



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



OPIOID
EDUCATION FOUNDATION
OF AMERICA



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

The Intersection of Race, Culture and the Opioid Crisis

June 29, 2023



The Partnership For A
Drug-Free New Jersey

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Physician Assistants

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American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

Other HCPs

Other members of the care team will receive a certificate of participation.

Additional Information About Continuing Education

- **You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.**
- **The link to apply for credit will be provided on the last slide.**
- **The link will also be provided in the chat at the end of the program.**
- **The link will also be sent to you in a follow-up email tomorrow.**
- **The link will be active for 30 days after today's event.**

Captain Piotrowski discloses that he was a past shareholder of Merck and Mind Medicine. PA Planner Dean Barone discloses that he serves on the speakers bureau of Ethicon. All other planners have nothing to disclose.

Additional Information About Continuing Education

- **This webinar has also been approved by NJ OEMS for 1.0 EMT Elective CEU.**
- **Attendees seeking 1.0 EMT Elective CEU will be provided a different link to apply for credit at the end of the webinar and in the follow-up email tomorrow.**

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. He was a general duty road trooper before being selected as an initial member of the state fusion center in 2006. Capt. Piotrowski 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, he 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. Capt. Piotrowski is also currently a Bloomberg American Health Initiative Fellow and Master of Public Health Candidate at Johns Hopkins University, focusing on overdose and addiction.



Aleesa Mobley, PhD
Clerkship Director, Neuro Musculoskeletal
Pain, School of Osteopathic Medicine,
Virtua Health College of Medicine & Life
Sciences of Rowan University

Dr. Aleesa Mobley is an advance practice nurse and certified professional in healthcare quality with over 40 years of health care experience as a licensed nursing professional, 20 years as an advanced practice in veterans' primary care, and internal medicine and interventional pain management specialty practices. She is currently the clerkship director of the Neuro Musculoskeletal Pain rotation in the School of Osteopathic Medicine at Virtua Health College of Medicine & Life Sciences of Rowan University. Dr. Mobley's long-term research interests involve furthering the development and understanding of chronic pain management, including opioid tapering, inequities in care among marginalized groups that may be due to lack of knowledge or lack of attention to the use of adjunctive, alternative and complimentary methods available to treat and improved management of chronic pain.



Solomon Middleton-Williams
Deputy Director
Newark Community Street Team

Solomon Middleton-Williams is the deputy director of the Newark Community Street Team (NCST). He has more than 15 years of experience in the health and human services and public policy fields and continues to be a strong advocate for equal housing for all. In this capacity, Solomon's responsibilities include overseeing the development and execution of managing partnerships, programmatic systems, internal and external communications, fundraising and development. He recently founded his own company, Grace Solution Services, helping to build organizational capacity, with common sense solutions. He is also on the Board of Directors of Elite Mentoring Collective in Providence, R.I., a non-profit program built to improve the lives of young men, ages 7-24.



Ashley M. Hill Trotter, MSW, LSW
Social Work Manager
Overdose Response Team
Newark Community Street Team

Ashley Hill Trotter is a New Jersey state-licensed social worker who has spent her career serving vulnerable populations by identifying and elevating micro-level barriers to stimulate macro-level change. Her previous experience in child welfare and homelessness services throughout New Jersey and in the City of Newark has kept her in close contact with communities plagued by poverty, trauma and substance use and abuse. Today, as the social work manager for Newark Community Street Team's Overdose Response Team (NCST ORT), Ashley oversees a team of two outreach workers who have distributed over 1,000 harm reduction supplies within Newark, and who respond to overdose emergencies with care and compassion.



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

Office of Drug Monitoring and Analysis

Drug Monitoring Initiative



Partnership for a Drug-Free New Jersey ~ June 2023
Opioids & Communities of Color

ROIC202306-14874D

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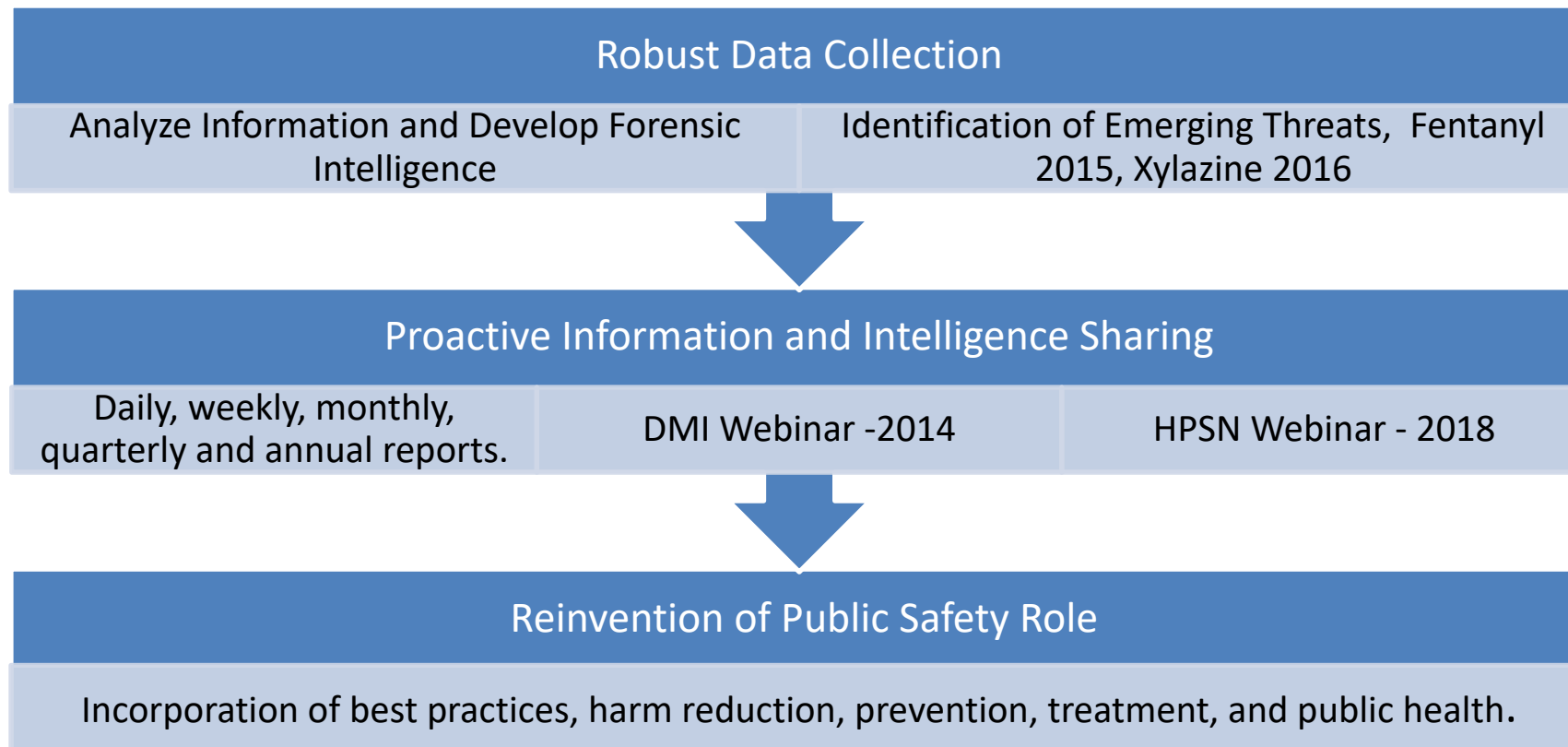


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Drug Monitoring Initiative Intelligence-Led Policing & Prevention

Purpose: Understand the drug environment, so we can best service the citizens of New Jersey.



