



 Partnership for a
Drug-Free New Jersey
in Cooperation with the Governor's Council on Alcoholism
and Drug Abuse and the NJ Dept. of Human Services



NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

The Opioid Epidemic and the Impact of Race

December 9, 2021

Opening Remarks



Andrew J. Bruck
New Jersey Acting Attorney General

Featured Presenters



Captain Jason Piotrowski
Office of Drug Monitoring & Analysis
New Jersey State Police

Captain Jason Piotrowski joined the New Jersey State Police in 2001. Jason was a general duty road trooper before being selected as an initial member of the state fusion center in 2006. Jason represented the State of New Jersey at the National Operations Center in Washington, D.C., during his fusion center tenure, serving multiple tours. In 2014, Jason was selected to help develop the New Jersey Drug Monitoring Initiative and now directs the Office of Drug Monitoring and Analysis, overseeing the collection, analysis, intelligence production, and training and outreach efforts related to the drug environment. Jason is also currently a Bloomberg American Health Initiative Fellow and Master of Public Health Candidate at Johns Hopkins University, focusing on overdose and addiction.



Robert L. Johnson, MD, FAAP
Dean, Rutgers New Jersey Medical School
Interim Dean, Robert Wood Johnson Medical School

Dr. Robert L. Johnson is The Sharon and Joseph L. Muscarelle Endowed Dean, Professor of Pediatrics and Director of the Division of Adolescent and Young Adult Medicine at Rutgers New Jersey Medical School, and the Interim Dean of Rutgers Robert Wood Johnson Medical School. His clinical expertise and research focuses on adolescent physical and mental health, adolescent HIV, adolescent violence, adolescent sexuality, health equity and family strengthening. He has previously been the President of the New Jersey Board of Medical Examiners and the Chair of the U.S. Department of Health and Human Services' Council on Graduate Medical Education. Dr. Johnson received his bachelor's degree from Alfred University in 1968 and his MD from the College of Medicine and Dentistry of New Jersey in 1972.



Jayme S. Ganey, LPC
Program Manager of Culture Connections,
Family Connections

Jayme S. Ganey, a Licensed Professional Counselor (LPC), is the Program Manager for Family Connections' Culture Connections, a cultural competence training program of the Division of Mental Health and Addiction Services (DMHAS). She is the co-creator of the Addressing Systemic Racism in the Way We Lead Leadership Cultural Caucus for New Jersey's DMHAS-licensed agencies' executives and board teams, and the co-organizer for the first statewide, hybrid cultural competence conference, Assembling Our PPE (Persistence, Proactiveness, and Efficacy) to Change the System. She has her master's degree in clinical mental health counseling from Montclair State University and her bachelor's from Syracuse University in sociology and journalism.



Captain Jason Piotrowski
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Office of Drug Monitoring & Analysis

Drug-Related Data on Race and Opioids



Captain Jason Piotrowski

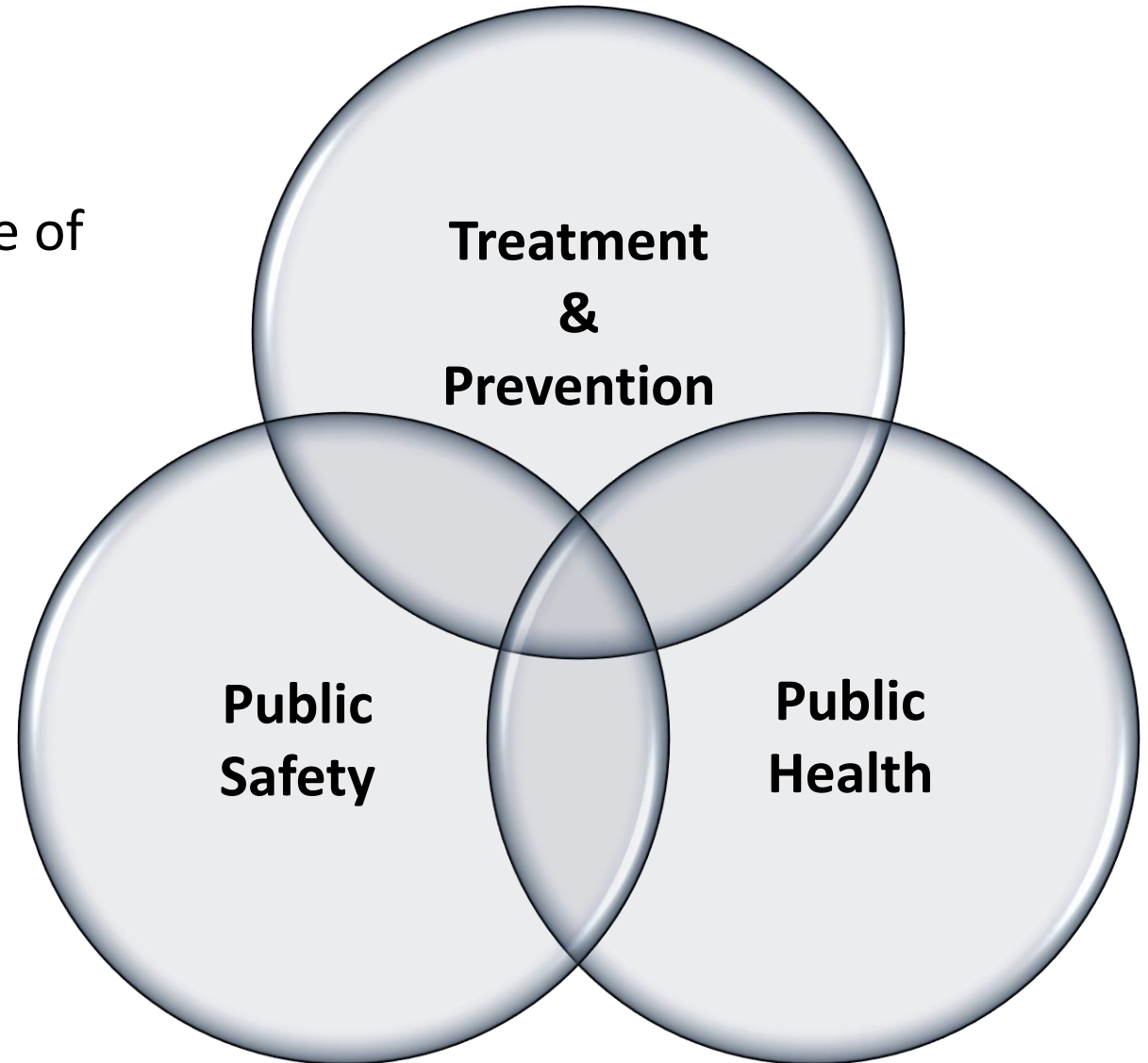
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Drug Monitoring Initiative Intelligence-Led Policing & Prevention



- Understand the drug environment
- Understand the presence & prevalence of specific drugs
- Enhance policies and practices for mitigation of community drug harms





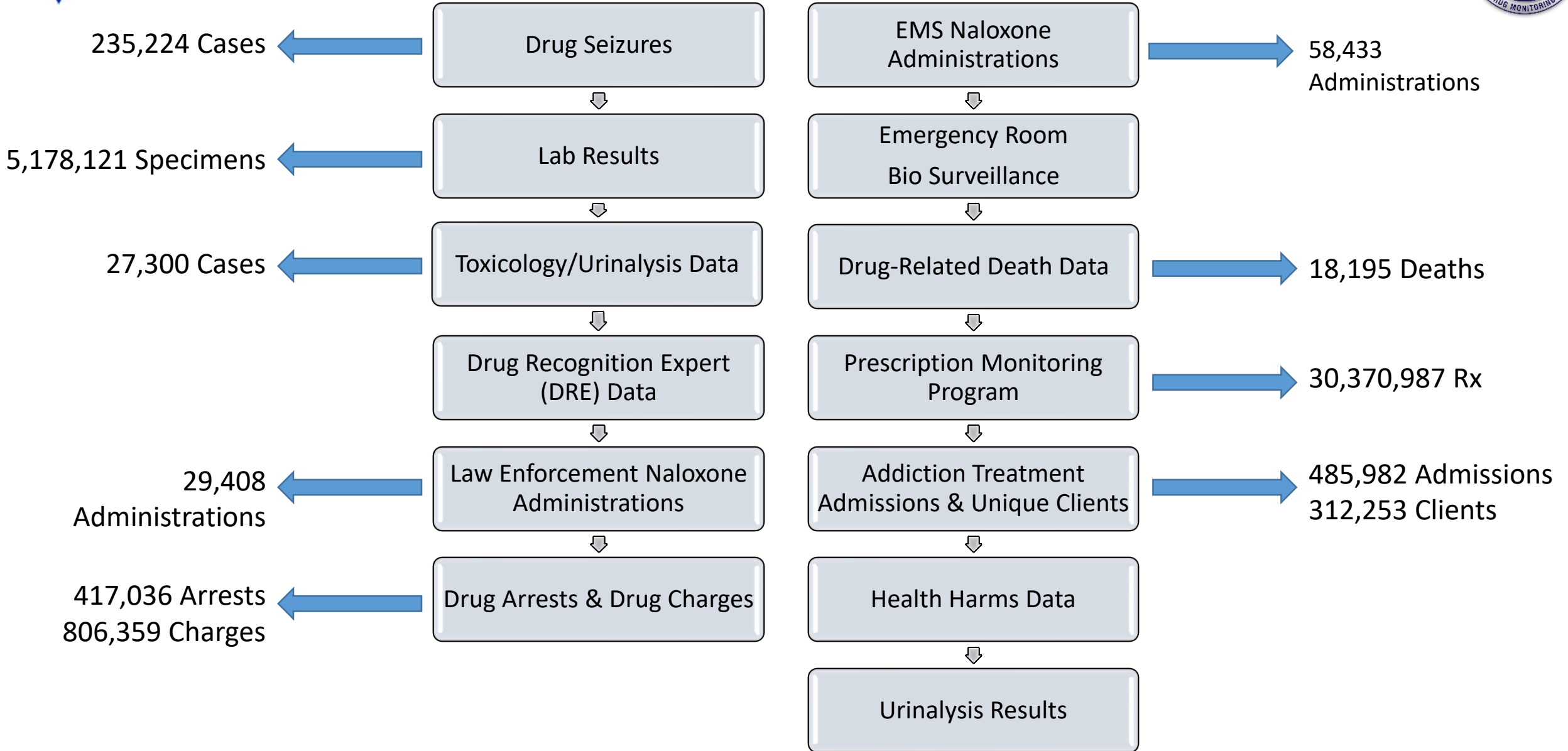
Drug-Related Data on Race and Opioids

Data Sources & Methodology

- Age/Race/Gender data collected and analyzed for this presentation:
 - Confirmed (2015 - 2019) and **preliminary, suspected** drug-related death data (Jan. 1, 2020 – Oct. 15, 2021) (NJ Office of the Chief State Medical Examiner)
 - Law enforcement naloxone administrations (from OD MAP / OD FORM) and EMS naloxone administrations (2015 – Sep. 30, 2021) (from NJ Department of Health)
 - Treatment and unique clients, all drugs, and by drug (2016 – Sep. 30, 2021) (NJ Division of Mental Health & Addiction Services)
 - Drug-related arrest data (07/01/2021 – 09/30/2021) (AFIS)
- “Other/Unknown” and “Other” are used interchangeably in the gender and race categories. “Unreported/Unrecorded” is used in the age category.
- The race categories collected include White, Black/African American, Hispanic, and Other (Interracial/Unknown).
- Age ranges used for this presentation are: under 18, 18 – 21, 22 to 24, 25 – 29, 30 to 34, 35 – 44, 45 – 54, 55 and over, and unreported. These are the age ranges used by the NJ Substance Abuse Monitoring System (NJ-SAMS), State of New Jersey Department of Human Services, Division of Mental Health and Addiction Services.
- The Statistical Package for the Social Sciences (SPSS) was used to compile DMI-related statistics.
- All information is subject to further review and analysis.



