



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 Opioid Epidemic: A Focus on Vulnerable Populations

## December 7, 2023



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Drug-Free New Jersey

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**In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Partnership for a Drug-Free New Jersey. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.**

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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.**

**PA Planner Dean Barone discloses that he serves on the speakers bureau of Ethicon.**

## **Additional Information About Continuing Education**

- **This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.**
- **Attendees seeking 1 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.**
- **Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.**

# Featured Presenters



**Dr. Michael Ganon, DO**

**Genesis Addiction and Behavioral Medicine**

A 1982 graduate of the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine, Dr. Michael Ganon is board-certified in family and addiction medicine. In a busy career spanning over 35 years, he has taken on many clinical and leadership roles, including emergency department director and a paramedic medical director. With an early interest in addiction medicine, Dr. Ganon directed an active detox and rehab center in Delaware in the early 1990s. In 2018, he decided to dedicate all of his efforts to addiction medicine, starting a program aimed toward easy access to treatment for a mostly rural patient population in northwest New Jersey as consultant for a local non-profit organization. Two years ago, this program transitioned to an office practice providing medical treatment, consultation, and counseling for all substance use problems.



**Matthew Rudd**

**Cumberland County Prosecutor's Office**

As the Community Justice Coordinator and a Special Agent for Strategic Planning & Programs at the Cumberland County Prosecutor's Office, Matthew Rudd is tasked with executing strategic prevention and interventions with a focus on vulnerable populations. His position consists of responding to emerging needs in the county impacting crime and public safety, implementing special projects, and identifying new opportunities, including procuring and administering federal, state, and local grant-funded initiatives. Current projects and programs include:

- Recovery On Wheels - Operation Helping Hand
- NJ Attorney General's Community Policing Project: combatting bias & hate
- EMBHED mental health diversion
- FREEDOM+ pre-indictment recovery program
- generating awareness and public on trending topics like gun safety & violence reduction
- addressing juvenile delinquency
- promoting policy change like Use of Force revisions



**Harry Reyes, DHSc, LPC, LCADC**

**Assistant Division Director**

**Office of Treatment and Recovery Supports  
New Jersey Department of Human Services**

Harry Reyes is the Assistant Division Director with the Office of Treatment and Recovery Supports (OTRS) in the New Jersey Department of Human Services, DMHAS. Since 2008, Harry has managed and overseen two supportive housing contracts directly for DMHAS. In his new role as Deputy Assistant Director, Harry oversees the Office of Housing, Regional Olmstead Coordinators, Workforce Development, Cultural Competency, and Recovery Support in DMHAS. Harry holds a bachelor's degree from Trenton State College, a master's degree from Lincoln University, and a doctorate degree from Nova Southeastern University. He is dually licensed in the State of New Jersey as a licensed professional counselor and licensed clinical alcohol and drug counselor, and is certified as a disaster response crisis counselor.



**Tevis Thompson, MS**

**Project Manager**

**Deaf and Hard of Hearing Initiatives  
New Jersey Division of Mental Health  
and Addiction Services**

Tevis Thompson is the Project Manager for Deaf and Hard of Hearing Initiatives at the New Jersey Division of Mental Health and Addiction Services (DMHAS) Office of Treatment and Recovery Supports. Tevis joined DMHAS in January 2021 after retiring from a 20-year career at Christiana Care in Newark, Del., where she was the Senior American Sign Language Medical Interpreter and Language Verification Specialist. While at Christiana Care, Tevis had extensive experience working with d/Deaf and Hard of Hearing clients in the mental health and addiction setting. She also developed and implemented several programs to expand interpreter services beyond the acute care setting. At DMHAS, Tevis provides education, awareness and advocacy to all state-funded substance use providers for persons who are Deaf or Hard of Hearing.



**Dr. Michael Ganon, DO**  
**Genesis Addiction and Behavioral Medicine**





# Rural Opiate Use Disorders- Problems and Promise

Dr. Michael Ganon, DO  
Genesis Addiction and Behavioral Medicine  
Newton, N.J.