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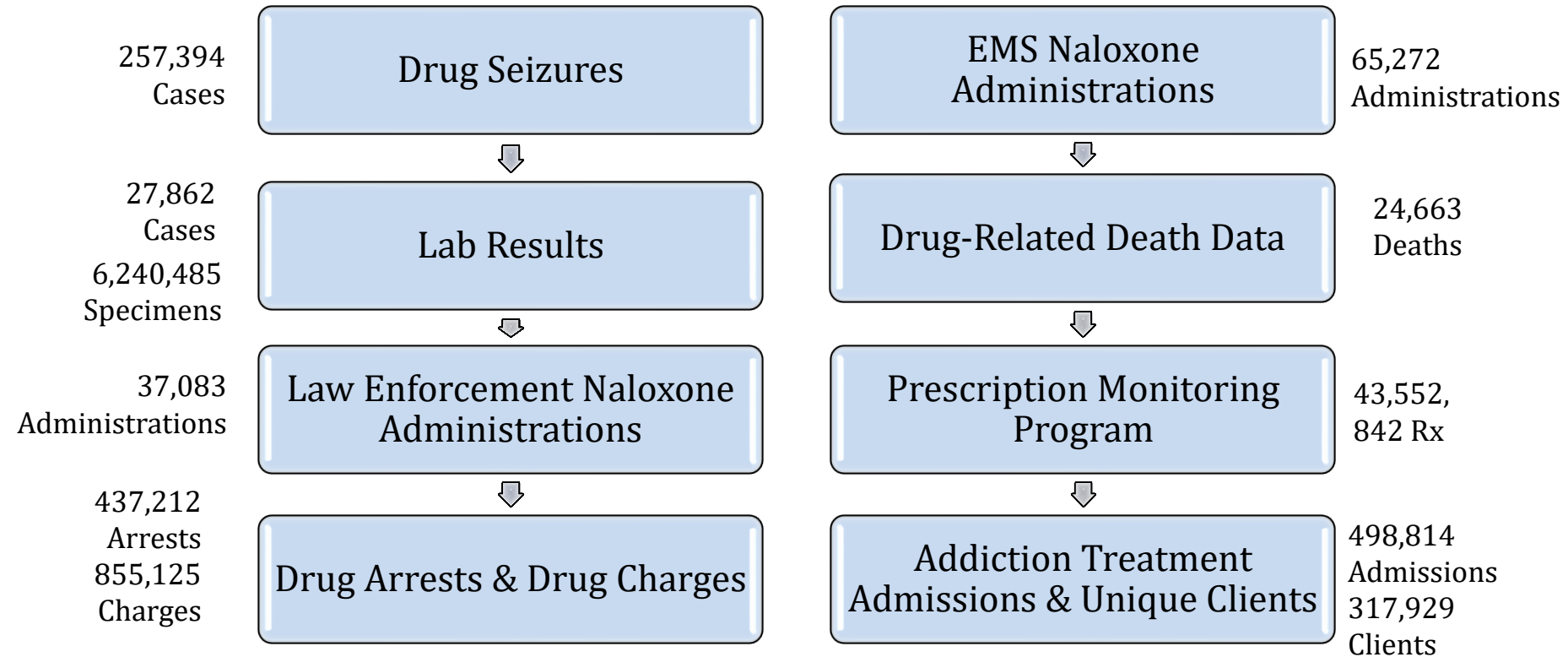


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ODMAP Reports: Suspected Drugs

NJ DMI Datasets



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New Jersey Population: Race

2020 New Jersey Population: Race				
County	White	Black or African American	Hispanic or 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%	4.7%
Cumberland	42.7%	17.1%	34.4%	5.8%
Essex	27.2%	37.5%	24.4%	10.9%
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%	8.5%
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%
Total	51.9%	12.4%	21.6%	14.2%
*Other includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, some other race alone, and two or more races. Source: U.S. Census Bureau, 2020 Census Redistricting Data.				

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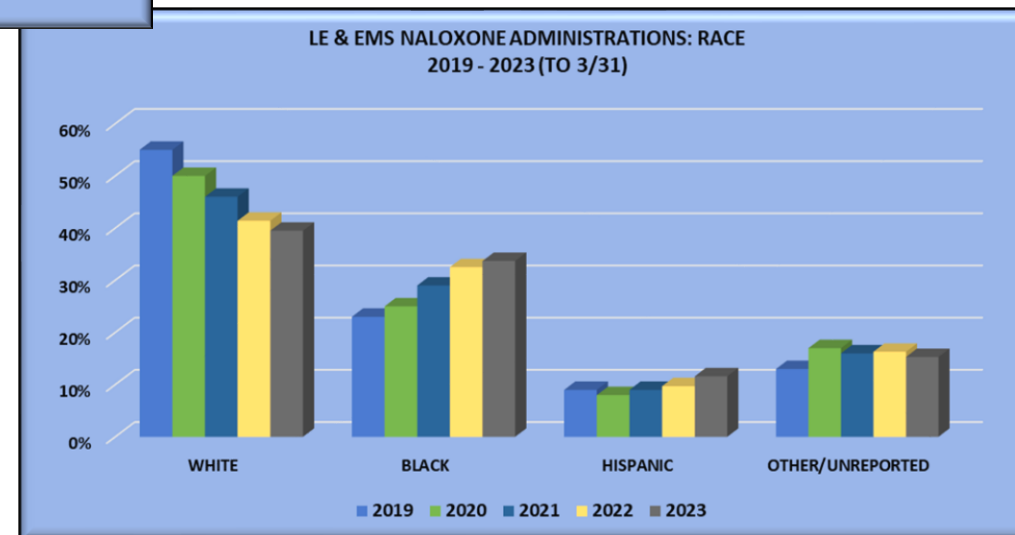
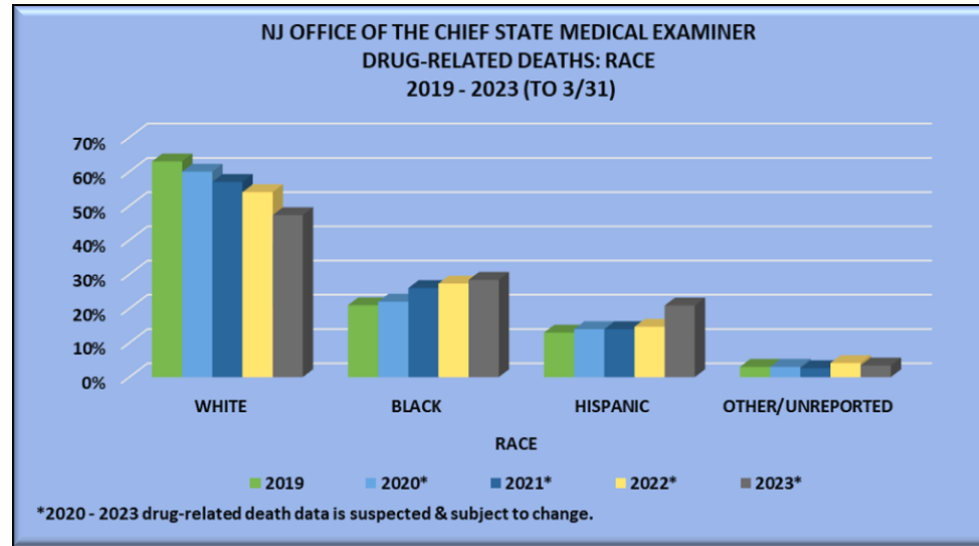
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Overdose Data by Race

From 1/1/2019 through 3/31/2023:

White recipients decreased; Black and Hispanic recipients increased.



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Overdose Demographic Data: 1/1/2019 - 3/31/2023

NJ OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATH DEMOGRAPHICS 2019 - 2023 (TO 3/31)							LE & EMS NALOXONE ADMINISTRATION DEMOGRAPHICS 2019 - 2023 (TO 3/31)						
CATEGORY	SUB CATEGORY	2019	2020*	2021*	2022*	2023*	CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	72%	72%	72%	73%	71%	GENDER	MALE	70%	71%	72%	73%	73%
	FEMALE	27%	27%	28%	27%	28%		FEMALE	29%	28%	28%	27%	26%
	UNREPORTED	1%	1%	0.1%	0.5%	1%		UNREPORTED	1%	1%	0.5%	0.6%	1%
RACE	WHITE	63%	60%	57%	54%	47%	RACE	WHITE	55%	50%	46%	41%	39%
	BLACK	21%	22%	26%	27%	28%		BLACK	23%	25%	29%	33%	34%
	HISPANIC	13%	14%	14%	15%	21%		HISPANIC	9%	8%	9%	10%	12%
	OTHER/UNREPORTED	3%	3%	3%	4%	3%		OTHER/UNREPORTED	13%	16%	16%	16%	15%
AGE	UNDER 18	0.2%	0.4%	0.3%	0.3%	1%	AGE	UNDER 18	0.4%	1%	1%	1%	1%
	18-21	1%	2%	3%	1%	2%		18-21	3%	3%	3%	2%	2%
	22-24	3%	3%	3%	2%	3%		22-24	5%	5%	3%	3%	3%
	25-29	12%	11%	8%	7%	6%		25-29	13%	12%	10%	8%	7%
	30-34	14%	12%	13%	10%	11%		30-34	15%	13%	12%	12%	12%
	35-44	24%	23%	24%	23%	25%		35-44	22%	21%	22%	20%	20%
	45-54	24%	23%	22%	23%	21%		45-54	19%	19%	19%	19%	19%
	55 & OLDER	22%	26%	27%	32%	31%		55 & OLDER	20%	23%	27%	31%	31%
	UNREPORTED	0.1%	1%	1%	0.4%	0.3%		UNREPORTED	3%	4%	4%	4%	5%
*2020 - 2023 drug-related death data is suspected and subject to change.													

