Governor Raimondo’s Task Force on Overdose Prevention and Intervention
June 13, 2018

DIRECTOR NICOLE ALEXANDER-SCOTT, MD, MPH; RHODE ISLAND DEPARTMENT OF HEALTH
DIRECTOR REBECCA BOSS, MA; RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS
SENIOR ADVISOR TOM CODERRE, OFFICE OF GOVERNOR GINA M. RAIMONDO
Community Overdose Engagement (CODE): Review and Response

Tuesday, June 19 | 1 p.m. - 4 p.m.
Crowne Plaza Hotel
Grand Ballroom
801 Greenwich Ave., Warwick

Register online: bit.ly/PCODE-RR
Statewide Public Transportation Campaign
Hope & Recovery Hotline | 401-942-STOP
June 1 - August 31, 2018

The opposite of addiction is connection. Call 24/7.
401.942.STOP (7867)
Treatment & Recovery Support Services
Hablamos Español
The opposite of addiction is connection. Call 24/7.
401.942.STOP (7867)
Treatment & Recovery Support Services
Hablamos Español
Social Media Campaign
Hope & Recovery Hotline  |  401-942-STOP
May 25 - August 31, 2018

The opposite of addiction is connection. Get help for yourself or someone you love. Call Rhode Island’s 24/7 hotline to find treatment and recovery resources. Hablamos Español.

preventoverdoseri.org
Hope & Recovery Hotline
(401) 942-STOP (7867)
Social Media Campaign
PreventOverdoseRI.org
May 25 - August 31, 2018

In the last five years, we have lost more than 1,400 Rhode Islanders to opioid overdose. Visit PreventOverdoseRI.org to learn how you can be a part of the solution to ending Rhode Island's overdose crisis.
INCREASES IN RHODE ISLAND OPIOID-RELATED OVERDOSE DEATHS
Fentanyl and Cocaine-related Deaths
Increases in Opioid-related Overdose Deaths
Rhode Island, 2014 - 2017

Number of Fentanyl and Cocaine-related Deaths

2014
Fentanyl-related deaths: 62
Cocaine-related deaths: 51
Fentanyl & Cocaine deaths: 22
Other deaths: 105

2015
Fentanyl-related deaths: 91
Cocaine-related deaths: 46
Fentanyl & Cocaine deaths: 45
Other deaths: 108

2016
Fentanyl-related deaths: 126
Cocaine-related deaths: 56
Fentanyl & Cocaine deaths: 69
Other deaths: 85

2017
Fentanyl-related deaths: 127
Cocaine-related deaths: 33
Fentanyl & Cocaine deaths: 79
Other deaths: 84

Source: Rhode Island Center for the Office of State Medical Examiners
2018 Data Overview: Rhode Island Department of Health 48-hour Overdose Reporting System

Jennifer Farfalla, MPH
Drug Overdose Prevention Epidemiologist
Rhode Island Department of Health
Data Overview

48 Hour Overdose Reports by Month, June 2017 - May 2018

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
48 Hour Overdose Reports by Month, January-May, 2018

- January: 114
- February: 102
- March: 116
- April: 134
- May: 166

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Data Overview

Reports between January-May: 579 in 2016; 604 in 2017; 632 in 2018

48 Hour Overdose Reports by Month, January-May, 2016-2018

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Weekly Overdose Reporting Data

Overdose Reports, by Week, January-June 2018

<table>
<thead>
<tr>
<th>Week Number</th>
<th>Number of Overdoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>10</td>
<td>35</td>
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<td>11</td>
<td>21</td>
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<td>12</td>
<td>21</td>
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<td>13</td>
<td>30</td>
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<td>14</td>
<td>31</td>
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<td>15</td>
<td>34</td>
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<td>16</td>
<td>38</td>
</tr>
<tr>
<td>17</td>
<td>42</td>
</tr>
<tr>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>19</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Patient Outcome

Patient Outcome, January-May, 2018

- Did not survive: 3.5%
- Left against medical advice: 9.3%
- Left without being treated: 2.0%
- Admitted to detox program: 1.4%
- Admitted to medical inpatient floor: 8.4%
- Discharged: 60.4%
- Transferred to another facility: 1.4%
- Transferred to ICU: 7.1%
- Unknown: 6.7%