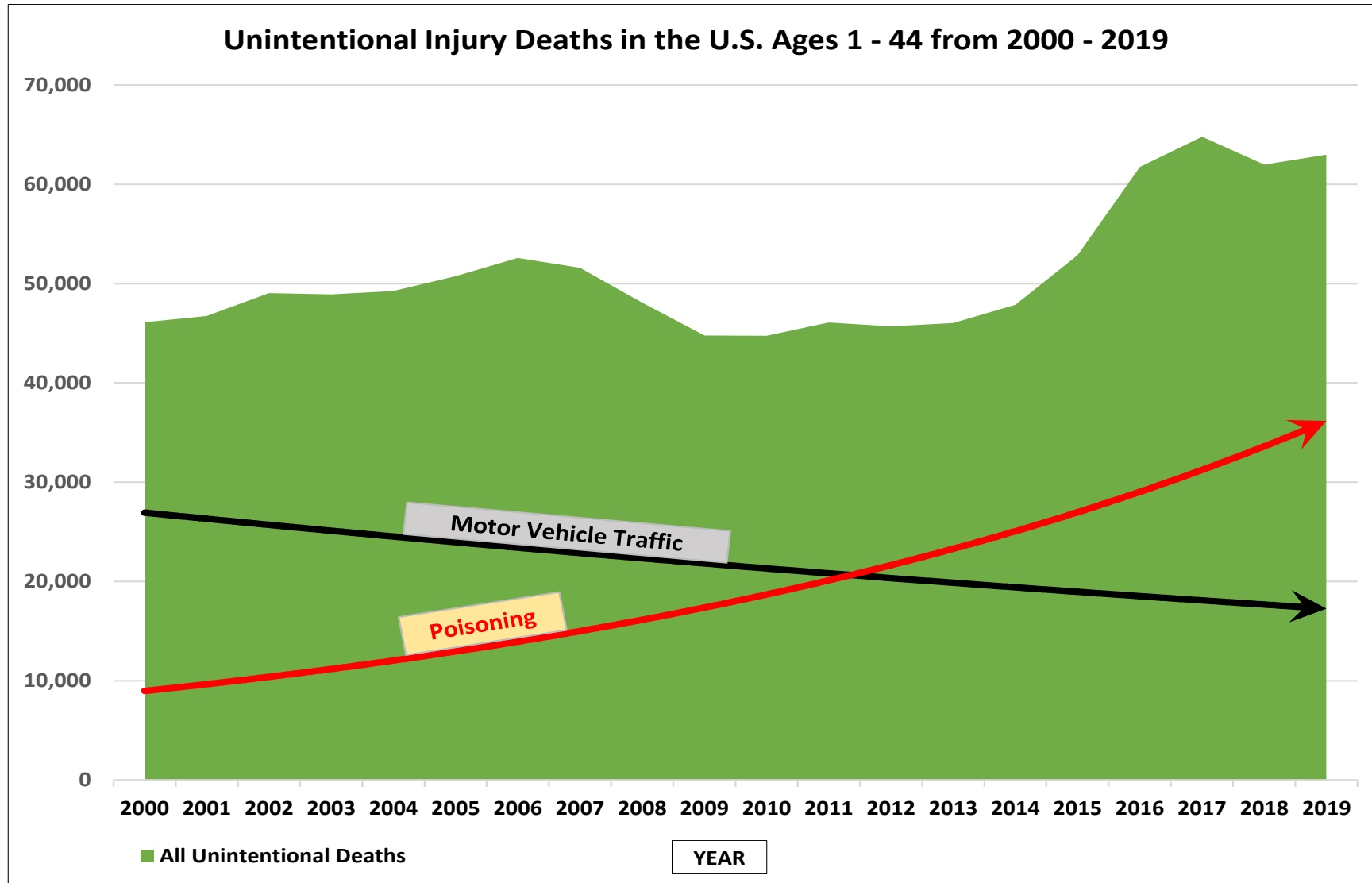
Data Sets



Note: Data totals provided are from 01/01/2015 to 09/30/2021. Total: 39,939,298.



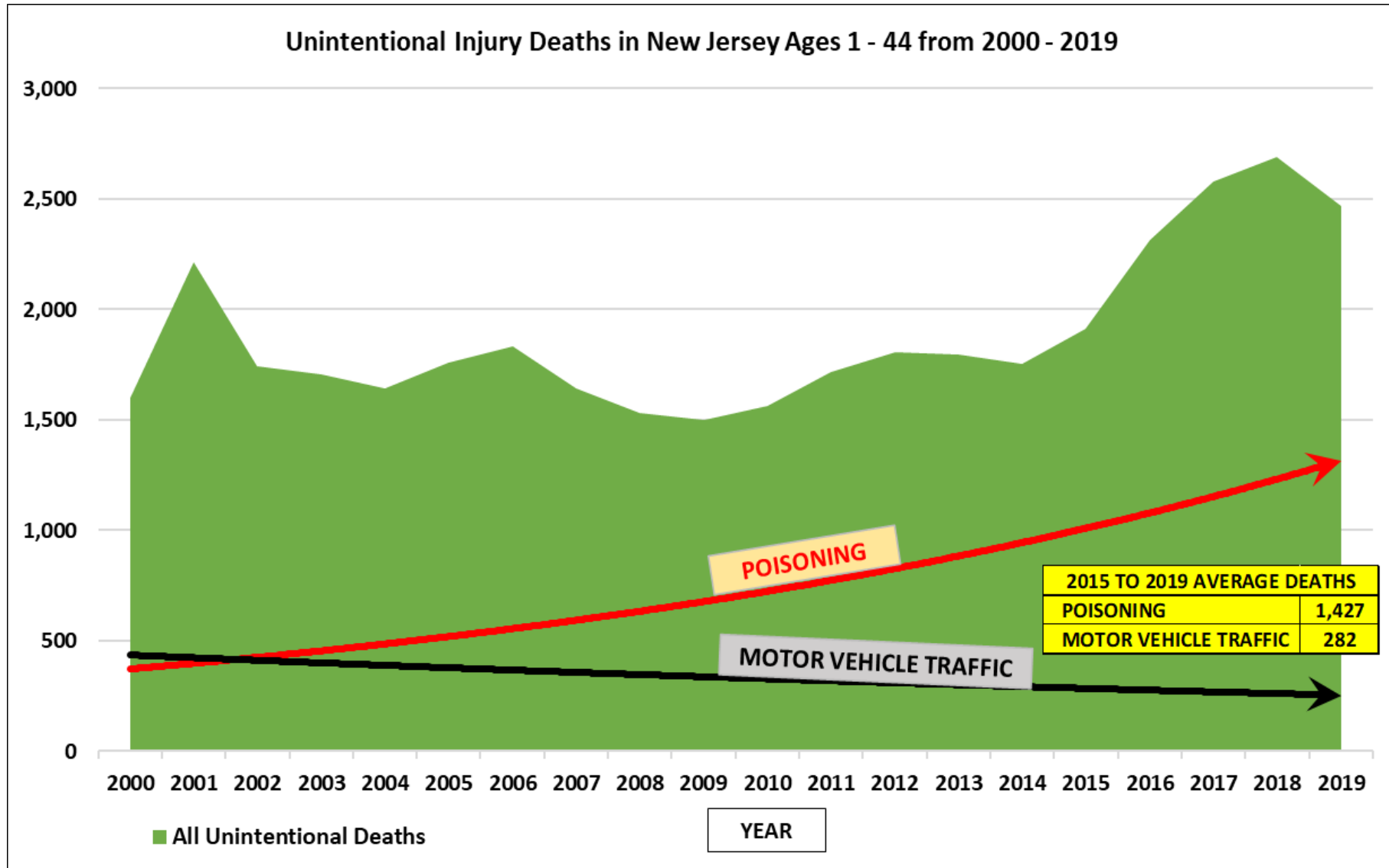
National Perspective: Unintentional Deaths



Note: Unintentional Deaths include: poisoning (e.g. drug overdoses), motor vehicle (m.v.) traffic, drowning and falls.
Source: CDC WISQARS



New Jersey Perspective: Unintentional Deaths

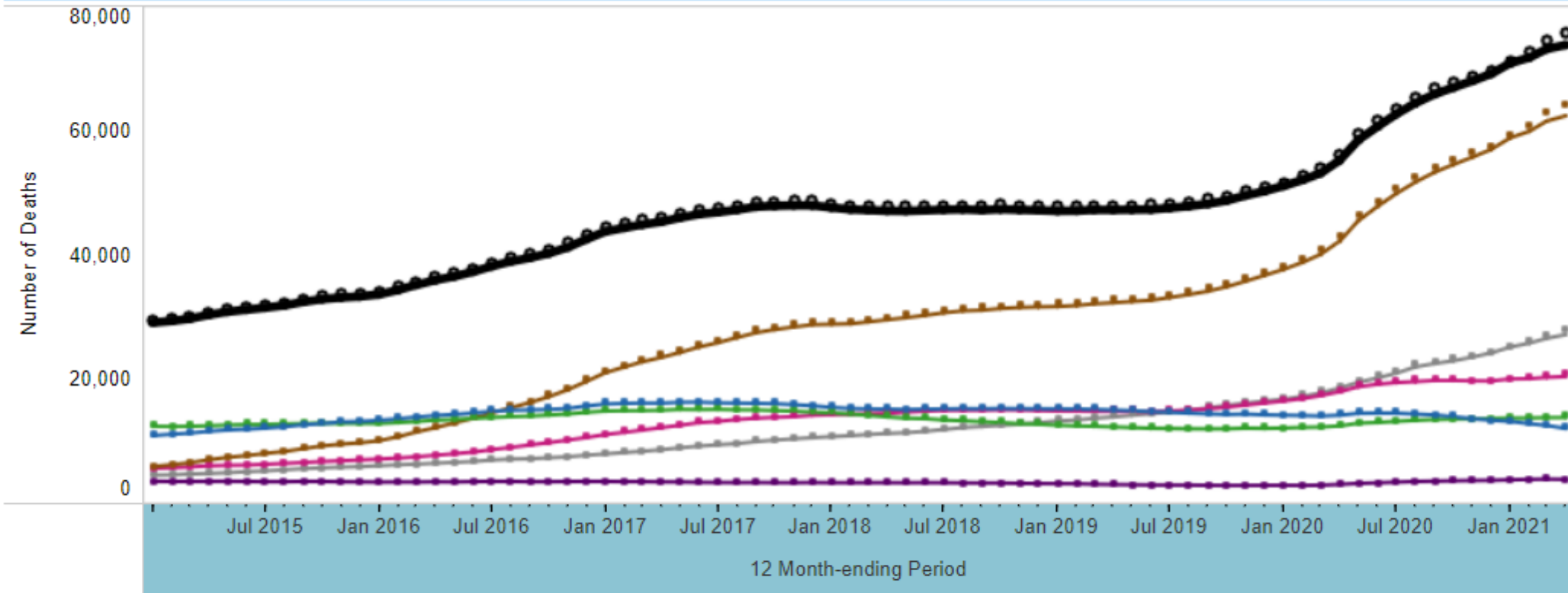


Note: Unintentional Deaths include: poisoning (e.g. drug overdoses), motor vehicle (m.v.) traffic, drowning and falls.
Source: NJ DOH State Health Assessment Data (SHAD)



National Drug Overdose Deaths by Drug/Drug Class

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

- Opioids (T40.0-T40.4,T40.6)
- Heroin (T40.1)
- Natural & semi-synthetic opioids (T40.2)