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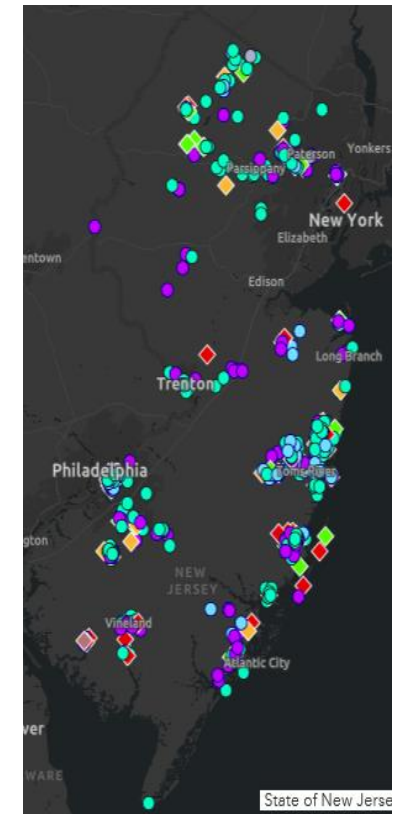
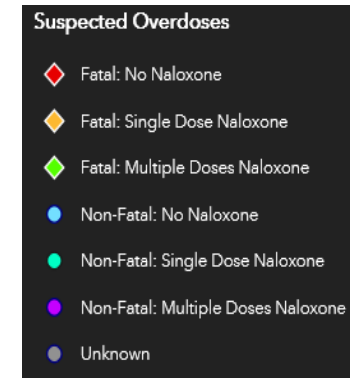


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Overdose Detection Mapping Application Program (ODMAP)



- Provides enhanced timeliness and quality of suspected overdose data, to identify locations with clusters of suspected overdoses and develop a coordinated response plan with stakeholders in the community.
- ALL 21 NJ counties have implemented as of February 1, 2020.
 - Currently, there are over **10,166** ODMAP users.
 - **19** prosecutor's directives exclusively mandate the use of ODMAP.
- **NJ has the most agencies utilizing ODMAP in the nation.**
- Spike Alert Response Plan (SARP) developed to respond to increased thresholds of suspected drug-related overdoses within county-wide areas, with the goals of:
 - Sharing information with multi-disciplinary partners
 - Monitoring overdose areas
 - Reporting results of expedited analysis (as needed)
 - Evaluating the intelligence provided
 - Determining steps for follow-up and reduction of community drug harms (as needed)



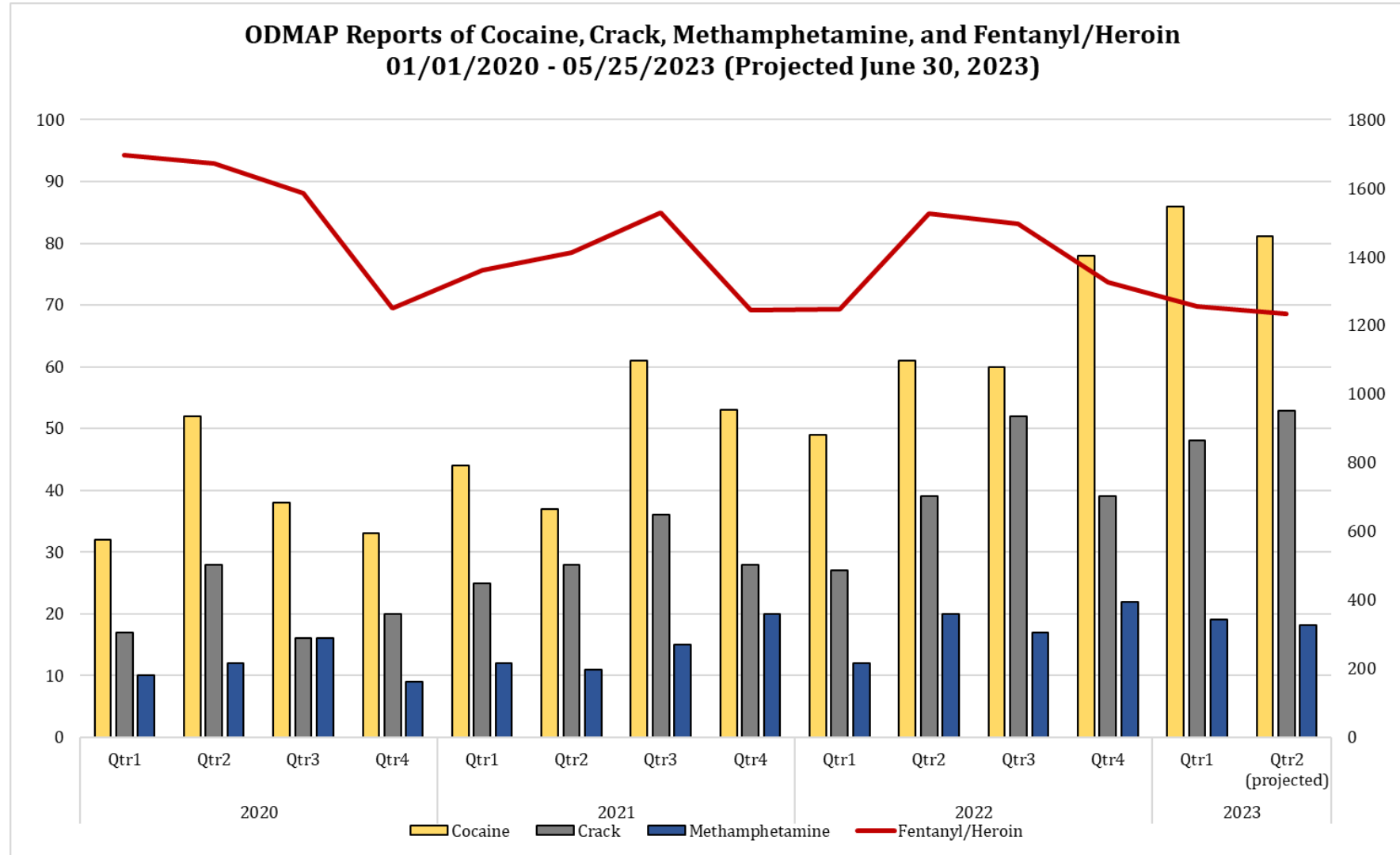
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ODMAP Reports: Suspected Drugs



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ODMAP Reports: Suspected Drug Use by Race

- Reported overdoses involving cocaine by Black individuals increased from 15% to 22%.
- Reported overdoses involving crack by Black individuals increased from 28% to 39%.

ODMAP Reports of Suspected Drugs Used by Race 2020 - 2023 (To 5/25)					
Drug	Race	2020	2021	2022	2023
Cocaine	Black	15%	24%	21%	22%
	Hispanic	21%	15%	23%	21%
	White	61%	54%	50%	50%
	Other/Unreported	4%	7%	6%	6%
Crack	Black	28%	38%	33%	39%
	Hispanic	11%	8%	33%	10%
	White	57%	50%	19%	46%
	Other/Unreported	4%	3%	42%	5%
Heroin/Fentanyl	Black	14%	18%	20%	24%
	Hispanic	11%	11%	11%	12%
	White	71%	67%	64%	58%
	Other/Unreported	4%	5%	5%	6%
Methamphetamine	Black	18%	23%	24%	27%
	Hispanic	2%	1%	2%	3%
	White	1%	3%	2%	3%
	Other/Unreported	16%	17%	20%	18%



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ODMAP Reports: Suspected Drug Use by Age Group

- Reported use of cocaine by individuals under 18 increased from 4% to 9%.
- Reported use of methamphetamine by individuals under 18 increased from 4% to 17%.

