



# Governor Raimondo's Task Force on Overdose Prevention and Intervention

March 14, 2018

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# **2018 Task Force Theme**

## **Communities Coming Together**



# Task Force efforts align with our four strategies:

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- **Equip Rhode Island's diverse communities** to draw upon their resources to enhance prevention efforts;
- **Challenge community members to reach out** to families and neighbors affected by the opioid crisis helping them save lives;
- **Engage healthcare providers and professionals to screen for substance use disorder** and connect patients to treatment; and
- **Support recovery and build individual capital** through a trauma-informed, strength-based approach.



# The theme will guide us in:

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- **Exploring the links between inequities (both social and economic)** and how they contribute to the incidence of substance use disorders;
- **Partnering with community-based organizations in meaningful ways** and act when we find underlying causes of disparities;
- **Sharing new and innovative ways to support the recovery of individuals** with substance use disorders;



# The theme will guide us in:

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- **Promoting stories of resilience by people who have been afflicted or affected by substance use disorders** to encourage understanding and eliminate stigma and prejudice; and
- **Leading with the belief that recovery is possible for everyone** and all Rhode Islanders can contribute to ending the overdose epidemic.



# Polysubstance Use in Non-Fatal Overdose Data

**Tracy L. Jackson, PhD**

Senior Public Health Epidemiologist

Center for Health Data and Analysis

Rhode Island Department of Health

March 14, 2018

# Overview



- Share data on emergency department (ED) visits and hospitalizations in Rhode Island from 2011 to 2016 due to:
  - Opioid overdose
  - Acute alcohol-use
  - Marijuana-use
  - Cocaine-use
- Share data on ED visits and hospitalizations due to opioid overdose and concurrent use of other substances.

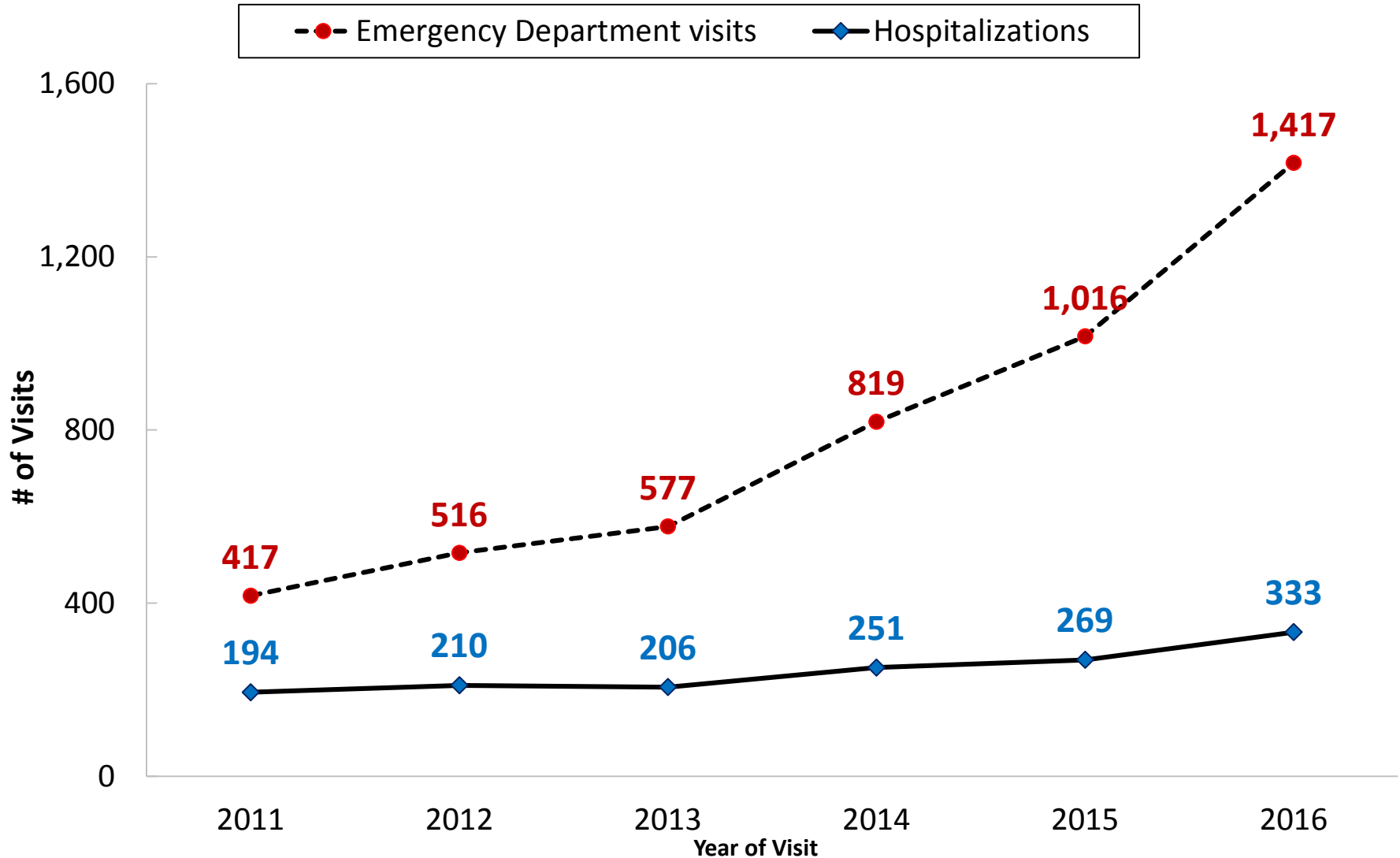
# Data Source: Rhode Island Hospital Discharge Data



- Data from 11 acute care and two psychiatric hospitals in Rhode Island.
- Contains information on both ED visits and hospitalizations.
- Patient records contain up to 25 diagnostic codes indicating reason for visit/hospitalization.
  - First code indicates principle diagnosis and the following codes indicate secondary diagnoses.



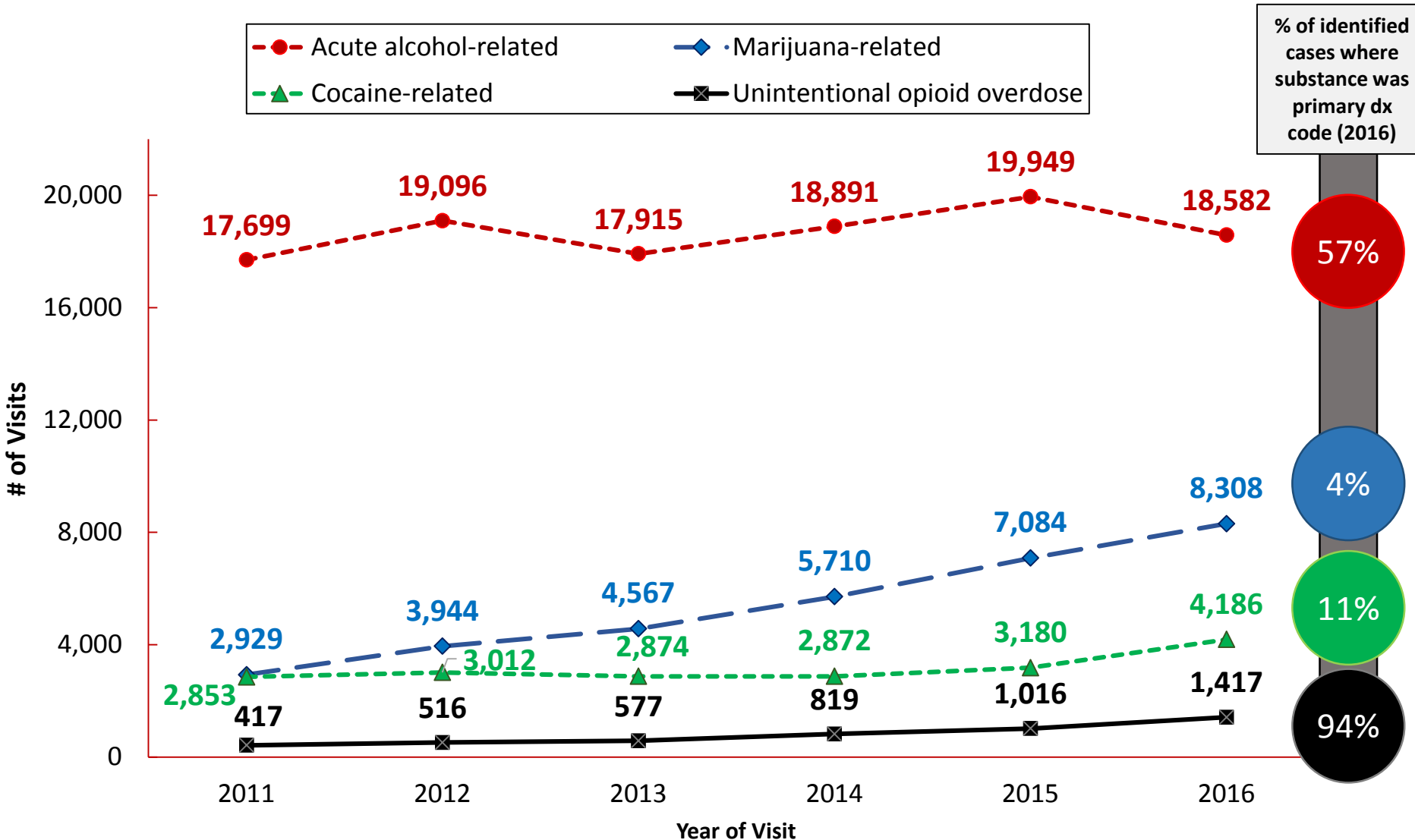
# ED Visits and Hospitalizations Due to Unintentional Opioid Overdose in RI



