
<td>20</td>
<td>20</td>
<td>12</td>
<td>19</td>
<td>21</td>
<td>5%</td>
<td>92</td>
</tr>
<tr>
<td>Passaic</td>
<td>20</td>
<td>11</td>
<td>22</td>
<td>15</td>
<td>21</td>
<td>-5%</td>
<td>89</td>
</tr>
<tr>
<td>Salem</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>-25%</td>
<td>13</td>
</tr>
<tr>
<td>Somerset</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>-44%</td>
<td>25</td>
</tr>
<tr>
<td>Sussex</td>
<td>11</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>-82%</td>
<td>22</td>
</tr>
<tr>
<td>Union</td>
<td>17</td>
<td>9</td>
<td>14</td>
<td>12</td>
<td>13</td>
<td>-24%</td>
<td>65</td>
</tr>
<tr>
<td>Warren</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>3</td>
<td>-63%</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>280</td>
<td>256</td>
<td>253</td>
<td>241</td>
<td>309</td>
<td>10%</td>
<td>1,339</td>
</tr>
</tbody>
</table>

*Percent change was calculated by comparing the month of May to the month with the previously reported highest number of suspected drug-related deaths from 2020.*
Naloxone Administrations: January 1st, 2020 – May 31st, 2020

Total = 6,075

LE (2,278)
LE and EMS administrations statewide were reviewed to assess whether patients are receiving more doses at scenes than in prior months.

LE naloxone administrations involving more than one dose per patient essentially remained flat.

EMS data is reported in milligrams administered, not doses per patient. Review of dosages reveals patients receiving 2 or more mgs has also remained essentially unchanged, with a slight increase in April for subjects receiving more than 2 mgs.

Data is preliminary and subject to change.
Implications of COVID-19 on the Illicit Drug Market

- COVID-19’s effect on international trade with China, reduction of crossings at the Southern border, and the movement of people (stay at home orders) is likely to impact the illicit drug market.

- Nationwide reporting initially indicated:
  - A reduction in availability of narcotics, chemicals, packaging materials, and changes in how drugs are being packaged.
  - COVID-19 related price gouging: Increase in prices of bulk narcotics due to a lack of “availability” and “high demand.”

- Updated reporting showed that this has not affected or decreased the availability of illicit narcotics in our area; drug trafficking organizations are resilient. They have end product stockpiled and have instead changed the methods and materials they use to produce narcotics for distribution. We have observed:
  - Changes in drug packaging, contents, and form
  - Changes in drug pricing
ODMA 2020 1st Quarter Key Findings

During the 1st quarter of 2020 (January, February, and March):

- **Fentanyl**: 87% of suspected heroin submissions to forensic labs contained fentanyl or fentanyl class compounds.
  - Fentanyl-related submissions decreased 18% from the 4th quarter of 2019; fentanyl-related glassine bags increased 14%.

- **Heroin**: The number of suspected heroin submissions testing positive for heroin, with no other drugs, has steadily declined, from 98% in the 1st quarter of 2015, to 11% in the 1st quarter of 2020.

- **Naloxone**: Naloxone administrations decreased 5% from the 4th quarter of 2019.
  - New Jersey averaged 40 naloxone administrations per day, a decrease from the average 42 daily administrations during the 4th quarter of 2019.

- **Cocaine**: Total suspected cocaine cases submitted to OFS labs decreased 26% from the 4th quarter of 2019; specimens decreased 10%.

- **Methamphetamine**: Total cases submitted to OFS labs decreased 21%; total specimens increased 47%.

- **Pills**: Pill cases submitted to OFS labs decreased 21%; specimens decreased 24%.
In the 1st quarter of 2020, 87% of suspected heroin submissions contained fentanyl.
Percentages indicate each county's suspected heroin seizures containing fentanyl or fentanyl analogs.
The number of suspected heroin submissions testing positive for heroin, with no other drugs, has steadily **declined**, from 98% in the 1\textsuperscript{st} quarter of 2015 to **11%** in the 1\textsuperscript{st} quarter of 2020.
Submissions of suspected heroin analyzed by forensic labs during the 1st quarter of 2020 decreased 25% from the 4th quarter of 2019; total glassine bags increased 0.12%.
Total suspected cocaine cases submitted to OFS labs in the 1st quarter of 2020 decreased 26% from the 4th quarter of 2019; total specimens decreased 10%.