# What is rural?

- Per the U.S. Census- no counties in New Jersey are rural
- All are part of the Philadelphia, New York, or Lehigh Valley Metropolitan statistical areas
- More common definition = less than 500 people per square mile
- Using this definition 7/21 New Jersey counties are rural (33%) vs 702/3143 nationally (22%)



















**Rural counties look safer.....  
but are they?**

**These are the top 5 NJ counties  
in terms of death rate**

**(per NJ CARES 2018-2020 and 2022 data)**

<b>County</b>	<b>Percent Rural</b>	<b>1 Death/ Number of Residents 2018-2020</b>	<b>1 Death/Number of Residents 2022</b>
<b>Atlantic</b>	<b>79.3</b>	<b>1584</b>	<b>1031</b>
<b>Ocean</b>	<b>59.9</b>	<b>2344</b>	<b>3392</b>
<b>Camden</b>	<b>30.7</b>	<b>2554</b>	<b>1432</b>
<b>Cumberland</b>	<b>86.1</b>	<b>2904</b>	<b>1934</b>
<b>Cape May</b>	<b>76.9</b>	<b>2935</b>	<b>2081</b>

# Rural and Suburban/Urban are different...

- Union County-comprises Linden, Elizabeth, Rahway 0% rural 1 per 4872 residents died of a drug overdose in 2022
- Hudson County- including Bayonne and Jersey City 0% rural 1 per 4022 residents died of a drug overdose in 2022
- Cumberland County- Including the metropolises of Bridgeton, Millville, and Vineland 86.1% rural 1 per 1934 residents died of a drug overdose in 2022

*Boiled down to a number that is easier to understand-*

*A given individual is about two and a half-time is more likely to die of a drug overdose in Cumberland County than Union County*



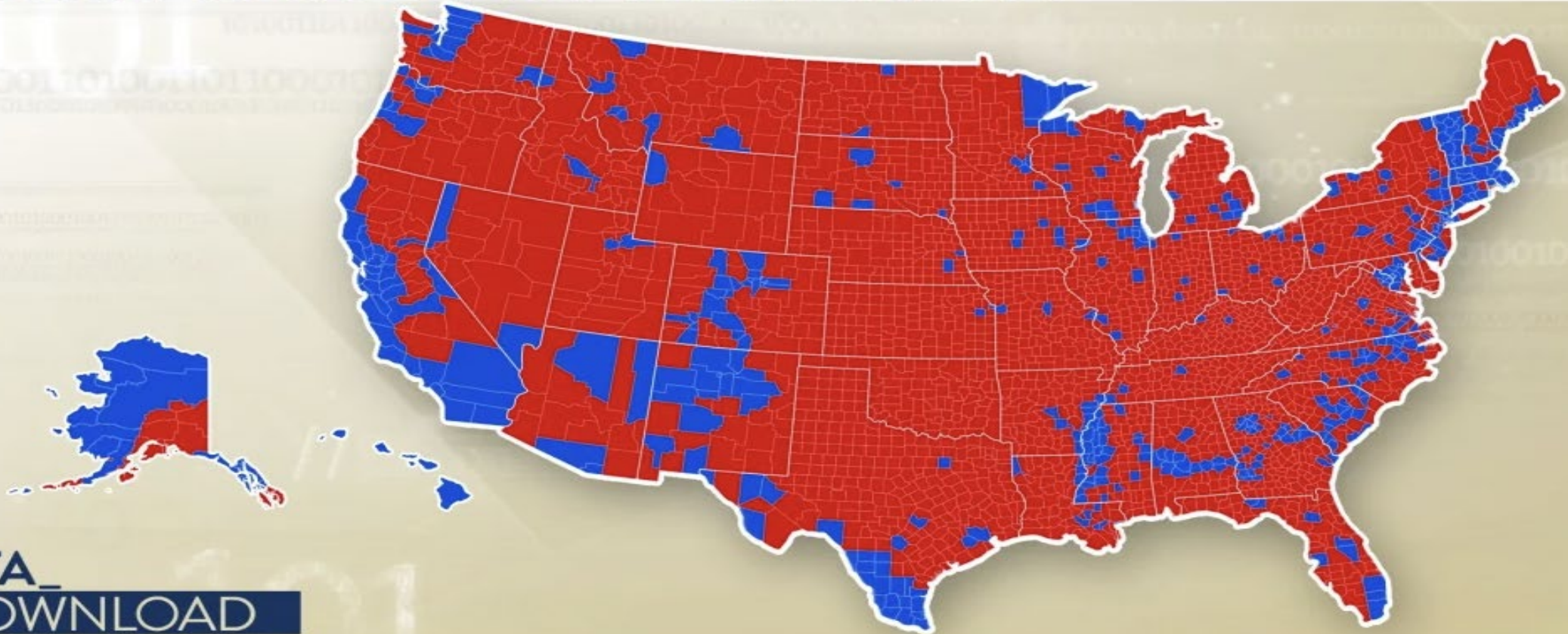
# ***WHY??***

- **Stigma**
- **Available providers and treatment facilities**
- **Geography**
- **Transportation**
- **Communication**
- **Education/Employment/\$\$**