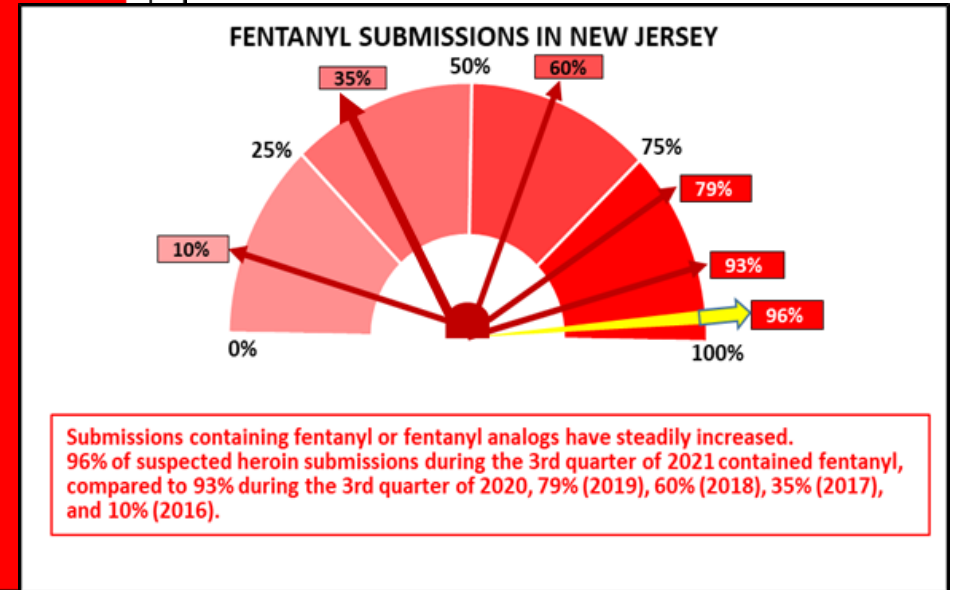
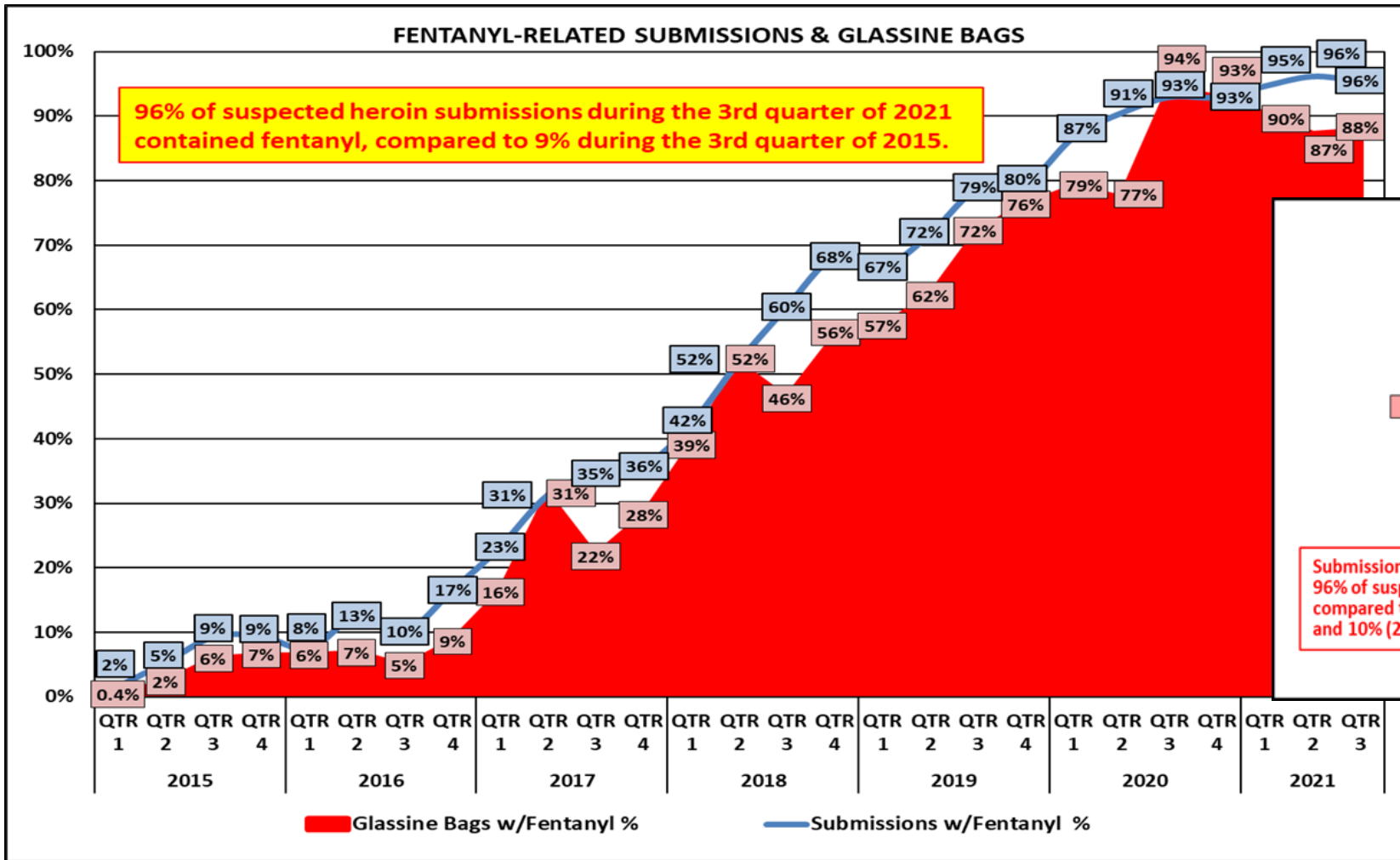
- Methadone (T40.3)
- Synthetic opioids, excl. methadone (T40.4)
- Cocaine (T40.5)
- Psychostimulants with abuse potential (T43.6)

---- Reported Value
○ Predicted Value



Fentanyl Environment in NJ

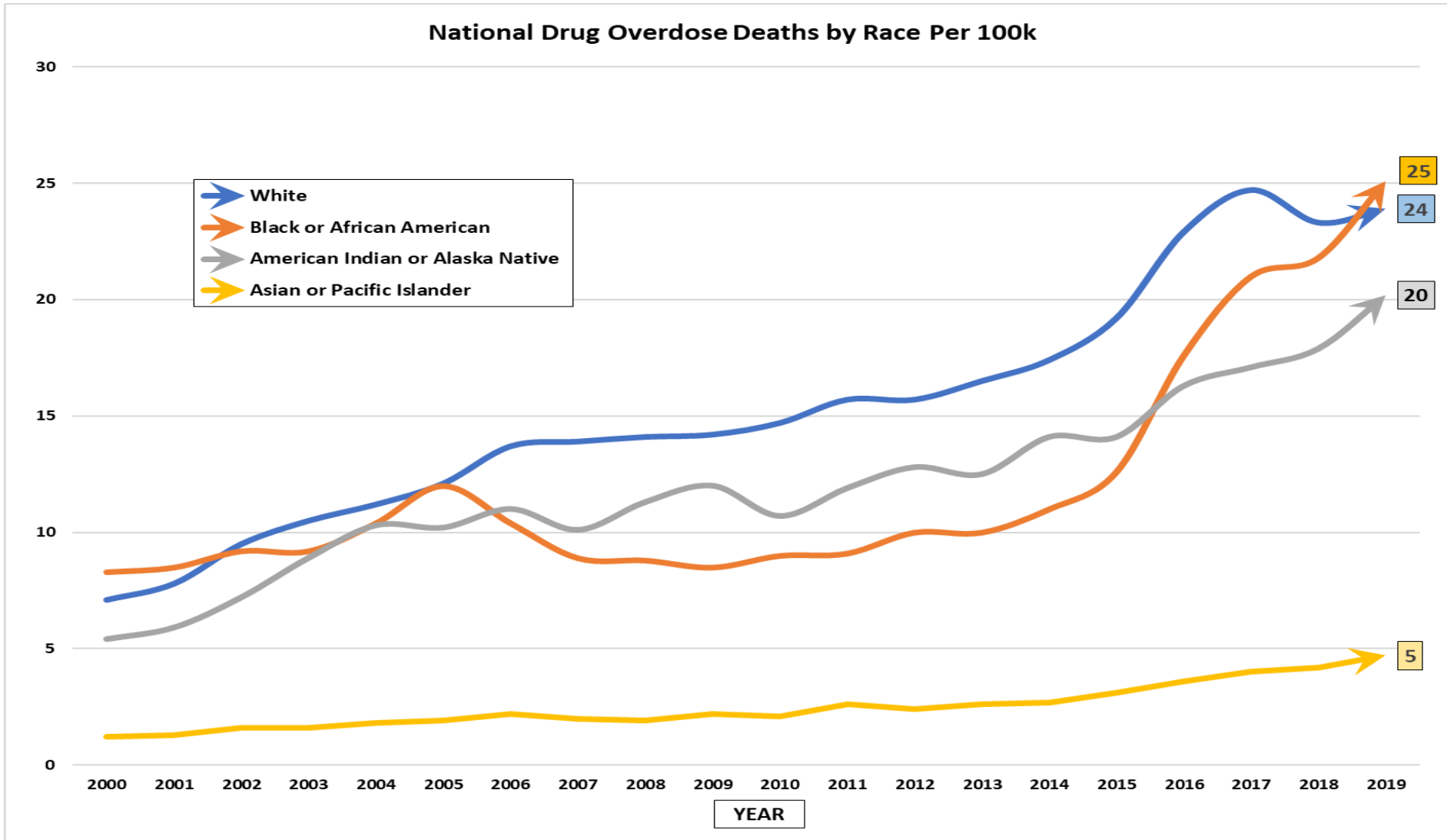
In the 3rd quarter of 2021, **96%** of suspected heroin submissions contained fentanyl.



*All data is preliminary and subject to change.



National Perspective: Unintentional Deaths Per Capita, by Race

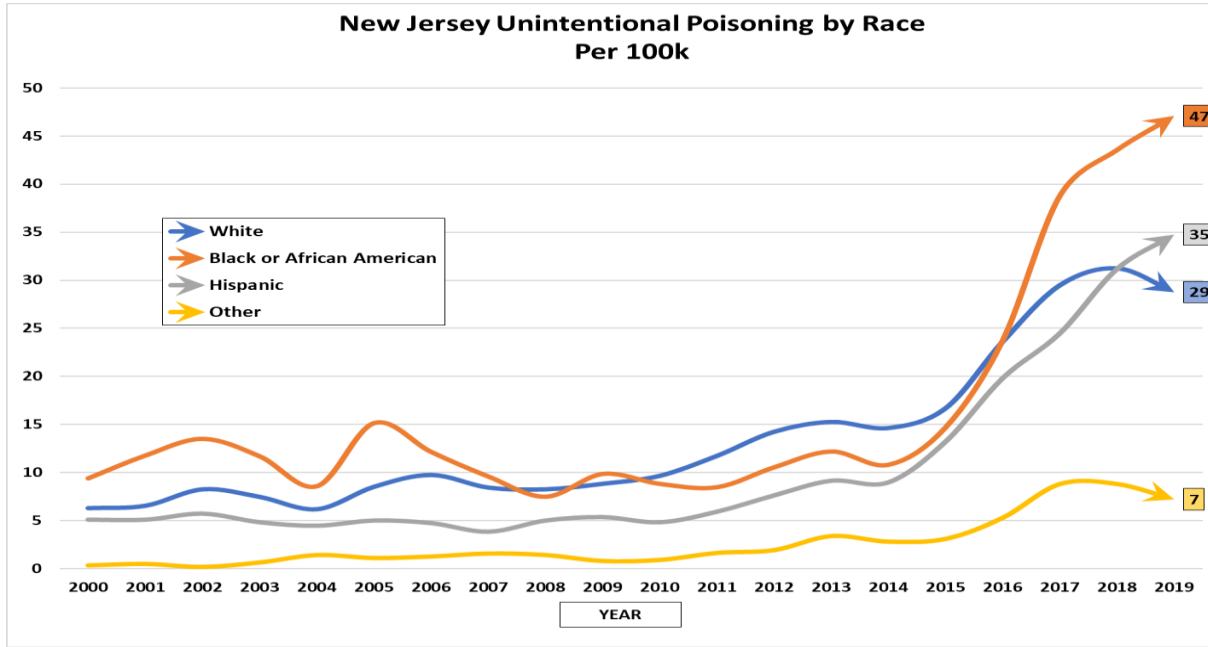


Note: Unintentional Deaths include: poisoning (e.g. drug overdoses), motor vehicle (m.v.) traffic, drowning and falls.