Data include Rhode Island residents ages 12+ years visiting Rhode Island hospitals.

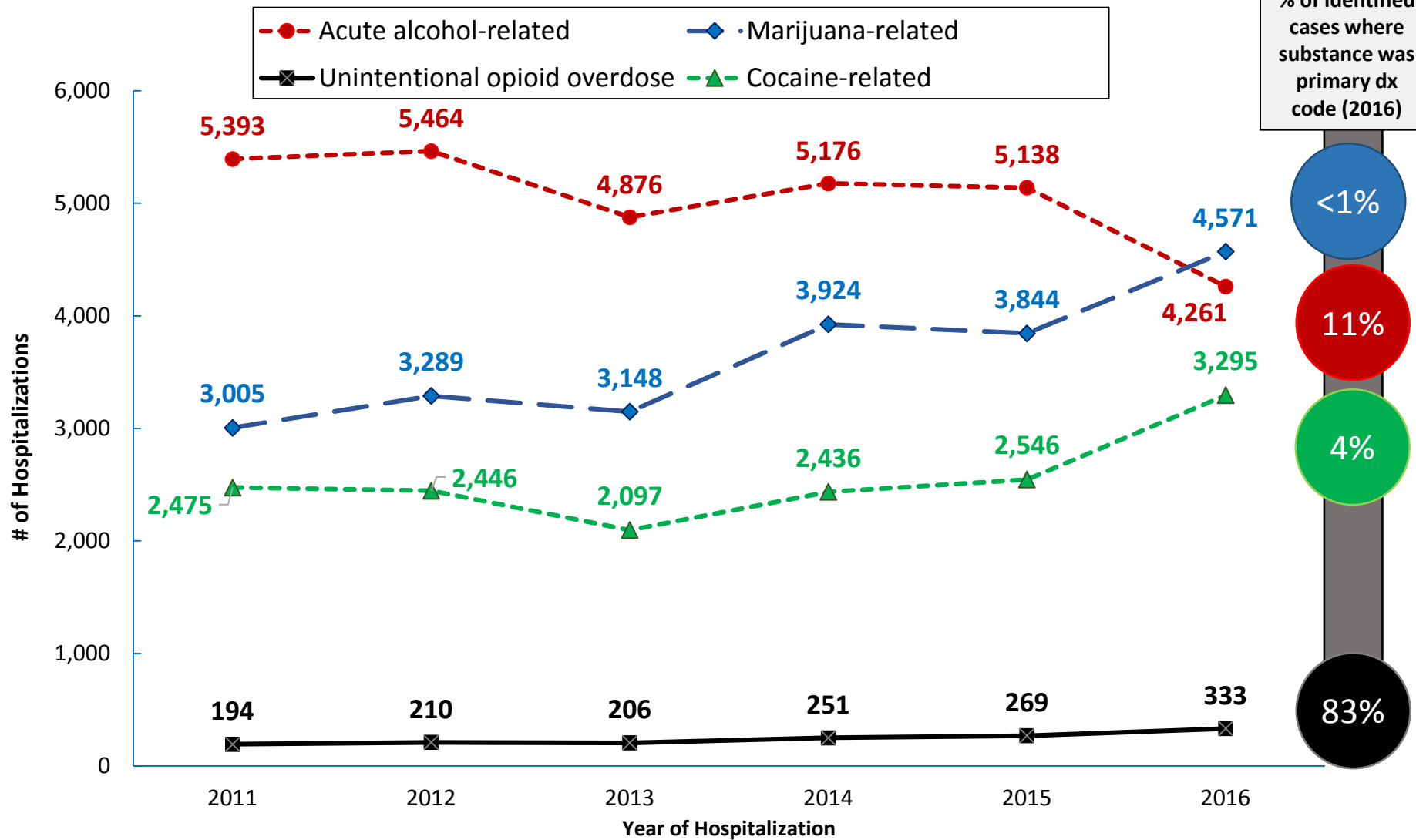
Source: Rhode Island Hospital Discharge Data

# Emergency Department Visits Due to Substance Use in RI



Data include Rhode Island residents ages 12+ years visiting Rhode Island hospitals.  
 Source: Rhode Island Hospital Discharge Data

# Hospitalizations Due to Substance Use in Rhode Island



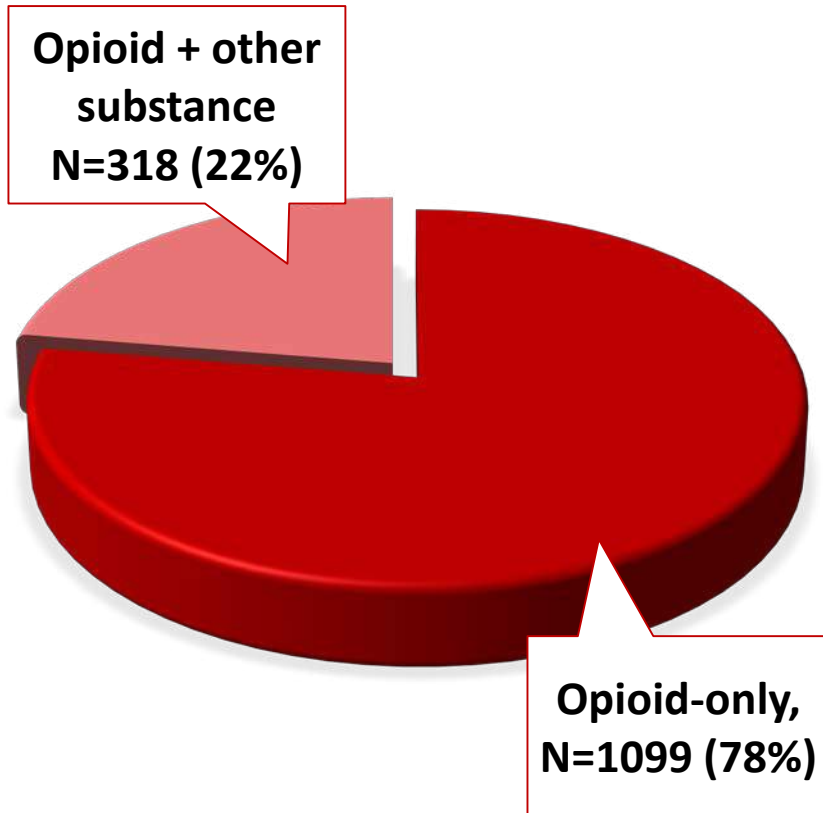
Data include Rhode Island residents ages 12+ years visiting Rhode Island hospitals.  
 Source: Rhode Island Hospital Discharge Data