- 5 counties (Camden, Essex, Mercer, Monmouth, and Passaic) accounted for 58% of OFS cases during the 1st quarter.
- 3 counties (Camden, Essex, and Passaic) also accounted for 78% of OFS specimens.
In the 1st quarter of 2020, Methamphetamine cases submitted to the labs decreased 21% from the 4th quarter of 2019, specimens increased 47%.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CASES</th>
<th>SPECIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATL</td>
<td>34</td>
<td>329</td>
</tr>
<tr>
<td>BER</td>
<td>18</td>
<td>561</td>
</tr>
<tr>
<td>BUR</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>CAM</td>
<td>58</td>
<td>586</td>
</tr>
<tr>
<td>CAP</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CUM</td>
<td>27</td>
<td>726</td>
</tr>
<tr>
<td>ESS</td>
<td>10</td>
<td>189</td>
</tr>
<tr>
<td>GLO</td>
<td>55</td>
<td>130</td>
</tr>
<tr>
<td>HUD</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HUN</td>
<td>13</td>
<td>62</td>
</tr>
<tr>
<td>MER</td>
<td>31</td>
<td>326</td>
</tr>
<tr>
<td>MID</td>
<td>13</td>
<td>90</td>
</tr>
<tr>
<td>MON</td>
<td>20</td>
<td>49</td>
</tr>
<tr>
<td>MOR</td>
<td>9</td>
<td>77</td>
</tr>
<tr>
<td>OCN</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PAS</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>SAL</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>SOM</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>SUS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UNN</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>WAR</td>
<td>14</td>
<td>45</td>
</tr>
<tr>
<td>TOTAL</td>
<td>345</td>
<td>3,256</td>
</tr>
</tbody>
</table>
Top Six Diverted Pills
- Oxycodone (Opioid-OxyContin)
- Alprazolam (Benzodiazepine-Xanax)
- Amphetamine (Amphetamine-Adderall)
- \textbf{Methamphetamine}
- Clonazepam (Benzodiazepine-Klonopin)
- Buprenorphine (Opioid-Suboxone)

Other Diverted Pills
- \textbf{Fentanyl (Opioid)}
- Flualprazolam (Benzodiazepine)
- Morphine (Opioid)
- Tramadol (Opioid)
- Diazepam (Benzodiazepine)
- Hydrocodone (Opioid)
- Eutylone (Stimulant)
- 3,4-Methylenedioxy-Methamphetamine (MDMA)
Call Purpose: The Health & Prevention Sharing Network (HPSN) call is a collaborative call for treatment, prevention, recovery, health, and other partners to discuss relevant topics in an effort to reduce community drug harms. The COVID-19 call series has been designed to be specific for national pandemic and the impact those suffering from substance use and mental health disorders.

COVID-19 HPSN
June/July Call Schedule
Thursdays 11:00 am (EST)

June 18
July 9
July 30

If you would like to request access, email DMI@njsp.org.
COVID-19 Source for Information Resources, Collaboration & Guidance Working Together

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STATE & FEDERAL

• NJ COVID-19 Information Hub: https://covid19.nj.gov/
• NJ CARES Resources: https://www.njcares.gov/ohh/
• Disinformation/Rumor Control Page: https://www.njhomelandsecurity.gov/covid19
• NJ Mental Health Cares: www.njmentalhealthcares.org
• Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.samhsa.gov/coronavirus

NJSP DRUG MONITORING INITIATIVE (DMI) Resource Guide

For more information:

DMI@NJSP.ORG
Heather Ogden
Advocacy Coordinator
NCADD – NJ
The Perfect Storm

COVID 19 AND SUBSTANCE USE DISORDER
HEATHER OGDEN,
ADVOCACY COORDINATOR NCADD-NJ
COVID-19 Impacts on SUD assistance

- Limited and harder to access treatment
- Initial engagements for recovery supports impacted
- Many OORPs in emergency departments digital only
- RCs closed, in person meetings closed
- Social service buildings closed
- Staff and client exposure to COVID 19 due to lack of PPEs
- Loss of jobs leads to lost insurance benefits
- Fears over health, economic status, strife, and instability may lead to unhealthy coping mechanisms, including overuse of substances
The Results

