

Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

OFFICE OF THE ATTORNEY GENERAL STATE OF NEW JERSEY

OFFICE OF ALTERNATIVE & COMMUNITY RESPONSES

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

Substance Use & Addiction in Rural & Urban Communities

October 8, 2026

Partnership for a Drug-Free New Jersey
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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 Continuing Education Credit

EMT

This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

Athletic Trainers

Partnership for a Drug-Free New Jersey (BOC AP#: P12171) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of one (1) Category A hours/CEUs.

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.

- WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?
  - The last slide of this webinar
  - The chat at the end of the program
  - The follow-up email you will receive tomorrow

- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.

- The links will be active for 30 days after today's event.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson. All other planners, faculty, and reviewers have no relevant financial relationships to disclose. All relevant financial relationships have been mitigated.

Featured Presenter



Jamey Lister, PhD, MSW
Associate Professor
Rutgers University

Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

Substance Use and Addiction in New Jersey's Rural and Urban Communities

Jamey Lister, PhD, MSW
Associate Professor
Rutgers, The State University of New Jersey

Partnership for a Drug-Free New Jersey – Learning Series
October 8, 2026

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DISCLOSURES

- I do not have any Conflicts of Interest to disclose. I received recent funding support for projects sponsored by:
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Health Resources & Services Administration (HRSA)
  - Centers for Medicare & Medicaid Services (CMS)
  - Agency for Healthcare Research and Quality (AHRQ)
  - International Center for Responsible Gambling (ICRG)
  - Grant review funds via the Texas Opioid Abatement Fund Council (OAFC)
  - Honorarium funds from the Open Society Foundations (OSF)
  - Consultant funds from the New Jersey Prevention Network (NJPN)

AGENDA



- Session Introduction and Presenter Background
- Substance Use and Addiction in New Jersey and the United States
- Health and Human Service Challenges and Solutions for New Jersey's Rural and Urban Communities
- Question and Answer Session with the Audience

Session Introduction and Presenter Background

LEARNING OBJECTIVES



1. Describe how substance use and addiction have impacted the State of New Jersey compared to the United States.
2. Explain how New Jersey's rural and urban communities experience unique challenges and require solutions tailored to geographic considerations.
3. Apply practical information about treatment, prevention, and policy to address substance use and addiction and benefit the people the care team serves.

AUDIENCE ENGAGEMENT:

Where did your knowledge and experience about substance use and addiction come from?

Please write down in the chat!

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LIVED EXPERIENCE

- Grew up in a federally defined rural, medically underserved, health professional shortage area of Michigan.

- There, I saw how poverty and a lack of social and economic resources combined with biological and psychological factors to promote high risk for chronic health conditions and diseases of despair.

- These experiences taught me that behavioral health care is complex and requires innovative solutions.



EDUCATION & TRAINING

- *Postdoctoral Position in Gambling Disorder and Addiction Treatment Research* (2013 – 2015), Wayne State University School of Medicine

- *Ph.D.* (2014), Rutgers, The State University of New Jersey
  - *U.S. Fulbright & Fulbright Canada Educational Exchange* supported my dissertation at Carleton University (2012)



- *M.S.W.* (2005), University of Michigan

- *B.S.* (2002), Miami (Ohio) University

FACULTY ROLES

- *Associate Professor* (2023 – present), Rutgers, The State University of New Jersey, School of Social Work
- *Assistant Professor* (2019 – 2023), Rutgers, The State University of New Jersey, School of Social Work
- *Adjunct Assistant Professor* (2015 – 2023), Wayne State University, School of Medicine, Department of Psychiatry and Behavioral Neurosciences
- *Assistant Professor* (2015 – 2019), Wayne State University, School of Social Work



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BEHAVIORAL HEALTH LEADERSHIP

- **Founder & Director** (2026–present), New Jersey Rural Health Resource Center (CMS & NJDOH)
- **New Jersey Director & HHS Region 2 Co-Director** (2022–2025), Northeast & Caribbean Rural Opioid TA Center (SAMHSA)
- **Project Director** (2025–present), New Jersey Primary Care and Rural Health Needs Assessment and Action Plan (HRSA & NJDOH)
- **Co-Founder & Co-Convener** (2025–Present), Translation Impact Scientific Interest Group (Rutgers Addiction Research Center)
- **Co-Founder & Co-Convener** (2017–Present), Rural Behavioral Health Special Interest Group (Society for Social Work and Research)