ODMAP Reports of Suspected Drugs Used by Age 2020 - 2023 (To 5/25)					
Drug	Age	2020	2021	2022	2023
Cocaine	Under 18	4%	4%	6%	9%
	18-21	1%	3%	2%	1%
	22-24	8%	5%	4%	3%
	25-29	11%	9%	12%	11%
	30-34	10%	10%	19%	13%
	35-44	25%	25%	26%	29%
	45-54	23%	20%	18%	21%
	55 & Older	17%	24%	14%	13%
Crack	Under 18	9%	5%	8%	15%
	22-24	2%	3%	4%	4%
	25-29	1%	5%	7%	8%
	30-34	12%	8%	11%	10%
	35-44	22%	25%	20%	21%
	45-54	22%	26%	20%	21%
	55 & Older	31%	29%	30%	21%
Heroin/Fentanyl	Under 18	6%	6%	7%	8%
	18-21	0%	1%	1%	2%
	22-24	3%	3%	3%	3%
	25-29	12%	10%	10%	11%
	30-34	19%	18%	16%	14%
	35-44	30%	29%	27%	24%
	45-54	15%	16%	17%	18%
	55 & Older	14%	17%	18%	19%
Methamphetamine	Under 18	4%	5%	7%	17%
	18-21	0%	2%	1%	3%
	22-24	2%	3%	3%	0%
	25-29	4%	5%	14%	3%
	30-34	21%	16%	20%	23%
	35-44	32%	34%	24%	30%
	45-54	21%	16%	24%	20%
	55 & Older	15%	19%	7%	3%

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Multiple Victim Overdoses LE Reported Drugs 1/1/2019 – 5/31/2023

LE Reported Drugs on Scene of Multiple Victim Overdose Events										
Drug	2019		2020		2021		2022		2023*	
	Count	%	Count	%	Count	%	Count	%	Count	%
Alcohol	6	6%	0	0%	6	4%	6	5%	6	8%
Cocaine/Crack	8	8%	13	8%	12	8%	17	13%	14	19%
Methamphetamine	0	0%	0	0%	2	1%	4	3%	0	0%
Opioids	72	74%	106	66%	84	56%	78	60%	33	46%
Pills	0	0%	6	6%	15	10%	4	3%	0	0%
Synthetic Marijuana	0	0%	9	6%	11	7%	6	5%	1	1%
Unknown/Other	11	11%	11	7%	20	13%	16	12%	18	25%
Total	97	100%	161	100%	150	100%	131	100%	72	100%

- Opioids, cocaine/crack, and pills were the most frequently reported drugs found at scenes from 1/1/2019 through 5/31/2023. (Samples not yet analyzed by forensic labs.)
- For the first five months of 2023, cocaine/crack is at the **highest** percentage reported since 2019.
- Unknown/other includes: drugs not reported; unknown drugs; LSD; and MDMA.

*2023 data: 1/1/2023 – 5/31/2023

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Multiple Victim Overdoses

LE & EMS Event Analysis 1/1/2019 – 12/31/2023 (projected)

LE & EMS Multiple Victim Overdose Events		
Year	Total # of Events	Highest # of Victims
2019	66	5
2020	102	5
2021	80	6
2022	86	4
2023*	72	4

LE & EMS Reported Race of Victims in Multiple Overdose Events										
Race	2019		2020		2021		2022		2023*	
	Count	%	Count	%	Count	%	Count	%	Count	%
Asian	2	1%	0	0%	0	0%	3	1%	0	0%
Black or African American	14	10%	31	14%	40	25%	35	21%	56	35%
Hispanic or Latino	19	14%	36	17%	26	16%	38	33%	27	17%
Not Recorded	9	6%	14	6%	10	6%	16	17%	10	6%
White	96	69%	136	63%	85	53%	90	27%	65	42%
Total	140	100%	217	100%	161	100%	182	100%	157	100%

Events

- 2020: reported the highest number of multiple overdose events.
- 2021: highest overall victim count, 6.
- The first 5 months of 2023 are lower than the same time frame in 2022.
- In all 5 years, there was an average of 2 victims per event.

Demographics

- White patients accounted for the highest percentage of victims 4 out of 5 years.
- Hispanic/Latino patients accounted for the second highest percentage 3 out of 5 years.
- In all 5 years, females accounted for an average 35% of victims; males accounted for 65%.

*2023: actual data 1/1/2023 – 5/31/2023; projected 6/1/2023 – 12/31/2023

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Statewide Treatment Admissions 1/1/2019 – 2/26/2023

Data & Methodology

- Source of data: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS). [NJSAMS \(rutgers.edu\)](https://njsams.rutgers.edu), accessed 5/26/2023.
- DMI reviewed total admissions for treatment, not first-time (unique) clients.
- Specific categories of drugs reviewed:
 - Heroin & other opiates;
 - Cocaine/crack;
 - All Drugs, including alcohol, heroin, other opiates, cocaine/crack, marijuana, and other drugs.
- Time frame for all data: 1/1/2019 to 2/26/2023.



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Statewide Treatment Admissions: Demographics, All Drugs

- Black individuals admitted for treatment increased from 23% to 25%.
- Most admissions were for individuals 35 to 44 years of age.

ALL DRUGS STATEWIDE TREATMENT ADMISSIONS 2019 - 2023 (TO 2/26)						
CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	68%	68%	69%	69%	69%
	FEMALE	32%	32%	31%	31%	31%
	UNREPORTED	0%	0%	0%	0%	0%
RACE	WHITE	60%	62%	60%	58%	59%
	BLACK	23%	23%	24%	25%	25%
	HISPANIC	14%	14%	15%	15%	15%
	OTHER/UNREPORTED	1%	2%	2%	1%	1%
AGE	UNDER 18	1%	1%	1%	1%	2%
	18-21	4%	4%	3%	3%	2%
	22-24	7%	6%	5%	4%	4%
	25-29	17%	16%	14%	13%	12%
	30-34	17%	18%	18%	18%	17%
	35-44	24%	25%	27%	28%	29%
	45-54	18%	18%	18%	18%	19%
	55 & OLDER	11%	12%	14%	15%	16%
	UNREPORTED	0%	0%	0%	0%	0%
Source: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS)						

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Statewide Treatment Admissions: Demographics, Heroin & Other Opiates

- Black individuals admitted for treatment increased from 19% to 25%.
- Most admissions were for individuals 35 to 44 years of age.

HEROIN & OTHER OPIATES STATEWIDE TREATMENT ADMISSIONS 2019 - 2023 (TO 2/26)						
CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	66%	67%	69%	68%	67%
	FEMALE	34%	33%	31%	32%	33%
	UNREPORTED	0%	0%	0%	0%	0%
RACE	WHITE	66%	66%	63%	60%	60%
	BLACK	19%	20%	22%	25%	25%
	HISPANIC	13%	13%	14%	15%	15%
	OTHER/UNREPORTED	1%	1%	1%	1%	1%
AGE	UNDER 18	0%	0%	0%	0%	0%
	18-21	2%	2%	2%	2%	1%
	22-24	6%	6%	5%	4%	3%
	25-29	20%	19%	16%	14%	13%
	30-34	20%	21%	21%	20%	20%
	35-44	24%	26%	27%	29%	30%
	45-54	18%	17%	17%	17%	18%
	55 & OLDER	9%	10%	13%	14%	15%
	UNREPORTED	0%	0%	0%	0%	0%
Source: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS)						



Statewide Treatment Admissions: Demographics, Cocaine & Crack

- Treatment admissions for males increased from 73% to 77%.
- Black individuals admitted for treatment increased from 29% to 30%.
- Most admissions were for individuals 35 to 44 years of age.

COCAINE/CRACK STATEWIDE TREATMENT ADMISSIONS 2019 - 2023 (TO 2/26)						
CATEGORY	SUB CATEGORY	2019	2020	2021	2022	2023
GENDER	MALE	73%	73%	77%	77%	77%
	FEMALE	27%	27%	23%	23%	23%
	UNREPORTED	0%	0%	0%	0%	0%
RACE	WHITE	52%	54%	47%	47%	48%
	BLACK	29%	26%	32%	31%	30%
	HISPANIC	16%	18%	19%	20%	21%
	OTHER/UNREPORTED	1%	2%	2%	2%	1%
AGE	UNDER 18	0%	0%	0%	0%	0%
	18-21	3%	3%	2%	2%	1%
	22-24	5%	5%	5%	4%	4%
	25-29	12%	13%	10%	11%	10%
	30-34	15%	15%	14%	17%	17%
	35-44	28%	28%	29%	30%	32%
	45-54	25%	23%	25%	21%	22%
	55 & OLDER	12%	13%	17%	16%	15%
	UNREPORTED	0%	0%	0%	0%	0%
Source: NJ Substance Abuse Monitoring System (NJ-SAMS), NJ Division of Mental Health & Addiction Services (DMHAS)						



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Captain Jason Piotrowski
Jason.Piotrowski@njsp.gov

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Aleesa Mobley, PhD
Clerkship Director, Neuro Musculoskeletal Pain,
School of Osteopathic Medicine, Virtua Health College of Medicine & Life
Sciences of Rowan University



**The Partnership For A
Drug-Free New Jersey**
In Cooperation with the Governor's Council on Alcoholism
& Drug Abuse and the NJ Dept. of Human Services