*STIGMA: “We don’t like your type around here!”*

# NO MIDDLE GROUND?

2016 PRESIDENTIAL ELECTION



DATA\_  
DOWNLOAD

# **STIGMA-** Conservative vs. Liberal

**Views are different not just politically, but socially**

## **CONSERVATIVE**

**Moral failing**

**Character flaw/willpower**

**Criminality**

**The “War on Drugs”**

**No medication**

**“We won’t hire you”**

## **LIBERAL**

**Public health problem**

**Disease**

**Harm reduction/Treatment**

**Outreach**

**Medication**

**“We will help retrain you”**

# STIGMA

- Anonymity
- We can't hide
- Gossip as currency
- Everyone knows everyone...and everyone's business
- Stigma is not limited to the community at large.

Physicians, pharmacists, ED, hospital, corrections, probation, even social service agencies

# Fewer providers and less available treatment

- 80% of rural areas have no psychiatrist
- 90% have no psychiatric APN
- 60% have no psychologist
- 35% have no social worker
- 56% had no waived buprenorphine provider and 17% had just one

Even in large urban areas the number of people with opiate use disorder vastly outweighs the number of physicians able and willing to treat them.

# Why?

- **Regulatory issues**
- **Complexity of medical problems**
- **Lack of specialty and behavioral health backup**
- **Economic**
- **NIMBY**

# EDUCATION/EMPLOYMENT/MONEY

I put these together because they are inextricably linked:

- 35% of urban residents have a bachelor's degree. 80% work full time
- 21% of rural residents have a bachelor's degree. 50% work full-time
- Average bachelor's degree salary \$61,600
- Average high school graduate salary \$42,590
- Where are the big companies that like to hire people with bachelor's degree?
- Distance to work, medical insurance, paid time off and family leave
- Higher education level is associated with greater access to medical care and better health status across the board.



# TRANSPORTATION

- No car
- No public transportation
- Long distances to treatment/work- trouble with the intersection of work and treatment hours.
- \$1,000 car- “ A thousand dollar car, its life was through, ‘bout 50,000 miles before it got to you”

# Communication

- About 10 million Americans are without high-speed broadband, mostly in rural areas.
- Last data I have available to me, from a couple of years, ago showed Somerset County with 99% high-speed broadband and Sussex County with 44% high-speed
- Poor cell service
- Poor phones
- Pay by the minute plans
- Pre-pandemic restrictions on telemedicine

# THE FIX (part 1)

**Bring the care to the people:**

- **Mobile vans- more important in rural areas perhaps than in urban/suburban settings**
- **Harm reduction centers- Already operating in several NJ areas with high population densities and OD death rates. Transportation-distance challenges. Treatment centrally located in rural areas combined with street-level support and reliable transportation**
- **Telemedicine - maintain pandemic removal of restrictions. Broadband fixes?**

# THE FIX (part 2)

**Remove structural barriers to best evidence based care.**

- **Methadone by Addiction Medicine specialists outside OTP setting**
- **Increase number of providers**
- **Improve care already in place/provider training and education**
- **Low threshold/low barrier access to buprenorphine**
  - **Hub and spoke**
  - **Political advocacy**
  - **Street teams**
  - **Hospital and ED standards of care**
- **Regulatory- treatment facilities must have fire extinguishers and the specified number of bathrooms per person, but not allow buprenorphine**

# **A MATTER OF PRIORITIES**

**Most of these things take money**

**We have spent one trillion dollars on the “War on Drugs” since 1971. About 50 billion dollars per year in the past several years, with a fivefold increase in the number of deaths in the last two decades.**

**FY 2023 26 billion dollars in congressional earmarks, about 520 million per state.**

- **3 million for the Rock and Roll Hall of Fame**
- **2 million for the Hip Hop Museum**
- **7.8 million to improve Elm Street in Biddeford, ME**