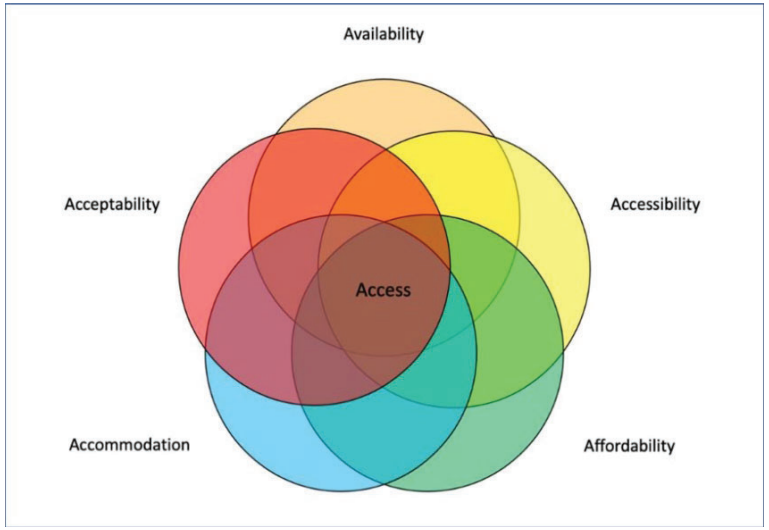


BEHAVIORAL HEALTH RESEARCH EXPERTISE

APPROACHES	DETAILS
Public Health Indicators	Examine rural-urban differences in health burdens and care access
Policy & Practice Briefs	Disseminate practical steps to improve care for underserved groups
Training & Technical Assistance	Educate health care stakeholders on best practices and resources
Academic Leadership	Leader of behavioral health research groups
State Partnerships	Evaluate and guide health care programs for state HHS offices
Treatment Outcomes Research	Partner with health care facilities to examine patient outcomes
Workforce & Research Pipeline	Expand the supply of behavioral health professionals and scholars

BEHAVIORAL HEALTH RESARCH PROGRAM

- My behavioral health research program is guided by a few principles and approaches. These include:
  - Engaging with multidisciplinary collaborators, community and clinical partners, and cross-sector stakeholders during planning, interpretation, and implementation.
  - A commitment to creating real-world implications, high on usefulness.
  - An aim to improve health care access, quality, and outcomes for Medically Underserved Areas.



The Substance Use and Addiction Landscape in the United States and New Jersey

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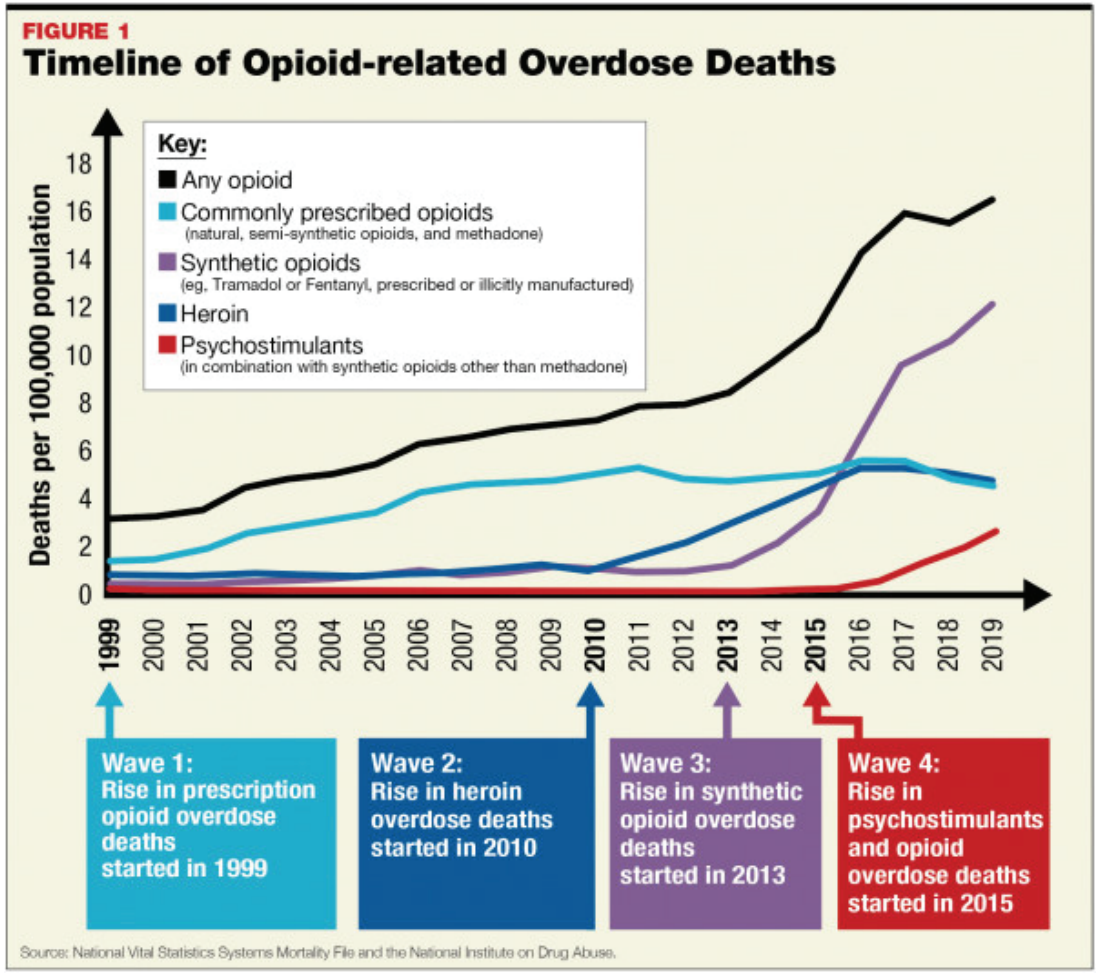
AUDIENCE ENGAGEMENT:

How does New Jersey's substance use and addiction landscape compare to the larger United States?