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Demographics: Gender

Overdose by Gender, 2017 and 2018

- Female:
  - 2017: 30%
  - 2018: 35%

- Male:
  - 2017: 70%
  - 2018: 65%

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Demographics: Age

Overdose by Age, 2017 and 2018

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Naloxone Distribution

75% of reported overdoses received naloxone prior to arrival at ED, 2017 and 2018

Source of Administration Prior to Arrival at ED, 2017 and 2018

<table>
<thead>
<tr>
<th>Source</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Police</td>
<td>5.5%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Layperson</td>
<td>10%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>
Naloxone distribution for 398 discharged patients

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
On-Site Counseling

Onsite Counseling Outcomes: 398 discharged patients

Onsite Counseling in Discharged Patients, January-May, 2018

- Not Available: 1%
- Not Offered: 5%
- Refused: 47%
- Received Onsite Counseling: 34%
- Unknown: 13%

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
## Reporting, by Hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total Number of Reports</th>
<th>Percent of Reports within Two Days of Overdose</th>
<th>Maximum Reporting Time (days)</th>
<th>Average Reporting Time (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butler</td>
<td>&lt;5</td>
<td>100%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hasbro</td>
<td>&lt;5</td>
<td>0%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Kent</td>
<td>139</td>
<td>83%</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Landmark</td>
<td>79</td>
<td>100%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Newport</td>
<td>14</td>
<td>100%</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Our Lady of Fatima</td>
<td>23</td>
<td>100%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>RIH</td>
<td>229</td>
<td>81%</td>
<td>136</td>
<td>3</td>
</tr>
<tr>
<td>Roger Williams</td>
<td>48</td>
<td>98%</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>South County</td>
<td>&lt;5</td>
<td>50%</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Miriam</td>
<td>98</td>
<td>94%</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td>Westerly</td>
<td>22</td>
<td>68%</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Rhode Island Multidisciplinary Review of Overdose Death Evaluation (MODE) Team

May 2018 Report
• The number and overall proportion of unintentional drug overdose deaths among non-white Rhode Islanders appears to be increasing.

• Among the deaths in this population during the 3rd and 4th quarters of 2017, 71% involved fentanyl and 57% involved cocaine.
MODE Structural Recommendations

• Develop State harm-reduction communications plan
  • Educate active drug users on the emergence of new drugs, or combinations of drugs, that may be harmful, including counterfeit and contaminated drugs
  • Discuss methods that can be used to reduce overdose risk

• Develop a health advisory for healthcare and treatment providers on cocaine, including:
  • Risk of overdose
  • Concerns about what the drug contains
  • Effective treatment
  • Need to co-prescribe naloxone
  • Importance of counseling cocaine-exposed patients about fentanyl, overdose risk, and safety planning
**MODE Structural Recommendations**

- Reinforce school nurse services and the provision of more comprehensive healthcare in schools to reduce barriers to access of medical and behavioral healthcare services during adolescence.

- Explore the development of State regulations on prescribing benzodiazepines to reduce benzodiazepine dependence and overdose risk.
MODE Community Recommendations

• Develop/implement culturally appropriate overdose prevention interventions in communities of color.

• Develop and disseminate overdose prevention messages, specific to cocaine-users, for distribution via social media or other sources.

• Promote naloxone distribution/awareness among persons who use cocaine at known sites of drug use, at substance use treatment facilities, and at community outreach organizations.

• Provide overdose prevention education, training, and information about treatment resources at work sites, to organizations supporting workers, especially at high-risk worksites.
MODE Community Recommendations

• Provide education to families to improve awareness of the signs of drug use and how to engage in prevention.

• Provide community supports, outreach, and risk-reduction materials to families whose relatives are recently incarcerated.

• Provide training to recovery specialists and others working in the field of substance use treatment about resiliency techniques.
Overdose Prevention Mini-Grant Opportunities

RIDOH offers overdose prevention mini-grants up to $4,900 to community-based organizations to support projects that address the overdose crisis in Rhode Island.

Qualifications:

- You are a non-profit organization.
- You have experience offering services and support to people affected by overdose in our state.

