



Community Strategies to Fight Opioid Addiction

March 13, 2025

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Featured Presenters



Melissa Pielech, PhD
Assistant Professor

Department of Psychiatry and Human Behavior
Department of Behavioral and Social Sciences
Center for Alcohol and Addiction Studies
Brown University
Licensed Clinical Psychologist
Hasbro Children's Rehabilitation Services

Dr. Melissa Pielech is a licensed clinical psychologist and assistant professor at Brown University's Warren Alpert Medical School and the Center for Alcohol and Addiction Studies. Over the past 10 years, Dr. Pielech has developed unique cross-cutting expertise in the etiology, co-occurrence, and treatment of both pain and substance use behaviors in adolescents and young adults. Her National Institutes of Health-funded program of research focuses on addressing barriers to family involvement in youth opioid and substance use disorder treatment using implementation science promoting safe and effective prescription opioid use for youth experiencing pain, and patient-centered development and evaluation of interventions co-addressing pain and substance use.



Director Tiffany Wilson,
Office of Alternative & Community Responses
New Jersey Office of the Attorney General

Tiffany Wilson serves as senior counsel and director of the Office of Alternative and Community Responses. She previously served in the Union County Prosecutor's Office where she spent over two decades as an assistant prosecutor handling a wide variety of criminal litigation. Most recently, Tiffany supervised all matters related criminal justice reform for the prosecutor's office. For the last decade, she also supervised all of Union County's diversionary programs with a particular emphasis on mental health diversion and programs related to the intersection of mental health and the criminal justice system. Tiffany received her Bachelor of Arts from Villanova University and her Juris Doctorate from William & Mary Law School.



Melissa Pielech, PhD

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Department of Psychiatry and Human Behavior

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Center for Alcohol and Addiction Studies

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Licensed Clinical Psychologist

Hasbro Children's Rehabilitation Services

Pain management as prevention and intervention:

Partnering to develop a brief intervention targeting pain coping and substance use before wisdom tooth extraction

Melissa Pielech, PhD (she/her)



Assistant Professor
Department of Psychiatry and Human Behavior
Department of Behavioral and Social Sciences
Center for Alcohol and Addiction Studies
Brown University

Licensed Clinical Psychologist
Hasbro Children's Rehabilitation Services



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Overview

No conflicts of interest to disclose

My research is funded by NIH



NIDA K23 DA053411

Learning objectives

1 Summarize the scope and magnitude of the opioid crisis within communities

Review trends in substance use in youth

2 Identify the relationship among prevention principles, pharmacological treatment, therapy and recovery supports in addressing the opioid epidemic

Discuss relations between pain and substance use including biopsychosocial approaches to acute pain management

3 Describe diverse community initiatives implemented in response to the opioid crisis

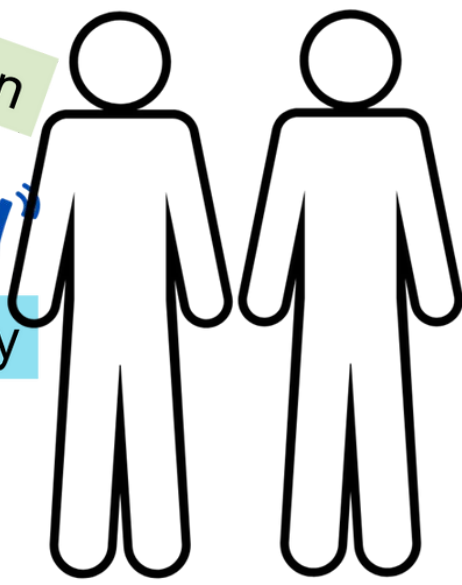
Present results from formative work to develop a brief intervention targeting pain and substance use for youth undergoing wisdom tooth extraction

SU and Pain in Teens

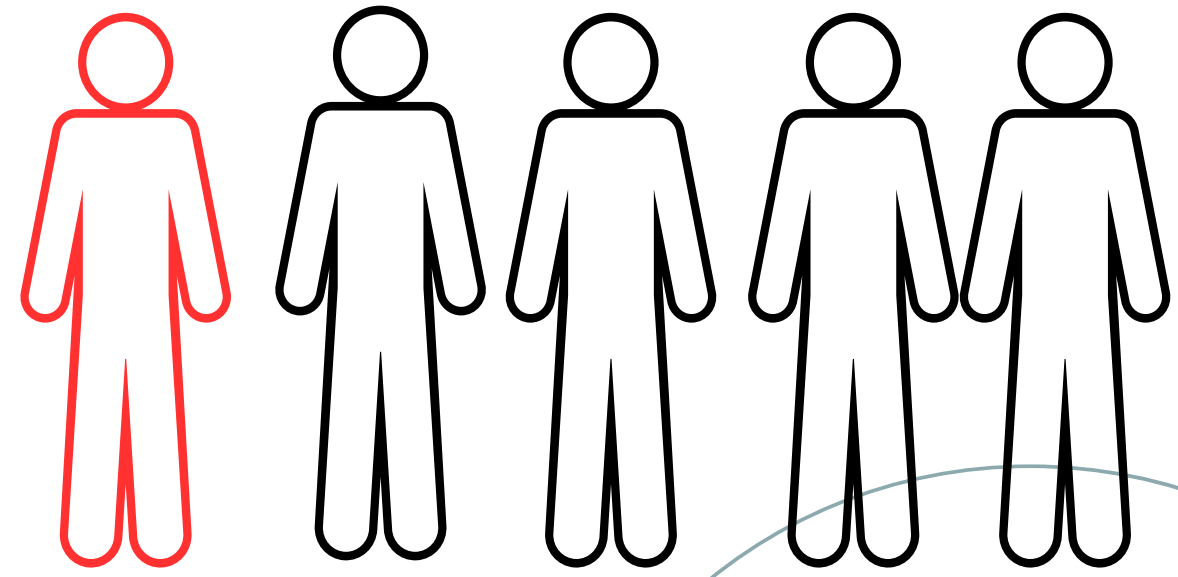
Dangerous

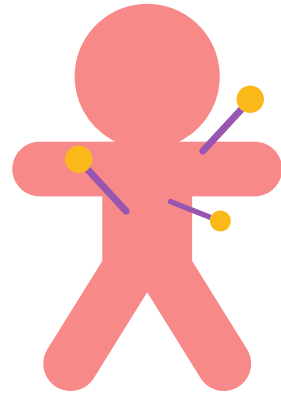
Common

Costly

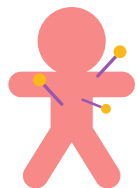


Impacts roughly
1 in 4 or 5 youth

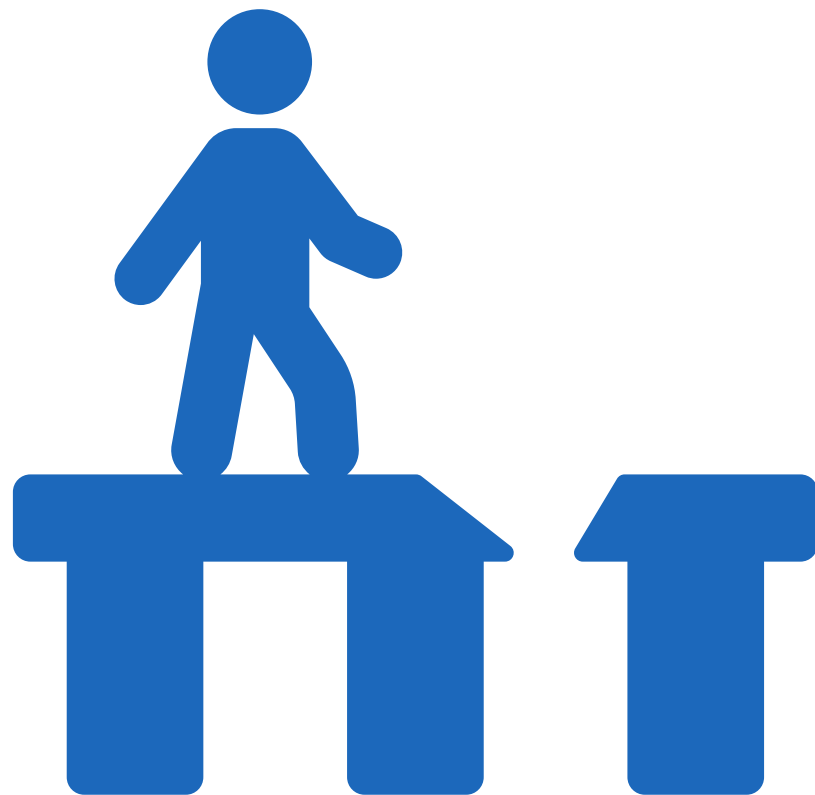




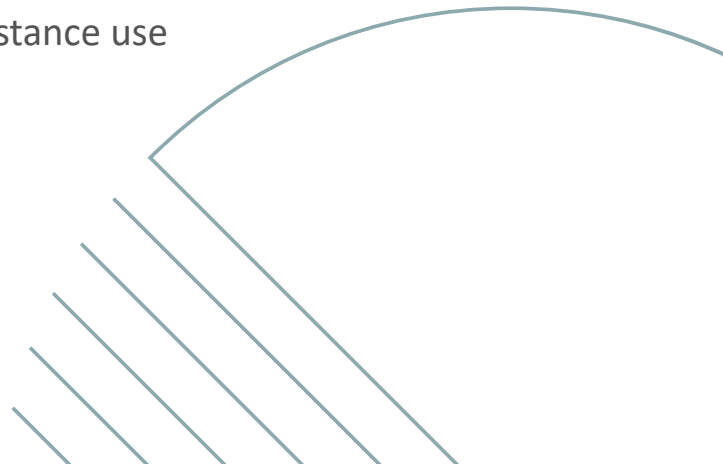
overlooked
undertreated
& stigmatized



Pediatric pain



Teen
substance use





1

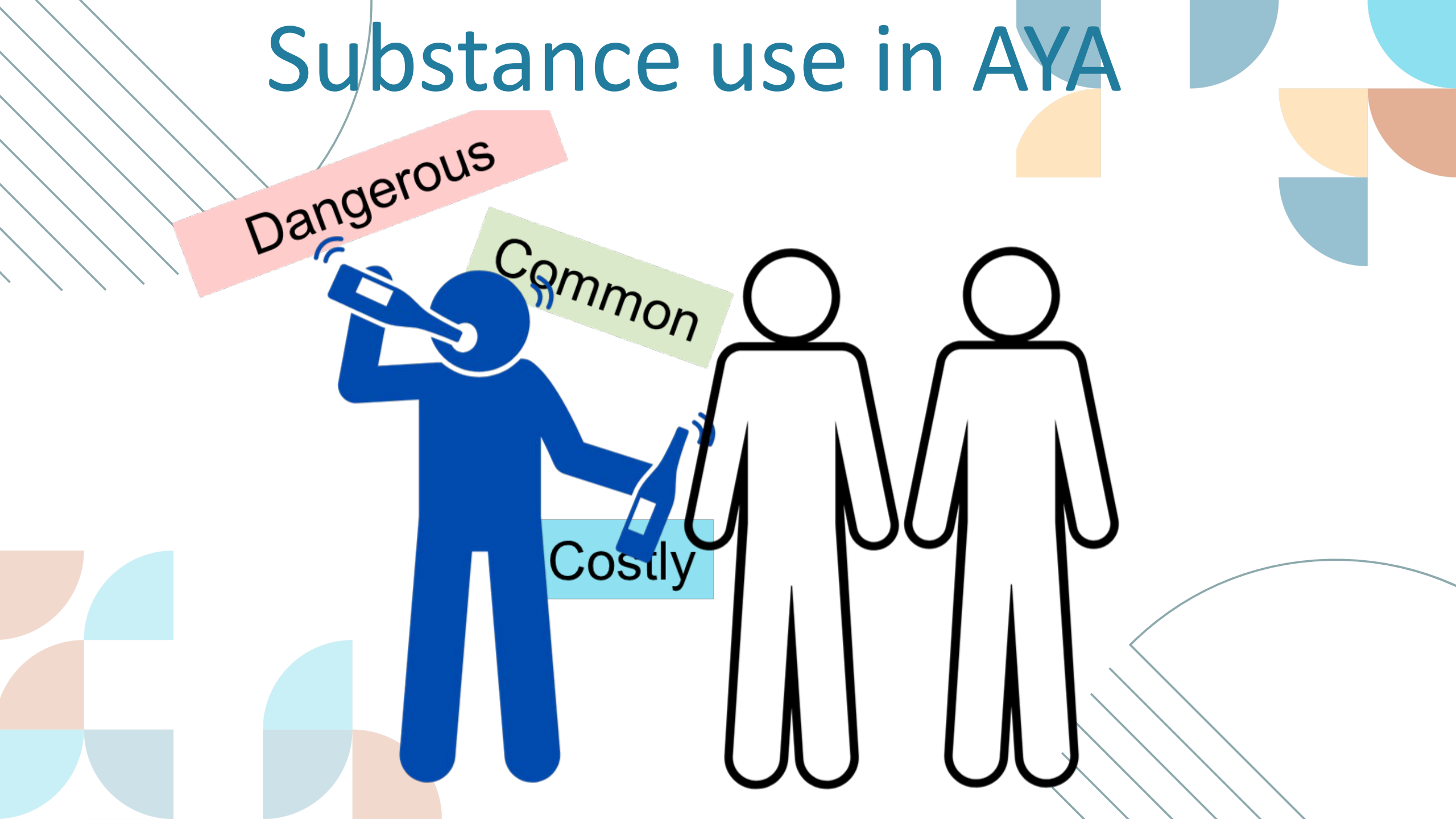
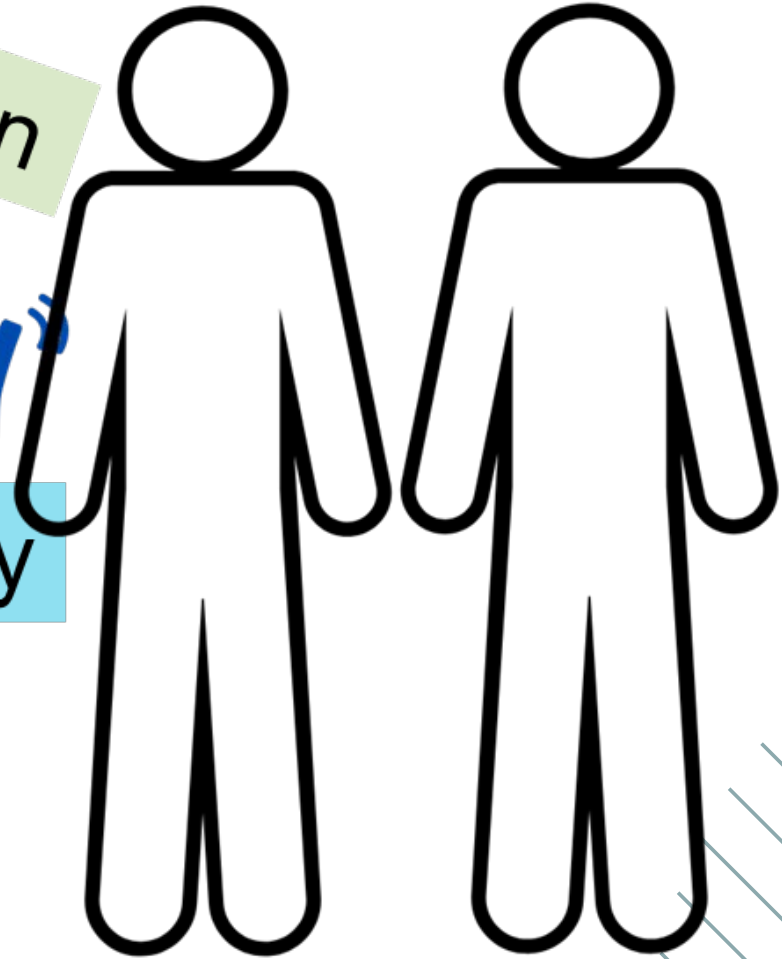
TRENDS IN ADOLESCENT SUBSTANCE USE