Please write down in the chat!

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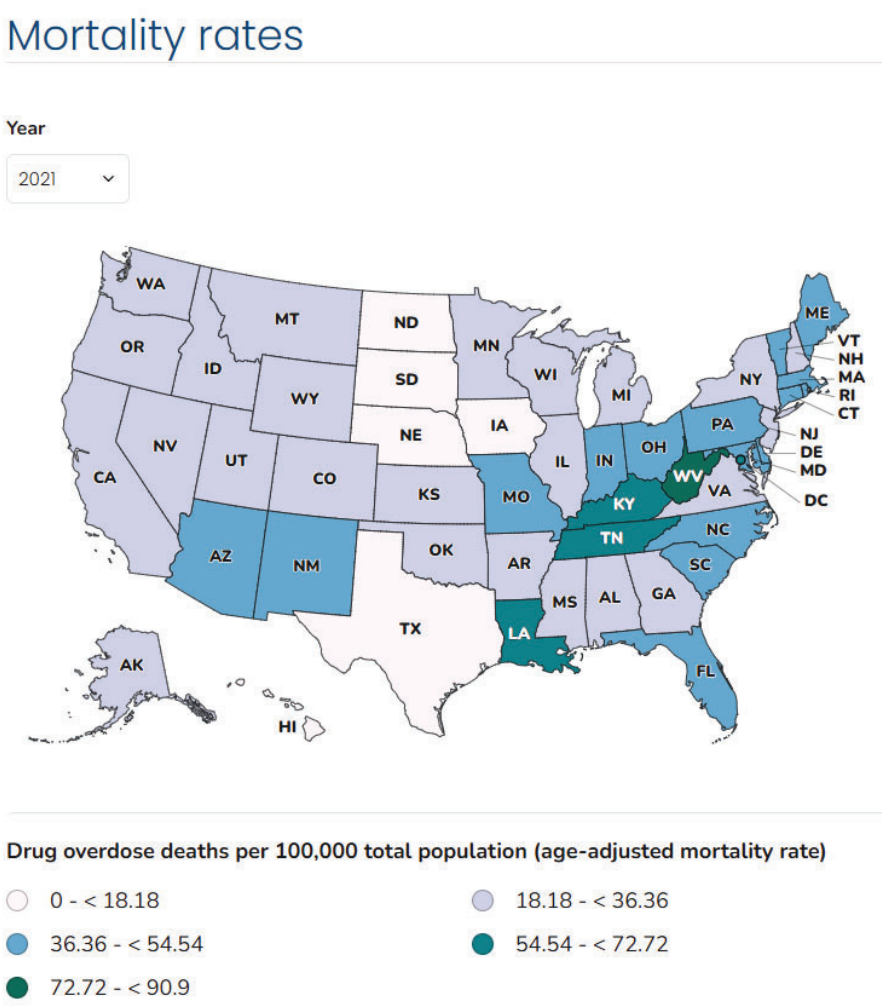
LANDSCAPE IN THE UNITED STATES



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LANDSCAPE IN THE UNITED STATES

- Overdose death rates peaked in 2021-2023 with ~110,000 annual deaths, and a greater burden in the NE, MW, and SE



Maps and data from CDC Drug Overdose Mortality: Stats of the States: https://www.cdc.gov/nchs/state-stats/deaths/drug-overdose.html