- Increasing overdose and suicide rates
- Alcohol sales have increased dramatically during “stay at home” orders
- EMS overdose reversals have seen a decrease in the number of people willing to go to the hospital, resulting in loss of linkages
- Months of isolation, anxiety, and fear build up and can explode
- Both SUD and MH issues thrive in isolation. Months of necessary isolation have allowed these disorders to grow
- Traumatized essential workforce and high unemployed population
What is Ahead

Previous disasters show that SUD and MH issues rise exponentially in the 6 months following

Both Hurricane Katrina and September 11 data show that depression, PTSD, and anxiety rates continued to rise, as did people’s use of alcohol, tobacco, and marijuana; demand rose at 6 months afterwards and continued for years

Treatment demand for SUD and MH will outstrip supply. Many people lost insurance and will need to rely on Medicaid/state funding resources, which are already few and far between

The state budget crisis may eliminate or cut back existing supports at a time when more people need it
What Can be Done?

Contact your local decision makers and elected officials. Tell them how important funding is for SUD and MH issues.

Advocate that funding be used for social supports, services, and treatment instead of punishment. People react to stress in their own ways, but deserve assistance no matter how it manifests.

Seek out existing resources for you and your loved ones now.

If you oversee employees: create a workspace where people feel safe to express fears. Supply onsite supports and have resources readily available.

Expect “normal” to be different. Give yourself, and others, the space to adjust.
Heather Ogden, Advocacy Coordinator
HEATHEROGDEN@NCADDNJ.ORG
Jaime Angelini, MA, DRCC
Director of Consumer Services
Mental Health Association in NJ
COVID-19 & Mental Health
The Mental Health Impact of the COVID-19 Pandemic

The Importance of Nurturing our Emotional Health during COVID-19

Tips and Resources for Maintaining Wellness
Everyone experiences stress in response to situations that can be perceived as uncertain or threatening.

For the general public, the mental health effects of COVID-19 are as essential to address as are the physical health effects. And for the one in five who already lived with mental health challenges – we need to take personal, professional measures now to address them.

For many, having to unexpectedly leave or disengage with our community – even if just for a short time – has been very stressful. For others, this pandemic may be exacerbating symptoms of anxiety or other mental illnesses already present.
The outbreak of coronavirus disease (COVID-19) has been very stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco or other substances

What we need to consider...

- Sudden and rapid loss of life.
- Massive job losses, compounded by increased social isolation.
- The near constant stream of news and media reports about COVID-19.
- People who had been getting help before stay-at-home orders found their care interrupted.
- Those whose sense of well-being has been severely impacted by concerns about COVID-19.
When is it time to reach out for help or support?

Mental health challenges are treatable conditions that should not be left untreated.

Difficulty carrying out daily activities and responsibilities.

Relationships and friendships begin to suffer.

Loss of interest in social activities.

Loss of enjoyment in things you typically liked to do before COVID-19.

Purposefully wanting to isolate or withdraw from people.

Feelings of hopelessness and helplessness.

Thoughts of hurting oneself; thoughts of suicide.
## Anxiety Screening

1. Feeling nervous, anxious, or on edge *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

2. Not being able to stop or control worrying *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

3. Worrying too much about different things *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

4. Trouble relaxing *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

5. Being so restless that it is hard to sit still *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

6. Becoming easily annoyed or irritable *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

7. Feeling afraid, as if something awful might happen *
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

[https://screening.mhanational.org/screening-tools/anxiety?ref=https%3A//www.google.com/&ipiden=2b8de6b959b492dc296a05dab782a98e&show=1](https://screening.mhanational.org/screening-tools/anxiety?ref=https%3A//www.google.com/&ipiden=2b8de6b959b492dc296a05dab782a98e&show=1)
Tips for Maintaining Wellness During Covid-19

- Remind yourself that strong feelings may fade over time.
- If you were utilizing professional treatment or support, before the pandemic, continue. Telehealth is more widely available and many recovery groups have gone online.
- Make sure you connect with friends or family members.
Tips for Maintaining Wellness During Covid-19

• Seek help when you need it. If you have feelings or behaviors for several consecutive days and are unable to carry out normal responsibilities and have difficulty functioning, get help.