Substance use in AYA

Dangerous

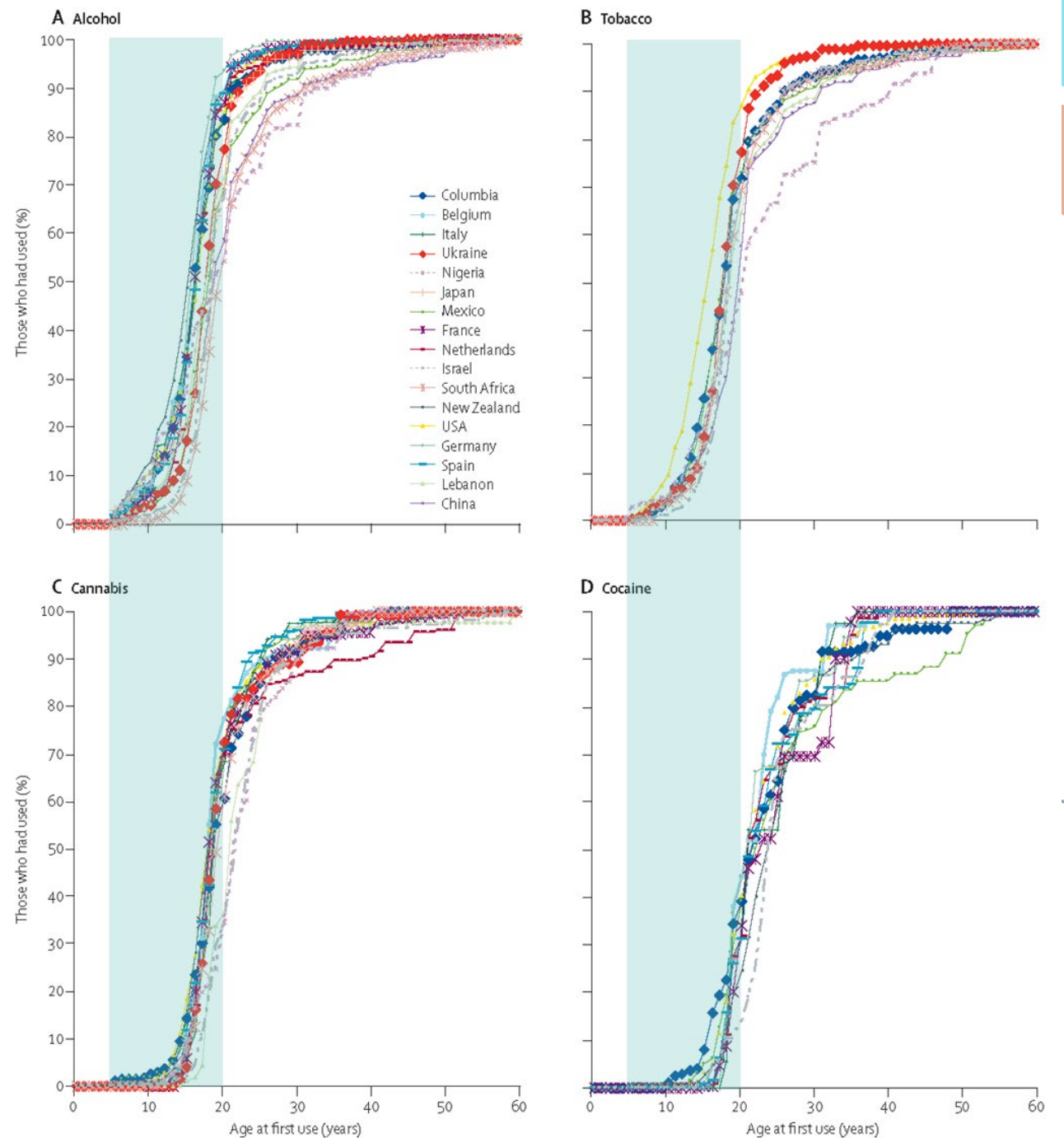
Common

Costly

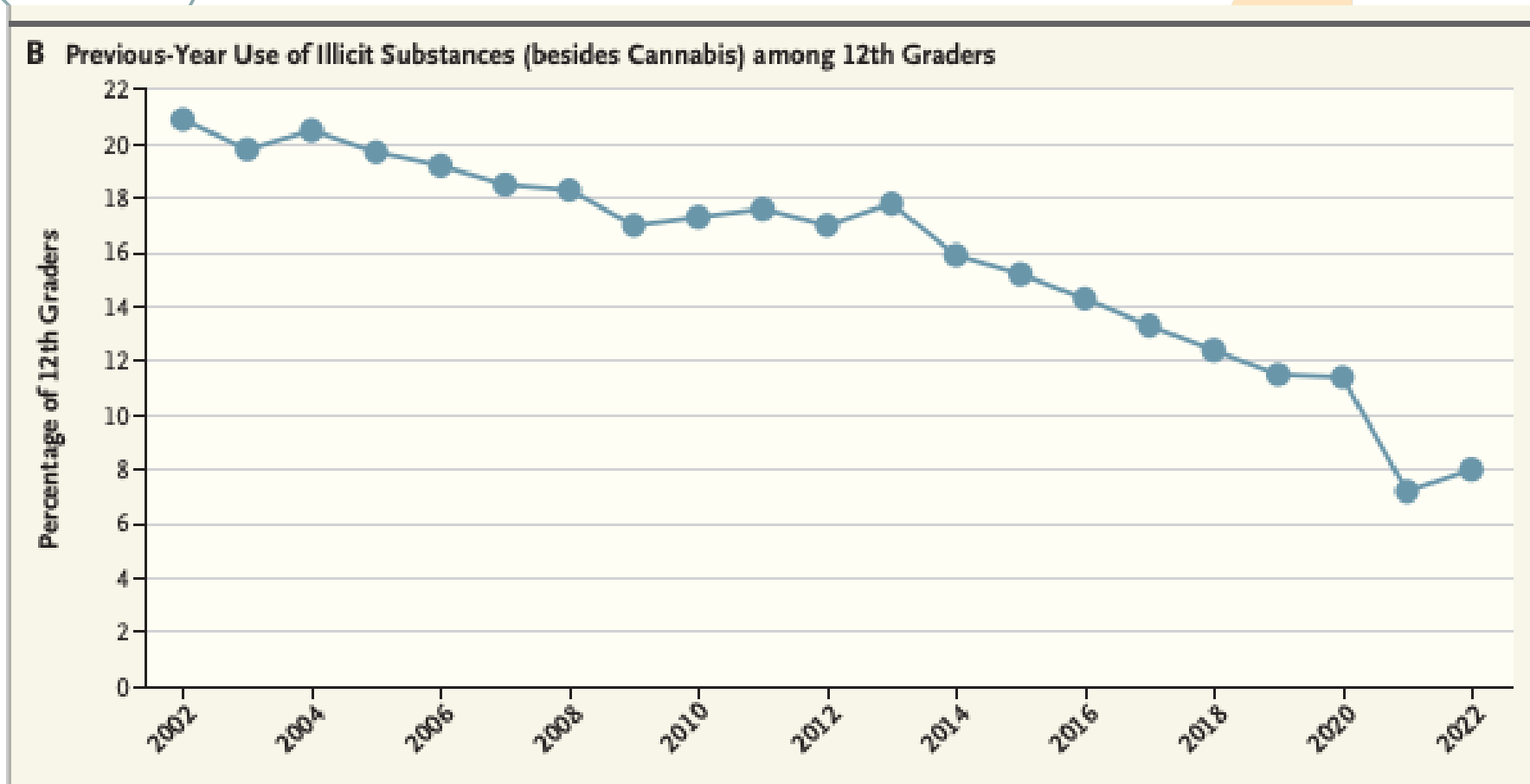


Adolescence is the peak period for initiation of substance use

- Levels and frequency of substance use begin to increase in mid-adolescence and peak in very early adulthood.
- Age of onset is strikingly similar across high-income countries.



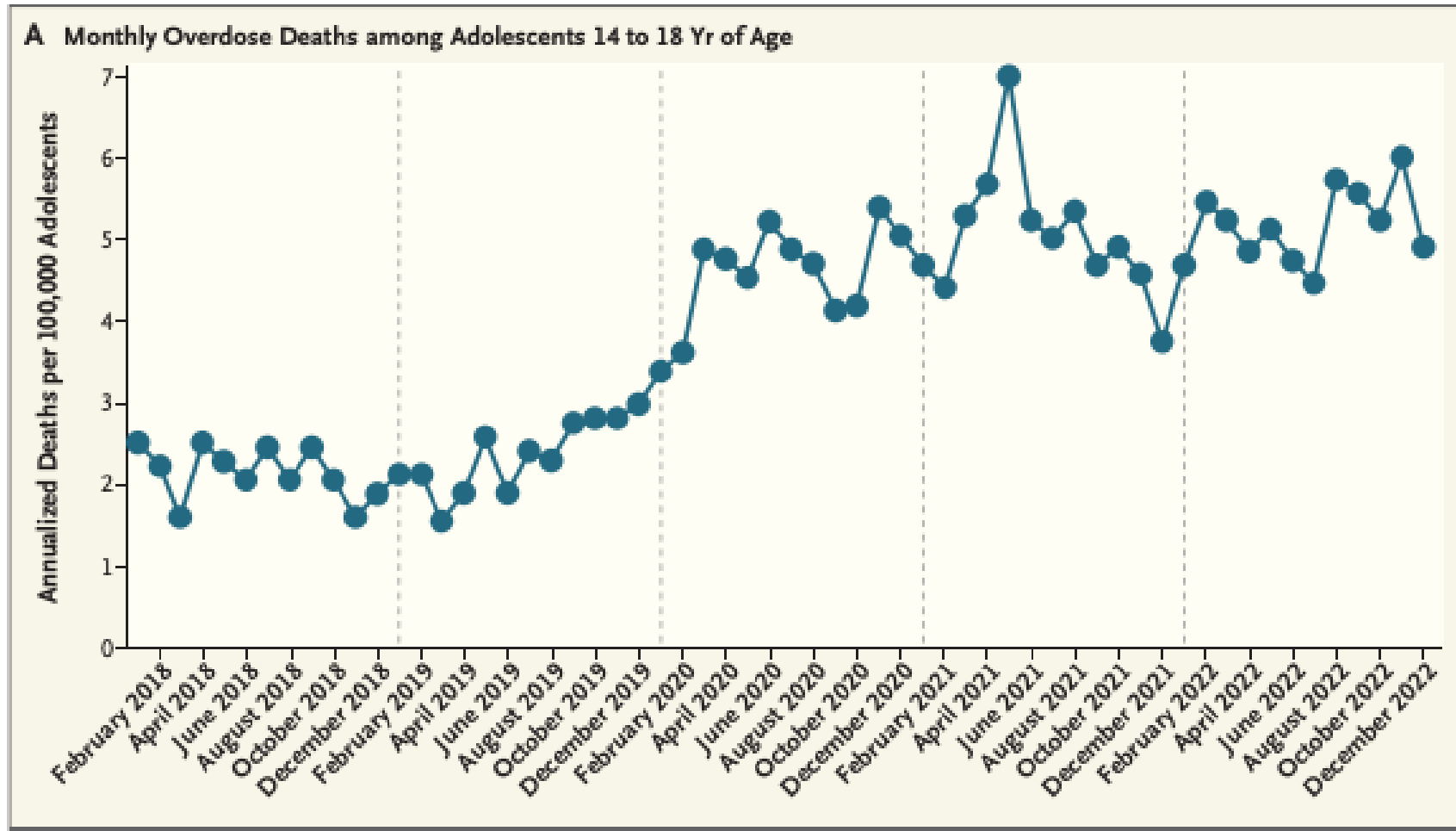
The good news



Teen substance use rates have been steadily declining

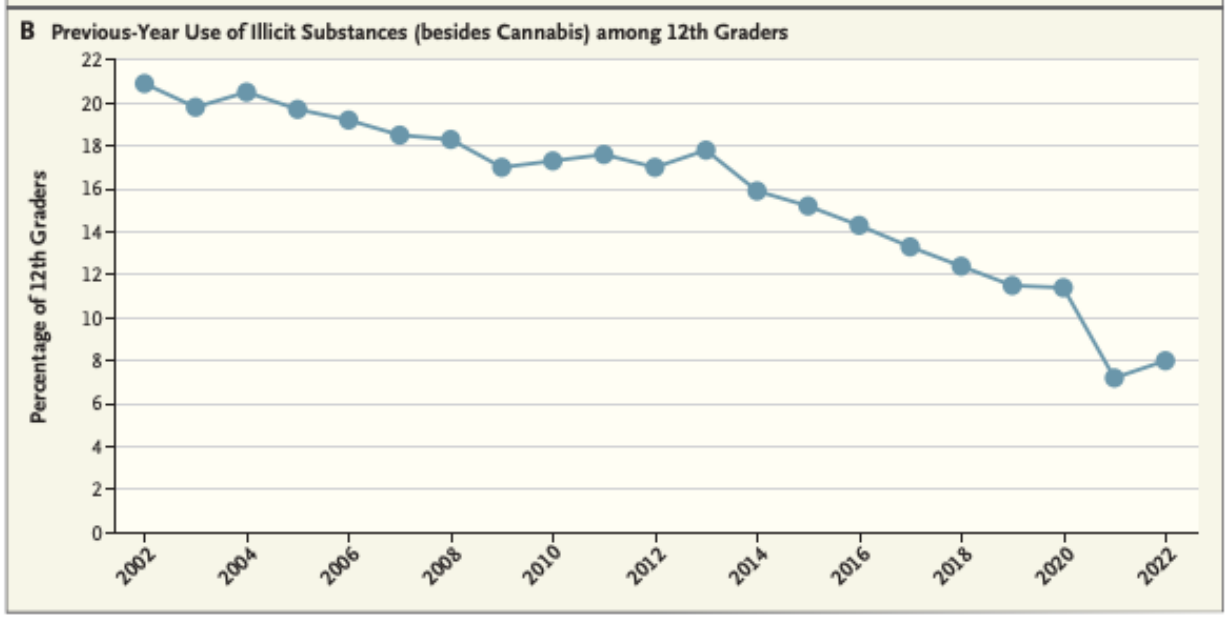
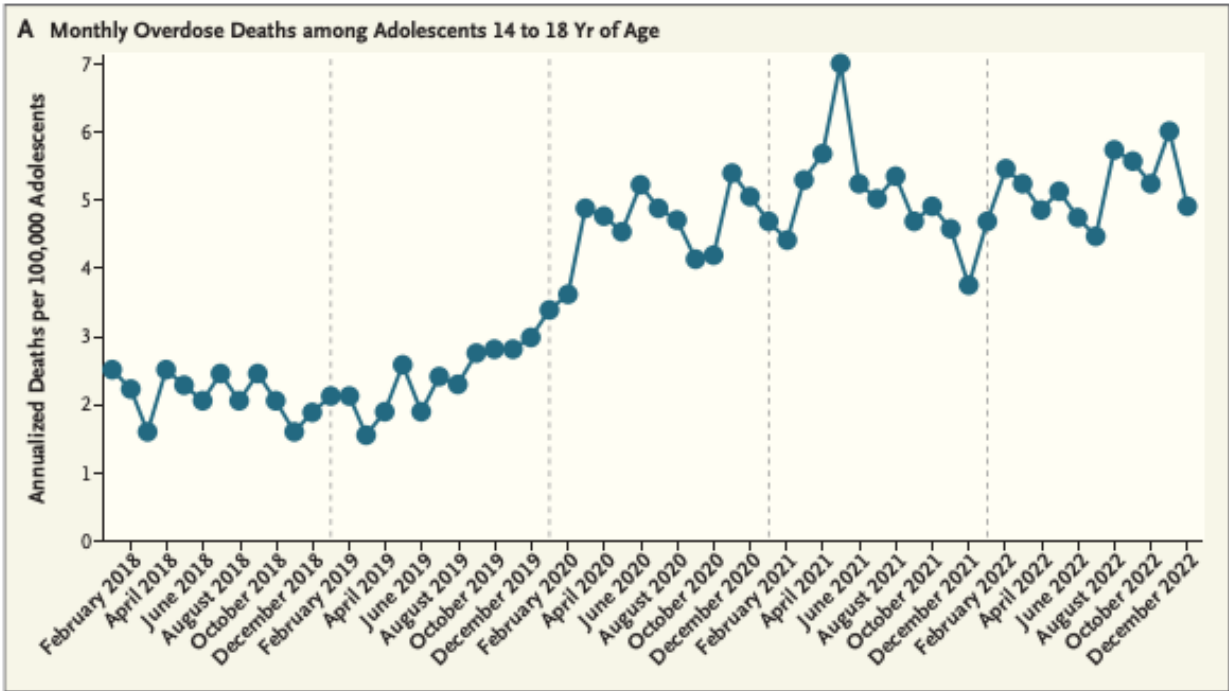
(Friedman & Hadland, 2024- citing MTF)

The bad news



Teen overdose death rates continue to rise

(Friedman & Hadland, 2024- citing MTF)



(Friedman & Hadland, 2024- citing MTF)





The **NEW ENGLAND JOURNAL** of **MEDICINE**

Perspective
JANUARY 11, 2024

The Overdose Crisis among U.S. Adolescents

Joseph Friedman, Ph.D., M.P.H., and Scott E. Hadland, M.D., M.P.H.