# Opioid Overdose and Presence or Absence of Other Substance Use,\* 2016

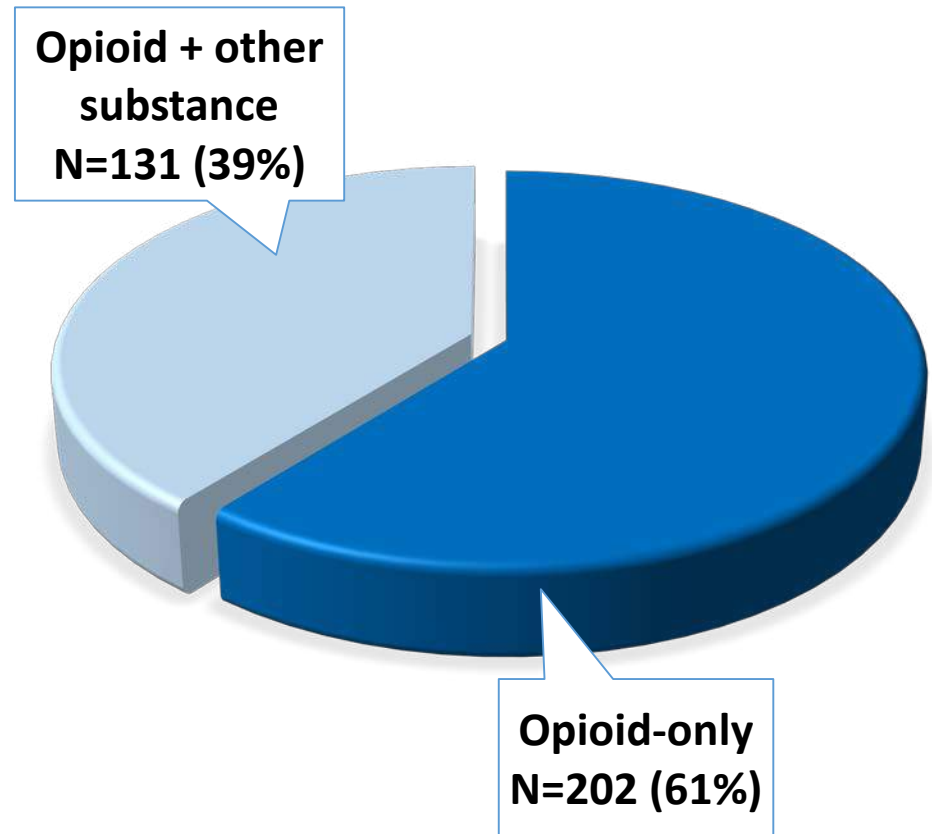


\*Other substance-use defined as diagnosis related to acute alcohol-use, marijuana-use, or cocaine-use.

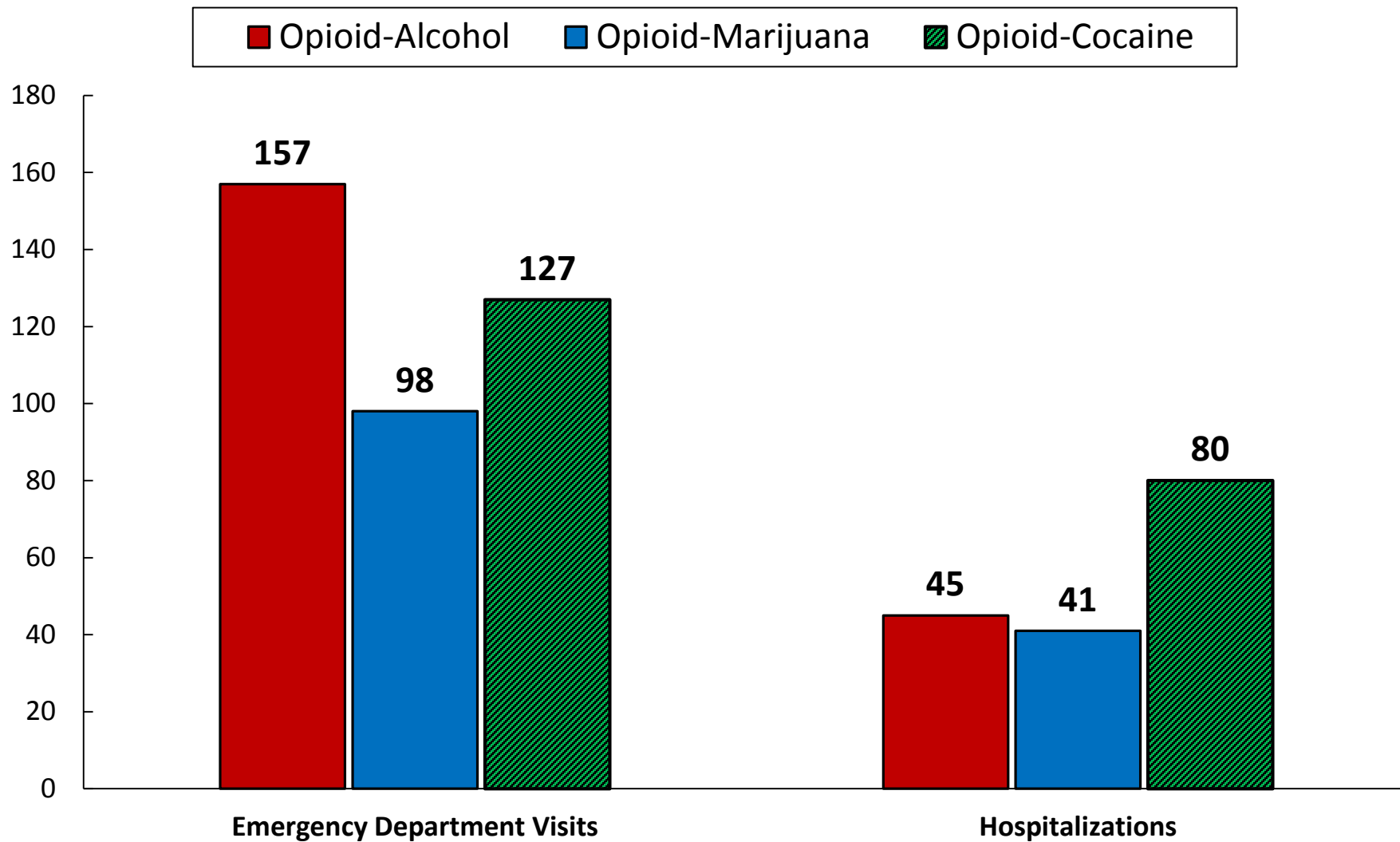
## OPIOID OVERDOSE ED VISITS



## OPIOID OVERDOSE HOSPITALIZATIONS



# Opioid Overdose and Other Substance Use, 2016



Data include Rhode Island residents ages 12+ years visiting Rhode Island hospitals.  
Source: Rhode Island Hospital Discharge Data



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# Recent Trends in Substances Found to be Contributory to Overdose in Rhode Island