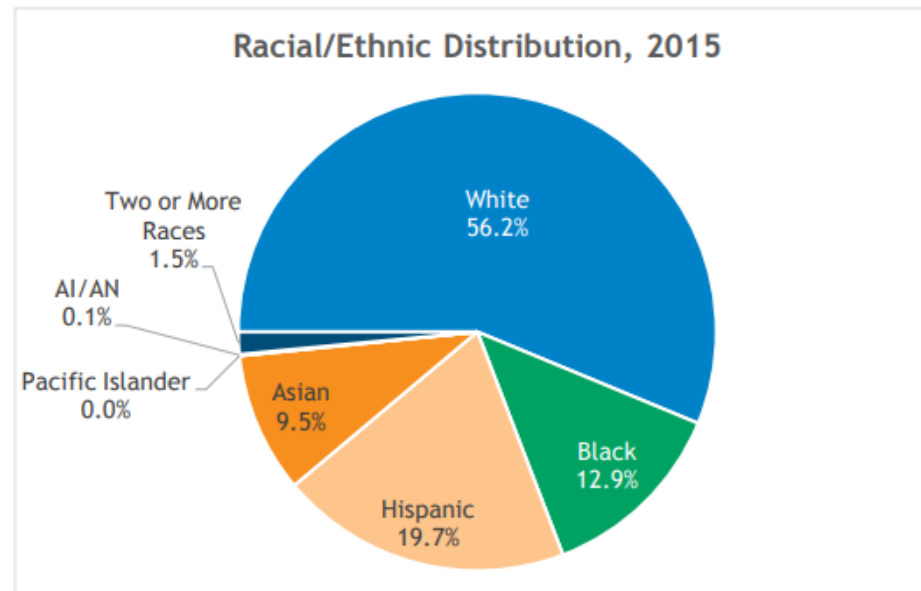
Objective(s)

1. Understand some of the structural origins of disparities in health care.
2. Recognize education as the best strategy for opioid overdose prevention.
3. Identified strategies to aid in recovery for persons residing in communities of need.
4. Recommendations for health care professionals to tackle these issues.

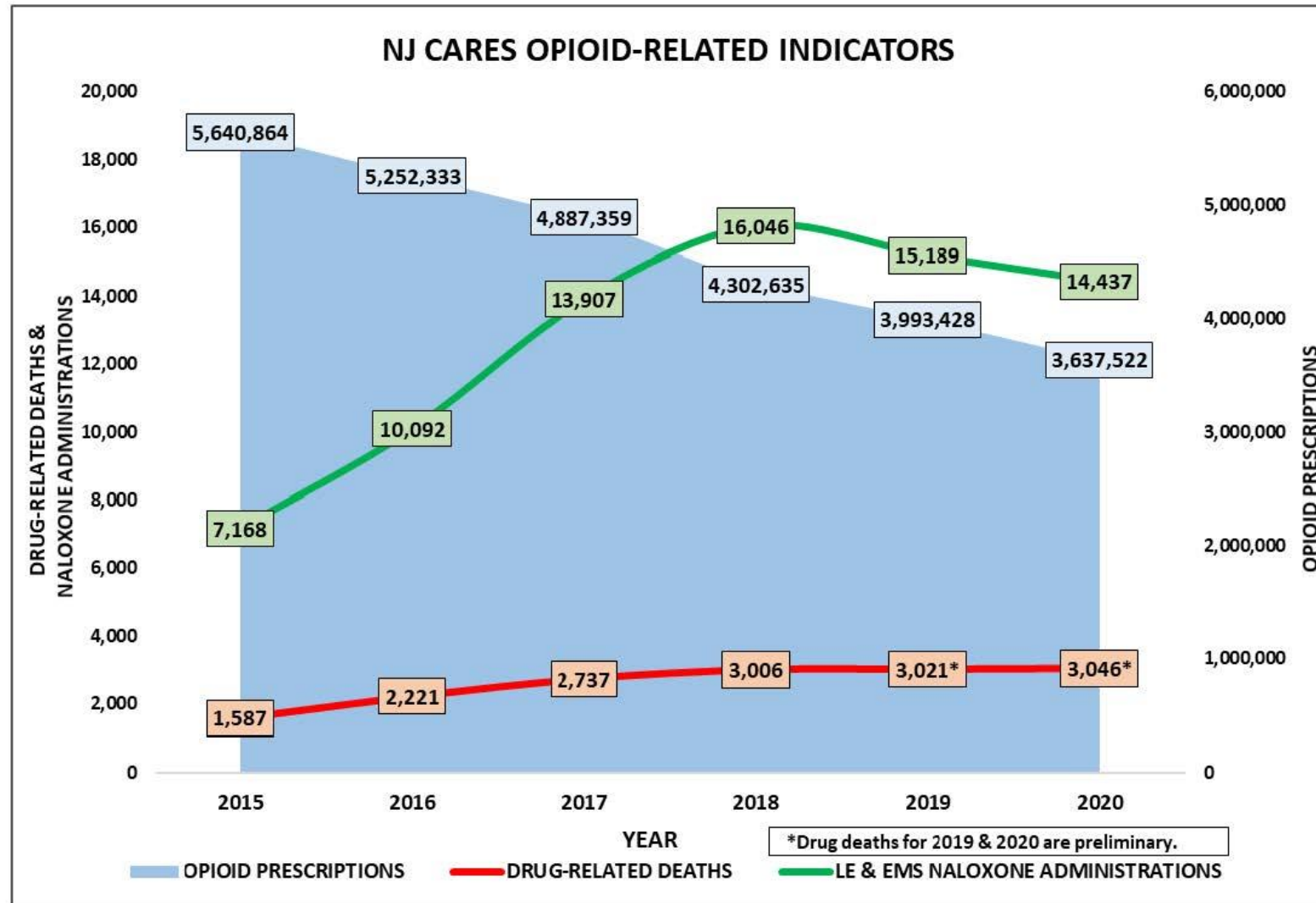
Disparities in Healthcare-Prevention-Recovery



A **health disparity** is characterized as a particular type of difference in health closely linked to social, economic, and/or environmental disadvantage.

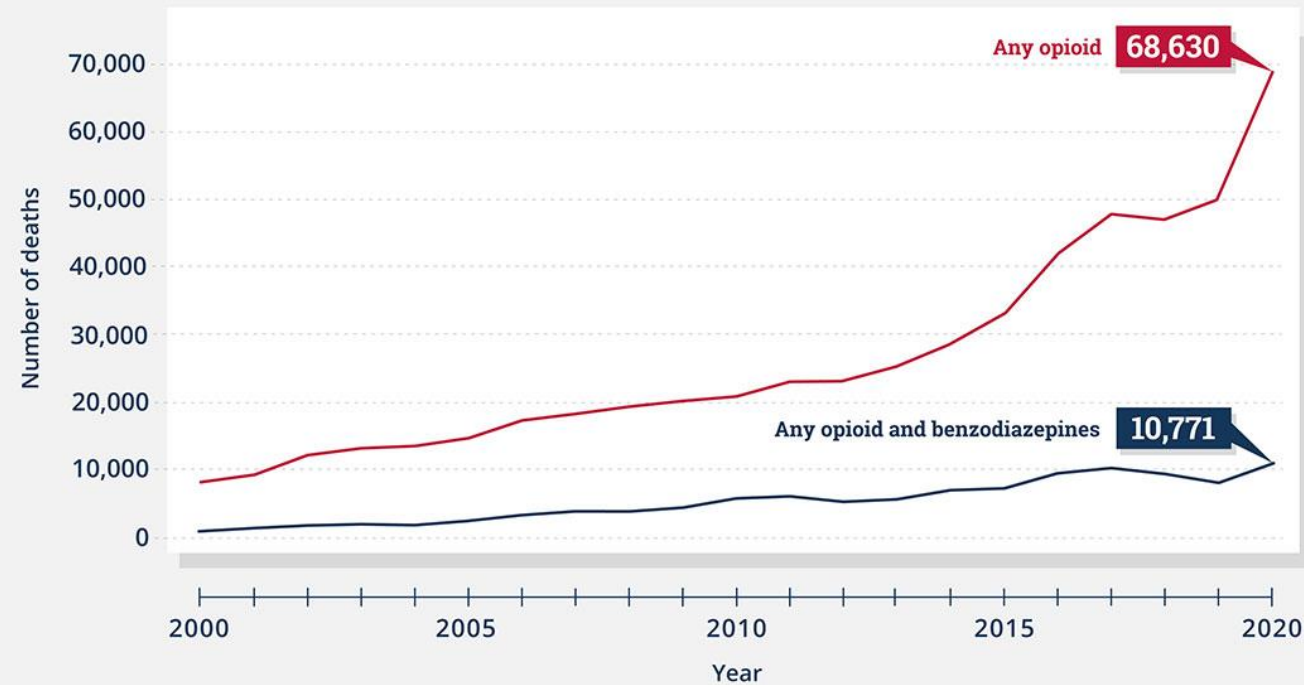


<https://www.nj.gov/health/chs/hnj2020/documents/sha2018.pdf#page=17>



Data Sources: NJ Prescription Monitoring Program (NJPM)
NJ Office of the Chief State Medical Examiner
NJ Department of Health
NJSP Drug Monitoring Software