Every week in 2022, the equivalent of a high-school classroom's worth of students — an average of 22 adolescents — died of drug overdoses in the United States, according to data

from the Centers for Disease Control and Prevention. In 2022, 12th graders reported having

In 2022, for example, 0.3% of 12th graders reported previous-year heroin use, whereas 5.0% reported nonmedical use of prescription drugs. Many adolescents may be unaware of the proliferation of counterfeit pills.

(Friedman & Hadland, 2024)

By the end of high school....

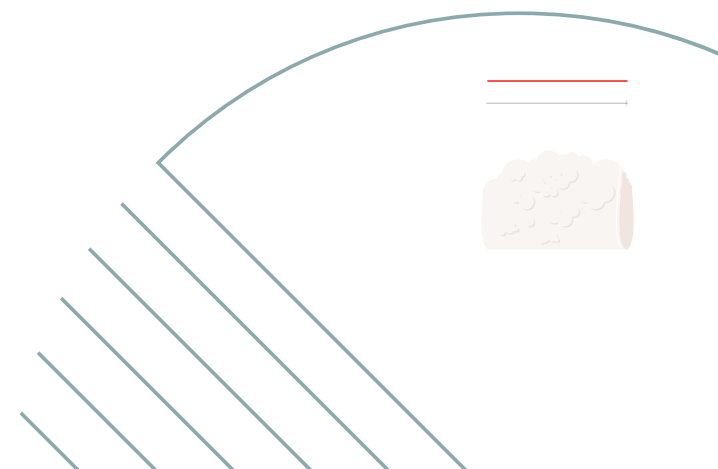
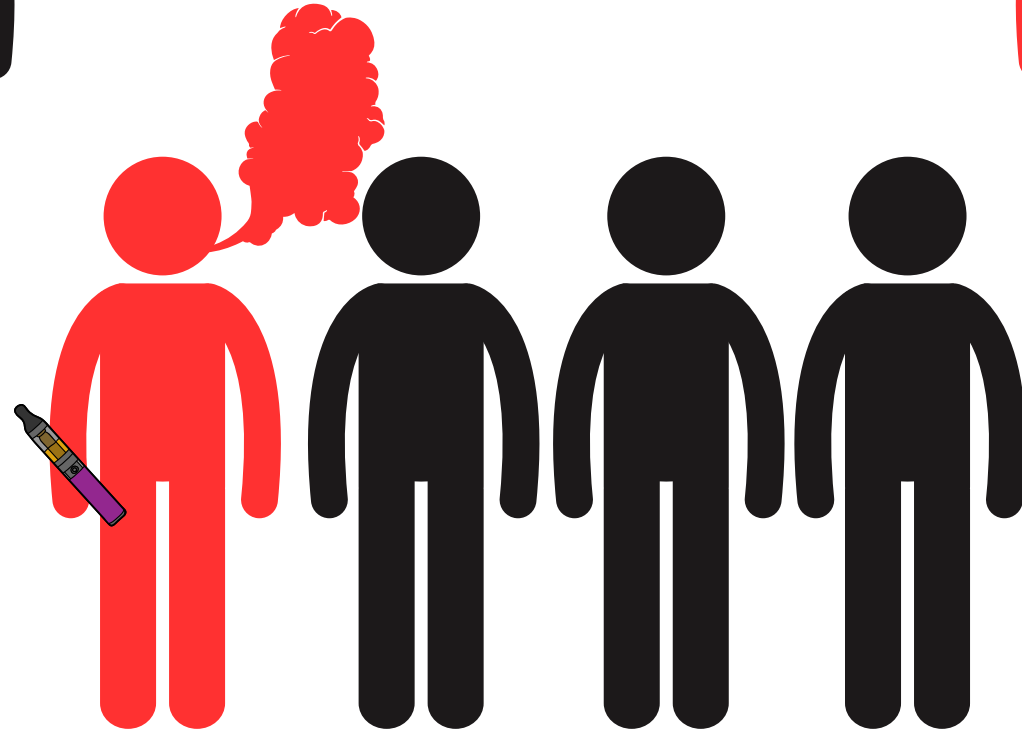


(Source: Monitoring the Future: Miech et al., 2023)

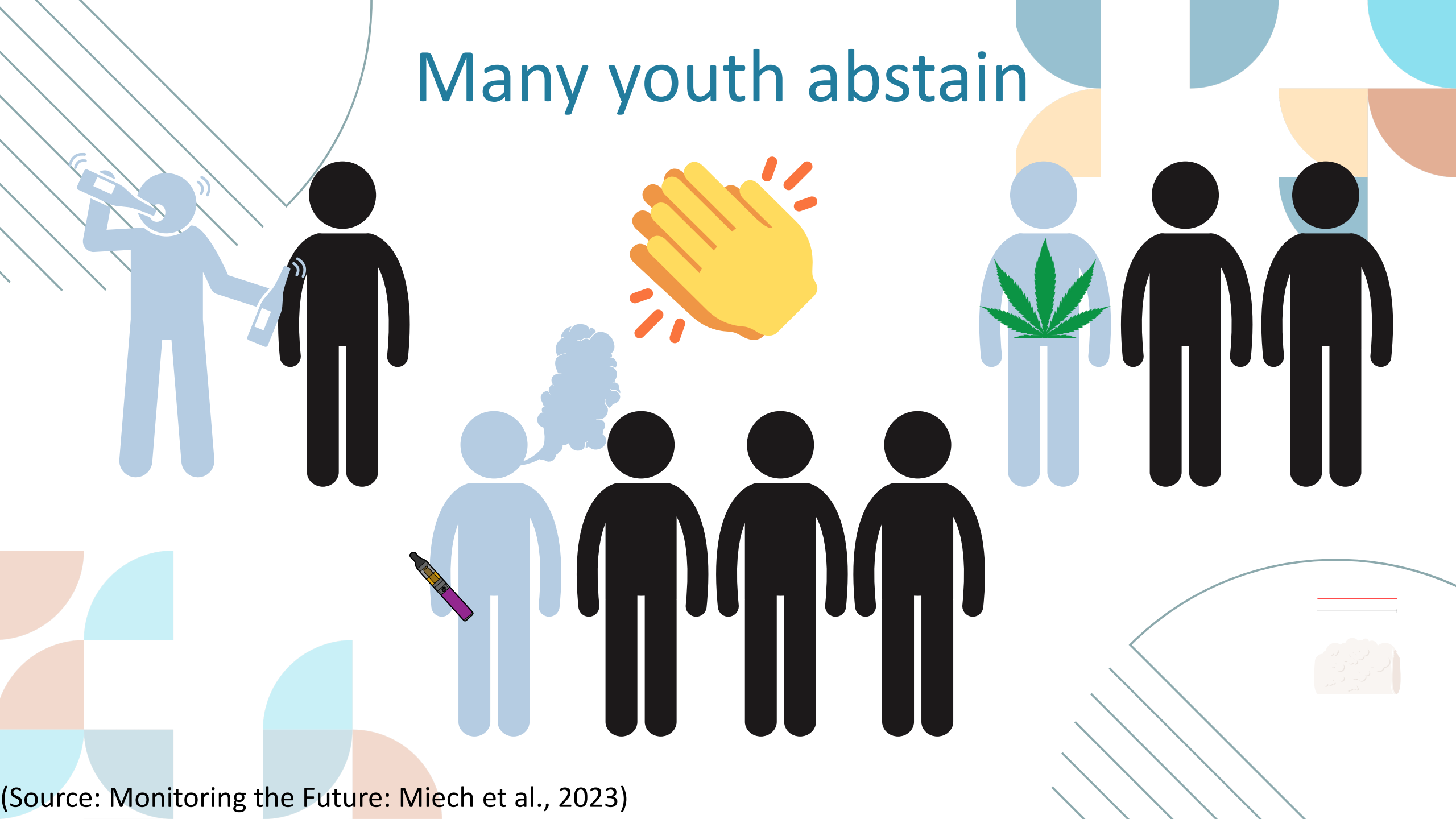
By the end of high school....



By the end of high school....



Many youth abstain



(Source: Monitoring the Future: Miech et al., 2023)

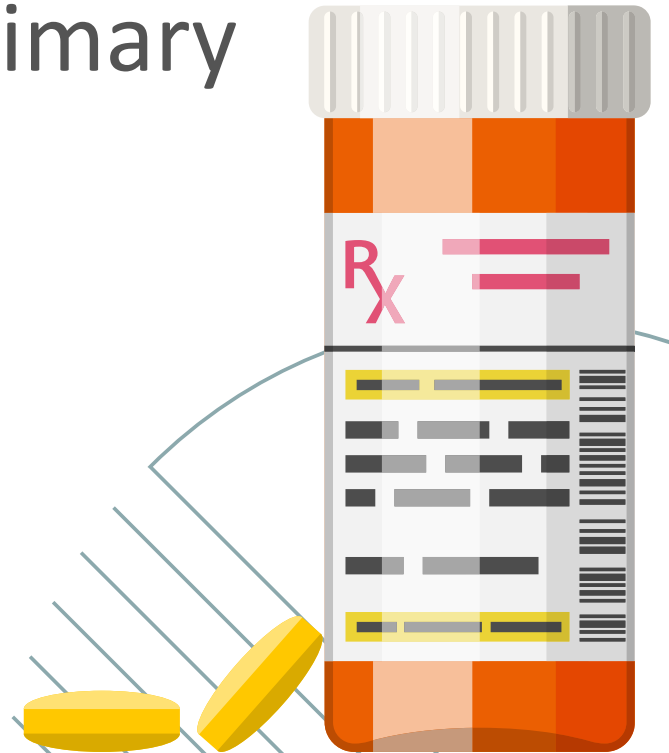
Opioid Use in Youth

- ~1.5% of adolescents report using opioids in a way differently than prescribed in the past year (i.e. opioid misuse)
 - leftover prescriptions remain a primary source



The Opioid Crisis in Teens

- ~1.5% of adolescents report using opioids in a way differently than prescribed in the past year (i.e. opioid misuse)
 - leftover prescriptions remain a primary source
- 1% of adolescents have OUD
- .1% report Fentanyl use



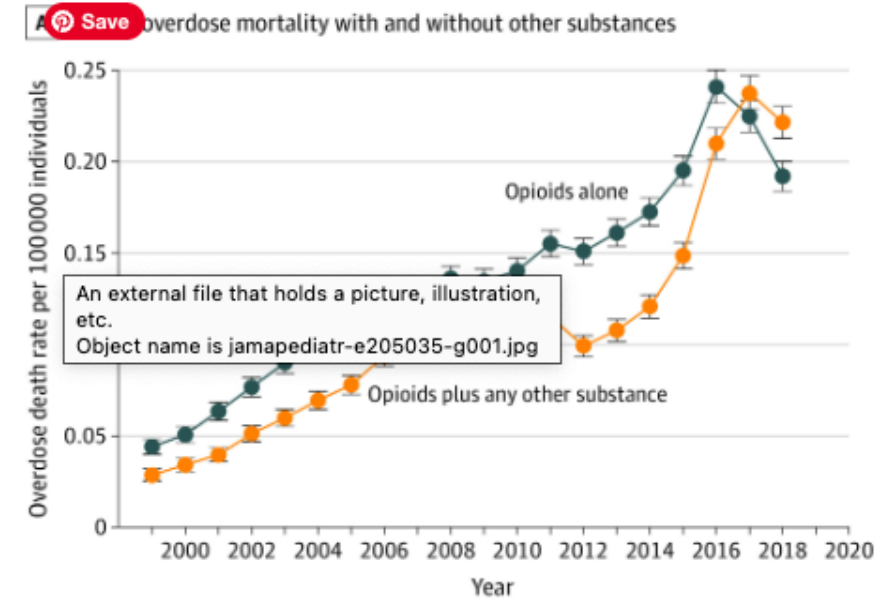
Polysubstance use

- Polysubstance use is fairly common among youth- especially with opioids
- In 2018, polysubstance-involved opioid overdose deaths among youth became more prevalent than those involving only opioids



(Lim et al., 2020)

Figure.



Trends in Youth Opioid Overdose Mortality, 1999-2018



But isn't SU normative in teens?



Yes... and

But isn't SU normative in teens?