Brandon DL Marshall, PhD

Associate Professor of Epidemiology  
Brown University School of Public Health



BROWN  
School of Public Health

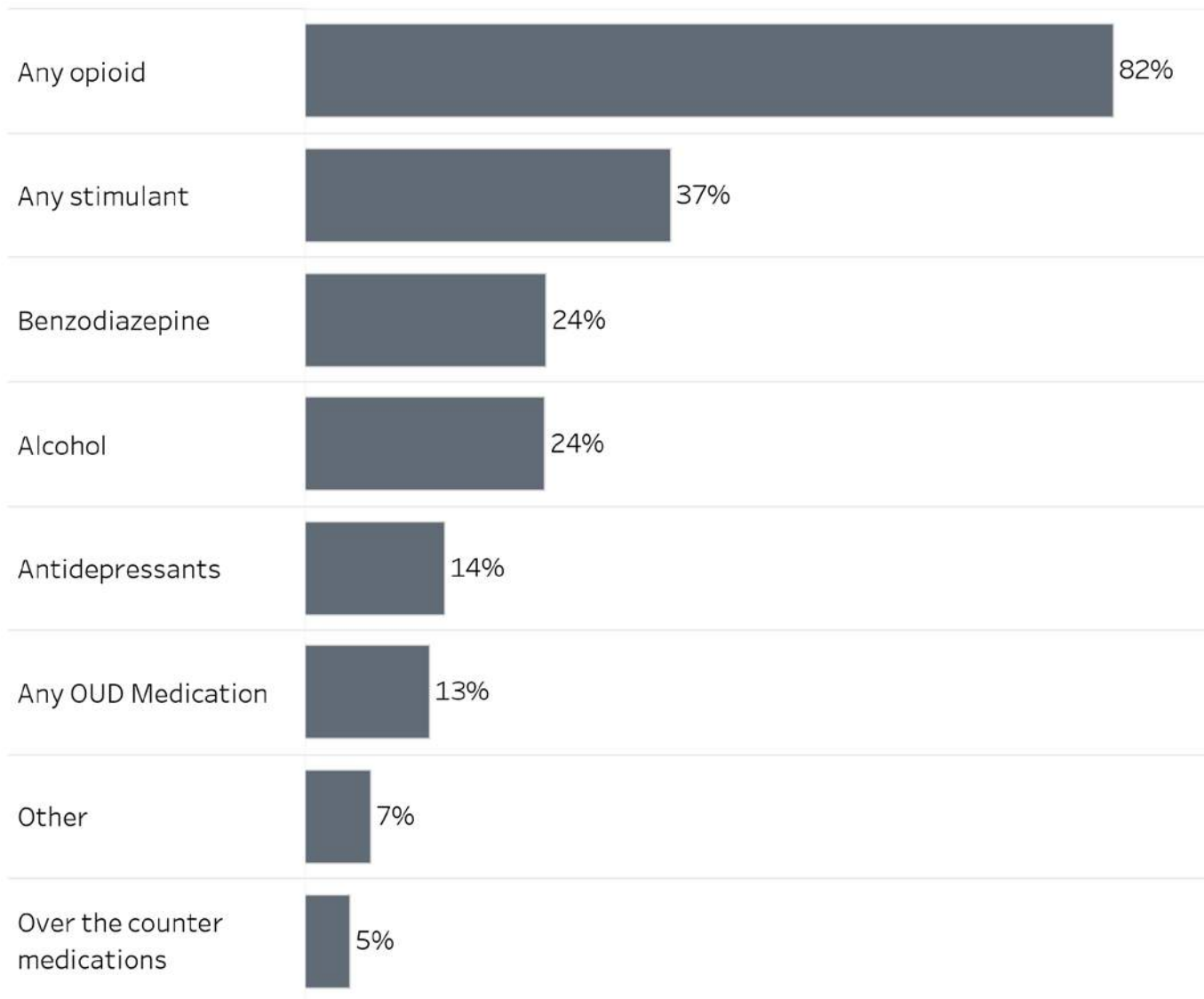


# Overdose Death Investigation

- The Rhode Island Office of the State Medical Examiner investigates all unnatural deaths.
- Through a standing Data Use Agreement with RIDOH, the PreventOverdoseRI team receives case information on all accidental drug-related deaths.
- For these analyses, we analyzed two fields:
  - Primary cause of death (COD)
  - Other significant conditions
- Toxicological analyses can be (and are) conducted separately.



# Typical causes of death



**Most common substances found to be contributory to fatal overdose:**

**Opioids:** Fentanyl, heroin, oxycodone, methadone

**Stimulants:** Cocaine, amphetamine

**Benzodiazepines:** Xanax, Klonopin, Valium

**Antidepressants:** Wellbutrin, Zoloft, Prozac

**OUD Medications:** Buprenorphine, Methadone

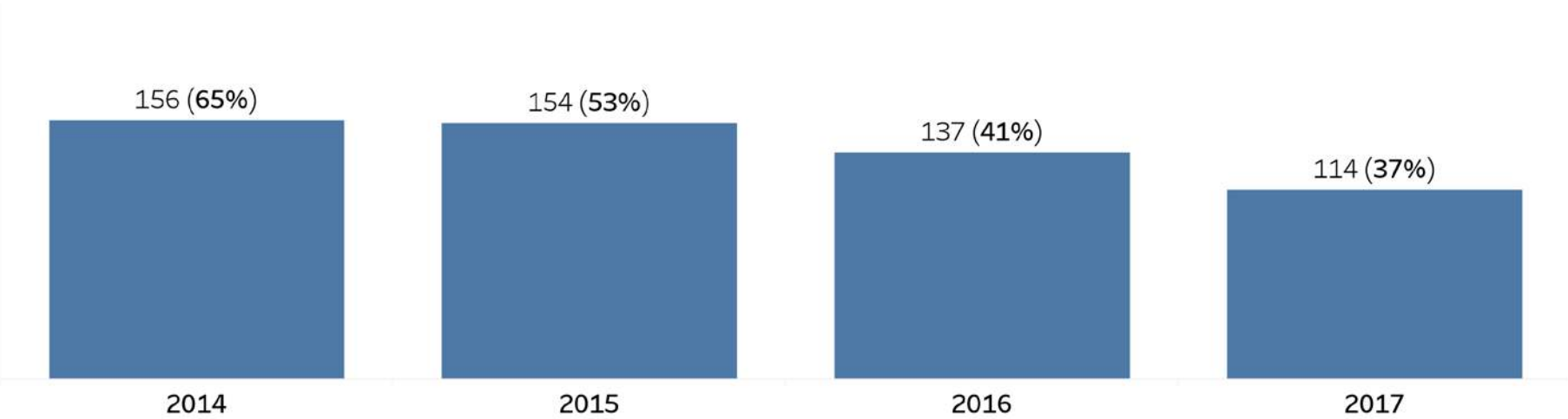
**"Other" includes:** Barbituates, Muscle Relaxants, Psychedelics, Antipsychotics

**Over-the-counter medications:** Methorphan, Tylenol

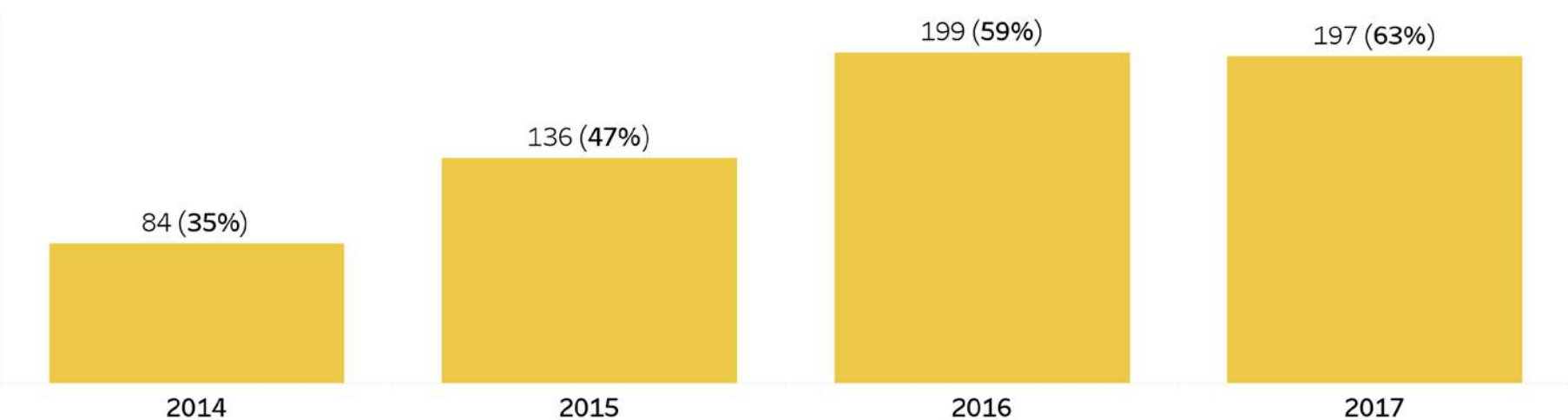
**\*Includes data from 2014 to 2017**

# Rise in fentanyl deaths

Overdose deaths (excluding fentanyl)