Source: CDC WISQARS



New Jersey Perspective: Unintentional Poisoning Per Capita, by Race



Year ↓	Race	➡ Deaths ↕	↕ Population ↕	➡ Crude Rate Per 100,000 ↕
2015	American Indian or Alaska Native	603	4,577,853	13.2
	Asian or Pacific Islander	592	20,102,717	2.9
	Black or African American	5,212	44,863,196	11.6
	White	45,997	251,875,054	18.3
	Total	52,404	321,418,820	16.3
2016	American Indian or Alaska Native	694	4,630,155	15.0
	Asian or Pacific Islander	690	20,487,524	3.4
	Black or African American	7,445	45,307,020	16.4
	White	54,803	252,702,814	21.7
	Total	63,632	323,127,513	19.7
2017	American Indian or Alaska Native	738	4,689,047	15.7
	Asian or Pacific Islander	798	21,210,673	3.8
	Black or African American	9,062	45,883,808	19.7
	White	59,639	253,935,650	23.5
	Total	70,237	325,719,178	21.6
2018	American Indian or Alaska Native	780	4,739,288	16.5
	Asian or Pacific Islander	864	21,601,064	4.0
	Black or African American	9,443	46,262,846	20.4
	White	56,280	254,564,236	22.1
	Total	67,367	327,167,434	20.6
2019	American Indian or Alaska Native	897	4,785,203	18.7
	Asian or Pacific Islander	957	21,814,724	4.4
	Black or African American	11,072	46,599,393	23.8
	White	57,704	255,040,203	22.6
	Total	70,630	328,239,523	21.5
Total		324,270	1,625,672,468	19.9

Note: Unintentional poisoning includes drug overdoses.

*Other includes Asian, American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander.

Source: NJ DOH State Health Assessment Data (SHAD)



Drug-Related Data on Race and Opioids

2020 New Jersey Census Data on Race				
County	White	Black/African American	Hispanic/Latino	Other*
Atlantic	54.2%	14.2%	19.6%	12.0%
Bergen	53.6%	5.2%	21.4%	19.8%
Burlington	63.8%	16.2%	8.7%	11.3%
Camden	53.3%	18.2%	18.2%	10.3%
Cape May	84.0%	3.5%	7.8%	4.6%
Cumberland	42.7%	17.1%	34.4%	5.8%
Essex	27.2%	37.5%	24.4%	10.8%
Gloucester	74.5%	10.4%	7.3%	7.7%
Hudson	28.5%	9.8%	40.4%	21.2%
Hunterdon	81.2%	2.3%	8.5%	8.0%
Mercer	43.5%	18.7%	21.7%	16.1%
Middlesex	38.6%	9.1%	22.4%	29.8%
Monmouth	71.6%	6.1%	12.5%	9.8%
Morris	67.0%	3.1%	15.1%	14.9%
Ocean	81.7%	2.8%	10.4%	5.1%
Passaic	38.8%	9.9%	42.7%	8.6%
Salem	69.8%	14.0%	10.1%	6.1%
Somerset	51.4%	8.8%	16.6%	23.2%
Sussex	82.0%	2.0%	9.9%	6.1%
Union	36.7%	19.5%	34.0%	9.8%
Warren	76.9%	5.1%	11.2%	6.9%
NJ	51.9%	12.4%	21.6%	14.2%

Note: *Other contains Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Some Other Race, alone.

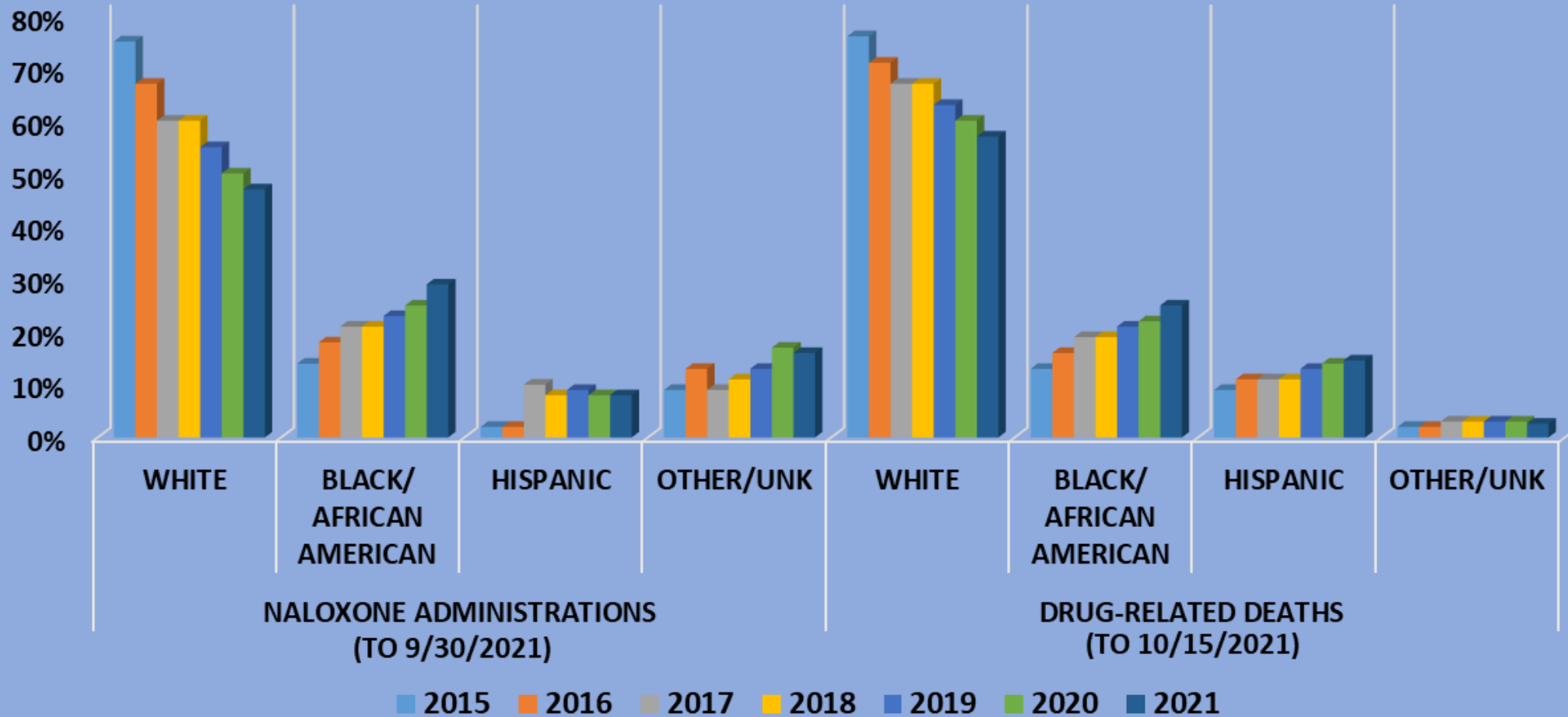
Source: United States Census Bureau Data, 2020.



Combined Naloxone & ME Drug-Related Deaths: Statewide Demographics by Year



LE & EMS NALOXONE ADMINISTRATIONS & NJ OFFICE OF THE CHIEF STATE
MEDICAL EXAMINER DRUG-RELATED DEATHS: RACE BY YEAR

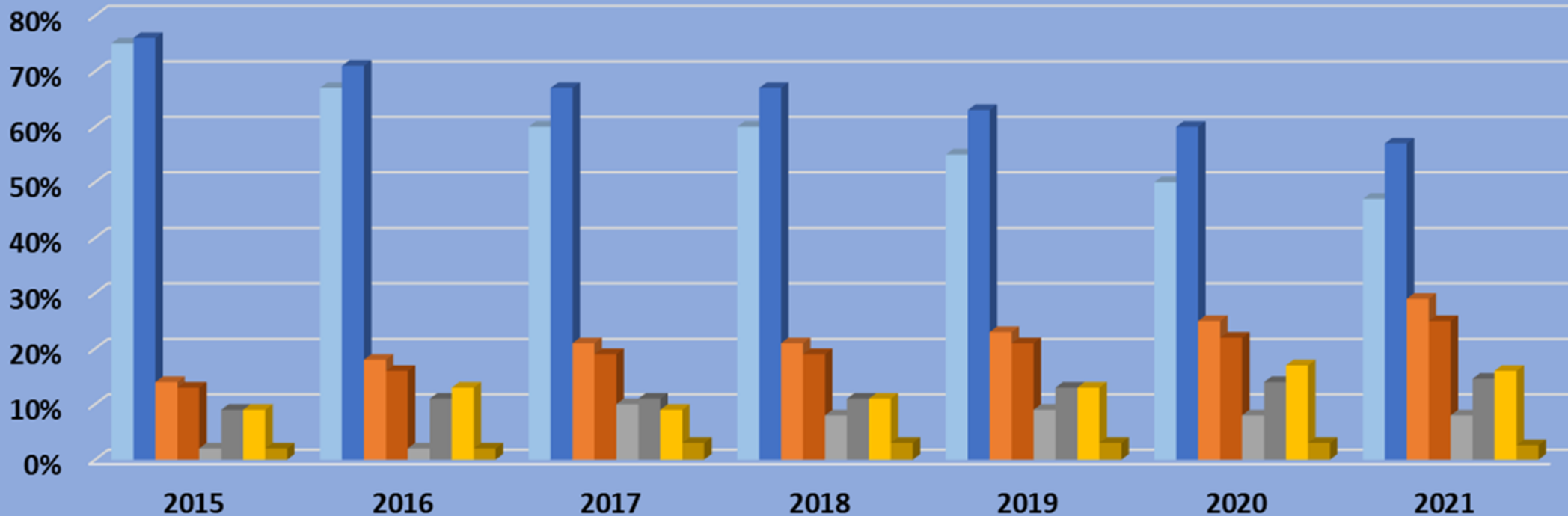




Combined Naloxone & ME Drug-Related Deaths: Statewide Demographics by Year



LE & EMS NALOXONE ADMINISTRATIONS & NJ OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS: RACE BY YEAR



- NALOXONE ADMINISTRATIONS WHITE
- NALOXONE ADMINISTRATIONS BLACK/ AFRICAN AMERICAN
- NALOXONE ADMINISTRATIONS HISPANIC
- NALOXONE ADMINISTRATIONS OTHER/UNK

- DRUG-RELATED DEATHS WHITE
- DRUG-RELATED DEATHS BLACK/ AFRICAN AMERICAN
- DRUG-RELATED DEATHS HISPANIC
- DRUG-RELATED DEATHS OTHER/UNK

NALOXONE ADMINISTRATIONS TO 9/30/2021

DRUG-RELATED DEATHS TO 10/15/2021



Combined Naloxone & ME Drug-Related Deaths: Statewide Demographics by Year



NJ OFFICE OF THE CHIEF STATE MEDICAL EXAMINER
DRUG-RELATED DEATH DEMOGRAPHICS 2015 - 2021 (TO 10/15)

CATEGORY	SUB CATEGORY	2015	2016	2017	2018	2019	2020*	2021 (TO 10/15)*
GENDER	MALE	71%	72%	73%	73%	72%	72%	72%
	FEMALE	29%	28%	27%	27%	27%	27%	28%
	UNKNOWN	N/A	N/A	0.04%	0.3%	1%	1%	0.2%
RACE	WHITE	76%	71%	67%	67%	63%	60%	57%
	BLACK/AFRICAN AMERICAN	13%	16%	19%	19%	21%	22%	25%
	HISPANIC	9%	11%	11%	11%	13%	14%	15%
	OTHER/UNK	2%	2%	3%	3%	3%	3%	3%
AGE	UNREPORTED	N/A	N/A	N/A	0.2%	0.1%	1%	1%
	UNDER 18	0.4%	0.2%	0.4%	0.1%	0.2%	0.4%	0.3%
	18-21	3%	3%	3%	2%	1%	2%	3%
	22-24	6%	6%	5%	5%	3%	3%	3%
	25-29	14%	13%	14%	12%	12%	11%	8%
	30-34	12%	14%	13%	13%	14%	12%	13%
	35-44	22%	21%	22%	25%	24%	23%	24%
	45-54	26%	26%	24%	23%	24%	23%	22%
	55 & OLDER	16%	17%	19%	20%	22%	26%	27%

*2020 and 2021 drug-related death data is preliminary and subject to change.