Yes... and



...it's not without risk

Harmful consequences of adolescent substance use

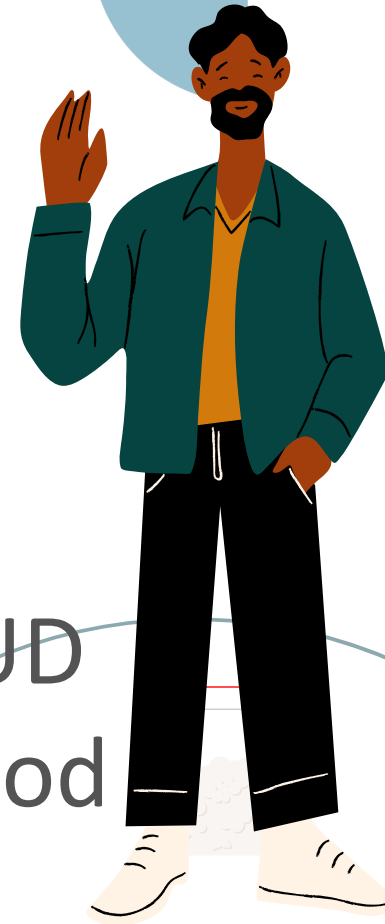
Importantly, adolescents are particularly susceptible to risk-related injuries associated with SU

Most consequences of adolescent substance use are not necessarily attributable to addiction, but the fact that all SU confers some risk

This is particularly true in the context of opioid use and when using opioids differently than prescribed

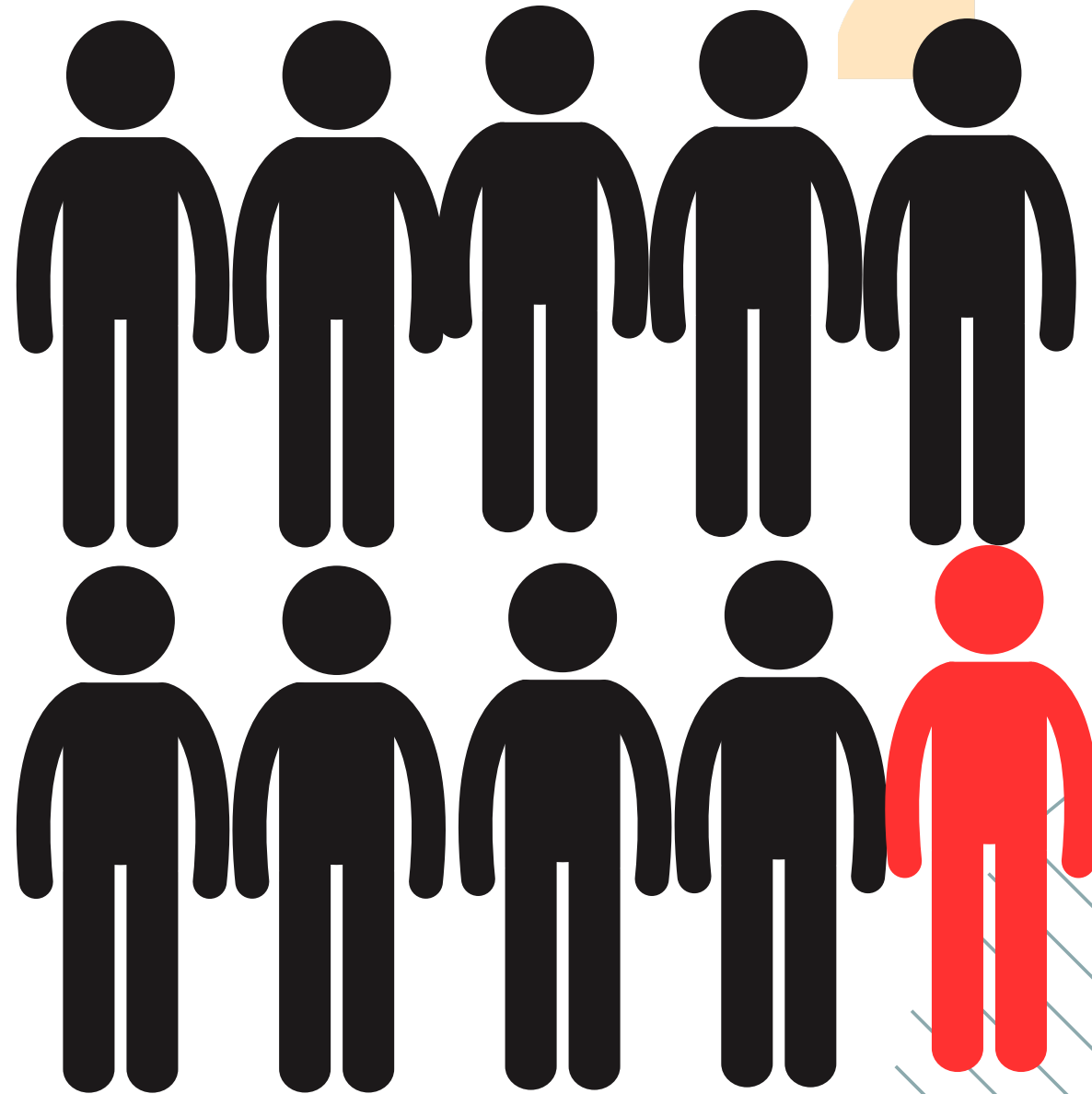
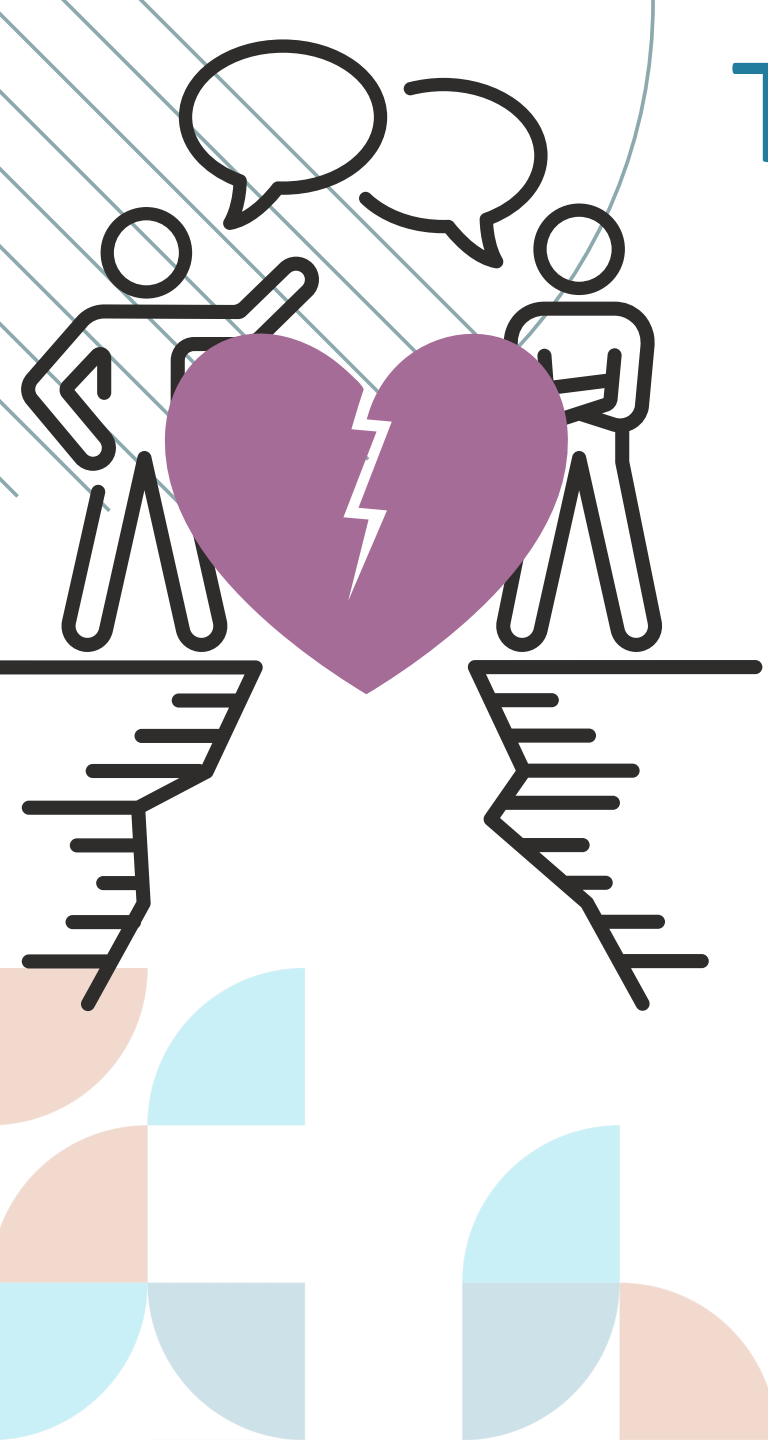
Age at first exposure is related to increased risk of SUD

- Early adolescents who...
 - experience alcohol intoxication
 - begin using cannabis
 - engage in nonmedical opioid use



- ...are 3 to 5 times more likely to develop SUD than youth who initiate SU in early adulthood

The treatment gap





2

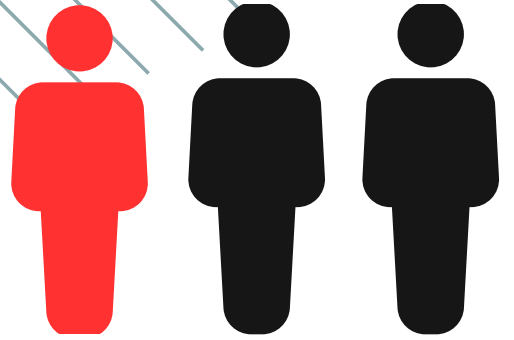
Pain and substance use in youth

Wisdom tooth extraction

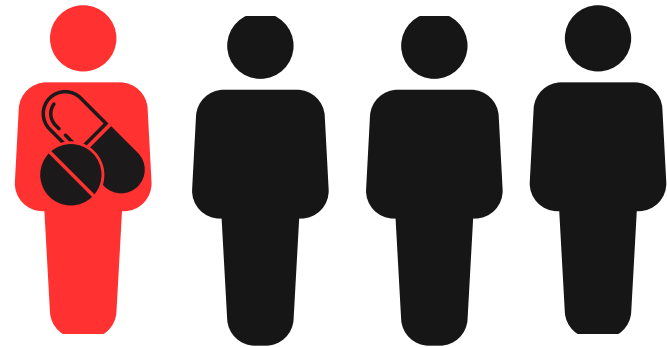
- Wisdom tooth extraction is one of the most common painful surgical procedures among adolescents and young adults (AYA)



Wisdom tooth extraction



Pain/ swelling
before surgery



Receive first opioid
prescription after
wisdom tooth
extraction

~15-22%
of AYA experience
post operative
complications



A Reciprocal Model of Pain and Substance Use: Transdiagnostic Considerations, Clinical Implications, and Future Directions

Joseph W. Ditre,¹ Emily L. Zale,² and Lisa R. LaRowe¹

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Keywords

pain, addiction, substance use, nicotine, alcohol, cannabis

Abstract

Pain and substance use are highly prevalent and co-occurring conditions that continue to garner increasing clinical and empirical interest. Although nico-

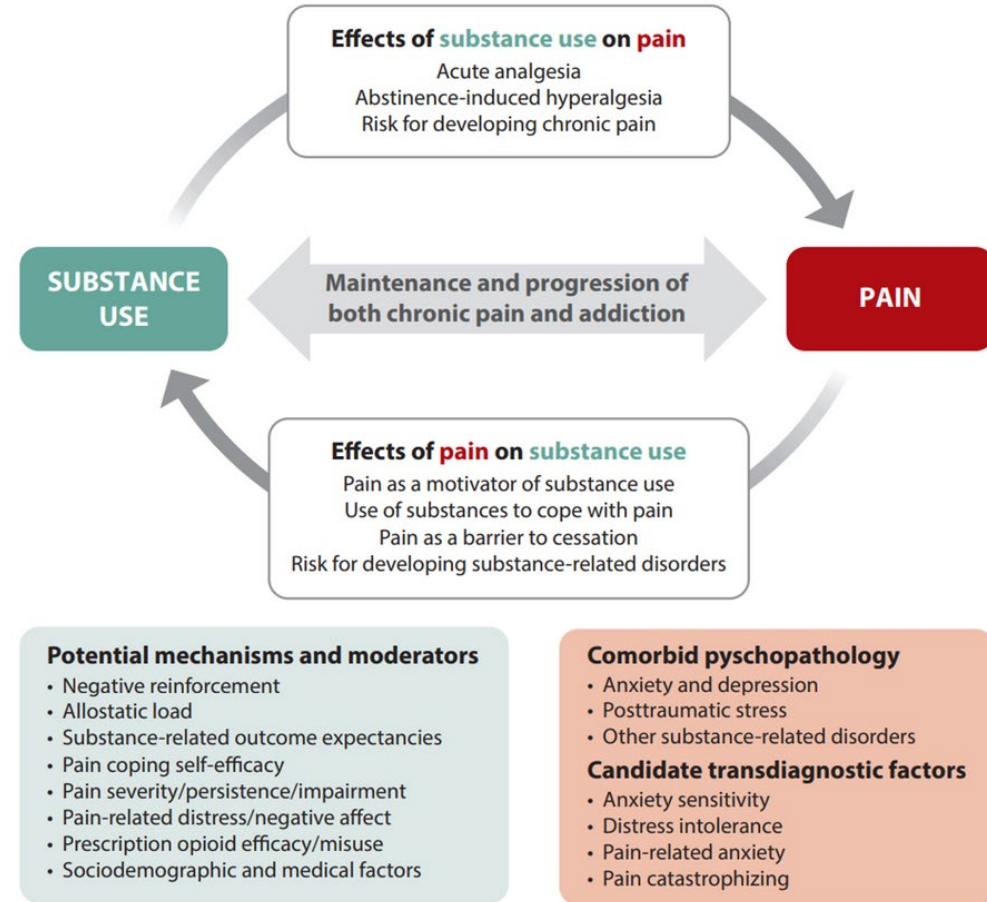


Figure 2

Reciprocal model of pain and substance use. This reciprocal model integrates two lines of scientific inquiry examining associations between pain and the self-administration of nicotine and tobacco, alcohol, and cannabis. In terms of the effects of substance use on pain, substance use has been shown to confer acute

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Prescription Opioid Misuse Motives in US Older Adults

Ty S. Schepis , PhD,* Linda Wastila, PhD,[†] Beth Ammerman, DNP, FNP-BC,[‡] Vita V. McCabe, MD, MHSA,^{§,¶} and Sean Esteban McCabe, PhD, MSW^{*,¶,||,***}

*Department of Psychology, Texas State University, San Marcos, Texas; [†]Peter Lamy Center on Drug Therapy and Aging, and Department of Pharmaceutical Health Services Research, School of Pharmacy, University of Maryland, Baltimore, Maryland; [‡]Center for the Study of Drugs, Alcohol, Smoking and Health, School of Nursing, University of Michigan, Ann Arbor, Michigan; [§]St. Joseph Mercy Ann Arbor, St. Joseph Mercy Health System, Ypsilanti, Michigan; [¶]Institute for Research on Women and Gender, University of Michigan, Ann Arbor, Michigan; ^{||}Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor, Michigan; ^{***}Center for Human Growth and Development, University of Michigan, Ann Arbor, Michigan, USA; ^{**}Center for the Study of Drugs, Alcohol, Smoking and Health, Department of Health Behavior and Biological Sciences, School of Nursing, University of Michigan, Ann Arbor, Michigan, USA

Correspondence to: Ty S. Schepis, PhD, Department of Psychology, Texas State University, 601 University Drive, San Marcos, TX 78666, USA. Tel: 512-245-6805; Fax: 512-245-3153; E-mail: schepis@txstate.edu.

Funding sources: This work was supported by R01 DA043691, R01 DA42146, R01 DA036541, and R01 DA031160 from the National Institute on Drug Abuse (NIDA). The National Survey on Drug Use and Health is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and NIDA.

Disclaimer: The content is the authors' responsibility and does not necessarily represent the views of NIDA or SAMHSA.

Pain relief is a common motive for SU in youth (and we need to learn a lot more about this!)