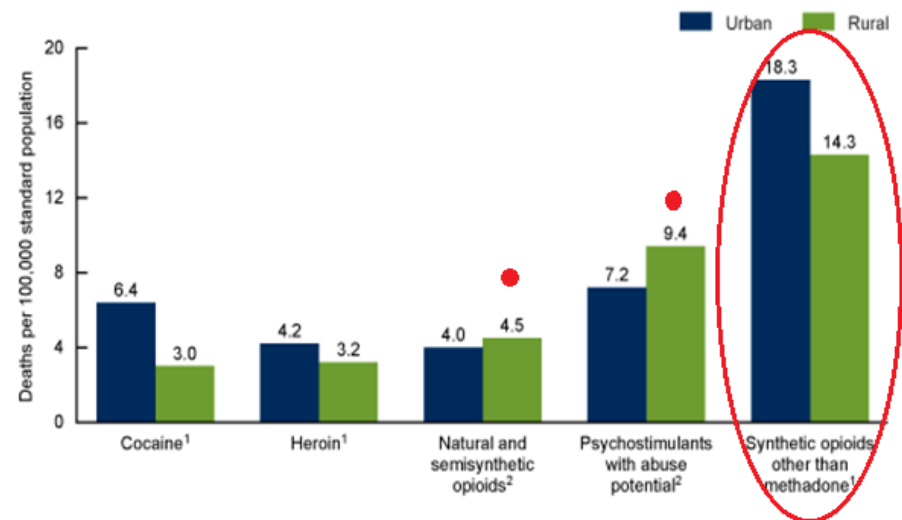
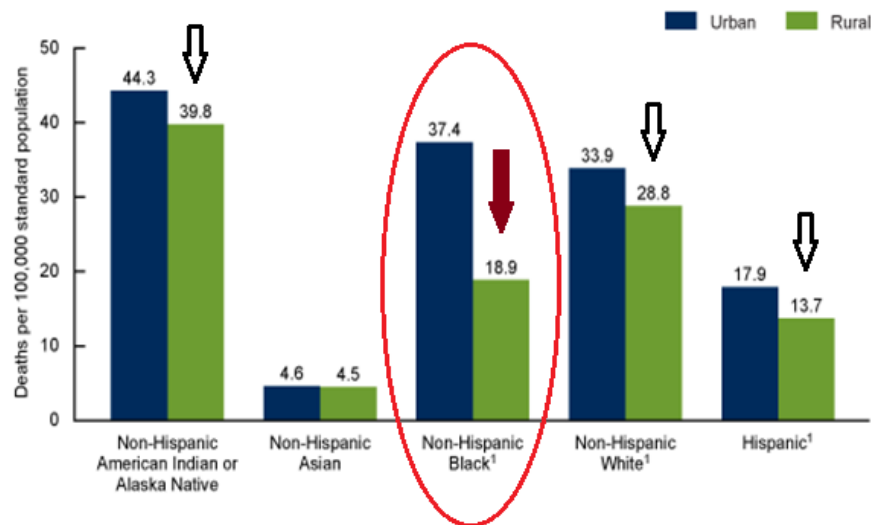
National Overdose Deaths Involving Any Opioid, by Benzodiazepine* Involvement, All Ages, 2000 – 2020



*Among deaths with drug overdose as the underlying cause, the benzodiazepine category was determined by the T402.4 ICD-10 multiple cause of death code; the any opioid category was determined by the T40.0-T40.4, T40.6 ICD-10 codes.

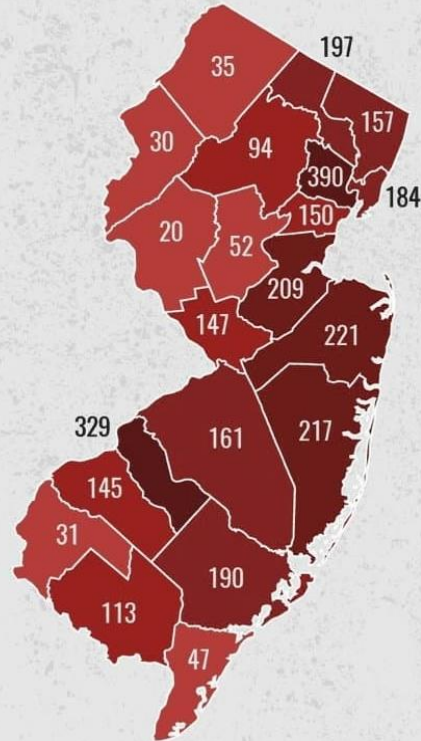
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 2000-2020 on CDC WONDER Online Database, released 12/2021.

U.S. Overdose Rates Higher in Urban Counties (2020)



https://www.cdc.gov/nchs/products/databriefs/db440.htm#section_2

2018 DRUG OVERDOSE DEATHS BY COUNTY



County	Deaths By Drug Overdose
Atlantic County	190
Bergen County	157
Burlington County	161
Camden County	329
Cape May County	47
Cumberland County	113
Essex County	390
Gloucester County	145
Hudson County	184
Hunterdon County	20
Mercer County	147
Middlesex County	209
Monmouth County	221
Morris County	94
Ocean County	217
Passaic County	197
Salem County	31
Somerset County	52
Sussex County	35
Union County	150
Warren County	30

2020 SUSPECTED DRUG DEATHS

	Total
Atlantic	216
Bergen	182
Burlington	149
Camden	288
Cape May	63
Cumberland	76
Essex	356
Gloucester	129
Hudson	179
Hunterdon	19
Mercer	128
Middlesex	220
Monmouth	186
Morris	99
Ocean	245
Passaic	185
Salem	36
Somerset	63
Sussex	48
Union	143
Warren	36
Total	3046

3119

Created by SunriseHouse.com
The State Of New Jersey Department Of Law & Public Safety

SOCIAL DETERMINANTS OF HEALTH, STATISTICS BY COUNTY, 2015

County	Population	Percent (%)							
		Age 65+	Non-White	Foreign born	Language	College	Disability	Not in labor force	Poverty
Atlantic	274,219	16	44	17	27	25	9	34	42
Bergen	938,506	16	42	30	39	47	5	34	29
Burlington	450,226	16	32	9	13	36	7	33	34
Camden	510,923	15	42	11	20	30	10	34	44
Cape May	94,727	25	15	6	10	30	9	41	40
Cumberland	155,854	14	53	10	26	15	11	43	59
Essex	797,434	13	68	26	34	33	9	34	44
Gloucester	291,479	15	21	5	9	29	9	33	33
Hudson	674,836	11	71	42	59	38	6	31	40
Hunterdon	125,488	16	14	9	10	49	5	32	24
Mercer	371,398	14	49	22	29	40	7	34	39
Middlesex	840,900	14	56	32	42	41	5	35	34
Monmouth	628,715	16	25	13	17	43	6	34	31
Morris	499,509	16	28	19	25	51	4	31	25
Ocean	588,721	22	15	8	13	27	8	41	40
Passaic	510,916	13	58	28	48	26	6	37	48
Salem	64,180	18	25	5	8	20	11	38	46
Somerset	333,654	14	42	24	31	53	4	31	26
Sussex	143,673	15	13	8	10	34	6	30	33
Union	555,786	13	58	30	43	33	6	31	36
Warren	106,869	17	17	9	12	30	7	33	29
New Jersey	8,958,013	15	44	22	31	37	7	34	26
United States		15	38	13	21	30	9	37	N/A

Sources: US Census Bureau Quick Facts, except Poverty: United Way ALICE Report, New Jersey, 2016 Update

Prevention and Interventions



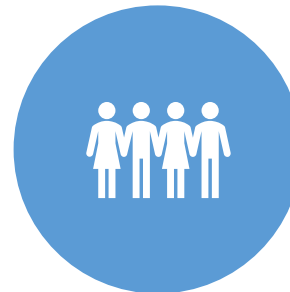
Enhanced Provider-Patient
Communications



Naloxone co-prescribing



Virtua Colleges of Life Sciences &
***Osteopathic School of Medicine of
Rowan University*** in collaboration
with the **Hope-1 Van**



Focus on communities of need

References

- New Jersey Department of Health. 2018 New Jersey State Health Assessment. Trenton, NJ. August, 2018. retrieved from <https://www.nj.gov/health/chs/hnj2020/documents/sha2018.pdf#page=17>
- Baron M, Kelly L. (Eds.). New Jersey State Health Assessment Data. 2022. Retrieved from <https://www-doh.state.nj.us/doh-shad/resources/HealthDisparities.html>
- The Network for Public Health Law. Harm Reduction and Overdose Prevention Fact Sheet: Naloxone Prescribing Mandates. Retrieved from <https://www.networkforphl.org/wp-content/uploads/2020/10/Fact-Sheet-Naloxone-Prescription-Mandates.pdf>
- Rowan University Market Place. Rowan University SOM — NJ CARES — New Jersey Division of Consumer Affairs. 2022. URL, <https://shop.rowan.edu/>