LE & EMS NALOXONE ADMINISTRATION DEMOGRAPHICS 2015 - 2021 (TO 9/30)

CATEGORY	SUB CATEGORY	2015	2016	2017	2018	2019	2020	2021 (TO 9/30)
GENDER	MALE	67%	68%	70%	71%	70%	71%	72%
	FEMALE	33%	31%	29%	29%	29%	28%	27%
	UNKNOWN	0.6%	1%	1%	0.3%	1%	1%	1%
RACE	WHITE	75%	67%	60%	60%	55%	50%	47%
	BLACK/AFRICAN AMERICAN	14%	18%	21%	21%	23%	25%	29%
	HISPANIC	2%	2%	10%	8%	9%	8%	8%
	OTHER/UNK	9%	13%	9%	11%	13%	17%	16%
AGE	UNREPORTED	5%	6%	3%	2%	3%	4%	4%
	UNDER 18	1%	1%	0.5%	0.5%	0.4%	1%	1%
	18-21	7%	5%	4%	3%	3%	3%	3%
	22-24	9%	8%	7%	6%	5%	4%	3%
	25-29	16%	16%	16%	16%	13%	12%	10%
	30-34	13%	12%	14%	15%	15%	13%	12%
	35-44	16%	17%	20%	21%	22%	21%	22%
	45-54	15%	17%	19%	19%	19%	19%	19%
	55 & OLDER	18%	18%	17%	18%	20%	23%	26%



County Drug-Related Deaths by Year

Top Counties with Significant Trends in Race 2015 v 2021

**NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER
DRUG-RELATED DEATHS: 1/1/2015 - 10/15/2021**

TOP COUNTIES WITH HIGHEST PERCENT (%) CHANGE BY COUNTY (2015 V 2021)

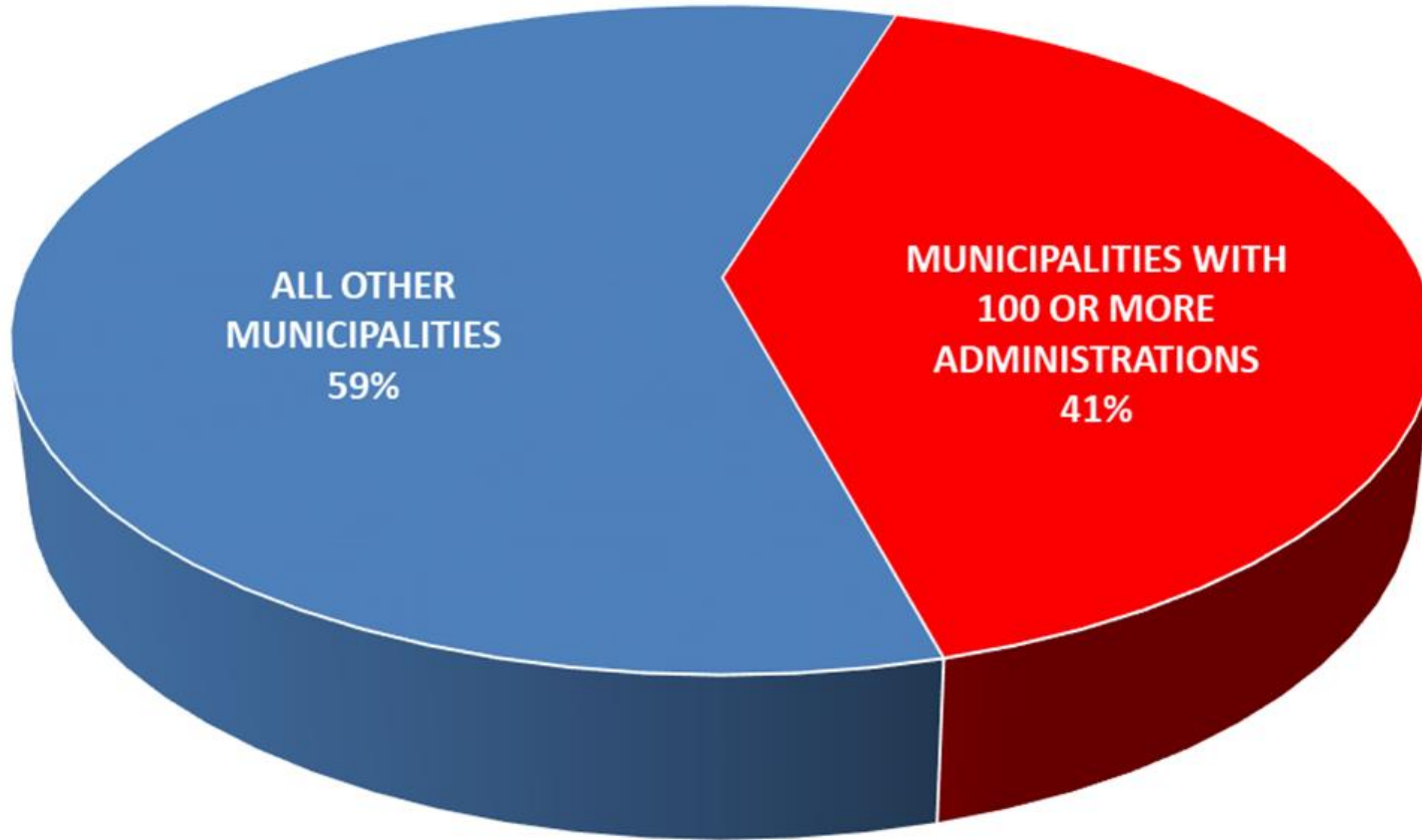
COUNTY	WHITE	BLACK/AFRICAN AMERICAN	HISPANIC	OTHER/UNKNOWN
ATLANTIC	-28%	317%	33%	300%
CUMBERLAND	-37%	44%	213%	400%
HUDSON	-43%	220%	3%	300%
HUNTERDON	-4%	700%	-100%	400%
MERCER	-34%	108%	140%	-100%
SALEM	-29%	136%	500%	500%

Methodology: To find the “Top Counties” DMI analysts averaged the percent change from 2015 to 2021 by each race category. Identified counties with more than one category were ranked. Highest % change to lowest was considered a county of interest.



Drug-Related Data on Race and Opioids

LE & EMS NALOXONE ADMINISTRATIONS - 1/1/2021 - 9/30/2021



TOTAL = 11,007

Municipalities with 100 or more administrations accounted for 41% of all naloxone administrations in New Jersey from 1/1/2021 through 9/30/2021.

COUNTY & MUNICIPALITY	NJ RANK	ADMINISTRATIONS	& % OF COUNTY
NEWARK (ESS)	1	1,059	69%
CAMDEN (CAM)	2	905	59%
JERSEY CITY (HUD)	3	521	60%
TRENTON (MER)	4	317	79%
ATLANTIC CITY (ATL)	5	256	42%
PATERSON (PAS)	6	246	55%
ELIZABETH (UNN)	7	208	34%
VINELAND (CUM)	8	181	49%
TOMS RIVER (OCN)	9	174	25%
PLAINFIELD (UNN)	10	165	27%
NEW BRUNSWICK (MID)	11	153	20%
IRVINGTON (ESS)	12	132	9%
EAST ORANGE (ESS)	13	104	7%
MILLVILLE (CUM)	14	103	28%