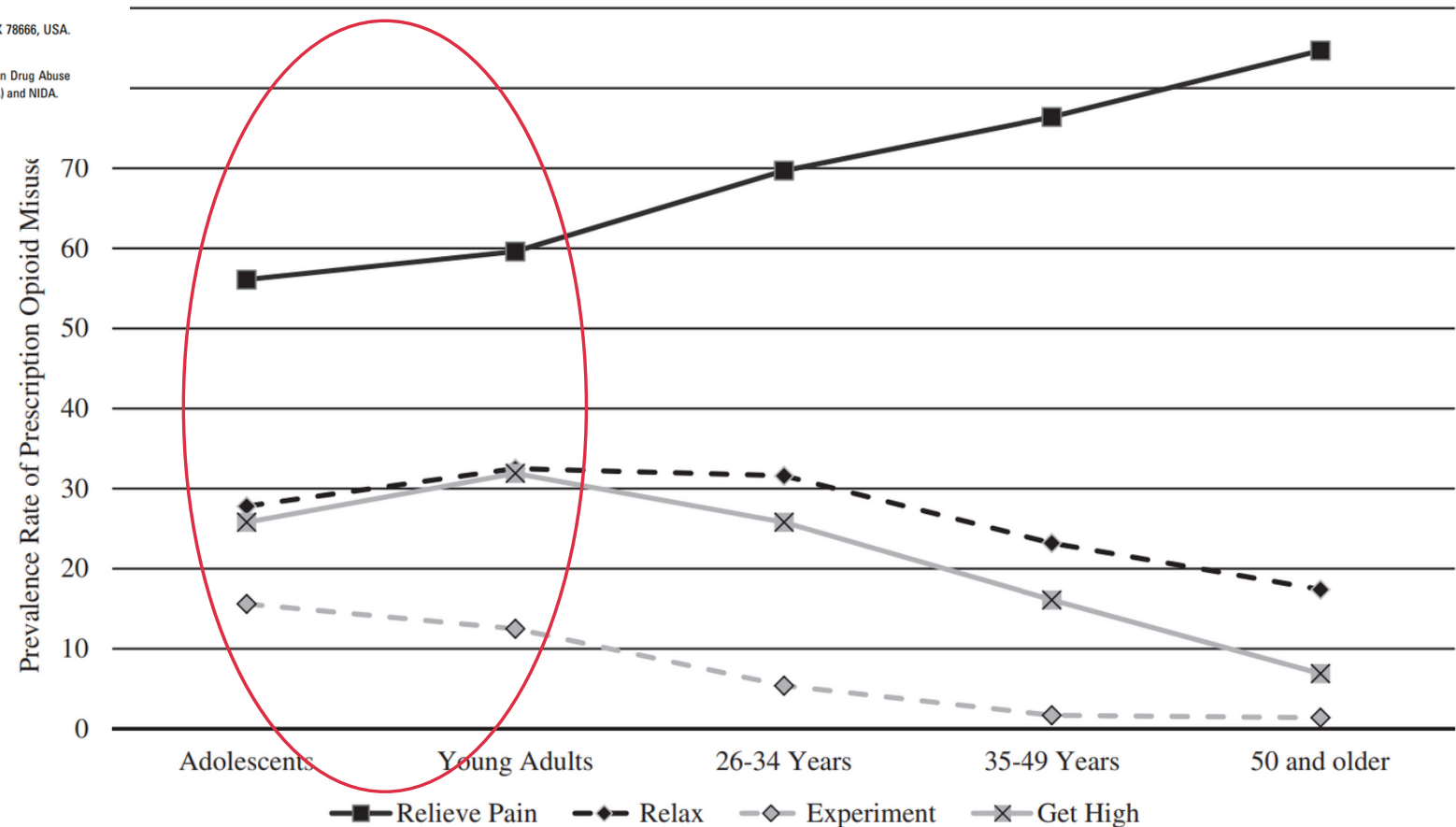


Figure 1. Prevalence rates of opioid misuse motives by age group (N = 5,826). Source: 2015–2016 National Survey on Drug Use and Health surveys.

Pain management matters

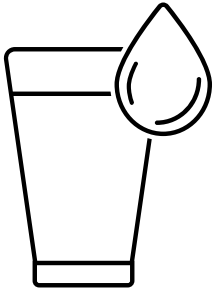
Untreated and under-treated pain hurts children in the moment and has **life-long impacts.**

#ItDoesntHaveToHurt

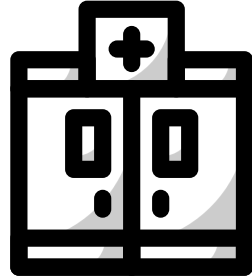


This initiative was funded by a contribution from Health Canada's Substance Use and Addictions Program (SUAP). The views expressed herein do not necessarily represent the views of Health Canada.

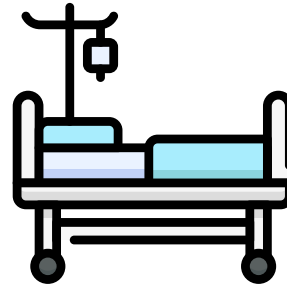
Consequences of Inadequate Pain Management



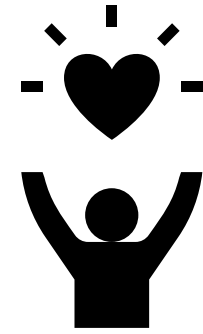
Dehydration



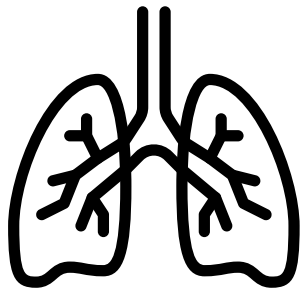
ED Visits



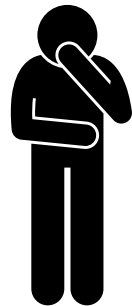
Readmissions



Lower quality of
life



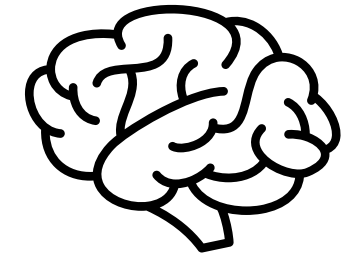
Respiratory
issues



Nausea

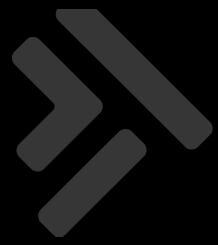


Number of
provider phone
calls

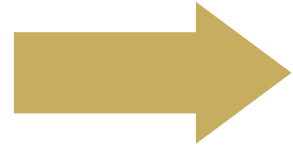


Negative pain
memories and
beliefs

Consequences of Pain "Over Management"



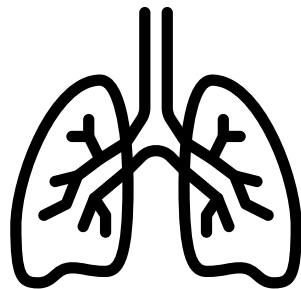
Opioid
overprescribing



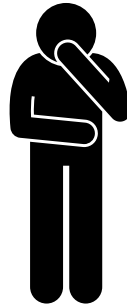
Opioid misuse or
diversion



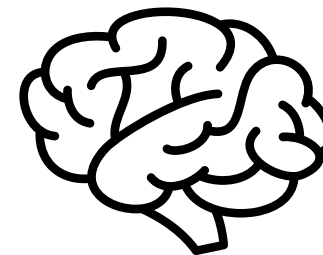
Accidental overdose



Respiratory
depression



Nausea and
constipation



Overreliance on
medications

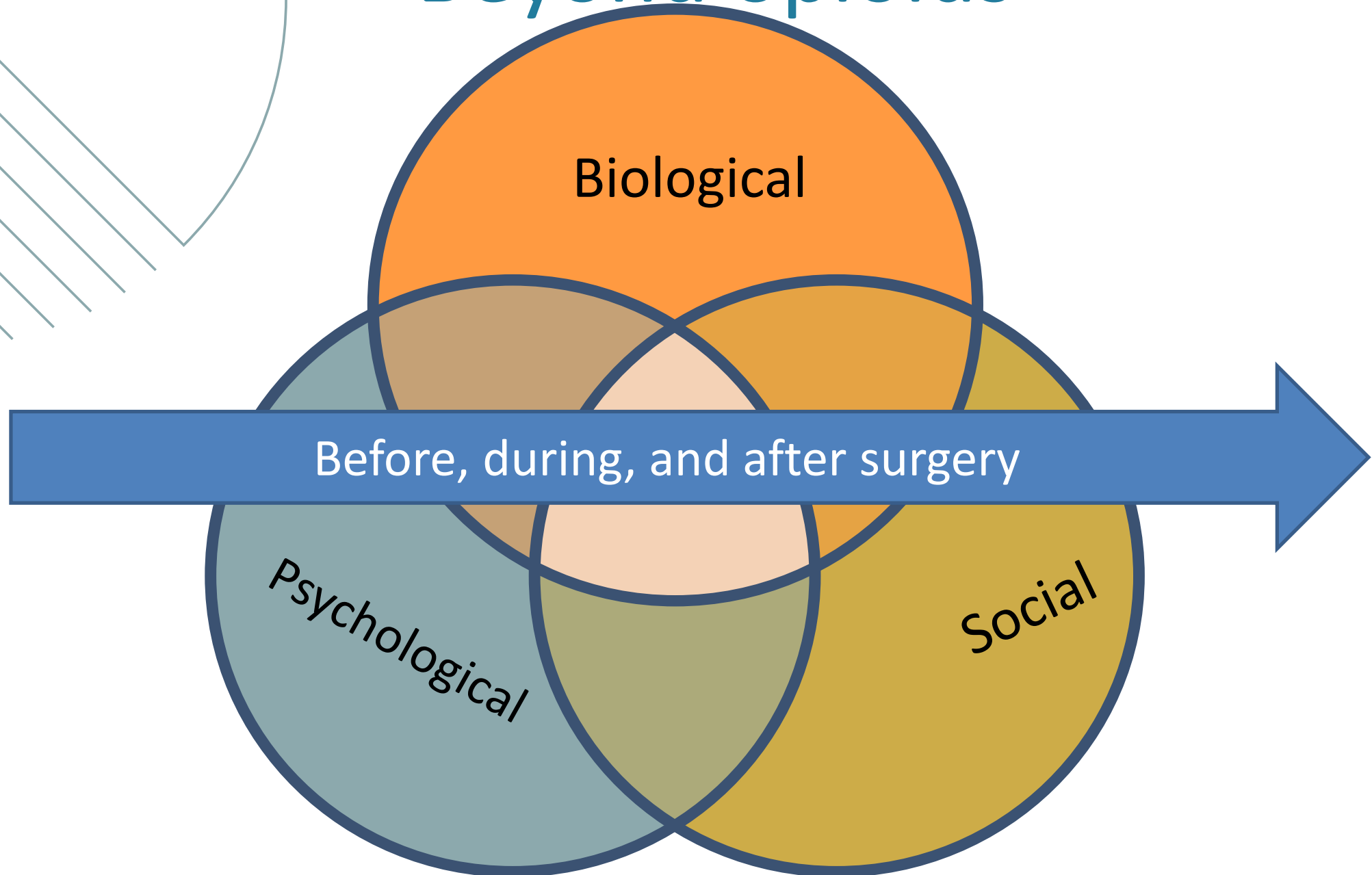
Pain management matters



- Pain management is an essential component of a harm reduction agenda
- Reducing opioid prescribing is so important but not enough



Beyond opioids



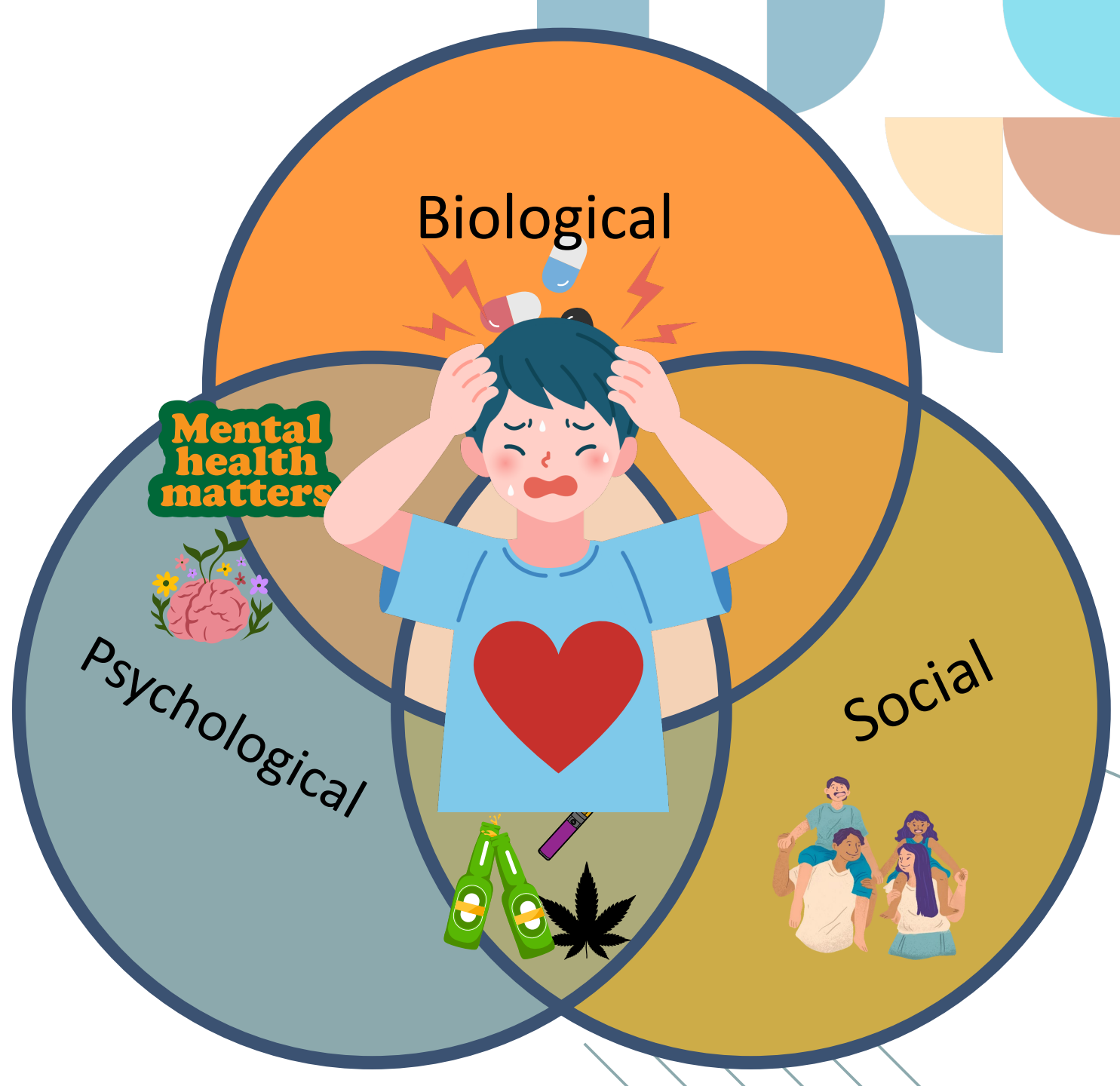
Biological

Before, during, and after surgery

Psychological

Social

Patient and family perspectives are essential



Development of the current work



Opioids and Our Kids: Scoping Meeting February 27, 2020

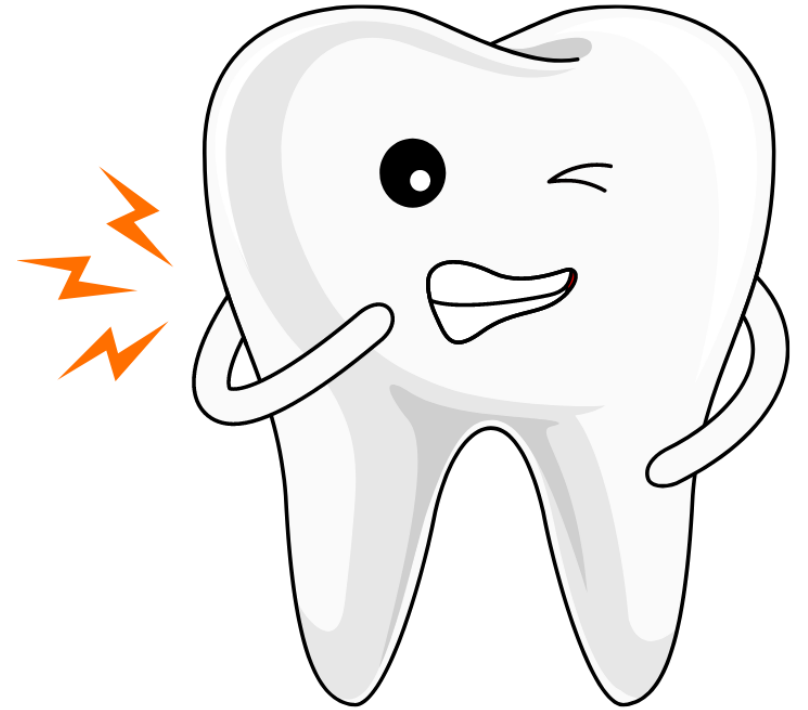
The purpose of this scoping meeting is to inform development of an opioid policy statement/guideline and associated resources to inform safe and effective opioid prescribing for acute pain in children. Similar meetings are planned for the future to also explore safe and effective opioid prescribing practices for chronic pain in children.