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LANDSCAPE IN THE UNITED STATES AND NEW JERSEY

- In 2018, NJ ranked 7th in overdose deaths, and 8th in death rate

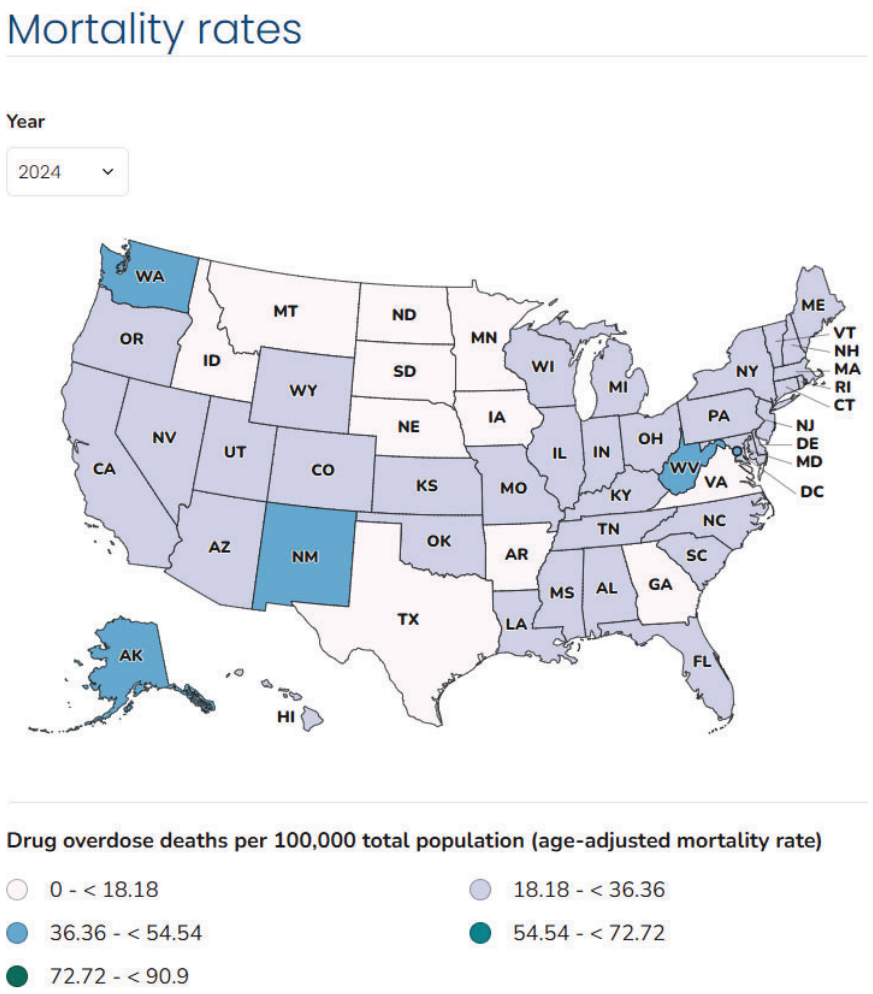
Location	Death Rate	Deaths
West Virginia	51.5	856
Delaware	43.8	401
Maryland	37.2	2,324
Pennsylvania	36.1	4,415
Ohio	35.9	3,980
New Hampshire	35.8	452
District of Columbia	35.4	254
New Jersey	33.1	2,900
Massachusetts	32.8	2,241
Kentucky	30.9	1,315

Maps and data from CDC Drug Overdose Mortality: Stats of the States: https://www.cdc.gov/nchs/state-stats/deaths/drug-overdose.html

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LANDSCAPE IN THE UNITED STATES AND NEW JERSEY

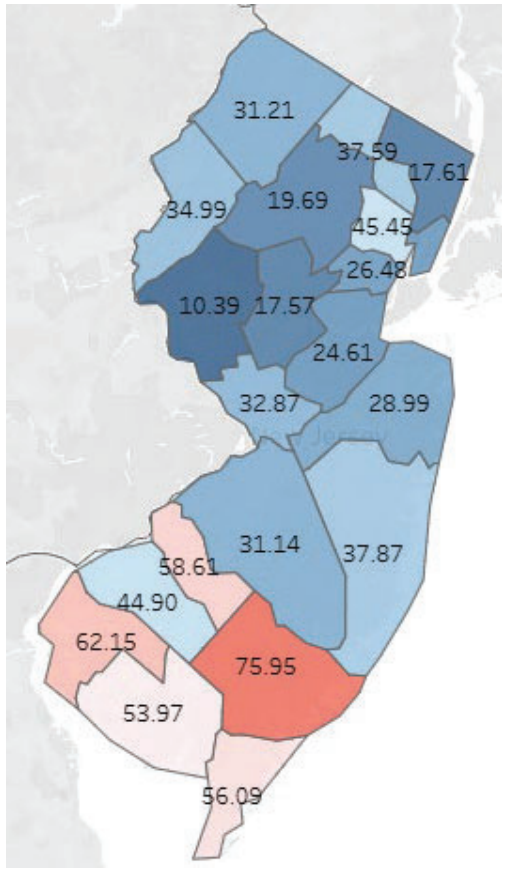
- Rates declined in 2024 and 2025, with more of an equivalent impact across states, with NJ's rate at 34th among states.