Deadline: 5 p.m., Friday, June 29th
Visit: preventoverdoseri.org/mini-grants
Jennifer Farfalla, MPH
Drug Overdose Prevention Epidemiologist
Rhode Island Department of Health
Jennifer.Farfalla@health.ri.gov
COMMUNITIES COMING TOGETHER
State Agencies and their Response to the Drug Overdose Crisis
Recovery Through Opportunity
Governor Raimondo’s Overdose Prevention and Intervention Task Force
June 13, 2018
On March 20, 2018, the US Department of Labor (US DOL) announced the National Health Emergency (NHE) Dislocated Worker Demonstration Grant Program.
NHE’s Goals

Test innovative approaches to address the economic and workforce-related impacts of the opioid epidemic.

Offer support and training activities to dislocated workers, new entrants in the workforce, and incumbent workers.

Provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis.
On June 4, 2018, the Rhode Island Department of Labor and Training (RI DLT) requested $3,894,875 under the US DOL National Health Emergency Dislocated Worker Demonstration Grant Program.

Grant funds will support a statewide, collaborative project, Recovery Through Opportunity (RTO), that provides training and support services to workers and individuals impacted by the opioid crisis and builds a skilled workforce, through Registered Apprenticeship, in professions necessary to impact the cause and treatment of the opioid crisis.
RTO will leverage Rhode Island’s existing workforce development programming, public health infrastructure, and substance use treatment resources to create new partnerships and help the State combat the opioid crisis, by:

- Scaling the existing efforts of the Governor Raimondo’s Overdose Prevention and Intervention Task Force;

- Incorporating the State’s workforce development program, Real Jobs Rhode Island; and,

- Integrating Apprenticeship Rhode Island to leverage and adopt innovative means to ensure Rhode Island has a robust number of health workers trained in various occupations to address the opioid crisis.
RTO’s Goals

Address the need for healthcare professionals to respond to the opioid crisis.

Provide addiction/opioid education and services for workers/workforce.

Provide career and training services for crisis-impacted residents to enter or re-enter the workforce.
Goal 1: Address the Need for Healthcare Professionals to Respond to the Opioid Crisis

- Provide Peer Recovery Specialists (PRS) with a Medication Assisted Treatment (MAT) for Peer Recovery Coaching Workshop and Training the Trainers.

- Expand the Registered Apprenticeship (RA) model for Community Health Workers (CHW). This model will utilize the occupation more effectively by training CHWs in one of three specialty areas: substance use disorder, chronic pain self-management, and vocational services.
Goal 2: Provide Addiction/Opioid Education and Services for Workers/Workforce

- Educate the entry-level construction workforce on addiction issues pre-hire.

- In year two, these workshops will be expanded to the incumbent construction workforce, in partnership with the Rhode Island Building and Construction Trades Council.
Goal 3: Provide Career and Training Services for Crisis-Impacted Residents to Enter or Re-enter the Workforce

- Develop and deploy an opioid addiction screening training for employees of Community Based Organizations (CBOs) and public housing agencies that serve individuals suffering from opioid addiction.
To learn more about RTO, please contact:

Matt Weldon  
**Assistant Director**  
[Matthew.Weldon@dlt.ri.gov](mailto:Matthew.Weldon@dlt.ri.gov)  
401-462-8150

Angelika Pellegrino  
**Special Assistant to the Director**  
[Angelika.Pellegrino@dlt.ri.gov](mailto:Angelika.Pellegrino@dlt.ri.gov)  
401-462-8888
Rhode Island Department of Education Efforts to Address the Opioid Epidemic

Rosemary Reilly Chammat, EdD
Rhode Island Department of Education
Rhode Island Department of Education (RIDE) Strategic Plan

Six Priorities

1. Teacher and leader support
2. Early childhood education
3. Personalized learning statewide
4. Globally competent graduates
   a. Social-emotional learning
   b. Behavioral health
5. Informed instructional decision making
6. Student-centered resource investment
Rules and Regulations for School Health Programs

Regulatory and statutory requirements for all schools grades K-12:

• Health education
  • Alcohol, tobacco, and other substance use required content
• Health services
• Healthy school environment
• Annual school health report
Partnerships

• Executive Office of Health and Humans Services (EOHHS)

• Center for School Mental Health, University of Maryland
  • One district and four schools completed quality and sustainability assessment tools

• Participation in the School Health Services National Quality Initiative
Partnerships

• Rhode Island Department of Children, Youth, and Families (DCYF); Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), and EOHHS