Meeting Objectives

- Discuss priorities and current activities of providers, patients and families across Canada to improve the safety and effectiveness of opioid prescribing for acute pain management in kids.
- Find synergies to foster collaboration around development of an opioid policy statement/guideline on safe and effective opioid prescribing for acute pain in children.
- Discuss and identify resources that exist and resources statement/guideline to inform safe and effective opioid prescribing and use of opioids in kids for acute pain management.



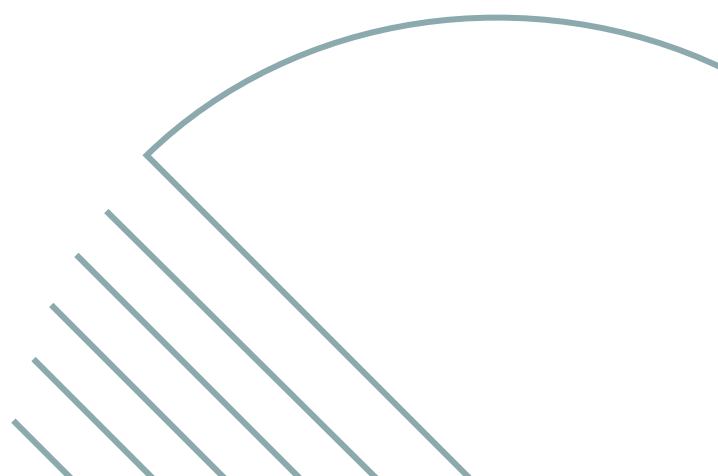
New Research Questions






3

Targeting pain coping and
substance use in youth
undergoing wisdom tooth
extraction

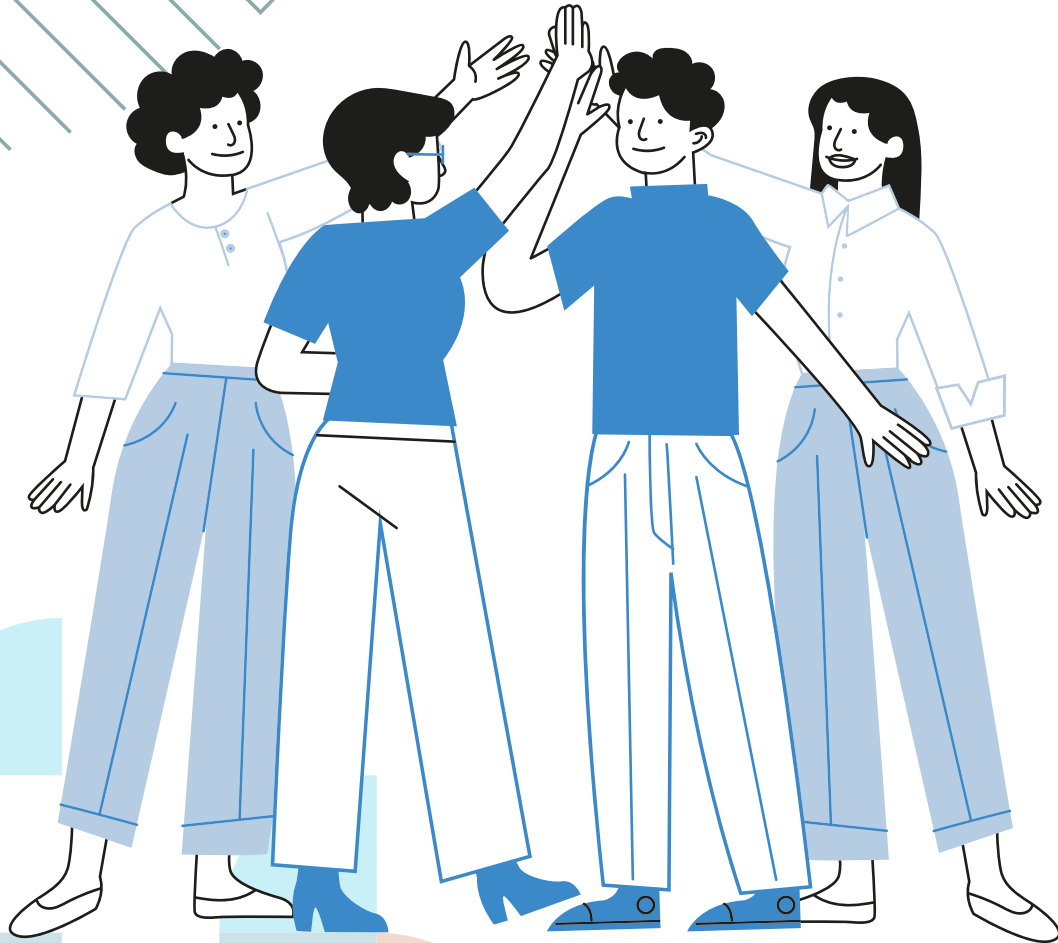


Study aims



- Step 1: To collect qualitative feedback from youth and parents to refine content and format of the intervention
 - **Step 2:** Intervention development and refinement
 - **Step 3:** Pilot RCT to evaluate feasibility, acceptability
- 

Why?



Meaningful stakeholder engagement during intervention development is linked to increases in intervention acceptability, participant engagement, and positive outcomes.

Methods

- Semi-structured interviews via Zoom
- Interviews were transcribed, then double coded for template-style thematic analysis.

Understanding Teens' Pain Management and Recovery

Participant ID: _____ Interviewer Initials: _____

In-person (Location) _____ OR Zoom _____

ADOLESCENT SEMI-STRUCTURED INTERVIEW

Introduction

- Research staff introduces self and role on the project
- Thank the teen for coming & agreeing to participate in the study

Purpose of the interview/ interview format

- Explain that this is a conversation to help researchers learn about how teens undergoing oral surgery and how they manage their pain. The researchers are also asking for feedback from teens who are developing to help other teens that need oral surgery manage their pain and minimize engaging in risky behaviors to help them heal quickly.
- *You are the expert here. You are the only one who can help us understand your experience. My goal is to talk for about 30 minutes. In order to do that, we need to, I might choose to shorten a discussion on a particular topic.*
- Important reminder: You don't have to answer any questions if you don't want to.

Section 1. Experiencing oral surgery

1. Think back to when you found out that you needed oral surgery. How were you thinking and feeling at that time?
2. What information did your dentist or oral surgeon tell you that you wish that you would have known? What advice do you wish you had who need oral surgery?
3. How did you prepare [or are you preparing] for surgery?
4. [for post-surgical participants] Please describe your experience with oral surgery.
5. How did having oral surgery impact your daily life [or your school/work]? For example, some teens miss school or miss work after surgery.
6. [for post-surgical participants] What were the hardest parts of oral surgery? What was easier or better than you expected? [if relevant, follow up and ask: what helped you with the hardest parts?]
→[for pre-surgical participants] What do you anticipate oral surgery? Easy?

Section 2. Managing pain before and after surgery

1. Were you (or are you currently) experiencing any pain before or after surgery? If so, what helps the pain?
2. What recommendations did your dentist/ surgeon give you before and after your surgery? Were you prescribed any medications?
3. How did you (or do you plan to) manage pain after surgery? →[for post-surgical participants] for how many days did you have pain?
4. [for post-surgical participants] What role did your pain management play in your recovery?

5. What are your thoughts and attitudes about using prescription pain medications, such as Oxycodone, for managing your teenager's post-surgical pain? Non-prescription pain medications, like Tylenol or Advil? How about non-medication approaches, like distraction, meditation, or strategies for how we think about pain?
6. Did you encounter [or do you anticipate] any challenges managing your teen's behavior after surgery? Did this interfere with their healing/ recovery? [if needed: for example, sometimes teens do not follow post-surgical dietary recommendations or engage in activities like vaping or smoking soon after surgery, which can negatively impact healing].

Section 3. Intervention feedback and suggestions

1. What is your first reaction to the idea of a brief, parent-child intervention that combines helping teens with pain management as well as minimizing risky behavior, such as substance use, AND providing parents with education about teen post-surgical pain management?
2. What do you think would be most helpful for parents to learn before oral surgery?
3. We really want your input on the program that we are developing. Right now, the program includes one 75-minute session for teens and one 60 minute for parents. The sessions will take place during the week of surgery. These are topics that we are planning to cover in the program [list on zoom screen or on paper].
 - o What do you think about these topics?
 - o [preference] Which do you think would be the most / least helpful (or interesting) for you and why?
 - o [familiarity] Which topics are ones you haven't seen or thought much about in the past? Which topics do you feel pretty familiar with or feel like you already know?
 - o [need] Are there topics you think are missing? Any topics that you don't think are necessary?
 - o [feasibility] Is the time commitment doable?
4. Is this a program that you would be interested in participating in? Why or why not?

Section 4. Wrap up

Participants

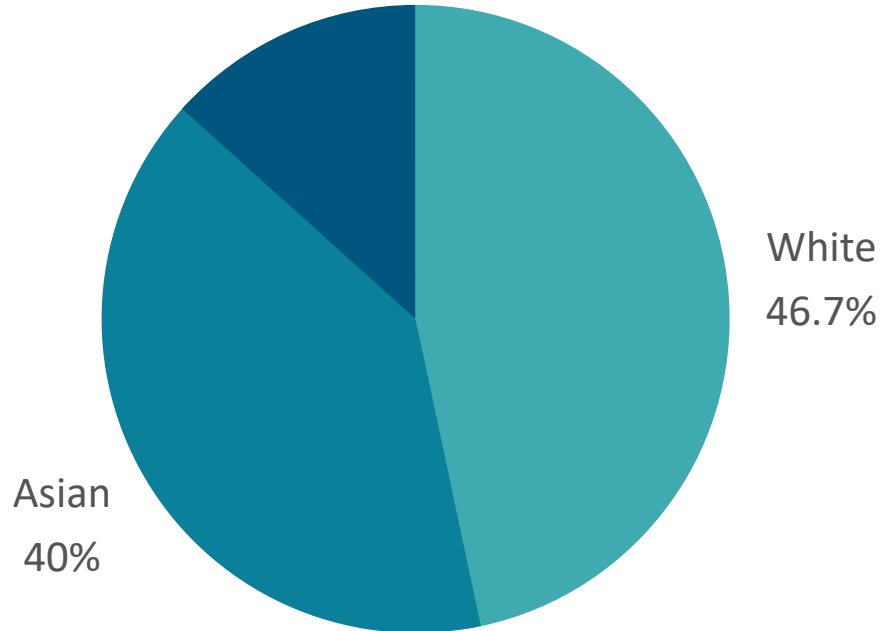
- Teen inclusion criteria:
 - age 15-20 years
 - self-report past year substance use
 - scheduled to undergo oral surgery or have completed oral surgery within the past year
- + Caregivers

Teen characteristics (N=30)

- N=15 pre surgery & N=15 post surgery

- Mean age= 18.93 (sd= .94)

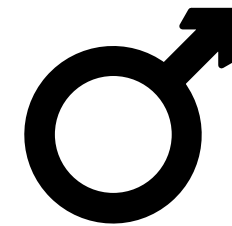
Black/ African American
13.3%



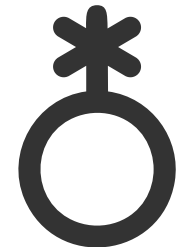
Gender identity:



70%
female



30%
male

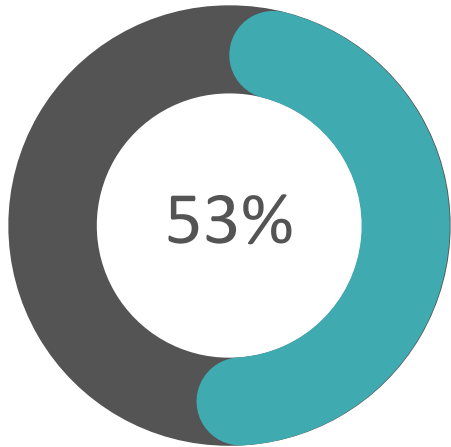


0%
non-binary

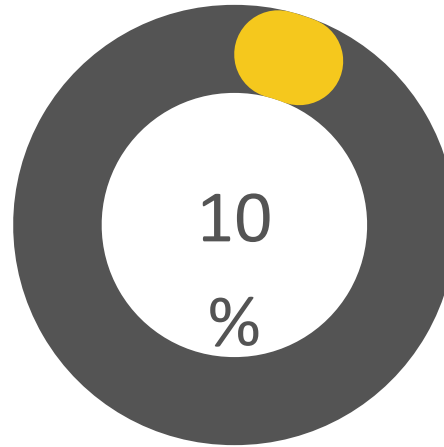
- 16.7% identify as Hispanic/ Latinx



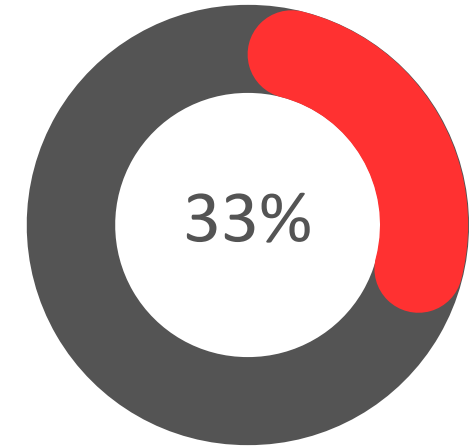
Teen substance use risk: CRAFFT 2.1



LOW RISK



MEDIUM RISK

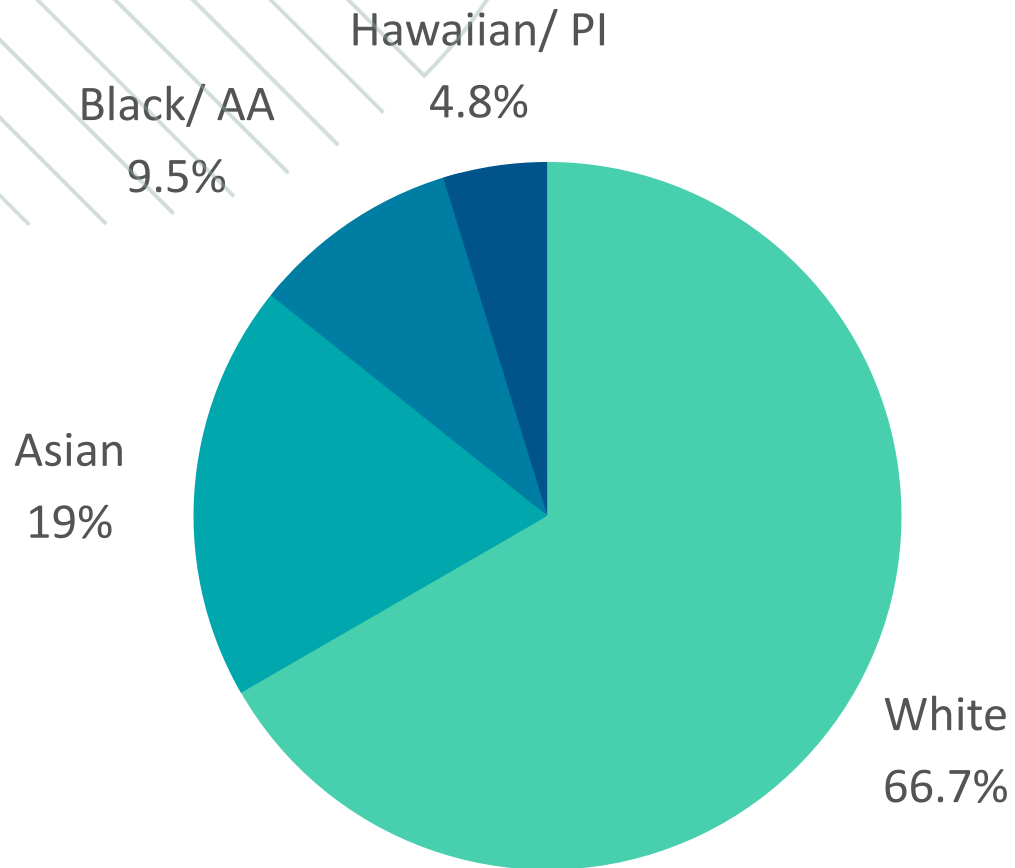


HIGH RISK

- Most commonly used substances:

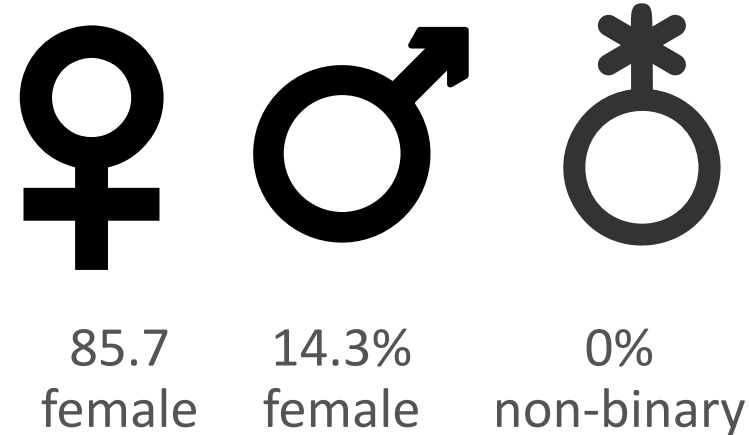


Parent characteristics (N=21)



• Mean age= 50.6 (sd= 4.15)

Gender identity:



• 4.8% identify as Hispanic/ Latinx



Results



Teen feedback on proposed intervention content

HELPING TEENS RECOVER FROM WISDOM TOOTH EXTRACTION



During this one-session brief intervention before wisdom tooth extraction surgery, we will:

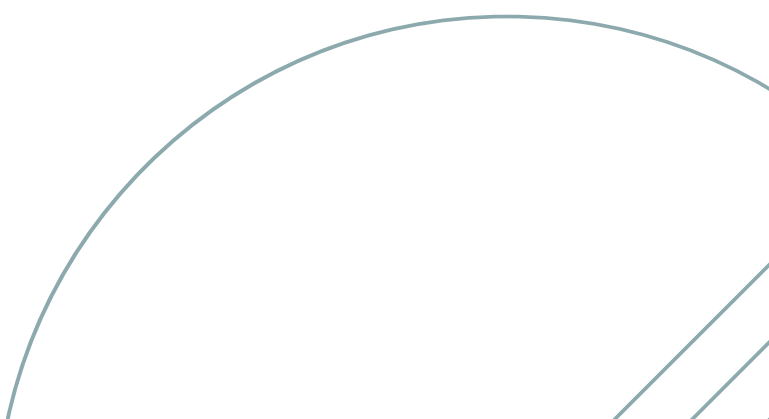
- Talk about your perspective on, and experiences with, using substances
- Learn facts about teen substance use, including how substance use can negatively affect health and how using substances after wisdom tooth extraction can impact healing
- Discuss what to expect after wisdom tooth extraction surgery
- Learn about medication and non-medication strategies you can use to help manage pain from surgery
- Learn about opioids as a possible pain management tool, how to use them safely, and guidance to minimize risks associated with their use
- Develop a plan for coping with pain and recovering from surgery
- Set goals for making changes in substance use
- Receive resources with additional information, including how to get additional help with addressing substance use

- The teen session will take approximately **75-90 minutes**
- A parent or caregiver will also participate in their own separate session to learn how to support you before and after surgery



Teens: Most helpful content

- Learn about medication and non-medication strategies you can use to help manage pain from surgery

- Some teens asked for data on the effectiveness of non-medication strategies
 - Clarify that we are not recommending cannabis as a non-med strategy
 - Consider "mindset" to help teens prep for surgery
- 

Teens: Most helpful content

- Learn about medication and non-medication strategies you can use to help manage pain from surgery

"I think the learning about medication and non-medication strategies, I think that's also really important. Again, I think the mental health aspect of tough things that deal with pain and hardship, I think the mental health aspect is also another a big part that it's pretty greatly overlooked. I think a lot of this program to me is—the appeal, if I were to decide to go to is get educated on a lot of things that are overlooked and not touched on by doctors, I would say that. "

-Teen Participant

Teens: Most helpful content

2. Learn about opioids as a possible pain management tool, how to use them safely, and guidance to minimize risks associated with their use

"I think the special attention to opioids is useful, 'cause I know some people, maybe they don't really know. I mean yeah, maybe people don't know how addictive they are. I was gonna say maybe it's obvious at this point, but still people are still getting them prescribed and they're gonna think oh, my doctor gave me these, I can take them or whatever. That's something to be cautious about."

-Teen participant

Teens: Most helpful content

3. Learn facts about teen substance use, including how substance use can negatively affect health and how using substances after wisdom tooth extraction can impact healing

"...more specifically how using substances after wisdom teeth extraction can impact healing. I think that's specific to what the teen is about to go through. I think that would be the most helpful just because I feel like facts about teen substance abuse, how substances can negatively affect health, I feel like that's really general. I feel like people know that for the most part, it does negatively impact your health."

-Teen participant

Teens: Suggested changes

SHORTER SESSION

45 minutes (max) vs 75-90

Consider a virtual format to save time

INTERVENTION

"Program"

"Session"

"Workshop"

Individualized approach:

Provide a menu of topics and let teens prioritize what they want to focus on in session

Prioritize teen confidentiality re: SU:

- Keep parent and teen sessions separate
- Make parent session optional

Provide resources after the session:
website, links, handouts

+ MORE INFO WHAT TO EXPECT DURING/ AFTER SURGERY

Teen Feedback

OFFER A NON-JUDGEMENTAL SPACE

"I think all the information is relevant and I think that they'll see that once they get there, it's just making them feel safe enough to expose everything that they're really going through, their fears, their actual usage of whatever substances they are using. I think it's all important. I think it's all relevant. Just giving them that rapport, giving them that safety of knowing, you're not here to get in trouble. You're not here to be finger-wagged. You're just here to learn and we're here to help you with that."

-Teen Participant

+ do not open the session by talking about substance use-
approach it delicately

Parent feedback

Most helpful content:

- 1. Learn about how to effectively use medication and non-medication strategies for your child's post-surgical pain management
- 2. Discuss ways to assess your teen's pain level and pain management needs

HELPING TEENS RECOVER FROM WISDOM TOOTH EXTRACTION



During this one-time session for caregivers of teens undergoing wisdom tooth extraction, we will:

- Talk about what to expect as your teen recovers from wisdom tooth extraction
- Discuss ways to assess your teen's pain level and pain management needs
- Learn about how to effectively use medication and non-medication strategies for your child's post-surgical pain management
- Talk about opioids as a possible pain management tool, including how to use, store, and dispose of them safely as well as learn about Naloxone
- Discuss substance use among adolescents and how to respond if you suspect that your child is using substances
- Develop a plan for helping your child heal from surgery and return to school/ activities.

FORMAT:

- Virtual or in person sessions available
- The caregiver session will take ~ **60 minutes**
- Your **teen** will participate in their own, separate 75-90 minute session
- There will be time for a check-in with the caregiver and teen at the end of the teen session



Parent feedback

"No one wants their kid to be in pain, but at the same time, you need to understand the risks of just throwing medicine at them, so acknowledging that there are these other ways to help. This might be the first time that someone has any kind of surgical intervention, and to maximize it in terms of the positive experience and the communication between the patient and the treating provider is really important. "

HELPING TEENS RECOVER FROM WISDOM TOOTH EXTRACTION



During this one-time session for caregivers of teens undergoing wisdom tooth extraction, we will:

- Talk about what to expect as your teen recovers from wisdom tooth extraction
- Discuss ways to assess your teen's pain level and pain management needs
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Additional observations

- Youth's experience with surgery varied widely
- Perioperative education and pain management recommendations were also inconsistent
- Fear regarding prescription opioids (more common in youth than parents)

Implications for our program & RCT

- Parent participation will be optional (but encouraged when possible)
- Inclusion criteria is expanded to include teens who do not actively use any substances so that study participation does not inadvertently disclose their use
- New format: Self-guided virtual, brief program Revised content





~35-40 minute long, self-guided virtual program

MODULE 1: Science-based pain management strategies

- *Review what to expect during and after wisdom tooth extraction surgery in regards to perioperative pain and recovery*
- *Clarify why pain management is important*
- *Provide orientation to cognitive behavior therapy for pain coping:*
- *Highlight that our pain experience is influenced by thoughts, emotions, and responses/ behaviors*
- *Psychoeducation about multimodal pain management which includes prevention, psychosocial, physical, and multi-modal pharmacological strategies*

MODULE 2: Opioids

- *Provide psychoeducation about opioids for pain management, including potential risks and benefits, as well as strategies to promote safe and effective use in order to mitigate risk for harms*

MODULE 3: Substance use before and after surgery

- *Psychoeducation about potential negative effects of substance use on short and long term health, with a focus on post-surgical healing, and relations between pain and substance use.*
- *Increase participant's motivation to view surgery as a high-risk event for substance use.*
- *Explore reasons for making a change in substance use*
- *Introduction to strategies/menu of options for how the patient can make changes*

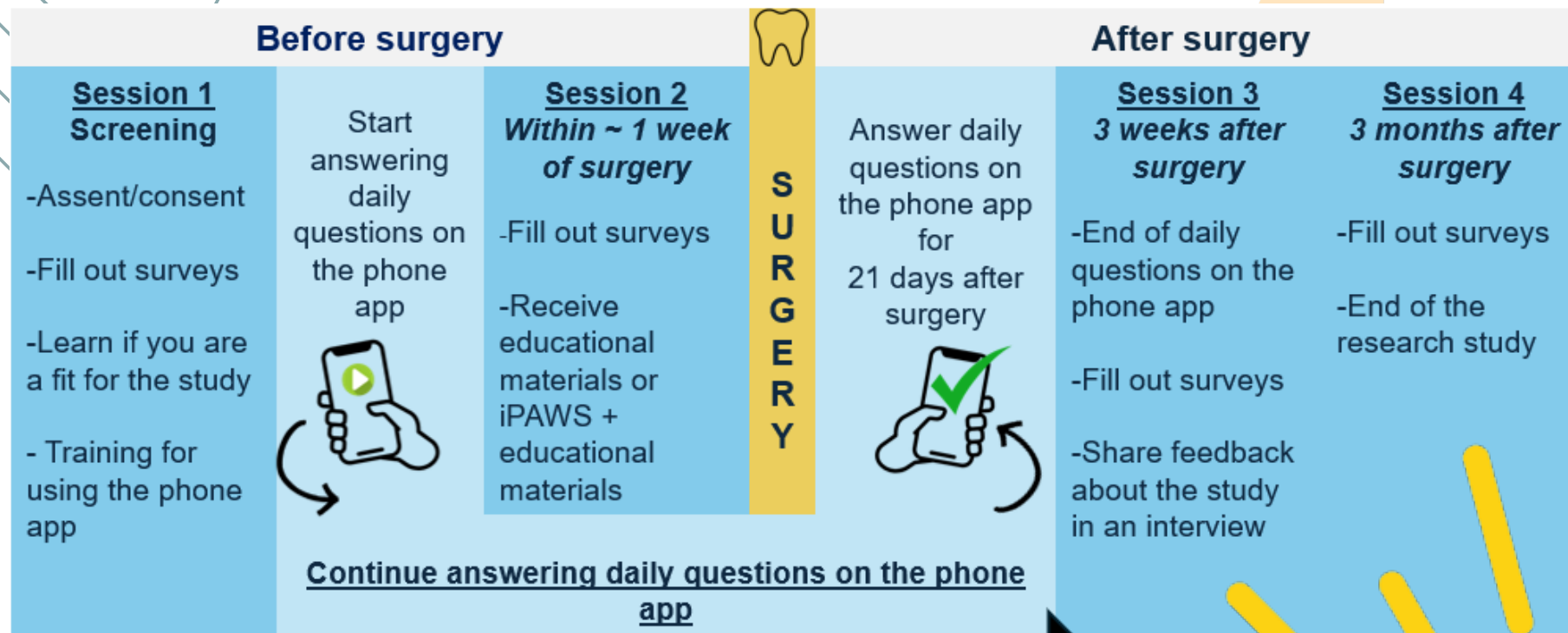
MODULE 4: Let's make a plan

MODULE 5: Resources

Key takeaways for care teams

- Teens and parents generally enthusiastic and receptive to the proposed intervention content, goals, and format
 - Both were particularly enthusiastic to learn more about pain management strategies
- Valuable input was provided which has shaped the final intervention protocol for evaluation in an RCT

Next steps: Pilot RCT



Length of study: Approximately 6 weeks
(depending on scheduling of session 1 and 2 before surgery)

iPAWS

Thank you!

- K23 mentor team:
 - Robert Miranda Jr.
 - Christine Chambers
 - Elizabeth Benz
 - Peter Monti
 - Molly Magill

- Research assistants:
 - Jasper Yeh
 - Hailey Dorsainvil
 - Olivia LaMarco
 - Kristin Rogers

Funding:



NIDA K23 DA053411

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[@melissa_pielech](https://www.instagram.com/melissa_pielech)

Spread the word

- Please reach out if you're interested in sharing this study opportunity with your patients:

Painresearch@brown.edu

- All study procedures can be completed remotely



Thank you!



Questions?

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painresearch@brown.edu



Director Tiffany Wilson,
Office of Alternative & Community Responses
New Jersey Office of the Attorney General

OPERATION HELPING HAND, ARRIVE TOGETHER (and beyond)

The Intersection of Public Safety and Public Health

Director Tiffany Wilson,
Office of Alternative & Community Responses

NJ OFFICE OF THE
ATTORNEY GENERAL
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OFFICE OF
ALTERNATIVE &
COMMUNITY
RESPONSES

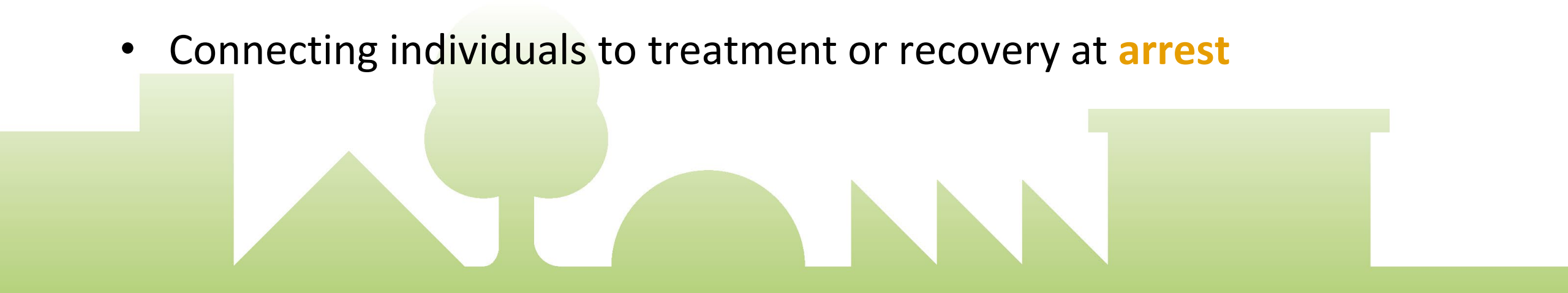
Operation Helping Hand

Since 2018, OHH is a county-based prosecutor-led outreach program, where law enforcement officers proactively connect individuals with a substance use disorder to treatment and/or recovery services.