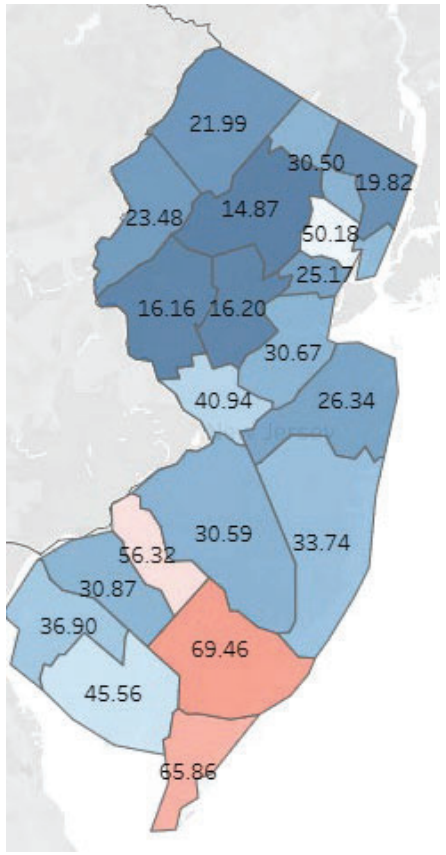


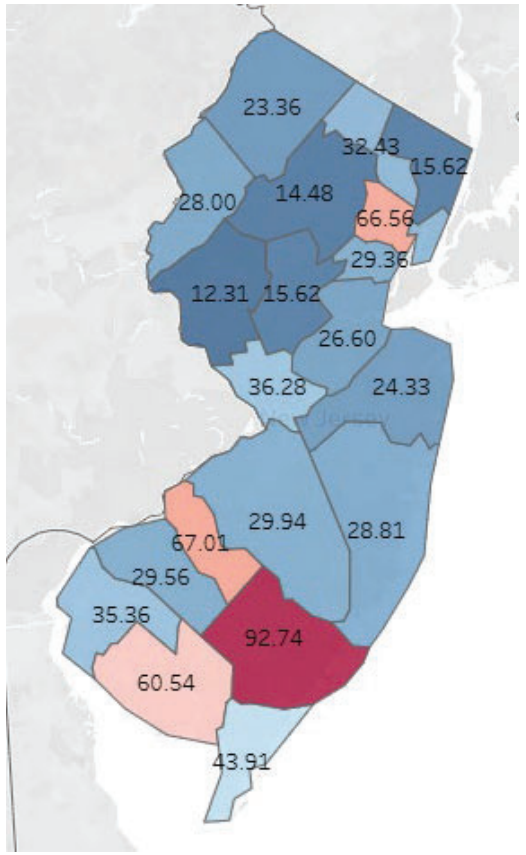
Maps and data from CDC Drug Overdose Mortality: Stats of the States: https://www.cdc.gov/nchs/state-stats/deaths/drug-overdose.html

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LANDSCAPE IN NEW JERSEY







- Maps show New Jersey's overdose death rates by county in 2020, 2021, and 2022. All data from New Jersey Office of the Chief State Medical Examiner/NJ SUDORS.

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LANDSCAPE IN NEW JERSEY

County	2022 Rate & Rank	County	2022 Rate & Rank
ATL	92.74 (1)	UNI	29.36 (12)
CAM	67.01 (2)	OCE	28.81 (13)
ESS	66.56 (3)	WAR	28.00 (14)
CUM	60.54 (4)	MID	26.60 (15)
CAP	43.91 (5)	MON	24.33 (16)
MER	36.28 (6)	SUS	23.36 (17)
SAL	35.36 (7)	BER	15.62 (T18)
PAS	32.43 (8)	SOM	15.62 (T18)
HUD	32.31 (9)	MOR	14.48 (20)
BUR	29.94 (10)	HUN	12.31 (21)
GLO	29.56 (11)	All data from New Jersey Office of the Chief State Medical Examiner/NJ SUDORS.	

HARMS FROM OTHER SUBSTANCES

Table 4 Schedules and scores for each drug

Drug	CSA schedule	CSA-defined score	MC-DA-defined score
Fentanyl	II	4	90
Methamphetamine	II	4	84
Crack	II	4	83
Heroin	I	5	82
Alcohol	None	0	73
Cocaine	II	4	60
Rx Opioids	II	4	46
Tobacco	None	0	35
Methadone	II	4	33
Cannabis	I	5	32
Benzodiazepines	IV	2	30
ENDs	None	0	25
Buprenorphine	III	3	22
Rx Stimulants	II	4	21
MDMA/Ecstasy	I	5	16
Ketamine	III	3	15
Ayahuasca	I	5	5
LSD	I	5	4
Mushrooms	I	5	3

The Spearman's rank correlation coefficient between CSA and MCDA-defined scores was $\rho = -0.26$