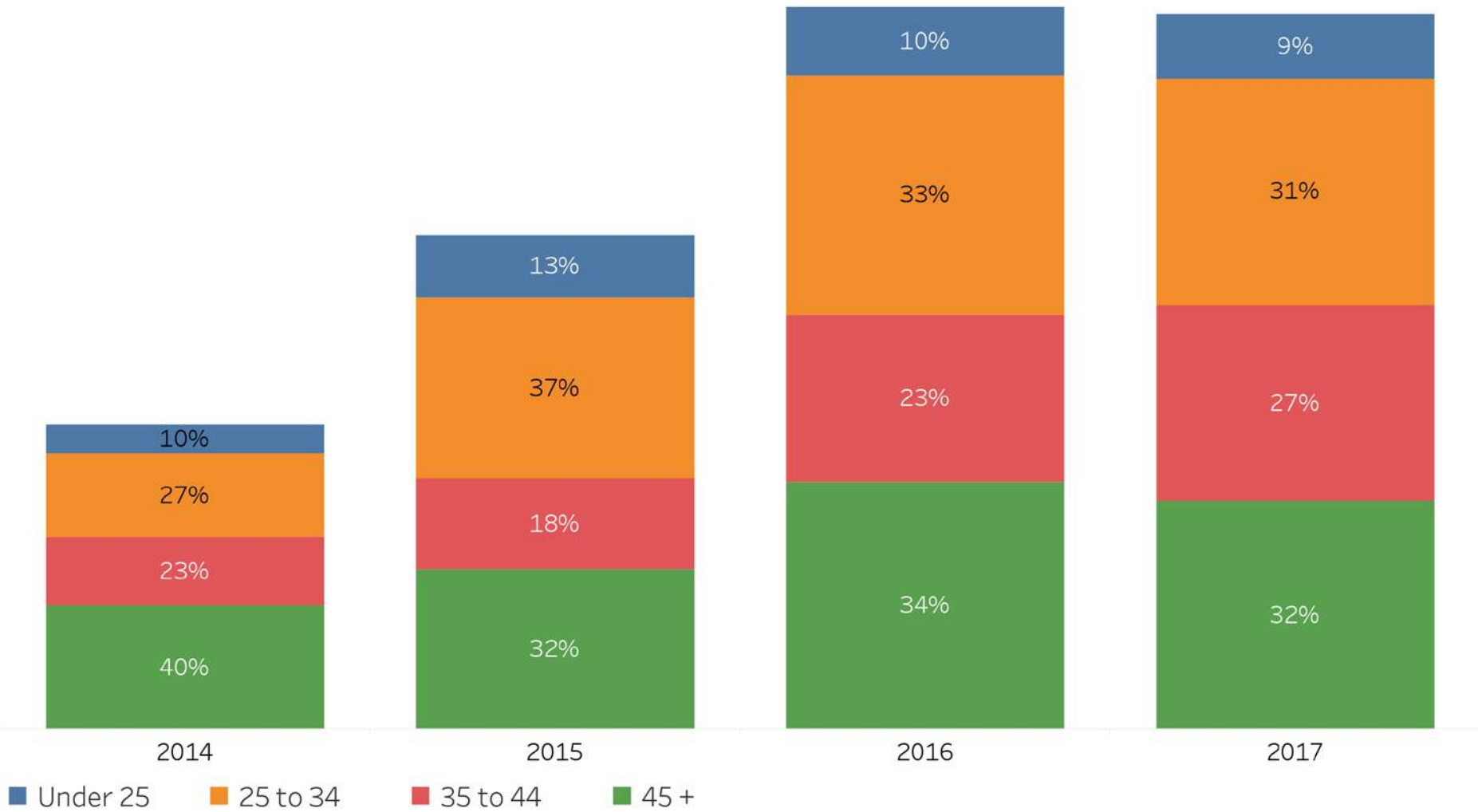


Fentanyl-related overdose deaths

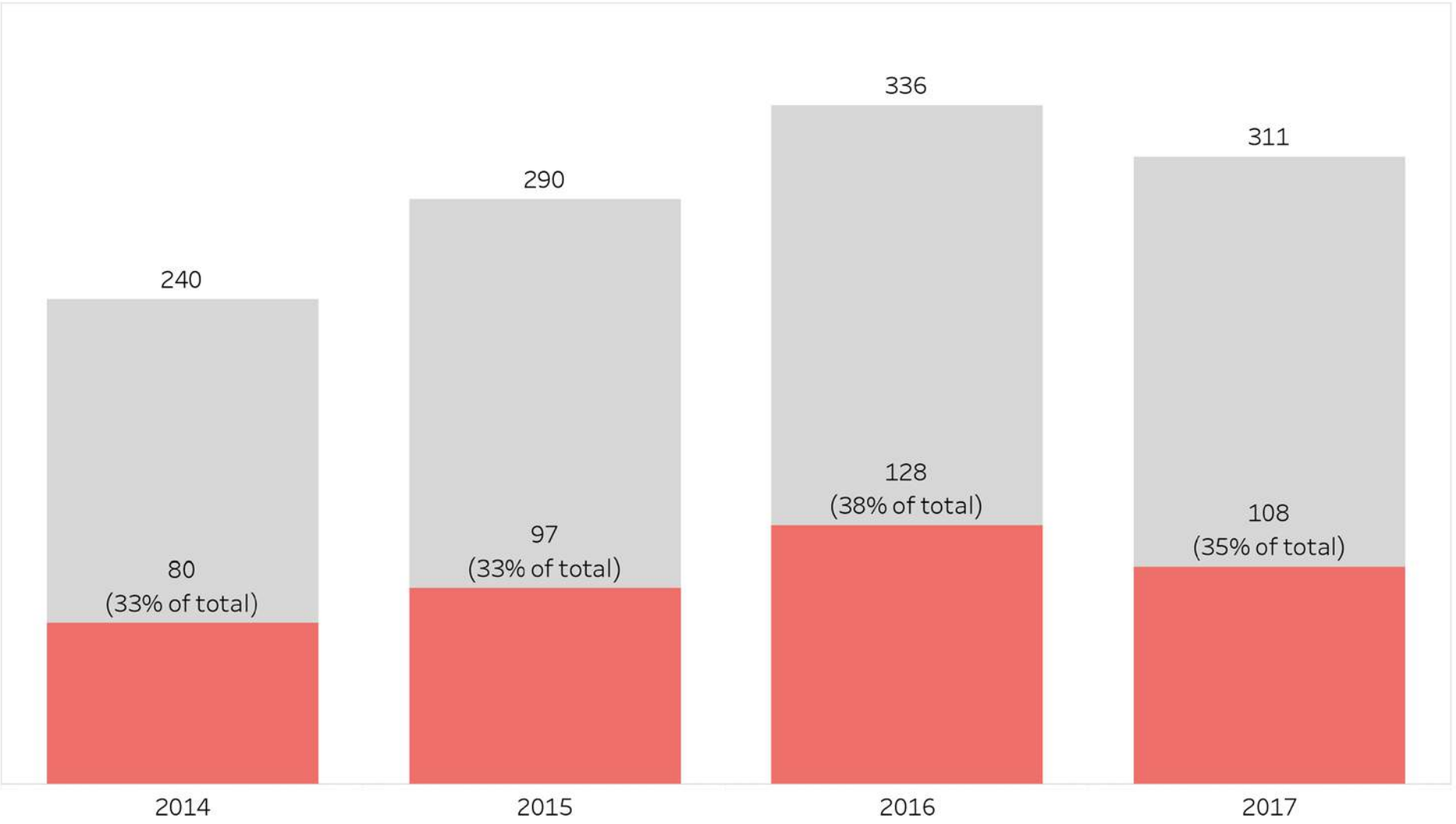


# Fentanyl deaths, by age

Fentanyl-related overdose deaths, by age group (2014-2017)