**THANK YOU!**  
**QUESTIONS - ?????**



**Matthew Rudd**  
**Cumberland County Prosecutor's Office**



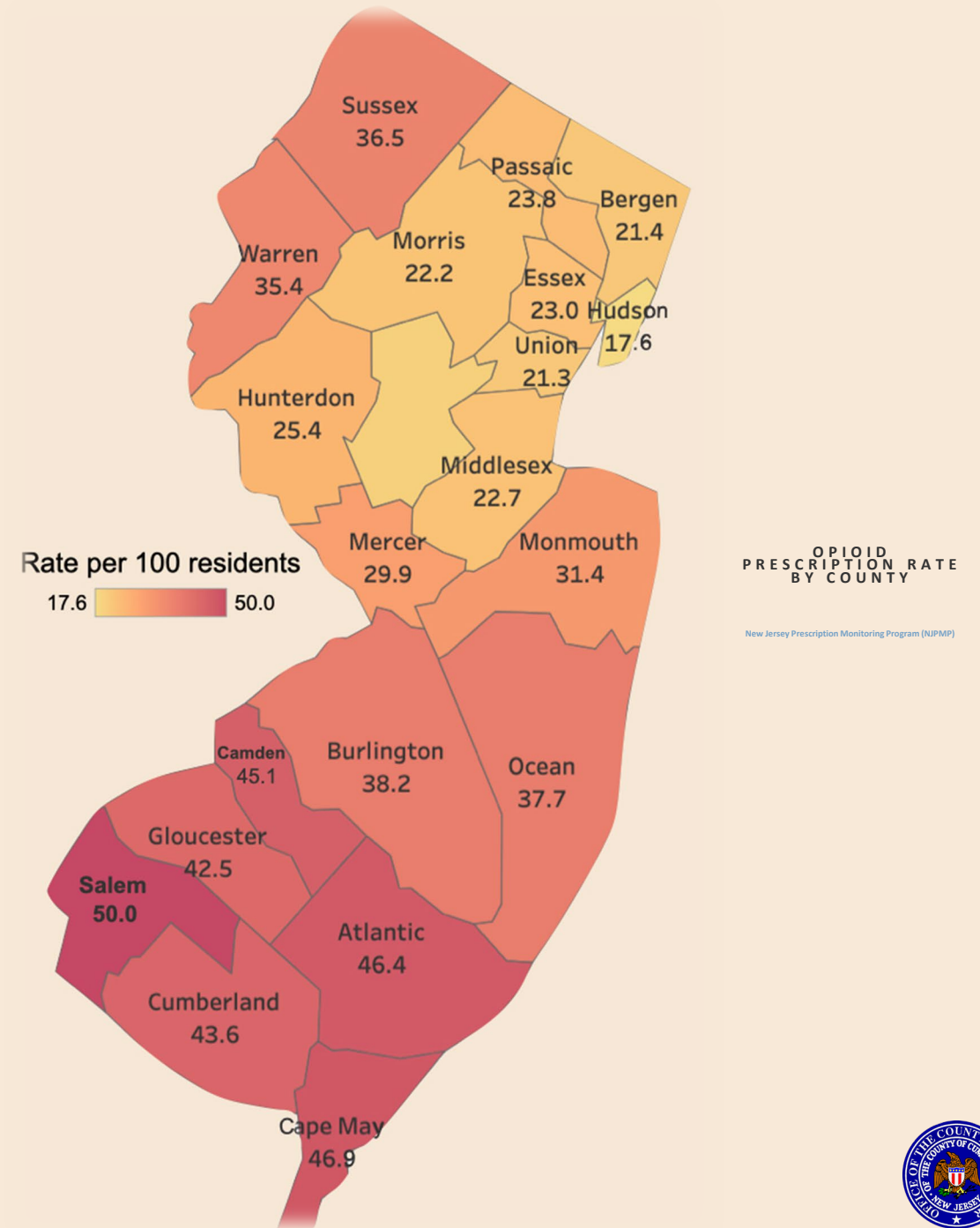
# KNOCK OUT OPIOID ABUSE DAY LEARNING SERIES