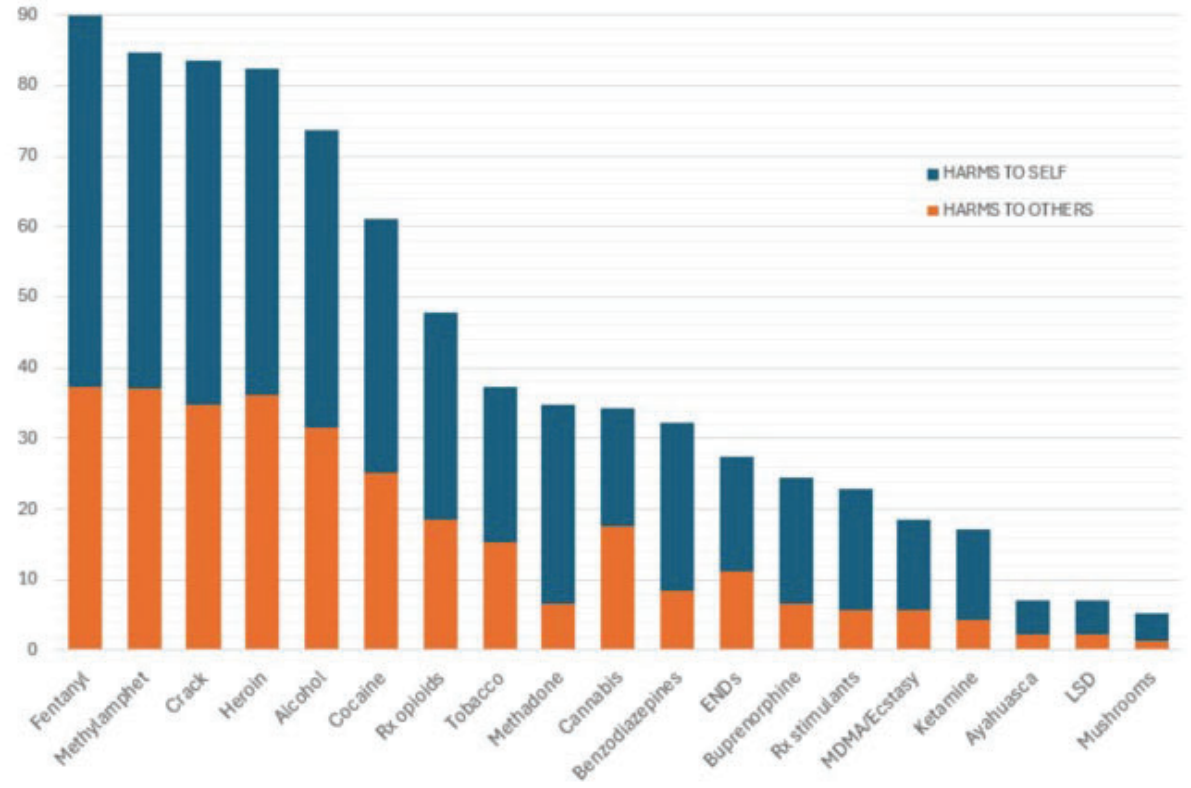


Fig. 3 The drugs ordered by their overall harm scores, with the stacked bar graphs showing the contribution to the overall score of harms to people who use drugs and harm to others

Broman, M., Davis, A.K., Armstrong, S., Levin, A., Ahmed, K., Angarita, G., Artberry, B., Bergeria, C., Earleywine, M., Gex, K., Gregoire, T., Lister, J.J., Mathai, D., Mehtani, N., Menke, N., Nichols, C., Shaub, H., Tackett, A.P., Weiss, B., Yalin, N., & Phillips, L. (2026). US drug policy does not align with experts' rankings of drug harms: A multi-criterion decision analysis. *Harm Reduction Journal*, *23*(17), 1-12. Doi: 10.1186/s12954-025-01390-x

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Health and Human Service Challenges and Opportunities for New Jersey's Rural and Urban Communities

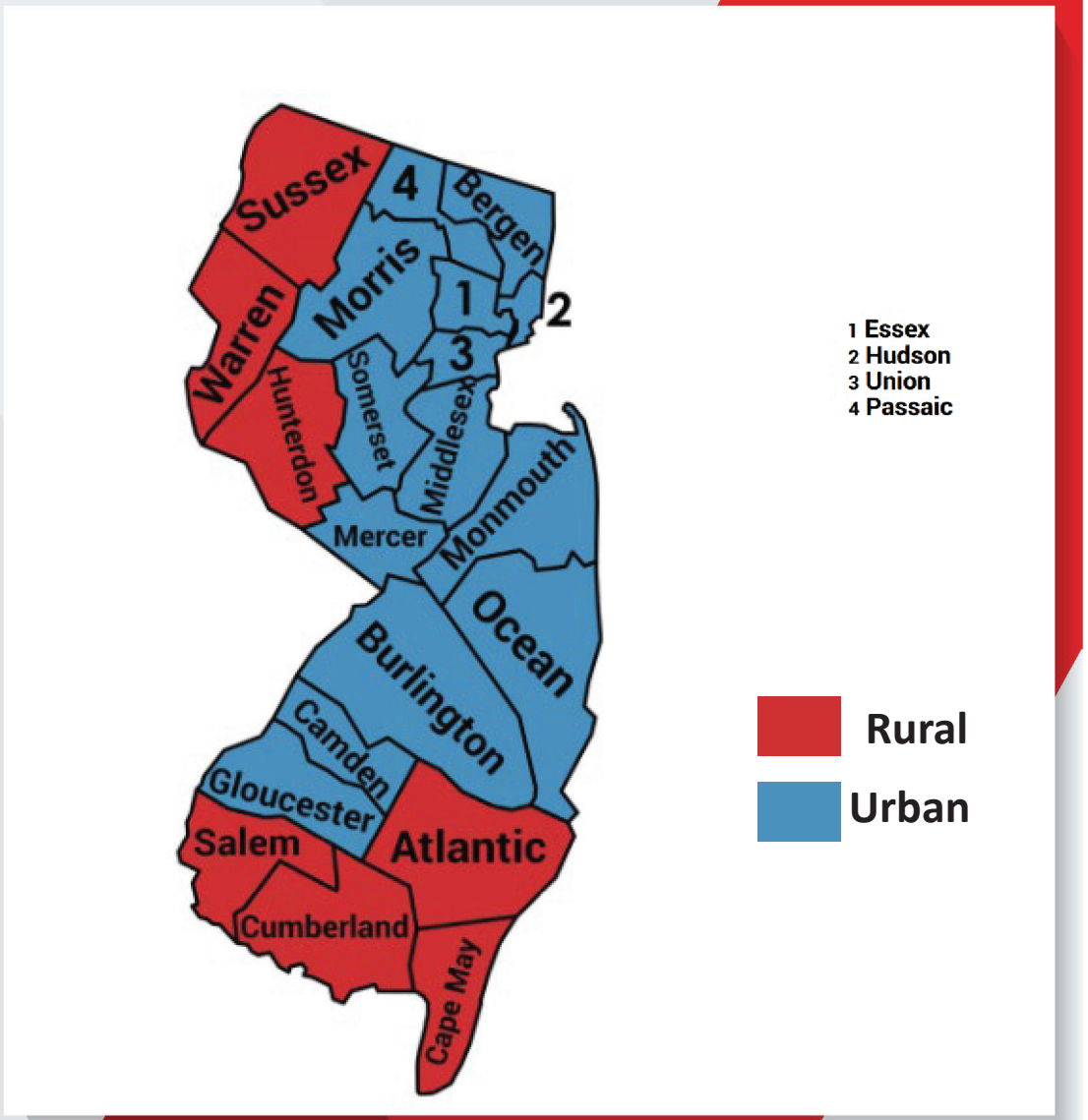
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AUDIENCE ENGAGEMENT:

Which county do you work and/or live in New Jersey, and would you define it as rural or urban?

Please write down in the chat!

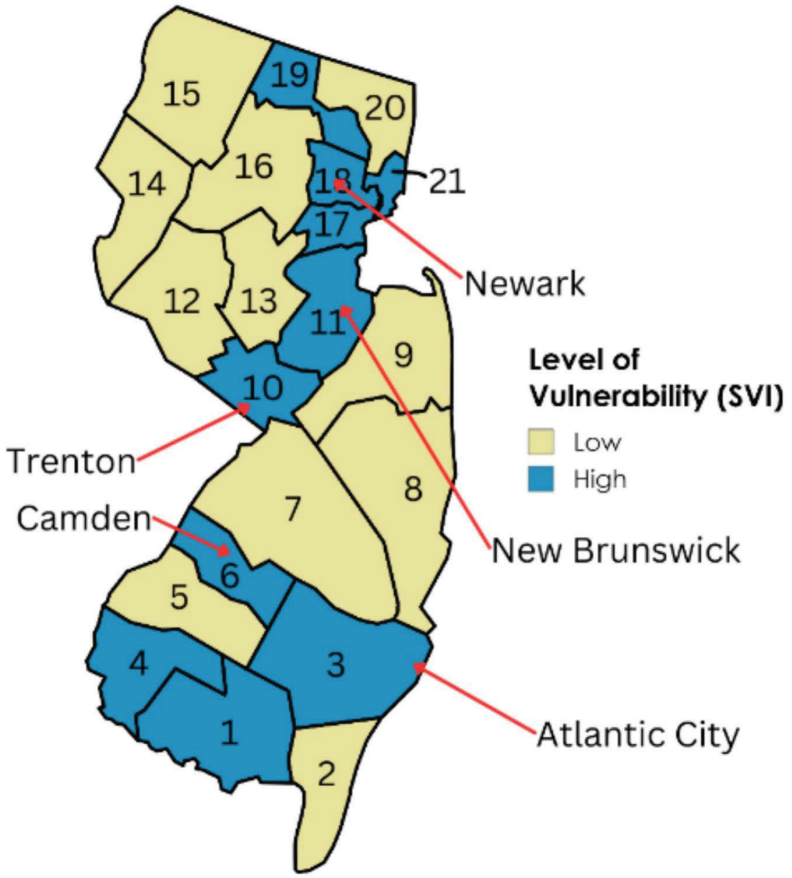
New Jersey's State Office of Rural Health has established rural area definitions that designate 7 of the state's 21 counties as rural and 14 as urban.



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NEW JERSEY COUNTIES BY SOCIAL VULNERABILITY LEVEL

Fig. 1. New Jersey Counties by Level of Vulnerability using the Social Vulnerability Index (SVI) *Note.* Low SVI = low or low/medium and High SVI = medium/high and high; numeric designations correspond to New Jersey counties (1-Cumberland, 2-Cape May, 3-Atlantic, 4-Salem, 5-Gloucester, 6-Camden, 7-Burlington, 8-Ocean, 9-Monmouth, 10-Mercer, 11-Middlesex, 12-Hunterdon, 13-Somerset, 14-Warren, 15-Sussex, 16-Morris, 17-Union, 18-Essex, 19-Passiac, 20-Bergen, 21-Hudson).



Cooper, S.E., Fougnies, L.V., Juntilla, A.M., Lister, H.H., Hilton, K., & Lister, J.J. (2026). Substance use treatment and overdose patterns in high and low social vulnerability counties – A trends analysis in New Jersey from 2014 – 2022. *Addictive Behaviors Reports, 23* (100653), 1-8. Doi: 10.1016/j.abrep.2025.100653.

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NEW JERSEY COUNTIES BY SOCIAL VULNERABILITY LEVEL

Table 1
Descriptive results per 100,000 residents for NJ counties.