• If you can’t reach or find a provider, there are other options.
Coping Reminders

• Connect with others. Social distancing does not have to be social isolation: positive social support can be a protective factor for emotional health

• Ensure you partake in some sense of routine. This might mean establishing a new routine and/or creating new habits

• Honor your feelings: everyone reacts differently to disaster events. Our emotions may change hour to hour. (It may feel like you are riding this roller coaster of feelings)

• Be mindful that coping is unique for everyone. Our beliefs and values about COVID-19 may be different from family, friends or co-workers

• Everyone is on edge, try not to take things personally

• Check-in with yourself regularly
Self-Care Precautions

- Focus on things you can control.
- Limit your exposure or take a break from news and social media if you find that it makes you anxious and Avoid watching the news or any COVID-19 information before bed.
- Engage in meaningful activities
- Lean on your personal beliefs and faith for support.
- Acknowledge and appreciate what others are doing to help you and your community.

mayoclinichealthsystem.org
Remember...

• It is normal to have a reaction to an abnormal event

• Everyone reacts differently to trauma

• The goal of resiliency is to minimize the impact of traumatic events; to avoid depression, anxiety, or PTSD

Resiliency is not a trait that we inherit. It is a combination of:
• behaviors
• thoughts, and
• actions
...aimed at coping specifically for you
Self-Care Resources

Downloadable Apps:

- **Tapping Solution Meditations**
  (https://www.thetappingsolutionapp.com/responder.php): Free 6 months for healthcare professionals. It uses tapping as a way to ease stress and calm emotions. It also has a curated Coronavirus Stress and Anxiety collection that is free for everyone.

- **HEADSPACE** (https://www.headspace.com): Meditation app with guided and unguided meditations. It is now offering all U.S. healthcare professionals who work in public health settings free access to Headspace Plus through 2020.


- **Daylio** (https://daylio.webflow.io) Free mood tracking device. It reminds you to check in a few times per day and track your mood. It can help you to determine your mood patterns during the day and adjust activities and habits to better meet your needs.


- **Mood Mission** (http://moodmission.com): Mostly Free. It is an evidenced based app to help with mood. It tailors coping skills to your specific mood. It gives you a tailored list of 5 simple, quick, effective, evidence-based missions to improve your mood.

- **Happify** (https://www.happify.com/public/science-behind-happify): Some features are free. It is grounded in the fields of positive psychology, mindfulness and cognitive behavioral therapy and uses activities and games to help you control your thoughts and feelings.

- **Breathe2relax** (https://breathe2relax.soft112.com): Breathing is essential to calming your body’s fight or flight response to stress while helping to manage anxiety and stress. Breathe2relax helps you manage and track your breathing.

Website:

- **Stress Remedy** (https://stressremedy.com/audio/): 14 free audio relaxation and meditation exercises.
Who cares? We do!
NJMentalHealthCares is New Jersey's behavioral health information and referral service. Our staff of behavioral care specialists use their experience and understanding of the behavioral health system to provide emotional support for issues related to COVID-19 and other mental concerns.

Emotional Support During COVID-19 Outbreak
Get Help Now: 866-202-HELP (4357)

E-mail: help@njmentalhealthcares.org

We are available 7 days a week, 8 A.M. to 8 P.M. (EST)
After hours, please leave a message and our staff will return your call within one business day.

NEW TEXTING SERVICE
During the COVID-19 Pandemic your mental health is vital.

Text NJHOPE to 51684 for free emotional support from trained staff.
7 Days per Week, 8 am to 8 pm
Are you struggling with stress and anxiety due to the COVID-19 Pandemic? New Jersey Hope and Healing is here to help.

The Mental Health Association in New Jersey, in collaboration with the New Jersey Department of Human Services’ Division of Mental Health and Addiction Services, Disaster and Terrorism Branch, offers this Crisis Counseling Program (CCP) through a Federal Emergency Management Agency (FEMA/SAMHSA) grant.
The Mental Health Association in New Jersey is a statewide non-profit organization that strives for children and adults to achieve victory over mental illness and substance use disorders through advocacy, education, training and services.
Jaime Angelini, MA, DRCC
Mental Health Association in NJ
jangelini@mhanj.org
www.mhanj.org
609.652.3800
Upcoming Webinars:

July 23, 2020
11 am – 12 pm
Substance Use Disorder Recovery During COVID-19: Perspectives from the Front Lines

August 20, 2020
11 am – 12 pm
Prescribing Opioids in the Time of COVID-19

September 24, 2020
11 am – 12 pm
Athletes and Opioids: The Impact and Risks