Operation Helping Hand

- Mobile **van** at targeted hotspots across the county
- Prosecutor-led court **diversion** programs
- **Outreach** to defendants in justice system with substance use
- Connecting individuals to treatment or recovery at **arrest**



Operation Helping Hand

- **Proactive outreach** to individuals who are **at risk** of overdose: law enforcement and recovery coaches go to the last known residence
- Law enforcement and recovery coaches visit **hot spots**, such as motels, homeless shelters, warming stations, and transit stations
- **Comfort calls** to families following an overdose death



OFFICER RESILIENCY

- Attorney General Directive 2019-1 created the first in the nation statewide Resiliency Program for Law Enforcement (NJRP-LE).
- This Directive recognizes that protecting an officer's mental health is just as important as guarding their physical safety, and strives to create a supportive culture for law enforcement officers, their families and friends, as well as the broader New Jersey community.



ALTERNATIVE RESPONSES TO REDUCE INSTANCES OF VIOLENCE AND ESCALATION

- In 2020, across NJ, **2 out of every 3** uses of force by law enforcement involved a civilian suffering from mental health or substance use issues.
- More than **half** of all fatal police encounters occurred in similar circumstances.

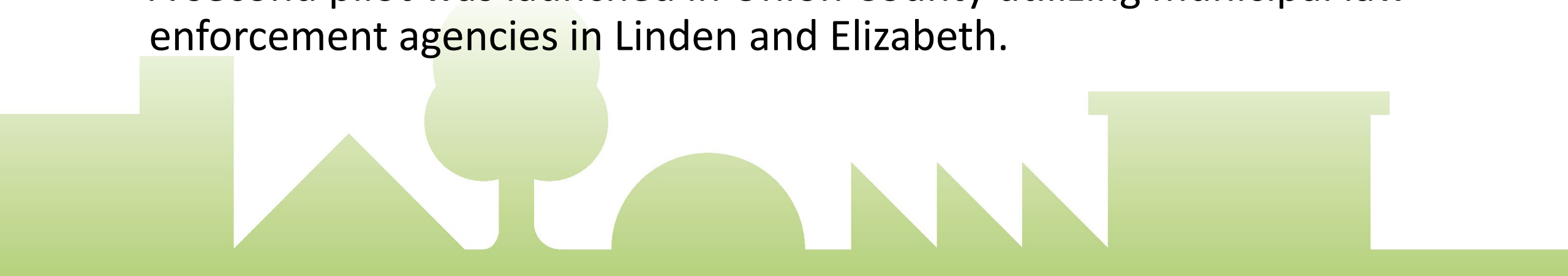


Intersection Between Public Safety & Public Health

- In 2020, the Attorney General's Office issued Law Enforcement Directive 2020-14 creating a statewide framework for addressing mental health and special needs populations.
- The Directive established working groups in each of the 21 counties to review policies, programs, and protocols to maximize their county's response to those with disabilities or those in mental health crisis.
- Directive included substance use disorders as well.

ARRIVE Together Beginnings

- In 2021, in consultation with DHS and community stakeholders, OAG and NJSP piloted an initiative that paired a State Trooper trained in crisis intervention and de-escalation techniques with a certified mental health screener and crisis specialist to respond to 9-1-1 calls involving behavioral health incidents.
- A second pilot was launched in Union County utilizing municipal law enforcement agencies in Linden and Elizabeth.



ARRIVE Together Models

- Co-Response
- Telehealth
- Follow-up
- Close-in-time Follow-up
- Critical Incident



ARRIVE Together

- ARRIVE is in all 21 of New Jersey's counties.
- New Jersey is the first state in the country to have a statewide law enforcement and mental health alternative response program.
- Kean University is the first institution of higher learning to participate in ARRIVE.



ARRIVE Together Outcomes

- ARRIVE is leading to **safer outcomes for our most vulnerable residents.**
- Having a mental health specialist, rather than an officer, address behavioral health concerns is keeping residents safe.
- Involvement of an ARRIVE team leads to **fewer arrests, fewer uses of force, fewer injuries,** and **eliminates racial disparities** with respect to outcome.

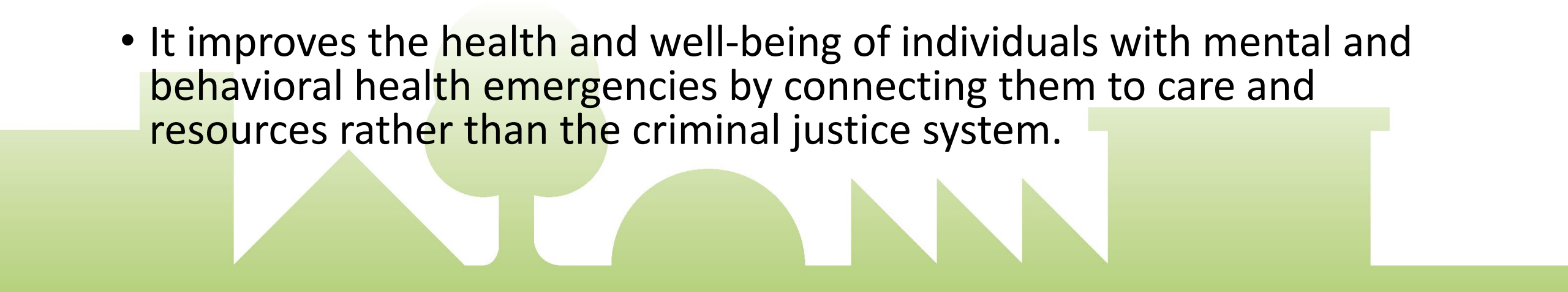
ARRIVE Together Outcomes

- ARRIVE is **increasing the utilization of mental health resources.**
- Traditionally, an officer interacting with an individual in crisis had only 2 options:
 - (1) call a screener and wait; or
 - (2) consistent with the law, make the decision to transport the individual to the hospital involuntarily

ARRIVE Together Outcomes

- ARRIVE keeps residents in the community.
- According to DHS, only about **1/3 of individuals in crisis who are transported to the ER actually require hospitalization.**
- Clinicians determine when someone should be evaluated for hospitalization and when that individual is able to remain in the community—particularly when connected to services that meet their needs.

ARRIVE Together Outcomes

- ARRIVE is **improving trust** between law enforcement and the community.
 - ARRIVE is community-informed and designed to fit the specific needs and resources of each community. Promotes the creation of comprehensive plans addressing several identified needs
 - It improves the health and well-being of individuals with mental and behavioral health emergencies by connecting them to care and resources rather than the criminal justice system.
- 

Office of Alternative and Community Responses

Formally created
March 13, 2024

AG Directive 2024-1

<https://www.njoag.gov/about/divisions-and-offices/oacr/>

1. Opioid Prevention and Response Bureau
2. Resiliency Bureau
3. Law Enforcement-Led Alternative Policy and Programming Bureau
4. Diversionary Policy Bureau



Intersection Between Public Safety & Public Health

- Work being done across LPS: diversion programs, resiliency, opioid initiatives through NJ CARES
- Directive recognized the existence of siloed work being done in mental health, substance use, and intellectual and developmental disabilities



Office of Alternative and Community Responses

Mental health and substance use crises.

Opioid crisis in its third decade.

Suicide accounts for the majority of gun deaths in the US.

“staggering increases in stress, depression, isolation, loneliness, and accompanying mental health hurdles faced by Americans of all ages”

- US Conference of Mayors



Office of Alternative and Community Responses

The demands on law enforcement and those in the CJ system are untenable.

Officers, attorneys, court staff, judges are expected to become mental health experts, addiction specialists, social workers, physicians, pharmacists, psychiatrists...

People who suffer from mental illness are more likely to be injured during police encounters.



Office of Alternative and Community Responses

Cannot rely on traditional criminal justice responses to reduce or alleviate these harms

Requires
Innovative
Approaches



OACR Key Goals

1. Prevent crime and involvement with law enforcement through the support of community-led strategies and partnerships that combat addiction and the conditions leading to it as well as other issues at the intersection of public health and the criminal justice system;



OACR Key Goals

2. Promoting the resiliency of law enforcement officers by supporting preventative strategies and interventions that address the mental and emotional dimensions of their work and the trauma resulting from it;



OACR Key Goals

3. Transforming law enforcement's response to emergencies, distress, and/or crime by incorporating, partnering with, or coordinating a behavioral health or community response, and giving law enforcement the tools, resources and encouragement to pursue alternative and diversionary pathways to arrest or continued police involvement; and



OACR Key Goals

4. Improving public safety through innovative and alternative prosecutor- and law enforcement-led approaches. Such approaches could include working with the courts to seek diversionary pathways from the criminal justice system and/or incarceration where appropriate.



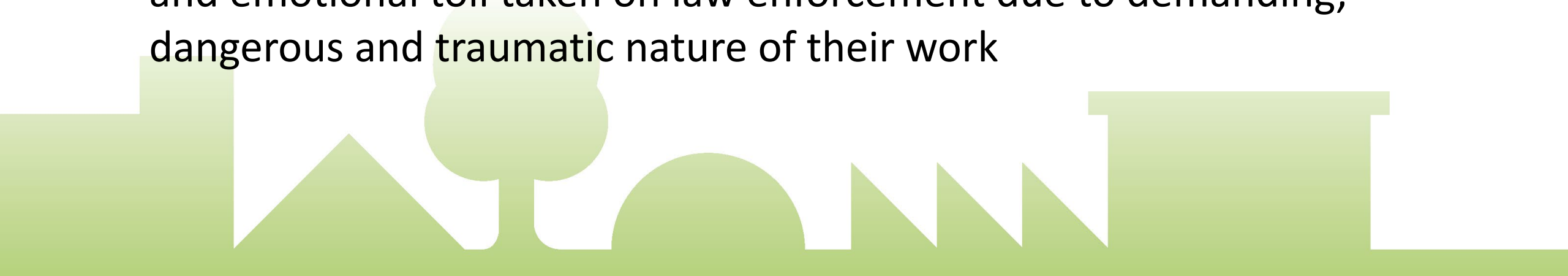
Opioid Prevention and Response Bureau

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



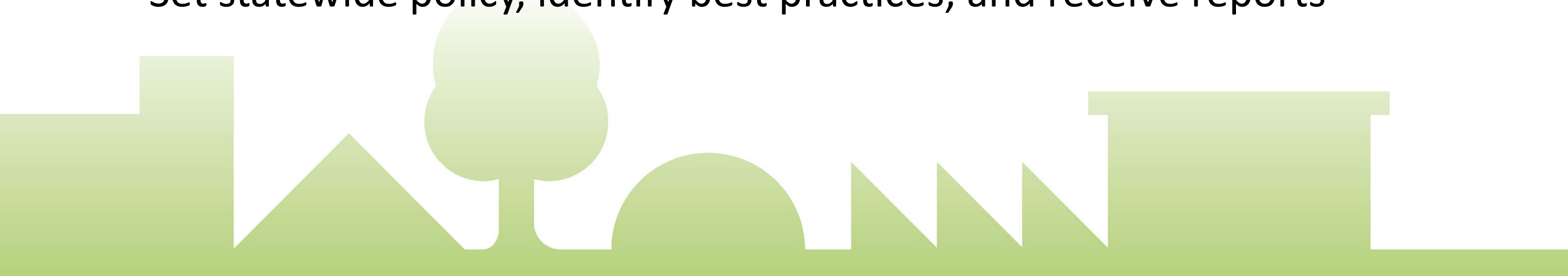
Resiliency Bureau

- Created in 2019 through Attorney General Law Enforcement Directive No. 2019-1
- Began as part of the Division of Criminal Justice
- Mission: address and provide interventions to ameliorate the mental and emotional toll taken on law enforcement due to demanding, dangerous and traumatic nature of their work



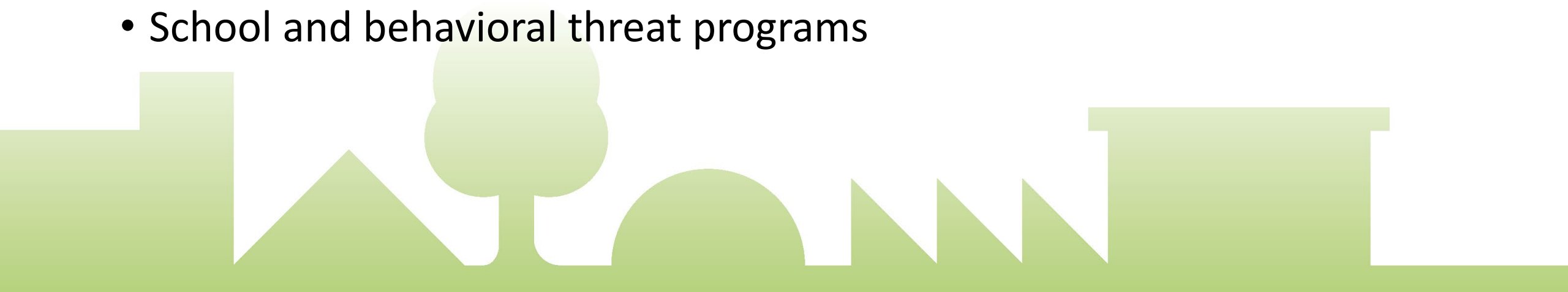
Diversions Policy Bureau

- Point of contact for Judiciary and Prosecutors' Offices on diversionary programs and strategies;
- Develop new diversionary strategies, programs, policies, and protocols;
- Set statewide policy, identify best practices, and receive reports



Diversionary Policy Bureau

- Opt for Help and Hope
- Veteran's Diversion Program (N.J.S.A. 2C:43-26)
- Mental health diversionary programs
- Recovery Courts (N.J.S.A. 2C:35-14)
- School and behavioral threat programs



Law Enforcement-Led Alternative Policy and Programming Bureau

- Law Enforcement Assisted Diversion (LEAD) Program
- Opioid Response Teams (ORTs)
- Operation Helping Hand
- ARRIVE Together



But WAIT! What About Response Models That Don't Include Law Enforcement?

- Community Crisis Response Teams
 - Paterson, Newark, Trenton, Jersey City, Camden
- DHS Programs: 988/MCORTS/CRSCs





For additional information visit:
NJOAG.gov/OACR



To register for continuing education for today's webinar:
Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: knockoutday.drugfreenj.org/mar13
EMT: KnockOutDay.DrugFreeNJ.org/EMT
Athletic Trainers: KnockOutDay.DrugFreeNJ.org/Trainers

UPCOMING WEBINAR

The Link Between Alcohol Use, Treatment and Opioid-Related Harms

11 a.m. Thursday, April 10, 2025

Register at KnockOutDay.DrugFreeNJ.org/events