Year	All Counties (N = 21)	Low SVI Counties (n = 10)	High SVI Counties (n = 11)
Any Substance Use Treatment Admissions			
2014	730.62	687.3	767.46
2015	773.25	716.4	821.57
2016	842.71	770.69	903.89
2017	903.17	811.73	980.89
2018	982.5	863.0	1084.19
2019	1073.91	934.22	1192.92
2020	842.59	743.71	925.7
2021	895.31	740.3	1027.32
2022	875.02	704.81	1020.65
Opioid-Specific Treatment Admissions			
2014	319.61	309.54	328.18
2015	361.9	345.23	376.07
2016	421.37	393.7	444.88
2017	462.56	422.21	496.86
2018	495.65	427.2	553.91
2019	522.36	440.32	592.25
2020	411.31	349.95	462.88
2021	416.74	336.39	485.16
2022	319.61	309.54	328.18

Cooper, S.E., Fougnies, L.V., Juntilla, A.M., Lister, H.H., Hilton, K., & Lister, J.J. (2026). Substance use treatment and overdose patterns in high and low social vulnerability counties – A trends analysis in New Jersey from 2014 – 2022. *Addictive Behaviors Reports, 23* (100653), 1-8. Doi: 10.1016/j.abrep.2025.100653.

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NEW JERSEY COUNTIES BY SOCIAL VULNERABILITY LEVEL

Table 1
Descriptive results per 100,000 residents for NJ counties.

Year	All Counties (N = 21)	Low SVI Counties (n = 10)	High SVI Counties (n = 11)
Overdose Deaths			
2014	14.71	14.14	15.2
2015	17.9	16.08	19.44
2016	25.04	22.13	27.5
2017	30.8	24.35	36.29
2018	33.83	26.9	39.72
2019	34.01	25.99	40.85
2020	32.85	27.3	37.52
2021	33.7	26.7	39.66
2022	31.24	22.27	38.91
Naloxone Administrations			
2014	N/A	N/A	N/A
2015	81.79	70.07	91.75
2016	113.94	99.11	126.53
2017	161.31	112.72	202.6
2018	180.96	126.47	227.33
2019	170.05	113.29	218.41
2020	155.71	110.74	193.51
2021	155.21	108.62	194.89
2022	166.84	102.29	222.06

Cooper, S.E., Fougnies, L.V., Juntilla, A.M., Lister, H.H., Hilton, K., & Lister, J.J. (2026). Substance use treatment and overdose patterns in high and low social vulnerability counties – A trends analysis in New Jersey from 2014 – 2022. *Addictive Behaviors Reports, 23* (100653), 1-8. Doi: 10.1016/j.abrep.2025.100653.

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RURAL AND URBAN DIFFERENCES IN NEW JERSEY

- In an ongoing project in partnership with NJDHHS, we examined risk between rural and urban counties.
- The analysis shows greater burdens for many behavioral health indicators in rural counties (e.g., overdose, suicide).
- Consistent with U.S. data, the availability of behavioral health care services was sparser in rural counties. Gaps in health insurance gaps, however, were worse for urban counties.
- There are differences within counties, so making “one-size-fits-all” for either rural or urban, should be interpreted with this limitation.



Lister, J.J., Kim, A.H., Scott, T., Baker, B.A., Okwori, G., Umar, S. & Branker, D. (2026). *Report information masked during review*.

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Rural and Urban Care Considerations (5 A's) for Substance Use and Addiction Care in New Jersey

AVAILABILITY	Rural has fewer general and specialty providers and brick-and-mortar clinics, urban too few providers relative to demand. *Solutions = workforce expansion, telehealth delivery, care coordination.*
ACCESSIBILITY	Rural has long travel distances/time and commutes out of jurisdiction, many urban residents lack a vehicle, both receive comorbid care in silos. *Solutions = transportation assistance, care flexibilities (e.g., remote drug screening and more MOUD take-home doses), integrated behavioral health.*
AFFORDABILITY	Many people, rural and urban, live in poverty or at working-class incomes, rural and urban rely on public insurance, but greater insurance gaps in urban areas. *Solutions = limit out-of-pocket costs, build health care models around public insurance and charity programs.*
ACCOMODATION	People with disabilities are at high risk, and many New Jerseyans, particularly in urban areas, do not speak English as their first language. Distance (rural) and reliance on public or medical transport (urban) make routine visits a challenge. *Solutions = train staff and coordinate care for different abilities and languages, and ensure flexible care schedules.*
ACCEPTABILITY	Rural residents often prefer informal care and self-reliance, and many urban residents come from minoritized backgrounds with unique cultural values. *Solutions = identify local champions and peers from the community, train staff on cultural considerations, and dignify patients during service delivery.*

FINAL TAKEAWAY

- The State of New Jersey must ensure that care systems for substance use and addiction are designed to address considerations for rural and urban community needs.

- This is an aspirational and complex goal that requires cross-sector partnerships but has the potential to give all New Jerseyans a clearer pathway to well-being and recovery.



Let's use the rest of the time for a Question-and-Answer Session.

Thank you for attending! If you have questions or would like to connect, please email me at jlister@ssw.rutgers.edu!

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UPCOMING WEBINARS

November 12: ***Beyond the Opioid Use Diagnosis: Co-Occurring Conditions & Treatment Considerations for Veterans***

November 19: ***Kratom 101: What You Need to Know***

Register at KnockOutDay.DrugFreeNJ.org/events

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