Solomon Middleton-Williams
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Ashley M. Hill Trotter, MSW, LSW
Social Work Manager
Overdose Response Team
Newark Community Street Team

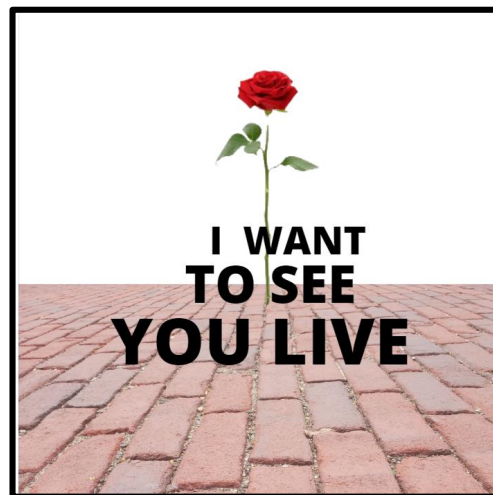
The Intersection of Race, Culture and the Opioid Crisis

Newark Community Street Team Overdose Response Team

Knock Out Opioid Abuse Day Learning Series Webinar

June 29, 2023 | 11am

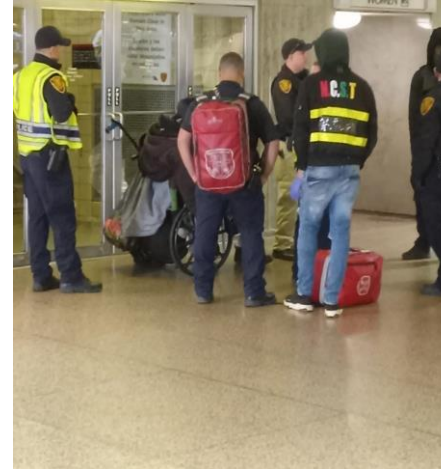
Public Safety
IN Public Hands



Presentation Agenda

*"It's not just about surviving.
It's about thriving."*

- **Program Review**
 - Problem Statement
 - Racial Health Disparities in the Opioid Crisis
 - Learning from the Community
 - NCST - Overdose Response Team Mission & Goals
 - Responses to Overdoses
 - Distribution of Harm Reduction Supplies
 - Care Coordination Services
 - Naloxone Training and Community Education
- **Q & A**



Problem Statement

New Jersey **overdose deaths increased from 2020 to 2021** despite New Jersey's investment of hundreds of millions of dollars over the last few years to "fight" the opioid epidemic.

The **City of Newark** has some of the highest overdose rates in the state and, like the rest of NJ, **has seen rising numbers of overdose deaths within the Black community. Black men** between the **ages of 45 and 64 years old** are particularly vulnerable to overdose deaths. These deaths happened while the state invested into treatment and law enforcement initiatives rather than **community-based, harm reduction programs.**



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Racial Health Disparities in the Opioid Crisis

- Route to opioid misuse
- Negative representations, stereotyping and stigma
- Intergenerational substance use and polysubstance use
- Fear of legal consequences
- Misperceptions and faulty explanations about addiction and opioids
- Lack of culturally responsive and respectful care
- Separate and unequal prevention and treatment

Learning from the Community

Our Subject Matter Experts

Out of 430 individuals who identified as people who use or used drugs:

- 85% identified as Black (75%) or Hispanic / Latino (10%)
- 70% experienced an overdose and / or witnessed an overdose in their community
- The majority of individuals graduated high school or attained a GED or higher
- 40% reported wanting to work (but were not)
- 20% were working part or full time
- 76% indicated that they had children < 18, and that they do not live with their children
- Most respondents (87%) had experience calling 911 following and/or witnessing an overdose



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Learning from the Community

Awareness of Harm Reduction Centers

Out of 430 individuals who identified as people who use or used drugs:

More than 60 percent of individuals reported never visiting a harm reduction (syringe service) program in New Jersey.

The primary reasons for seeking harm reduction services were:

- Disposing of used needles and obtaining new needles (50%)
- Showering (23%)
- Picking up naloxone kits (10%)



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Learning from the Community

Naloxone Now

Out of 430 individuals who identified as people who use or used drugs:

Nearly 85% of respondents said 911 was helpful following an overdose because EMS was able to administer naloxone and save a life.

Who administers naloxone following a 911 call:

- EMS workers (66%)
- Law enforcement (7%)



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Learning from the Community

The Need for a More Compassionate Response

"I've seen police officers actually laugh. And they're standing there laughing and this guy is foaming from the mouth."

They act like, "'Oh, it's just another junkie.' They have zero compassion."

*"I felt so ashamed and embarrassed. Like nobody cared when I overdosed. Like nobody gave a sh*t whether I lived or died."*

"The girl almost didn't call because she has a warrant for drug court... That shouldn't even be a thought...The first thought should always be, 'okay, this person's going to die.'"



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The NCST Overdose Response Program is a community-based, non law-enforcement, first responder program in the City of Newark, NJ that seeks to:

Reduce fatal and non-fatal overdoses

Reduce health and social harms to people who use drugs and their communities

Improve use of harm reduction services

Reduce arrests associated with overdose events



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Overdose Response

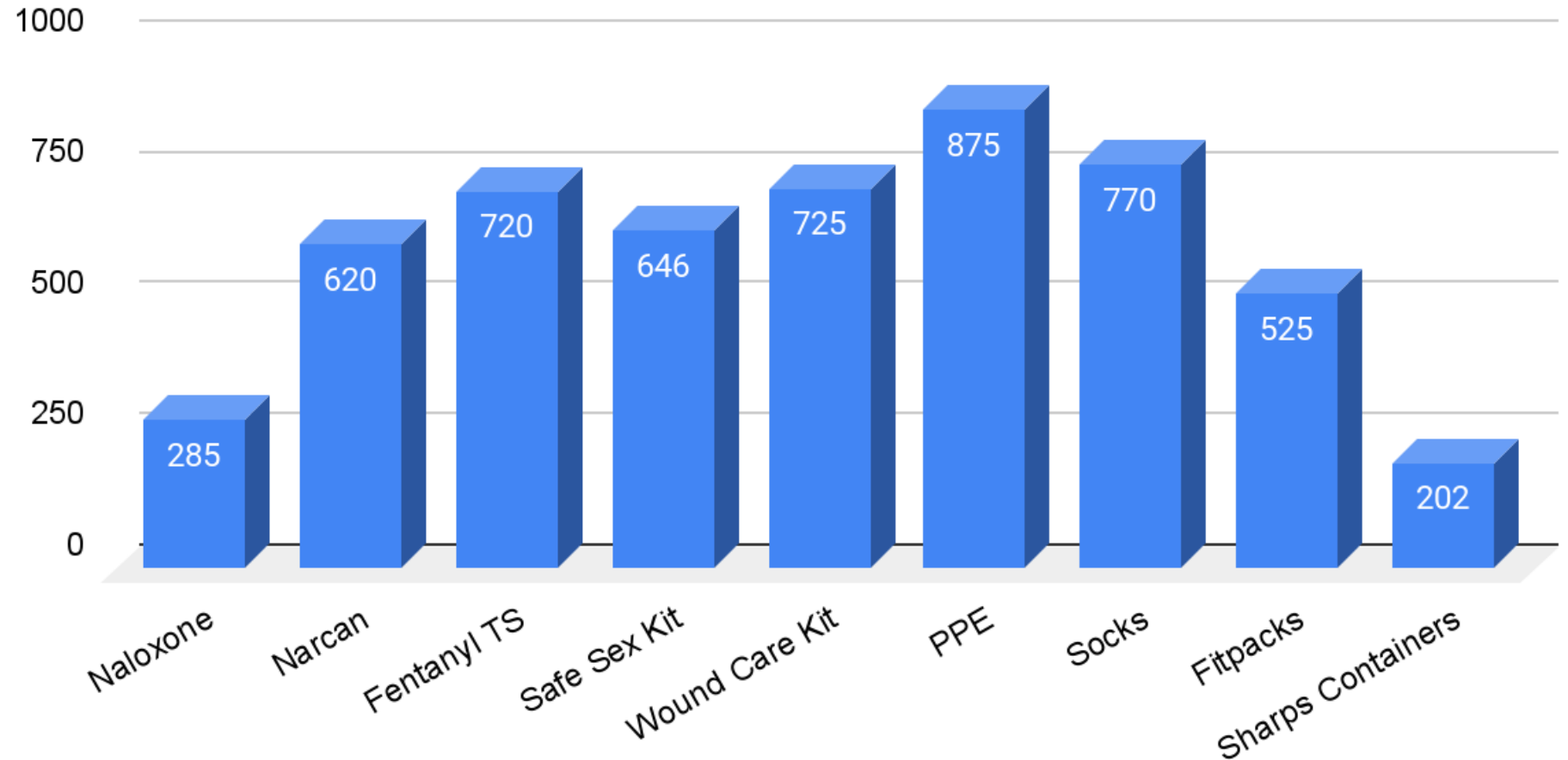
- # of dispatched calls | 76
- # of opioid overdose responses with UH | 42
- # received onsite medical support | 42
- # received transport to UH | 30
- # declined transport to UH | 12
- # of people who consented to follow-up | 20
- **# of arrests associated with response | 0**



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Harm Reduction Supply Distribution

May 1, 2022 - June 23, 2023



Harm Reduction
Supply
Distribution



HR Supplies
Distributed

Total: 5,368

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Care Coordination Service Trends

Care Coordination Referrals

n = 173

Victim Services

1.7%

Transportation

7.5%

Mental Health Treatment

8.1%

Material needs (clothe...