Naloxone Administrations: 100 + Administrations 1/1/2021 – 9/30/2021

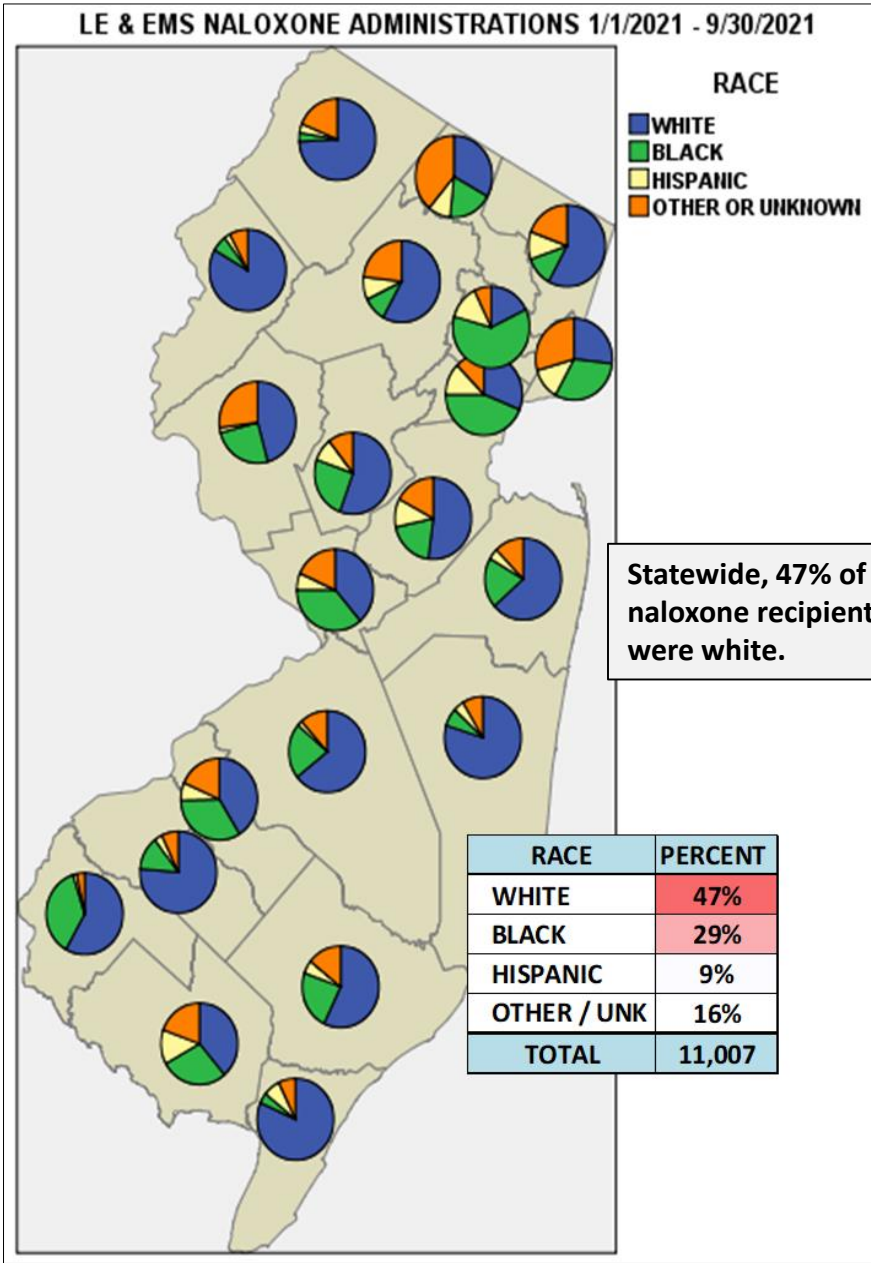
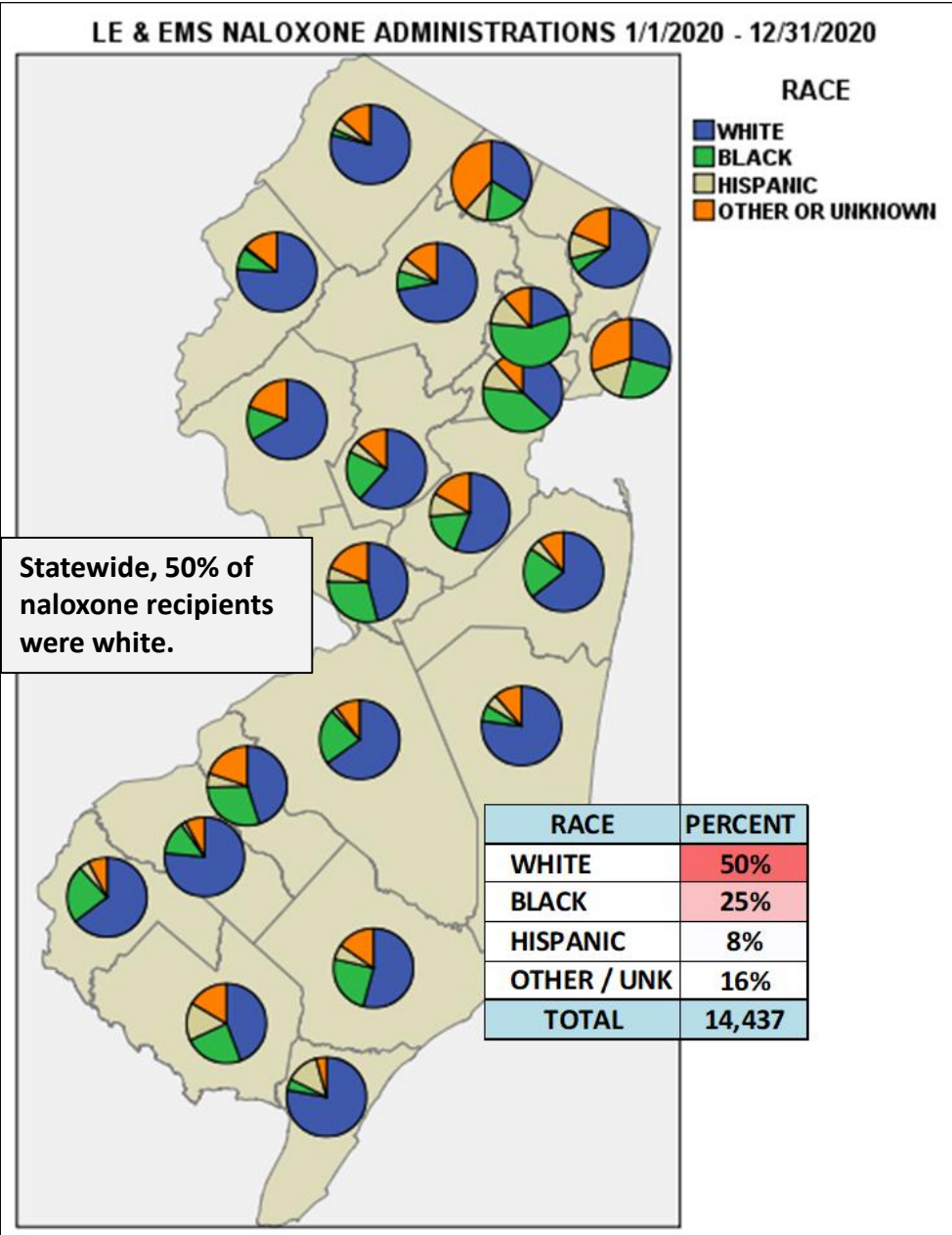
LE & EMS NALOXONE ADMINISTRATIONS - 1/1/2021 - 9/30/2021							
MUNICIPALITY & COUNTY	NJ RANK	ADMINISTRATIONS & % OF COUNTY		GENDER			
				MALE		FEMALE	
				AGE	RACE	AGE	RACE
NEWARK (ESS)	1	1,059	69%	55 & OVER	BLACK	55 & OVER	BLACK
CAMDEN (CAM)	2	905	59%	55 & OVER	BLACK	35 - 44	WHITE
JERSEY CITY (HUD)	3	521	60%	55 & OVER	BLACK	55 & OVER	BLACK
TRENTON (MER)	4	317	79%	55 & OVER	BLACK	55 & OVER	BLACK
ATLANTIC CITY (ATL)	5	256	42%	45 - 54	BLACK	35 - 44	WHITE
PATERSON (PAS)	6	246	55%	35 - 44	OTHER	55 & OVER	BLACK
ELIZABETH (UNN)	7	208	34%	55 & OVER	BLACK	55 & OVER	BLACK
VINELAND (CUM)	8	181	49%	35 - 44	WHITE	55 & OVER	WHITE
TOMS RIVER (OCN)	9	174	25%	35 - 44	WHITE	35 - 44	WHITE
PLAINFIELD (UNN)	10	165	27%	55 & OVER	BLACK	55 & OVER	BLACK
NEW BRUNSWICK (MID)	11	153	20%	45 & OVER	BLACK	55 & OVER	BLACK
IRVINGTON (ESS)	12	132	9%	45 - 54	BLACK	55 & OVER	BLACK
EAST ORANGE (ESS)	13	104	7%	55 & OVER	BLACK	55 & OVER	BLACK
MILLVILLE (CUM)	14	103	28%	35 - 44	WHITE, BLACK	25 - 29	WHITE

In these 14 municipalities, 2021 naloxone administrations most often involved:

- Black males, 55 & over; White males, 35 – 44.
- Black females, 55 & over; White females 35 – 44.



Statewide Overview Naloxone Administrations: Race 2021





Statewide Treatment Admissions & Unique Clients for All Drugs by Year

ALL DRUGS STATEWIDE TREATMENT OVERVIEW 1/1/2016 - 10/31/2021: RACE															
	ADMISSIONS								FIRST-TIME CLIENTS						
	RACE	2016	2017	2018	2019	2020	2021 (TO 10/31)	TOTAL	2016	2017	2018	2019	2020	2021 (TO 10/31)	TOTAL
TOTALS	White	45,566	48,464	51,742	56,315	47,310	41,139	290,536	31,268	31,540	31,807	32,091	26,875	23,389	176,970
	Black	16,660	17,993	20,332	22,477	18,293	17,432	113,187	12,258	12,932	13,880	14,427	11,827	11,094	76,418
	Hispanic	11,588	12,656	13,977	15,234	11,385	10,496	75,336	8,969	9,502	10,035	10,256	7,791	7,086	53,639
	Other	1,018	1,132	1,243	1,352	1,118	1,060	6,923	825	937	952	991	782	739	5,226
OVERALL TOTALS		74,832	80,245	87,294	95,378	78,106	70,127	485,982	53,320	54,911	56,674	57,765	47,275	42,308	312,253

ALL DRUGS STATEWIDE TREATMENT OVERVIEW 1/1/2020 - 12/31/2021: RACE						
RACE	ADMISSIONS			FIRST-TIME CLIENTS		
	2020	2021 Projected	% CHANGE	2020	2021 Projected	% CHANGE
White	47,310	49,367	+4%	26,875	28,067	+4%
Black	18,293	20,918	+14%	11,827	13,313	+13%
Hispanic	11,385	12,595	+11%	7,791	8,503	+9%
Other	1,118	1,272	+14%	782	887	+13%
TOTAL	78,106	84,152	+8%	47,275	50,770	+7%

- 2021 projections are showing an increase in admissions and clients in all races, however, the percentage change is higher for Black and Hispanic.



Statewide Treatment Admissions & Unique Clients Race Analysis by Opioid Drug



HEROIN TREATMENT OVERVIEW 1/1/2020 - 12/31/2021: RACE						
ADMISSIONS				FIRST-TIME CLIENTS		
RACE	2020	2021 Projected	% CHANGE	2020	2021 Projected	% CHANGE
White	24,780	24,002	-3%	13,650	13,358	2%
Black	7,067	8,232	+16%	4,335	4,999	+15%
Hispanic	4,968	5,258	+6%	3,084	3,218	+4%
Other	369	401	+9%	249	282	+13%
TOTAL	37,184	37,893	+2%	21,318	21,857	+3%

2021 projections are showing the largest increase over 2020 in Black admissions and clients.

OTHER OPIATES (INC. FENTANYL) TREATMENT OVERVIEW 1/1/2020 - 12/31/2021: RACE						
ADMISSIONS				FIRST-TIME CLIENTS		
RACE	2020	2021 Projected	% CHANGE	2020	2021 Projected	% CHANGE
White	3,780	4,243	+12%	2,791	3,110	+11%
Black	1,564	1,762	+13%	1,155	1,302	+13%
Hispanic	816	1,037	+27%	607	781	+29%
Other	72	88	+22%	59	70	+19%
TOTAL	6,232	7,130	+14%	4,612	5,263	+14%