ADDRESSING OPIOID  
ABUSE AMONG  
VULNERABLE POPULATIONS

MATTHEW RUDD

CUMBERLAND COUNTY PROSECUTOR'S OFFICE

December 7, 2023

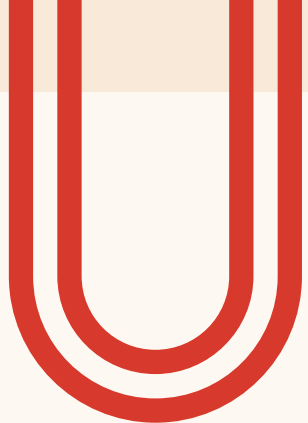




# CUMBERLAND COUNTY DRUG HARM

Cumberland County Rankings In NJ per capita	Rank Based on 2020 Population	Opioid Prescriptions	LE & EMS Naloxone Administration	Drug Deaths	Drug-Related Arrests - Possession	Theft Arrests	Final Per Capita Rank
	16	2	2	4	1	1	4
Volume Totals 2015-2021		855,955	3,153	505	7,653	7,263	-

- Cumberland ranks **4<sup>th</sup>** in the state on the Drug Harm Index (2015 -2021), *16<sup>th</sup> by population*
- 1st quarter 2023, **97%** of heroin submissions from Cumberland County contained **fentanyl**
- 1st quarter 2023, **Vineland** ranked within the **top 10** municipalities in NJ for drug-related arrests for both Drug Distribution and Possession of CDS
- Naloxone deployments increased **167%** in Cumberland County, the **6<sup>th</sup>**-highest increase in NJ (2015-2021)



# BARRIERS & CHALLENGES

## TRANSPORTATION

Poor public transportation infrastructure and stigma of its use meant planning ahead to lease a vehicle to assist in getting participants to services such as court or other appointments.

## CREDIBILITY

Our programs need to be willing to adapt to our local context when a gap is identified. For example, funding a 24/7 live answering hotline or sending peers door to door.

## TREATMENT ACCESS

Few in-county treatment providers mean deepening current relationships and bridging out to new ones, providing transport and then gaining buy-in for transition to recovery aftercare.

## PARTNER BUY-IN

Finding partners with shared goals is always where we start, this requires we continually assess current community readiness and a willingness to change directions if it is lacking.



# Recovery On Wheels

HOW CAN WE HELP YOU WITH YOUR RECOVERY TODAY?

**CUMBERLAND COUNTY  
HUMAN SERVICES**  
*Division of Mental Health & Addiction Services*



## COLLABORATIVE APPROACH

The County Prosecutor's Office, Dept of Human Services, County Sheriff, and County Health Dept together meet people with substance use disorders on the street to guide them into treatment.



ROW is a bus outfitted to provide access to substance use disorder and recovery services on the spot in real time. Numerous services are available through ROW as it navigates to scheduled locations throughout Cumberland County, NJ.

## LAW ENFORCEMENT

Proactive outreach refers those in need either to ROW or to the 1-800 hotline. Also teamed with recovery coaches, do door to door Knock & Talk naloxone follow-up, encouraging those in need to pursue treatment.



## TREATMENT

Or other associated treatment entity to provide appropriate level of care, including MAT or residential detox facility.

## RECOVERY SUPPORT

A recovery hub with full time coaches available for those seeking to begin or sustain long-term recovery from an addiction to alcohol or other drugs.



HOW CAN WE HELP YOU WITH YOUR RECOVERY TODAY?

## 1-800 HOTLINE

C.A.R.E.S. offers support from peers who have been trained in the skills and knowledge needed to guide, mentor, and support anyone who is working toward recovery from addiction.



## ONGOING MAINTENANCE

Capital Recovery Coaches track participants to support and stabilize a client's recovery, including referrals for additional clinical treatment, job readiness, social services, and sober activities.