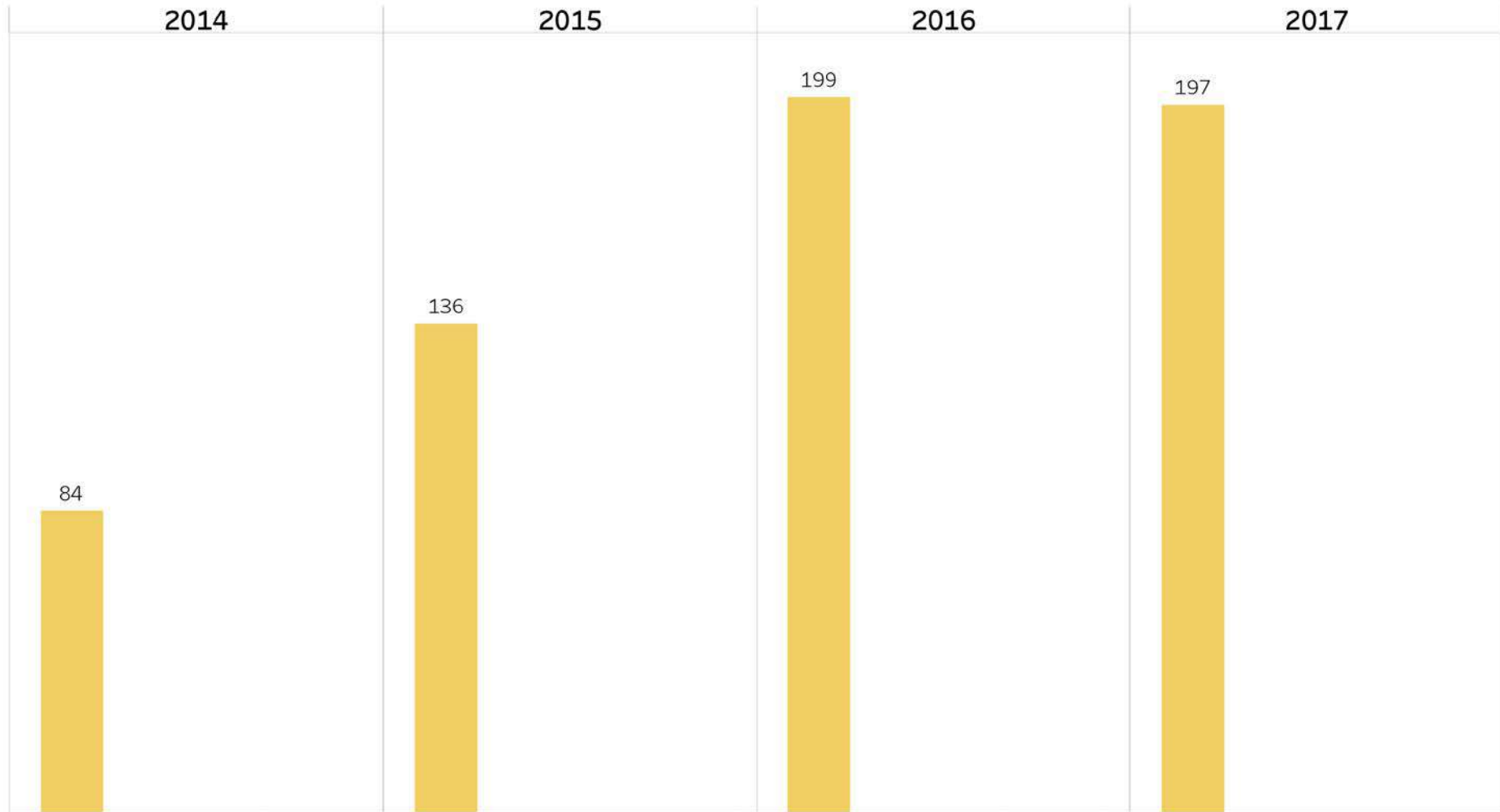


# Cocaine-related deaths



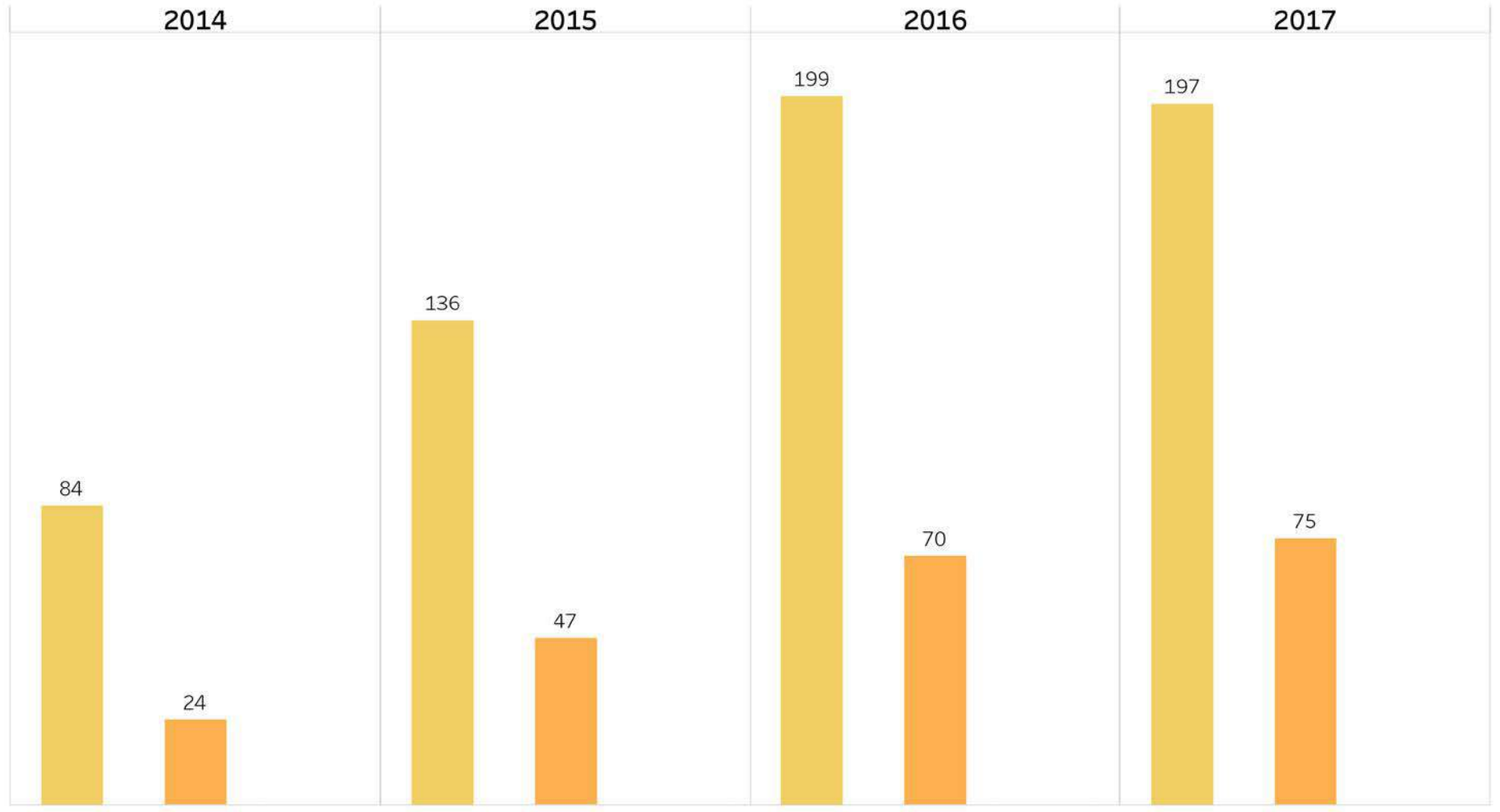
■ All overdose deaths  
■ Cocaine-related deaths