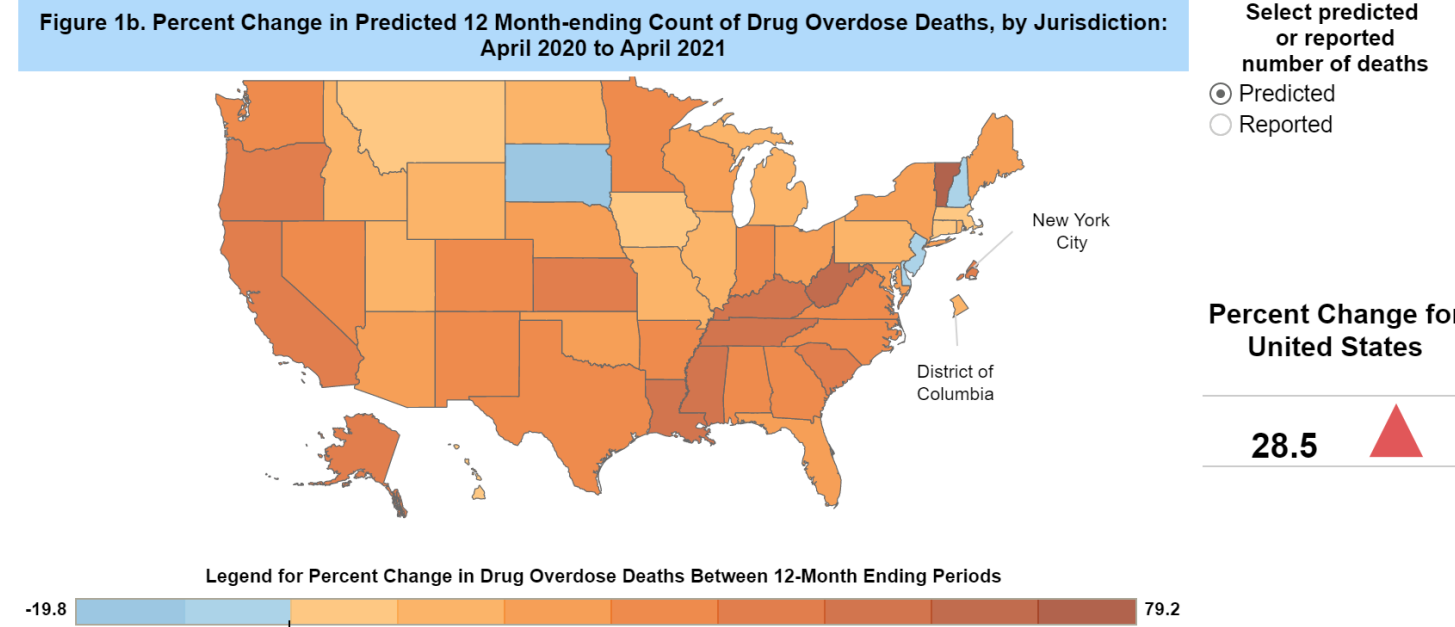
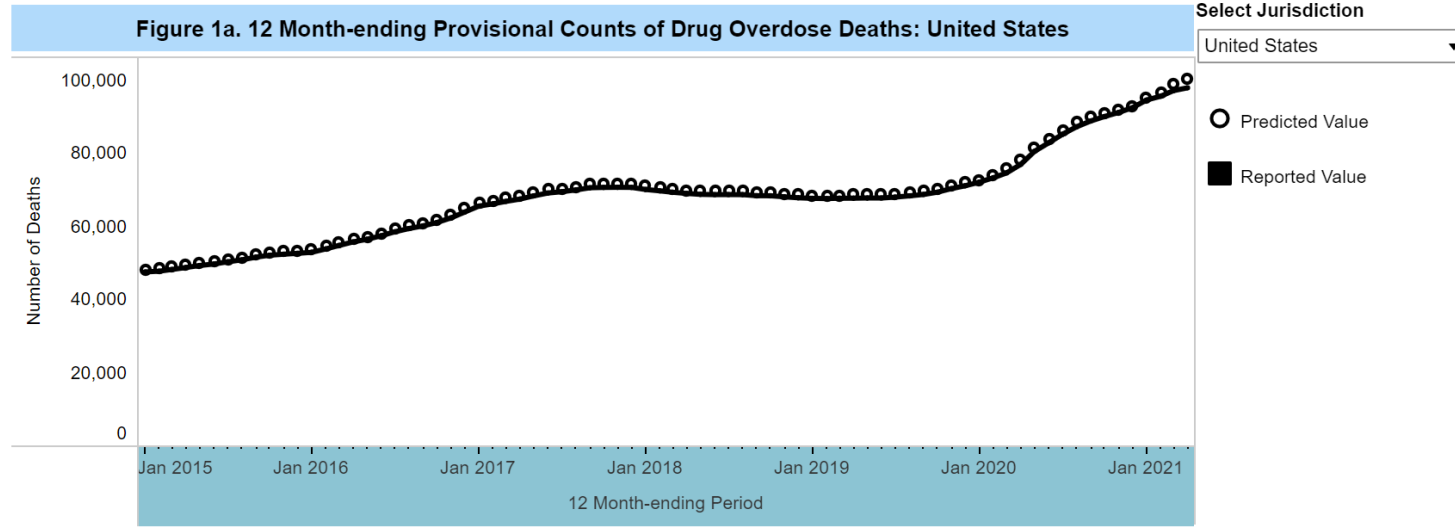
- 2021 projections are showing an increase in admissions and clients in all races, however, the percentage change is highest for Hispanic.
- 2021 projections for Black and Hispanic admissions and clients are expected to be higher than any yearly admissions and clients total in the past 5 years.

OXYCODONE TREATMENT OVERVIEW 1/1/2020 - 12/31/2021: RACE						
ADMISSIONS				FIRST-TIME CLIENTS		
RACE	2020	2021 Projected	% CHANGE	2020	2021 Projected	% CHANGE
White	1,373	1,324	-4%	1,050	1,018	-3%
Black	580	640	+10%	430	480	+12%
Hispanic	267	338	+27%	206	264	+28%
Other	37	23	-38%	27	20	-26%
TOTAL	2,257	2,325	+3%	1,713	1,782	+4%

- 2021 projections are showing the largest increase over 2020 in Hispanic admissions and clients.
- 2021 projections for Black admissions and Hispanic admissions and clients are expected to be higher than any yearly admissions and clients total in the past 5 years.



Latest National Reporting





Sources



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(CDC WONDER). <https://wonder.cdc.gov/>

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<https://www.cdc.gov/nchs/nvss/index.htm>

N.A. (2021). CDC Web-based injury statistics query and reporting system (WISQARS).

<https://www.cdc.gov/injury/wisqars/index.html>

N.A. (2021). NJ DOH State Health Assessment Data (SHAD)

<https://www-doh.state.nj.us/doh-shad/>



Drug-Related Data on Race and Opioids



QUESTIONS?

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Robert L. Johnson, MD, FAAP
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Substance Use Disorders Health Disparities Impact

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Opioid Addiction - the lessons of History

Dysentery
Cholera
Malaria
Pneumonia
Menstrual Pains
Painful Injuries
Depression
Anxiety



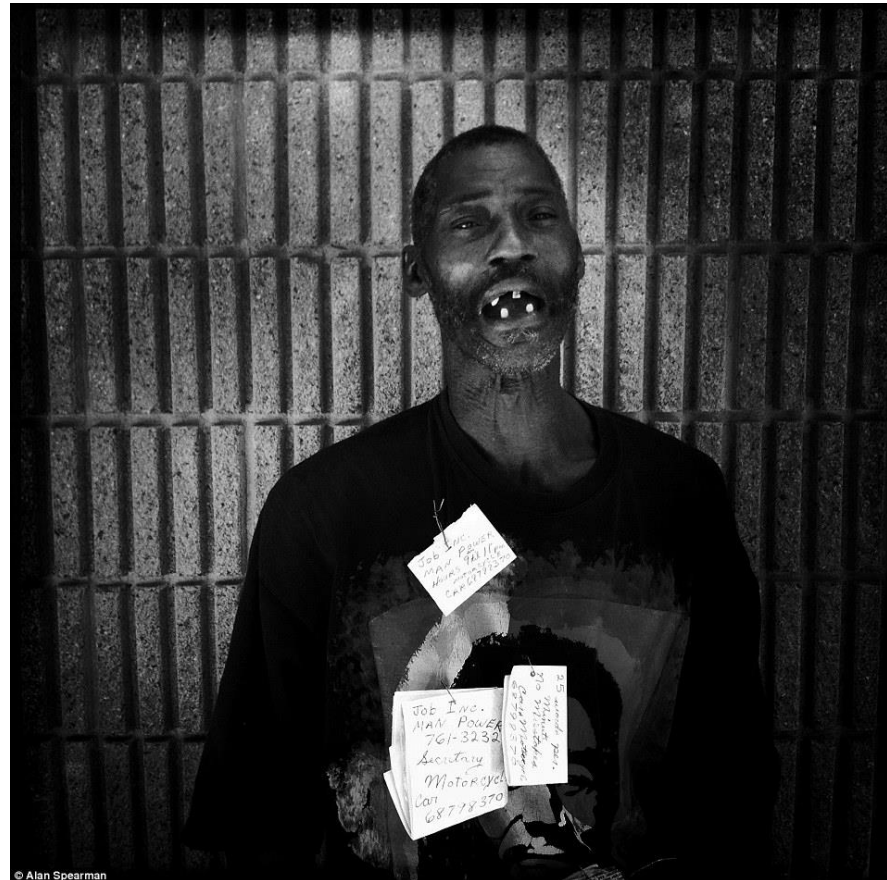
Civil War - White vs Black Medical Experience



Current - White vs Black Medical Experience



White Americans were about twice as likely to die from prescription opioid overdose as African Americans



SUD Treatment Disparities

- **“Studies found Caucasians were 35 times more likely to visit hospitals for buprenorphine compared to African-American counterparts. Some of the commonly cited reasons include accessibility and insurance.”**
- **“....if a person of color does not have insurance and cannot financially pay for meds out of pocket, it will be challenging to attend hospitals for treatment.”**
- **“Surveys showed the majority of white patients paid cash or used insurance; only 25% of visits were covered by Medicaid or Medicare. The lack of options for people from a lower socio-economic status means that they can find trouble getting the meds they need.”**

Mark Goodson
Psychiatric Times.com “It’s Time to Examine the Racial Disparity in Addiction Treatment”
Vol 38, Issue 6, 7/17/19

SUD Treatment Disparities

- “.....some doctors project mistrust onto African-American patients when treating them. Surveys revealed discrimination toward African-Americans based on race, financial status, and other factors. Racial stereotypes have been another factor in the decision to treat patients.”
- “Some doctors believe black people have an ability to be strong and tough out painful conditions, and therefore do not give them the meds they need.”
- “Reports noted doctors not trusting black patients to take the meds properly. Other doctors have believed the patients will sell the drugs.”

Mark Goodson
Psychiatric Times.com “It’s Time to Examine the Racial Disparity in Addiction Treatment”
Vol 38, Issue 6, 7/17/19

- **Health Disparities** – the differences between groups of people.
 - These differences can affect how frequently a disease affects a group, how many people get sick, or how often the disease causes death.
- **Health Equality** – the other side of disparity
 - difficult to achieve because of “uncontrollable” biological factors
- **Health Equity** - the absence of disparities produced by the “**controllable or remediable aspects of health.**”
 - Social Determinants

www.thecommunityguide.org/healthequity/

- **Health inequities** are caused by the uneven distribution of social determinants of health.
- **Social determinants** include but are not limited to:
 - education, housing, and the neighborhood environment (e.g., sidewalks, parks), access to transportation, employment opportunities, the law and the justice systems, and health care and public health systems, SES, race, ethnicity, gender, sexual identity etc.....

Social Determinants of Health/SUD

Socioeconomic status

- strong predictor of life quality
- key factor underlying health inequities
- limits capacity to maintain good health

Social Determinants of Health/SUD

Education

- Predictor of healthcare utilization
- Predictor of socioeconomic status.

Social Determinants of Health/SUD

Race and Ethnicity – **Structural Racism**

- Large disparities in health and access
- Insurance coverage
 - absent or limited
- Less quality of care
 - less intensive and lower quality
 - less preventative care
 - less specialty care
 - fewer expensive and technical procedures

Social Determinants of Health/SUD

Environment

- exposure to environmental hazards
- neighborhood resources
 - Health care facilities
 - Parks
 - Sidewalks
 - Food supply
- structural and community factors
 - Built environment
- violence

Social Determinants of Health/SUD

Provider factors

- Cultural Incompetency
- Language
- Discrimination
- Stereotype



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Jayme S. Ganey, LPC
Program Manager of Culture Connections,
Family Connections

Structuring Equity in the Fight Against the Opioid Epidemic

Presented by: Culture Connections



**family
connections**



Culture Connections

ADAPT
Alcohol and Drug Abuse Prevention Team

- **Culture Connections is a program designed to improve mental health and substance use services and outcomes in northern New Jersey by enhancing the cultural competence of mental/behavioral health professionals and their organizations.** The journey toward cultural proficiency, by nature, builds equity and inclusiveness so our system can close the policy gaps that created disparities.

- **ADAPT is a coalition dedicated to reducing underage drinking and drug use/abuse throughout Essex County.** We empower youth leaders and collaborate with community partners to improve prevention and awareness, while also advocating for local and countywide changes in policy, programs, and practices.

Disparities in Accessing Resources for Prevention, Treatment and Recovery

Disparities come from:

- not being counted; not being heard.
- siloed systems.
- “old ways” of thinking and doing when the culture, education and times have shifted.
- systems that have dehumanized instead of humanized.
- little/no accountability at the top.
- band aid solutions.
- homogenous rooms that don't include diverse stakeholders in the decision-making process...