If additional support  
IS  
needed

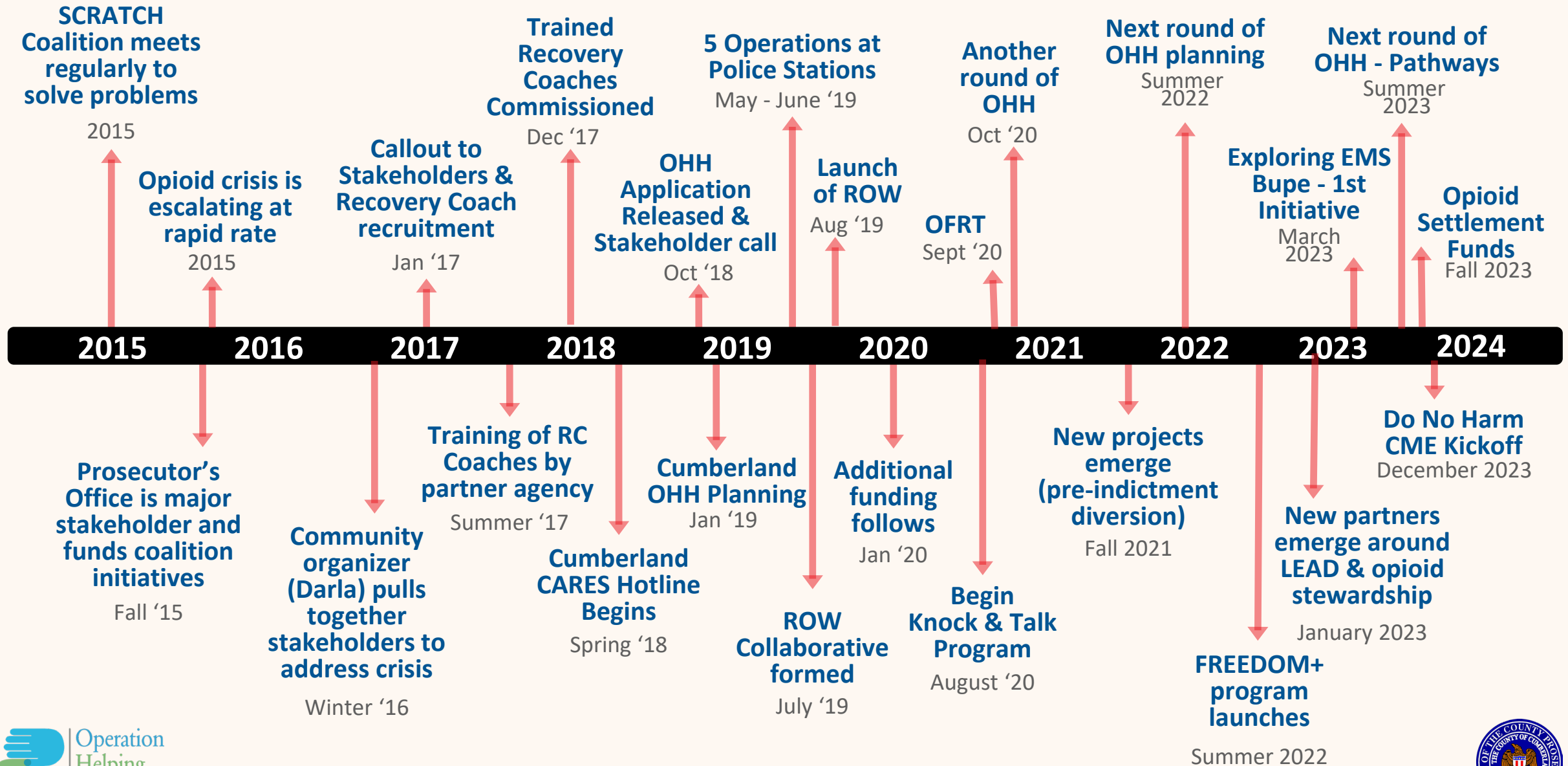
If additional support is  
NOT needed  
Continue to monitor and  
reengage as needed

## HEALTHY & EMPOWERED

With many of the barriers and obstacles removed, individuals are empowered to flourish and thrive on the path of long term recovery!



# DEVELOPMENT OF CUMBERLAND'S PROGRAMMING







## MONEY

Procuring funding moves ideas into a sustainable reality, it also provides a sense of accountability to do what we said and hope for continued progress by proof of concept.



## PEOPLE

Staffing and partnerships are essential as our office is not designed to take on all the recovery initiatives or stay connected to individuals, we can however catalyze through leadership.



## RISK

Defining through verbal agreements and then follow-up with MOUs & written documentation has been important for setting expectations, tracking metrics, as well as managing risk.



## TIME

Allocating leadership time to developing the necessary details has been challenging, but clearly essential to setting up the program for success, it is also important to allow for continued review based on progress updates.