10.4%

Legal Assistance

5.8%

Identification

5.8%

Housing

11.6%

Addiction Treatment

28.9%

Community Service

0.6%

Employment

3.5%

Food

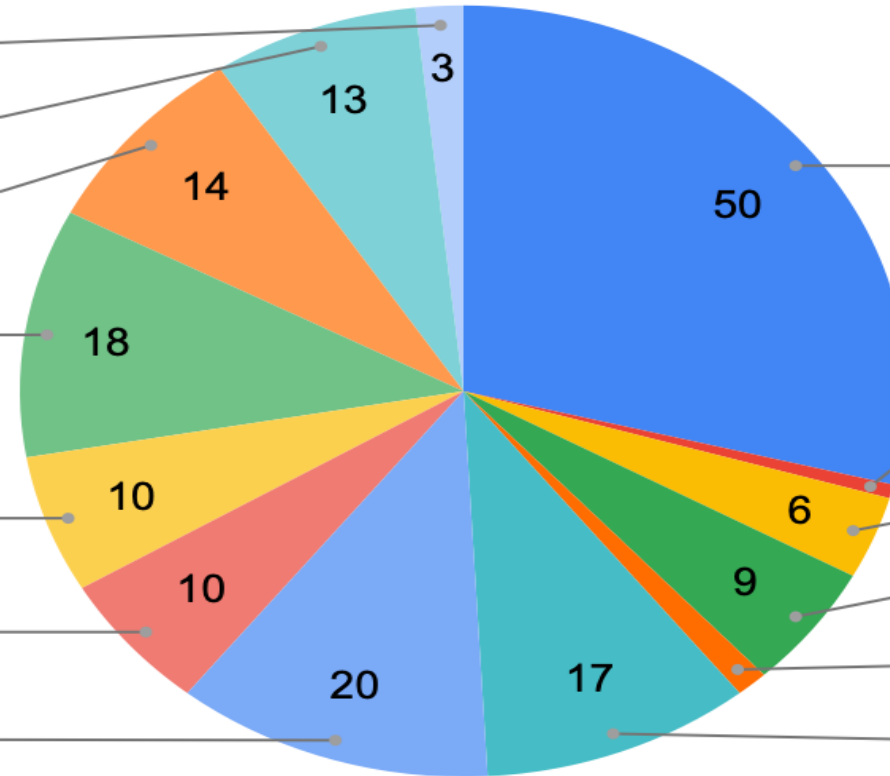
5.2%

Health Insurance

1.2%

Health Management a...

9.8%

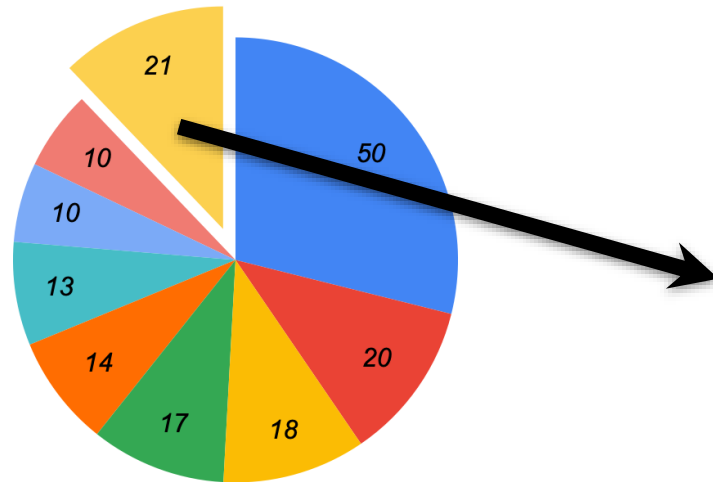


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Care Coordination Service Trends

Care Coordination Referrals | May 2022 - June 2023

n = 173



● Addiction Treatment ● Housing ● Material needs (clothes, glasses, diapers, furniture, etc.)
● Health Management and Maintenance ● Mental Health Treatment ● Transportation ● Identification
● Legal Assistance ● Other

Care Coordination Referrals (Other)

n = 21

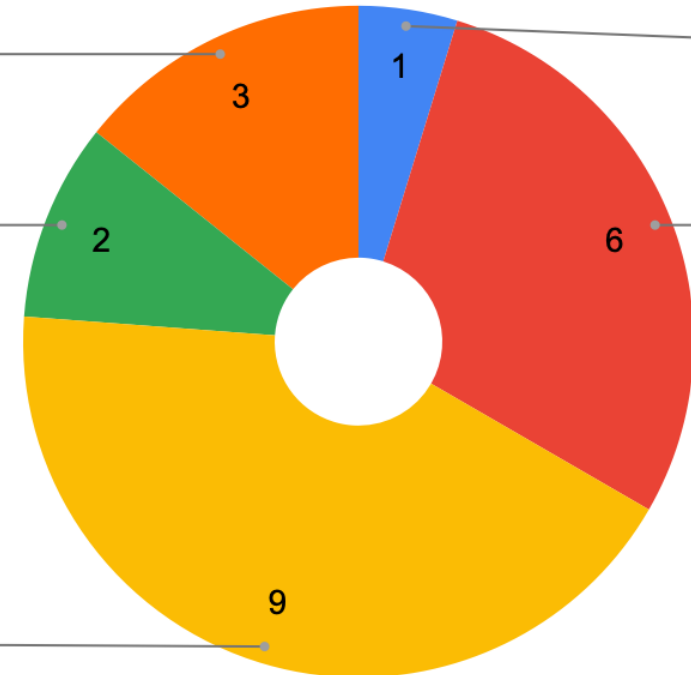
Victim Services
14.3%

Health Insurance
9.5%

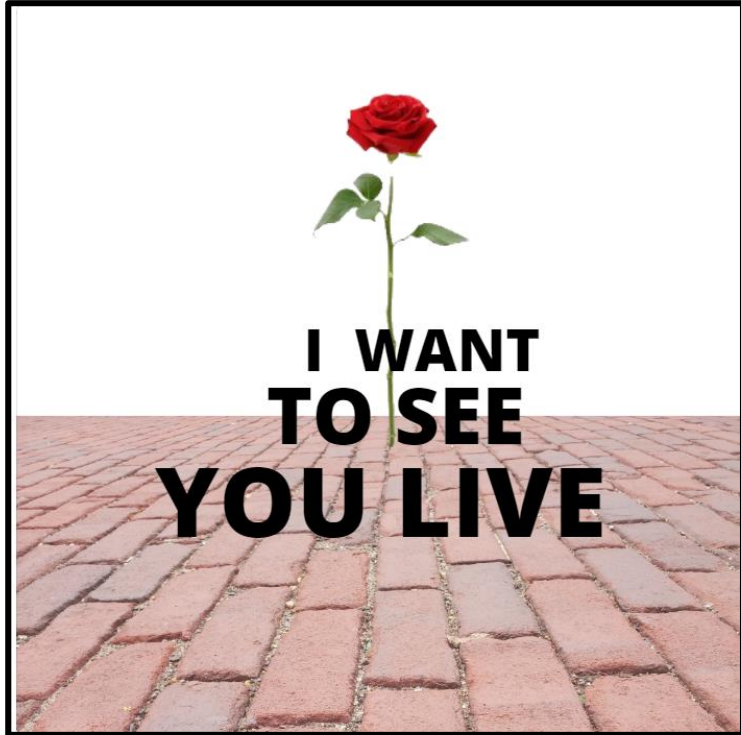
Food
42.9%

Community Service
4.8%

Employment
28.6%



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***To register for continuing education for today's webinar, visit
KnockOutDay.DrugFreeNJ.org/intersection***

For 1.0 EMT CEU, visit KnockOutDay.DrugFreeNJ.org/EMT

UPCOMING WEBINAR

Public Health Barriers in Addressing the Opioid Epidemic

11 a.m. Thursday, July 27, 2023

Register at KnockOutDay.DrugFreeNJ.org/events