+

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Making
Prevention,
Treatment, &
Recovery
Accessible

o

Social Determinants of Health



Social Determinants of Health
Copyright-free

Healthy People 2030

- Funding programs to address social determinants of health.
- Assess attitudes, bias and approaches of financial decision makers
- Diverse stakeholders being culturally inclusive and educated in equity, in decision making
- Increased cost, burden and disparities come from the short game (band-aids). The long game provides supports to change the access landscape and eradicate disparities.

Black Opioid Deaths Increase Faster Than Whites, Spurring Calls For Treatment Equity

September 10, 2021 · 5:00 AM ET

MA RISA PENALOZA



"If you are Black American and you have an opioid use disorder, you are much less likely to be prescribed medications for opioid use disorder," Volkow says, noting that medications like buprenorphine have been known to be very effective in protecting patients from overdosing. "That's discrimination," says Volkow.

The rise of fentanyl, a powerful synthetic opioid that is often laced in heroin, has also affected rates of overdose among Blacks, she says. The main driver of overdose deaths has changed "from prescription opioids then to heroin and now to fentanyl."

Overdose deaths in Black communities are largely caused by fentanyl.

Other factors are at play in these death rates as well, Volkow says. She acknowledges that the federal government and health care systems such as hospitals, community clinics and family doctors need to put in place mechanisms to collect better data. Currently, many physicians don't screen for opioid use disorder, Volkow says.

This data, she says, could "give us a better perspective of the nature of the problem and to help or guide clinicians on interventions."

Home / News / Health News

Fatal Opioid ODs Keep Rising in Black Americans

Sept. 13, 2021, at 8:14 a.m.



By Dennis Thompson HealthDay Reporter

MONDAY, Sept. 13, 2021 (HealthDay News) -- The decades-long U.S. opioid epidemic could be hitting Black people harder than white folks as the crisis enters a new phase.

Overall, opioid OD death rates were flat in the targeted communities between 2018 and 2019, researchers reported Sept. 9 in the [American Journal of Public Health](#).

But looking more closely, researchers found a 38% increase in opioid overdose deaths among Black people.

He noted that laws have been passed to curb the illicit use of prescription opioid painkillers; communities have been educated on ways to treat overdoses and armed with the OD reversal drug naloxone, and medications have been made more widely available to treat people addicted to opioids.

"Unfortunately, they've been delivered in ways mirroring structural inequalities throughout our health care and public health systems," with the benefits mainly going to white people, Laroche said.

Other matters that hamper Black Americans' access to health care likely play a role here as well, Stoller added. These include a lack of access to health care and affordable health insurance, no available child care, problems finding transportation to and from treatment, as well as homelessness.

The Long Game: Change the Access Landscape

The Access Landscape: Assessing & Structure



Grab the right data. You can't measure a problem (or create solutions) that you can't see.

We're at a great start. Now look at how deep the disparities in data have impacted the needs.

The data should be inclusive and assessed for it regularly. This includes inclusive language in survey and assessment tools.

Data should be diverse in collection methodology (numbers, stories, etc). Also, are you inclusive in your gathering and presentation strategies?

Effective data gathering can create programming that serves populations effectively



The Access Landscape: Assessing

- Assess the array of needs that contribute to a group of people getting access (or not).
- Assess who is and who you're bringing to the table to partner around addressing needs. Are they representative of:
 - Diverse expertise?
 - Cultural backgrounds of those experiencing disparities?
 - Diverse stories and data to inform your lens and target outcomes?



The Access Landscape: Education & Structure

- **Community Presence:** If you're not listening and doing life with the community, you can't serve the community properly. Get involved.
- **Coalition building:** Expertise in your community is in collaboration with others who look like the community being served.
 - Comprised of diverse group of volunteers that includes youth, parents, teachers, law enforcement, businesses, religious leaders, health providers, other community activists who are mobilizing at the local level to make their communities safer and healthier, and others.

Coalition Model:

- Comprehensive strategy that promotes coordination and collaboration among multiple sectors and makes efficient use of limited community resources. Collective needs assessments.

- Family Connections ADAPT Coalition uses this model in a way that has **already reduced tens of thousands of pounds of drugs on the street, and has established, in partnership to reduce substance use with police departments to increase disposal of prescription medications in the county.**

	Coalitions	Programs
Scale	Coalitions measure success by examining community level indicators. This applies to all coalition outcomes (short- and long- term).	Programs measure change in individuals who have been directly affected by the intervention(s).
Address Multiple Causes	Coalitions seek to ensure that all causes of identified problems are addressed	Programs are more focused on single strategies, e.g., parenting classes or peer mentoring.
Roles	Coalition activities are diffused and taken by all members with staff playing a coordinating or supporting role.	Program staff lead the process and are responsible for implementing interventions.





The Access Landscape: Structure

Leadership Retooling:

- Homogenous rooms send messages to community, partners, staff and clients: “This is not where your concerns will be put into policy”
- Make health equity outcomes everyone’s job. Requires retooling of strategies, increased education, create deliverables specific to equity, and use accountability and rewards (reviews, bonus, etc).
- Model what you mandate. Don’t look to someone else to execute, make better decisions, shift resources. Do it first and often.
- Recruitment: From coalition building, community presence, WOM marketing, etc. Make sure equity is a part of this process.
- The conversations, the policies, the practices, and the accountability, must be brave, safe, and fruitful in order to support the more equitable outcomes you’re targeting.

Outcomes

NJ Human Services Announces Expanded Opioid Addiction Treatment Hours Coming for Ocean & Union Counties

November 22, 2021, 11:22 am | in

NJ Human Services Announces Expanded Opioid Addiction Treatment Hours Coming for Ocean & Union Counties

Expanded Hours Bolster Efforts to Remove Barriers to Treatment for Those with Opioid Use Disorder; Ocean & Union to join Atlantic, Gloucester, Hudson & Mercer Counties with Expanded Treatment Hours

Nov. 22, 2021

(TRENTON) – Acting Commissioner Sarah Adelman today announced the Department has awarded contracts to expand opioid treatment service hours in Ocean and Union counties, meaning six counties will now have expanded addiction treatment hours.

“Traditional service hours can be a barrier to treatment for individuals with opioid use disorder,” Acting Commissioner Adelman said. “That’s why we’re pleased to award contracts to further expand services to provide medication that can support recovery and to help individuals get ongoing care. The opioid crisis has tragically taken far too many lives, and this is yet another step in our continuous effort to make it easier for individuals to access care.”

The \$1.6 million program will be paid for through Substance Abuse and Mental Health Services Administration’s (SAMHSA) State Opioid Response grant funding. The program will be implemented in Ocean County by Ocean Monmouth Care and in Union County by Organization for Recovery, with services expected to start in February.

Human Services is focusing the expanded service hours on high-need areas, and earlier this year awarded contracts to establish similar programs in Atlantic, Gloucester, Hudson, and Mercer counties. Expanded services in those counties began in July.

Coalition Building and Community Presence

- **ADAPT:**
 - **2014:** We launched our "Brown Bag" Events, which were localized medication take back programs at a senior housing complex in Irvington, NJ.
 - As of 2020, we've hosted 41 "Brown Bag" Events in 15 municipalities throughout Essex County.
 - **2020:** 19,330 pounds of medication have been collected through these events and the permanent disposal sites that we have in 18 municipalities throughout the county.
 - **2022:** Working with County of Essex to create a countywide substance use-related Epidemiological Outcomes Workgroup; countywide data access point to increase speed of response, innovation, and funding.



- Livingston Police Department
- Caldwell Police Department
- Newark Police-Report Section
- Montclair Police Headquarters
- Belleville Police Department
- Verona Police Department
- Bloomfield Police Department
- East Orange Police Department
- Fairfield NJ Municipal Court
- Glen Ridge Police Department
- Irvington Police Department

THINGS YOU DON'T NEED: DRUGS

"DROP it in the BOX"

MONITOR. SECURE. DISPOSE.

What is "Drop It In The Box?"
Family Connections' ADAPT Coalition's "Drop It In The Box" aims to make residents properly monitor, secure, and dispose of their expired and/or unused prescription and over-the-counter medications.

MONITOR
Keep track of how much of each medicine you currently have, especially for prescription pain killers.

SECURE
Store and lock your prescription medication in an undisclosed, secure location whenever possible.

DISPOSE
Visit your local permanent disposal box anytime 24 hours a day, 7 days a week or mix with used coffee grounds or cat litter and throw away in the garbage. **DO NOT** flush them down the toilet or sink because it can damage the environment!

What do I do?

- Leave medication in the original container.
- Remove your name and other identifying information.
- Leave the type/name of the medication on the container.
- Drop medication into the permanent disposal box.

Where are the disposal boxes located?
ADAPT and Project Medicine Drop-off boxes are available 24 hours a day, 7 days a week at the local Essex County police departments listed below:

BELLEVILLE:	152 Washington Avenue
BLOOMFIELD:	1 Municipal Plaza
CALDWELL:	1 Provost Square
EAST ORANGE:	15 South Munn Avenue
FAIRFIELD:	230 Fairfield Road
GLEN RIDGE:	3 Herman Street
IRVINGTON:	1 Civic Square
LIVINGSTON:	333 S. Livingston Avenue
MAPLEWOOD:	1618 Springfield Avenue
MILLBURN:	435 Essex Street
MONTCLAIR:	647 Bloomfield Avenue
MONTCLAIR STATE PD:	1 Normal Avenue
NEWARK:	22 Franklin Street
NORTH CALDWELL:	136 Gould Avenue
NUTLEY:	228 Chestnut Street
ORANGE:	29 Park Street
SOUTH ORANGE:	201 South Orange Avenue
VERONA:	600 Bloomfield Avenue

Recruitment and Leadership Retooling

Culture Connections, in 2020-2021:

- 50+ NJ mental health and substance use agencies who received our support developed cultural competence plans around health equity issues.
- 50+ organizations' leadership took our leadership assessment, along with a focused training to support health equity commitment and innovation at each participating agency
- In our own agency: Board Cultural Competence Plan; retooling of the organization strategic plan to focus on health equity. Funding tool...
- Recruitment Committee collaborated to strategize and enact steps to improve diversity and retention of diverse members. Has yielded several new diverse members in this young partnership

Leadership Survey Results: Strengths and Needs

ORGANIZATION'S COMMITMENT

1. We have sought assistance or researched partnerships to expand our competency in these identified areas of challenge:

A. Service delivery and linkage provision:	62.22% agree	13.33% disagree	24.44% not sure
B. Quality improvement; data collection:	46.67% agree	17.78% disagree	35.56% not sure
C. Community partnerships; accountability:	53.34% agree	20% disagree	26.67% not sure
D. Fundraising/ funding allocation:	28.57 agree	21.43% disagree	50% not sure
E. Board development, recruitment, staffing, onboarding and offboarding/transitioning:	55.56% agree	13.33% disagree	31.11% not sure
F. Ongoing training for board, leadership, staff:	71.11% agree	4.44% disagree	24.44% not sure
G. Electronic records and/or assessment records; information management:	46.66% agree	13.33% disagree	40% not sure
H. Internal/external communications, language access:	64.44% agree	13.33% disagree	22.22% not sure
I. Physical facility/environment:	45.46% agree	20.45% disagree	34.09% not sure

Thank You

- Questions: Jayme Ganey, Program Manager, Culture Connections, Family Connections: jganey@familyconnectionsny.org
- Joel Torres, Program Manager, ADAPT, Family Connections: jtorres@familyconnectionsny.org



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UPCOMING WEBINAR

An Hour With Sam Quinones, Author of "Dreamland: The True Tale of America's Opiate Epidemic"

1 p.m. Thursday, January 27, 2022

Register at KnockOutDay.DrugFreeNJ.org