## EFFORT

The process is iterative, so having good expectations to start with what we know and then adjust as we go is vital to not become discouraged by barriers we did not anticipate.

# ESSENTIAL CONSIDERATIONS





# FACTORS INFLUENCING OUR EFFORTS

1 MISSION  
CLARITY &  
SHARED  
GOALS

2 CONCERTED  
LEADERSHIP

3 ADD TO  
EXISTING  
EFFORTS

4 ASSESSING  
READINESS

5 DEDICATED  
STAFF  
RESOURCES

6 UTILIZING  
DATA





# QUESTIONS?

**MATTHEW RUDD, MBA**  
COMMUNITY JUSTICE COORDINATOR  
CUMBERLAND COUNTY  
PROSECUTOR'S OFFICE  
[MATTHEWRU@CUMBERLANDCOUNTYNJ.GOV](mailto:MATTHEWRU@CUMBERLANDCOUNTYNJ.GOV)





**Harry Reyes, DHSc, LPC, LCADC**

**Assistant Division Director**

**Office of Treatment and Recovery Supports  
New Jersey Department of Human Services**



**Tevis Thompson, MS**

**Project Manager**

**Deaf and Hard of Hearing Initiatives  
New Jersey Division of Mental Health  
and Addiction Services**



**DMHAS**  
Division of Mental Health  
and Addiction Services

# Substance Use and the Deaf and Hard of Hearing

Tevis Thompson, M.S.

Project Manager

d/Deaf and Hard of Hearing Opioid and Stimulant Use Disorder Initiatives

Office of Treatment and Recovery Services OTRS

Harry Reyes, DHSc, LPC, LCADC

Assistant Division Director

Office of Treatment and Recovery Services OTRS



# SUD and the D/HH Population

- Prevalence of SUD Use
  - 15% of deaf people in the USA have a Co-occurring Diagnosis (COD)
  - 43% higher than the general population
  - 13% 18+ report a hearing impairment or difficulty
  - Most common substances for abuse include alcohol, marijuana, and prescription opioids
- Communication Obstacles
  - Lack of a qualified sign language interpreter
  - English is not their first language – writing notes is not effective
  - Misinformation/assumptions about lip-reading abilities

# CULTURE

- Deaf
  - total hearing loss
- Hard of Hearing
  - various stages of hearing loss
- Isolation
  - Participation and inclusion
- Socialization outside the Deaf Community
  - Finding sober friends and support persons able to communicate with them





# COMMUNICATION

- Hearing world vs non Hearing world
- Access to services
  - Where to locate and or find information
  - Trust
  - Reaching out

# TREATMENT CHALLENGES



- Communication barriers
- Depression/Anxiety
- Finding resources
- Discrimination and Stigma



# TREATMENT RESOURCES

- MH/SUD/ODU/AUD Treatment

- Where are interpreter services and how to access

## Project Manager for Deaf and Hard of Hearing Initiatives

- 609-438-4346 – Office 609-376-6340 – Cellphone
- [DMHAS-DHH@dhs.nj.gov](mailto:DMHAS-DHH@dhs.nj.gov)
- Division of the Deaf and Hard of Hearing
  - 609-588-2648 – Office
  - [DDHH.communications2@dhs.state.nj.us](mailto:DDHH.communications2@dhs.state.nj.us)



# TREATMENT SOLUTIONS



Providers being sensitive to the communication and cultural needs of this population.

Contacting DMHAS-DHH program for ASL Interpreter services.

Strengthen your wifi signal with signal adapters.

Offering instruction in accessing and use of online recovery services for the Deaf and Hard of Hearing.

Begin aftercare planning early in treatment to get accessible resources set up.



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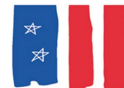
**To register for continuing education for today's webinar, visit [knockoutday.drugfreenj.org/dec7](https://knockoutday.drugfreenj.org/dec7)**  
**For 1.0 EMT CEU, visit <https://KnockOutDay.DrugFreeNJ.org/EMT>**

## **UPCOMING WEBINAR**

**Overview of the Opioid Crisis**

**11 a.m. Thursday, January 25, 2024**

**Register at [KnockOutDay.DrugFreeNJ.org/events](https://KnockOutDay.DrugFreeNJ.org/events)**



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