# Cocaine-fentanyl deaths



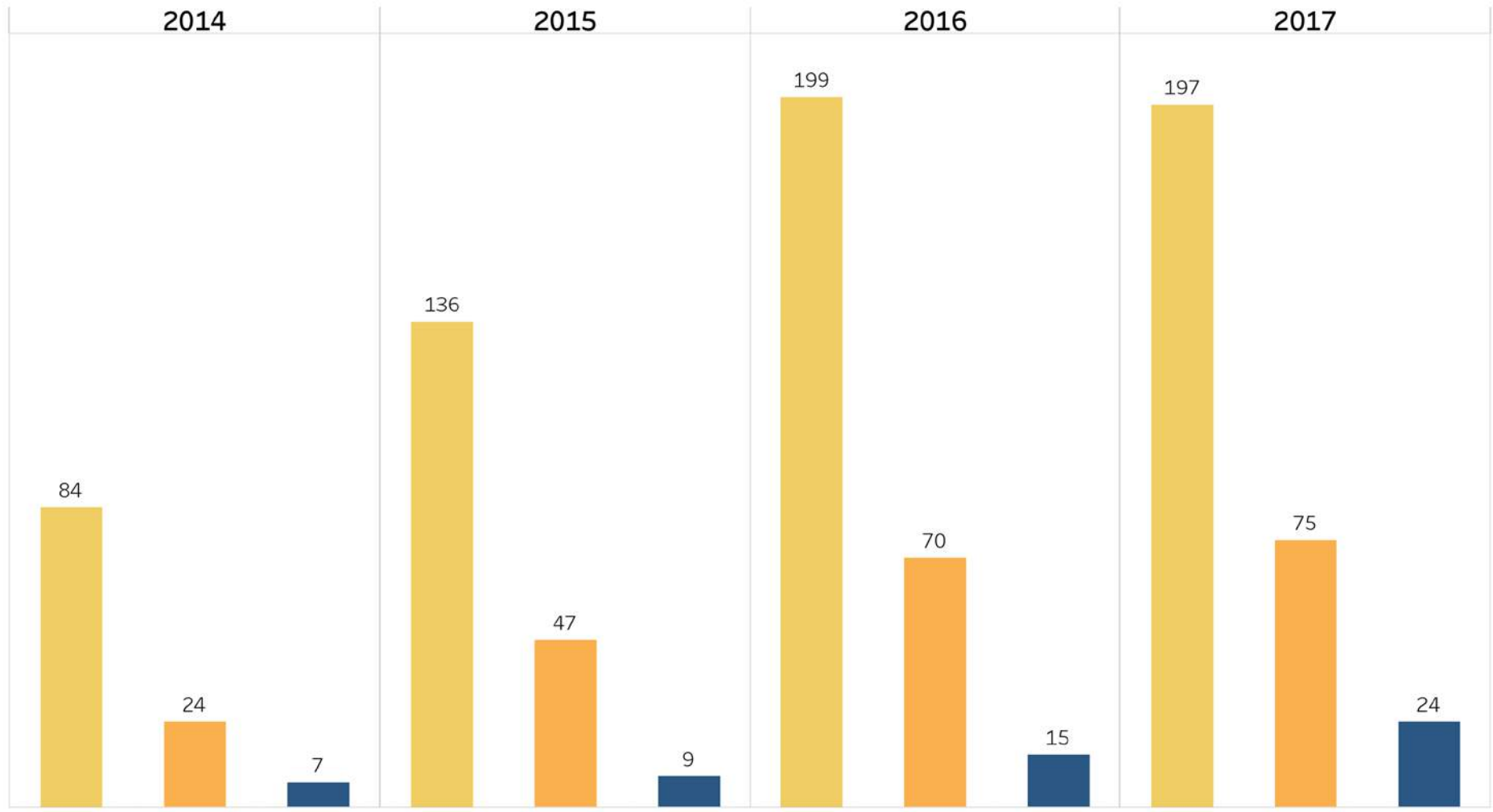
■ Fentanyl

# Cocaine-fentanyl deaths



■ Fentanyl  
■ Fentanyl & Cocaine

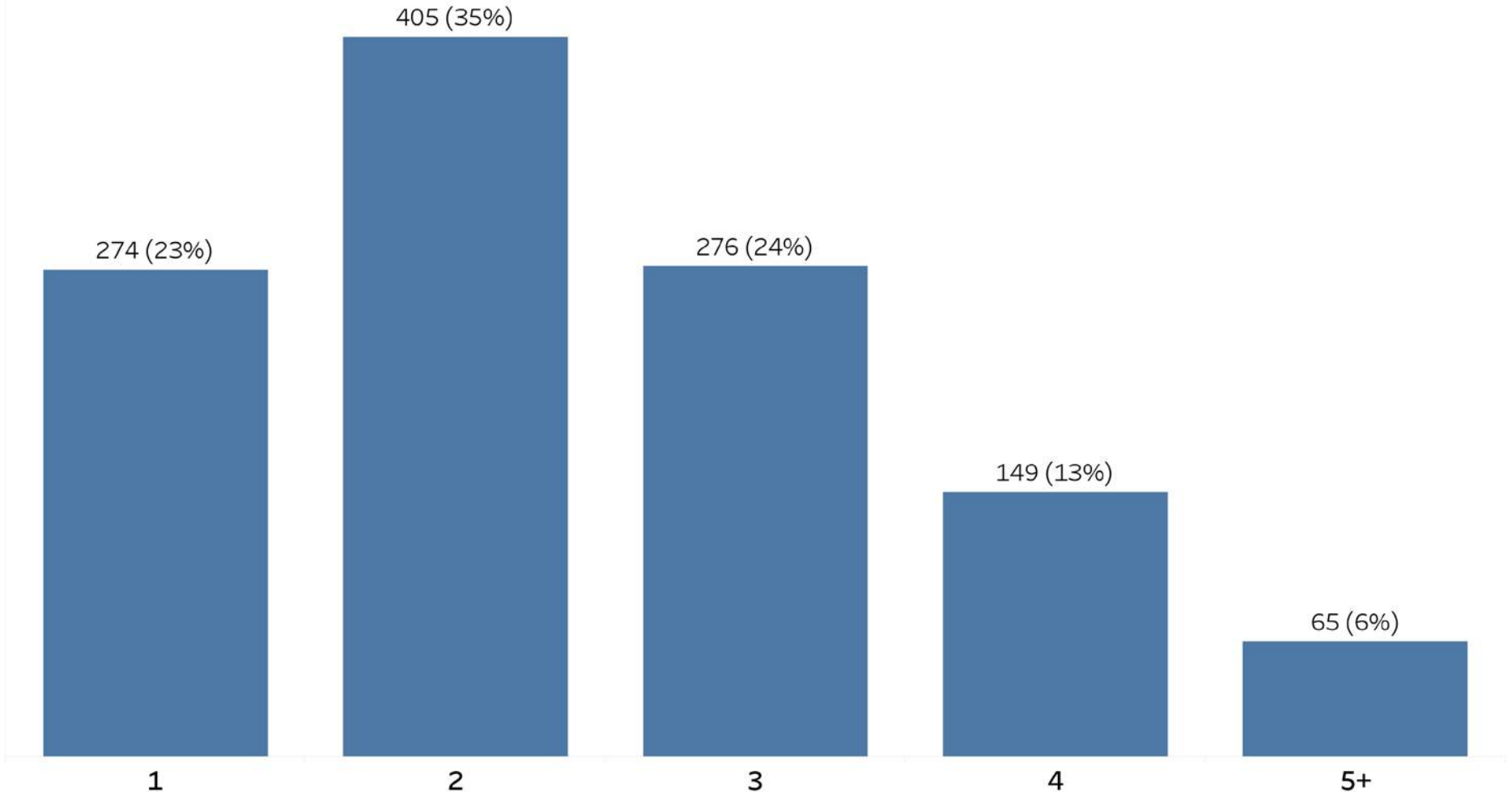
# Cocaine-fentanyl deaths



- Fentanyl
- Fentanyl & Cocaine
- Fentanyl & Cocaine only, with no injection drug use