• Submitted a grant to Substance Abuse Mental Health Services Administration (SAMHSA) to:
  • Promote awareness of mental health
  • Provide professional development to staff
  • Develop partnerships to ensure youth and family access to care
Framework: Whole School, Whole Community, Whole Child
Framework: Whole School, Whole Community, Whole Child

- Research-based

- Aligns education and health effort-engaging rigorous curriculum engages youth

- Connects partners and resources to help address concerns

- Links to community to support youth when needs go beyond the school/district
OFFICE OF THE ATTORNEY GENERAL
Neil Kelly
Deputy Chief, Civil Division
OVERDOSE PREVENTION
Truth Initiative Campaign Launch
Public Awareness Campaign Overview

The Truth About Opioids

✓ Partnered with Truth Initiative to create a public awareness campaign to prevent and reduce misuse of opioids among youth and young adults.

✓ Campaign launched nationally last week, in partnership with the Office of National Drug Control Policy and the Ad Council.

✓ The campaign was developed using a data-driven approach with extensive formative research to inform the message development.
Rhode Island-based Formative Research and Evaluation

- The research included extensive national surveys and focus groups among 18 to 34-year-olds, including four focus groups in Rhode Island to bring a local perspective to the campaign.

- Pre-testing was conducted and campaign will be evaluated after it has played in our local media market for about nine months.

- Extensive state-specific media buy later this month and will continue through the end of February 2019.
Model for Change

6-12 Months
Increase Knowledge

12-18 Months
Shift Attitudes & Beliefs

18-24 Months
Behavioral (Prevention)

24+ Months
Normative Change

SHORT TERM

LONG TERM
Message Theme Development

- Tested more than 150 ideas that measured attitudes about prescription opioid misuse and dependence.

- Selected messages that people didn’t already all agree with (i.e., had room for the campaign to influence).

- Were related to desired campaign outcomes.
Targeted Outcomes

- Talking about the epidemic with friends and family
- Seeking more information about prescription opioids and the epidemic
- Risk-perception for misuse
- Intention to share or misuse
<table>
<thead>
<tr>
<th>Attitude Theme</th>
<th>Sample Survey Item (Respondents asked how much they agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance of misuse</td>
<td>“It's not a big deal if my friends use prescription painkillers without a doctor telling them to.”</td>
</tr>
<tr>
<td>Be part of the solution</td>
<td>“I would be part of the solution to end the opioid epidemic.”</td>
</tr>
<tr>
<td>Stigma around dependence</td>
<td>“I would be willing to have someone with prescription opioid dependence as a co-worker.”</td>
</tr>
</tbody>
</table>
Media Overview

Drive efficiencies through targeted media, capture hand-raisers, and drive engagement.

Digital placement targeted toward 18 to 34-year-old audiences, including:

- YouTube pre-roll, paid search terms, and social media.
- Geo-targeted to only run within Rhode Island.
- Goal is to maximize reach within the targeted demographic.
Media Overview

LOCAL TV

- 18 to 34-year-old medical opioid users are heavy TV consumers
- TV ads will run on a variety of channels and shows to reach this audience at 80%
  - Daypart Mix: 66% Cable/17% Late Night/17% Late Fringe
- Nine-month flight
- Running within Providence-New Bedford DMA
Evaluation

Goal is to determine whether campaign is shifting knowledge and attitudes about prescription opioids.

- Survey Rhode Island 18 to 34-year-olds.
- Measure knowledge and attitudes **before** campaign launch, **then again** after campaign has been in the field for an extended time (approximately nine months).
Videos: *The Truth About Opioids*

Amy’s story [https://www.youtube.com/watch?v=u_tXPFJ6WbM](https://www.youtube.com/watch?v=u_tXPFJ6WbM)

Chris’s story [https://www.youtube.com/watch?v=XOkuM8_SMN8](https://www.youtube.com/watch?v=XOkuM8_SMN8)

Kyle’s story [https://www.youtube.com/watch?v=E_3hlpVqn0](https://www.youtube.com/watch?v=E_3hlpVqn0)

Joe’s story [https://www.youtube.com/watch?v=qMIQn8sFROo](https://www.youtube.com/watch?v=qMIQn8sFROo)
PUBLIC COMMENT