# Poly-substance use

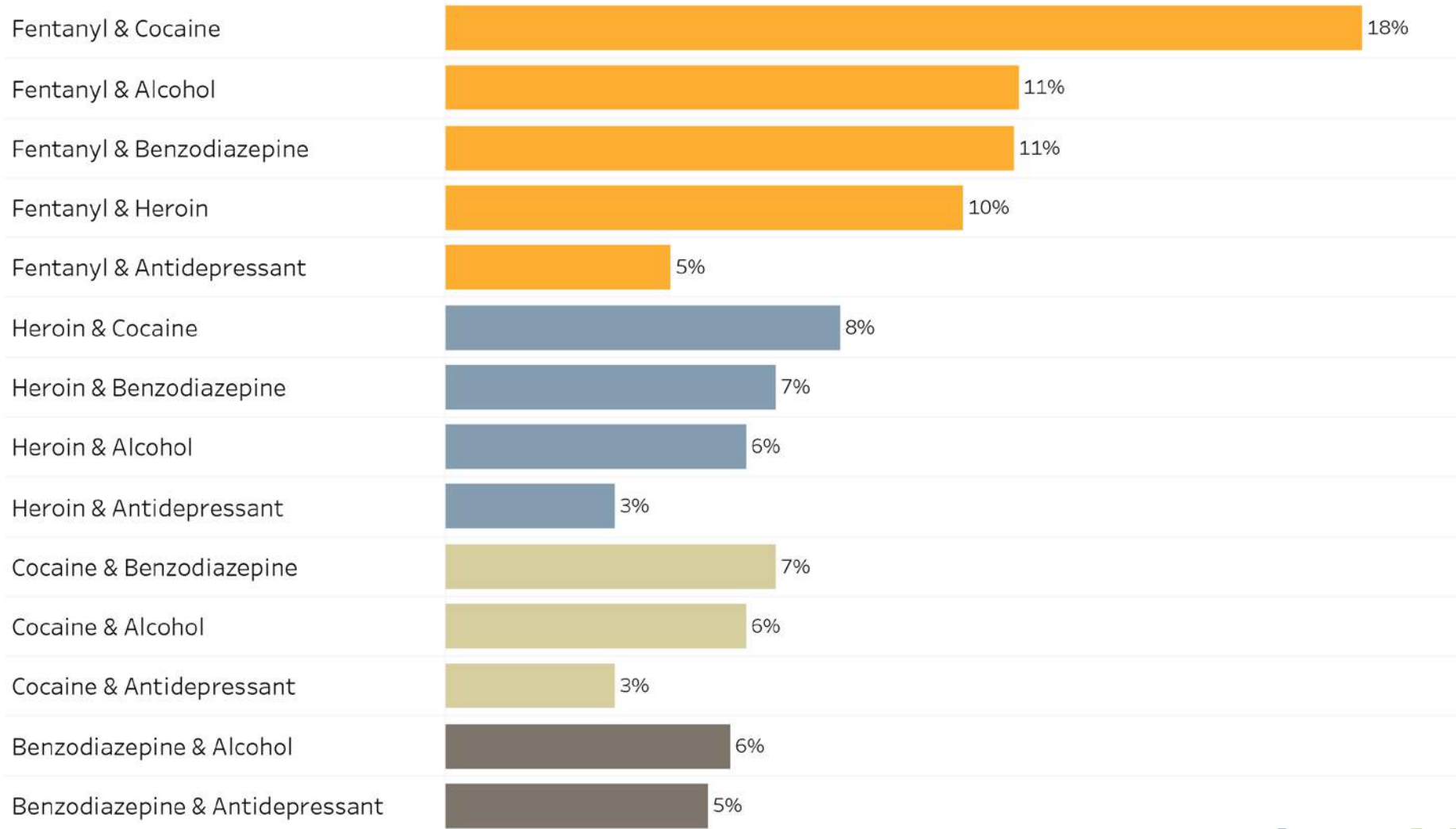
Number of substances found to be contributory to the cause of death (2014-2017)





# Common combinations

Proportion of all deaths in which substance was found to contribute to the cause of death, 2014-2017



# Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team March 2018 Report

Brandon DL Marshall, PhD

Associate Professor of Epidemiology  
Brown University School of Public Health

# MODE Emergent Themes

Quarters 2 and 3 of 2017 (April 1-September 30)

- **There was a 12.7% decrease in unintentional drug overdose deaths in Rhode Island** compared with the same period one year earlier.
- **There is an increasing involvement of women in fatal overdoses** compared to the same time last year. The majority of women who die of overdose are of childbearing age (15-44 years), and some women overdose within one year of pregnancy.
- **Female decedents had greater involvement of prescription drugs** (opioid pain medications, antidepressants, and/or benzodiazepines), in fatal overdoses compared with male counterparts.

# Community Recommendations

- Strengthen substance use disorder screening, treatment referral processes, overdose prevention services, and naloxone provision efforts at women's reproductive health organizations.
- Collect feedback from women of reproductive age and people with substance use disorder to understand the barriers to accessing treatment and recovery support services within emergency departments, hospitals, and other healthcare settings.
- Provide training to OB/GYN physicians/nurses, Neo-Natal Intensive Care Unit (NICU) staff, and other clinical staff within organizations providing services for women of childbearing age to improve substance use disorder screening and reduce the stigma of substance use, substance use disorder, and MAT.

# Community Recommendations

- Increase the number of peer recovery specialists and supports for women with substance use disorder throughout the birthing process.
- Increase awareness of peer recovery support resources and family plans of safe care among clinicians (within private practices and organizationally-based settings) who care for pregnant women who have substance use disorder.
- Deliver training to mental health professionals/paraprofessionals, first responders, and leaders within schools and community-based organizations to enhance evidence-based trauma support services and trauma-informed care for children who witness fatal or near fatal overdoses.

# Community Recommendations

- Disseminate informational materials on bereavement and trauma support services to funeral home directors, faith-based organizations, and social support organizations for families experiencing a recent loss due to an overdose.
- Develop arts-based (e.g., visual arts, music, drama, and dance) therapy programs to enhance existing behavioral health services offered to children and families who have experienced trauma or loss due to an overdose.

# The Campaign to Change Direction

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TERESA PAIVA WEED

PRESIDENT, HOSPITAL ASSOCIATION OF RHODE ISLAND



# What is the Campaign to Change Direction?

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- The Change Direction initiative is a collection of concerned citizens, nonprofit leaders, and leaders from the private sector who have come together **to change the culture about mental health, mental illness, and emotional well-being.**
- The initiative was inspired by a discussion at the White House National Conference on Mental Health in 2013 – a direct response to the Sandy Hook Elementary School shooting.

*“The goal of the Campaign to Change Direction is to **change the culture of mental health in America** so that all of those in need receive the care and support they deserve. The Campaign encourages all Americans to pay attention to their emotional well-being – and it reminds us that our emotional well-being is just as important as our physical well-being.”*

*– Dr. Barbara Van Dahlen, founder and president of Give An Hour*





# Barbara Van Dahlen, PhD

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- Graduated from the University of Maryland with a PhD in Clinical Psychology.
- Founded Give An Hour in 2005, a nonprofit organization that provides free mental health services to U.S. troops, veterans, their loved ones, and their communities. Services are provided by volunteer mental health professionals.
  - Currently, the network has nearly 7,000 providers, who have collectively given \$19 million worth of services.
  - Give An Hour is a founding member of the Campaign to Change Direction
- Named to *Time Magazine's* list of 2012's 100 most influential people in the world.
- In 2015, the Campaign to Change Direction was co-founded by Dr. Van Dahlen, founder and president of Give An Hour.
- Fall 2017, Dr. Van Dahlen is invited to the Global Summit on Mental Health Culture Change in London, England. The Campaign to Change Direction was featured at the Summit.



# The Five Signs

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The ***Five Signs of Emotional Suffering*** were designed by the Campaign so that individuals at any age would learn to identify the signs of emotional pain in others, as well as themselves.



1. Change in Personality



2. Agitation



3. Withdrawal



4. Decline in personal care



5. Hopelessness

# Change Direction Sizzle Reel

<https://vimeo.com/216039091>



# Rhode Island

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Last fall, Dr. Van Dahlen was the keynote presenter for the 85<sup>th</sup> Annual Meeting of the Hospital Association of Rhode Island (HARI).

Landmark Medical Center has launched the initiative in Woonsocket. The event featured Dr. Van Dahlen and Golden Gate Bridge suicide survivor Kevin Hines, an award-winning international speaker.

## **HARI's Goal:**

To bring the Campaign to Change Direction to Rhode Island as a statewide initiative. By doing so, Rhode Island would become the second state to pledge to the Campaign on a state-level. New Hampshire was the first state.



# Founders and Contributors

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## Steering Committee Members

- Barbara Van Dahlen, PhD, Founder and President of Give An Hour
- Paul Burke, Executive Director, American Psychiatric Foundation
- Andrea Inserra, Senior Vice-President, Booz Allen Hamilton
- David Park, Senior Strategist, Collaborative for Student Success
- Randy Phelps, PhD, Clinical Psychologist
- Jon Sherin, MD, PhD, Executive Vice-President for Military Communities, and CMO, Volunteers of America, Inc.

## Founding Members

- **Aetna**
- America's Promise Alliance
- American Foundation for Suicide Prevention
- American Psychiatric Association
- American Psychological Association
- Booz Allen Hamilton
- Case Foundation
- Easter Seals
- Give An Hour
- Logistics Health Incorporated
- National Association of Social Workers
- **Optum**
- Umtrr.org
- Volunteers of America



# Questions?

know the five signs.



not feeling like u?



feeling agitated?



r u withdrawn?



caring 4 yourself?



feeling hopeless?

#ChangeMentalHealth

visit

[www.changedirection.org](http://www.changedirection.org)



# Thank You!

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# PUBLIC COMMENT