



Governor Gina M. Raimondo's Task Force on Overdose Prevention and Intervention

August 12, 2020

DIRECTOR NICOLE ALEXANDER-SCOTT, MD, MPH; RHODE ISLAND DEPARTMENT OF HEALTH

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DEVELOPMENTAL DISABILITIES, AND HOSPITALS



WELCOME & ANNOUNCEMENTS



Data Update: Accidental Drug Overdose Deaths in Rhode Island

Rachel Scagos, MPH

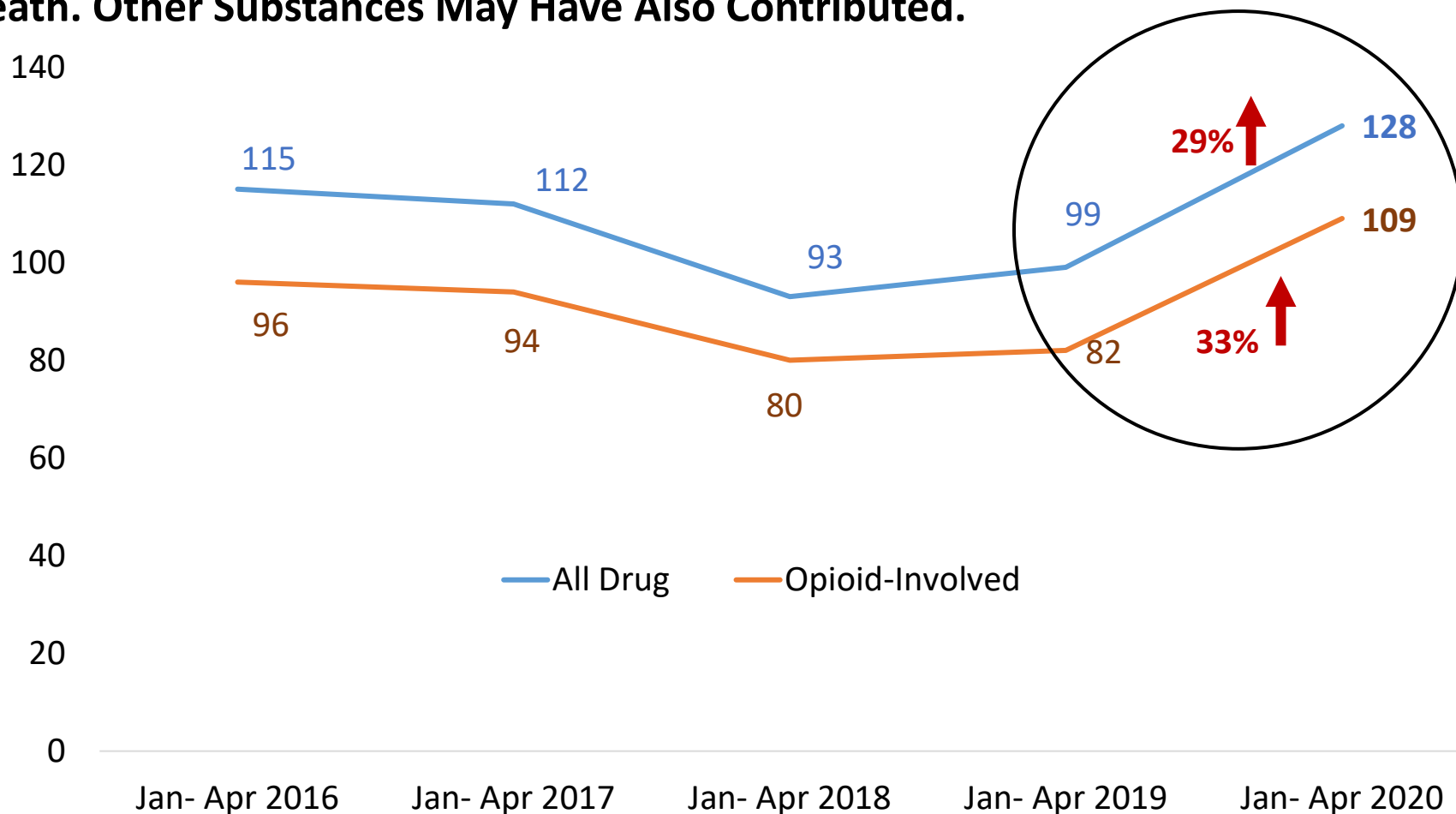
**Governor Raimondo's Overdose Prevention and
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Fatal Overdoses in Rhode Island January 2016-April 2020



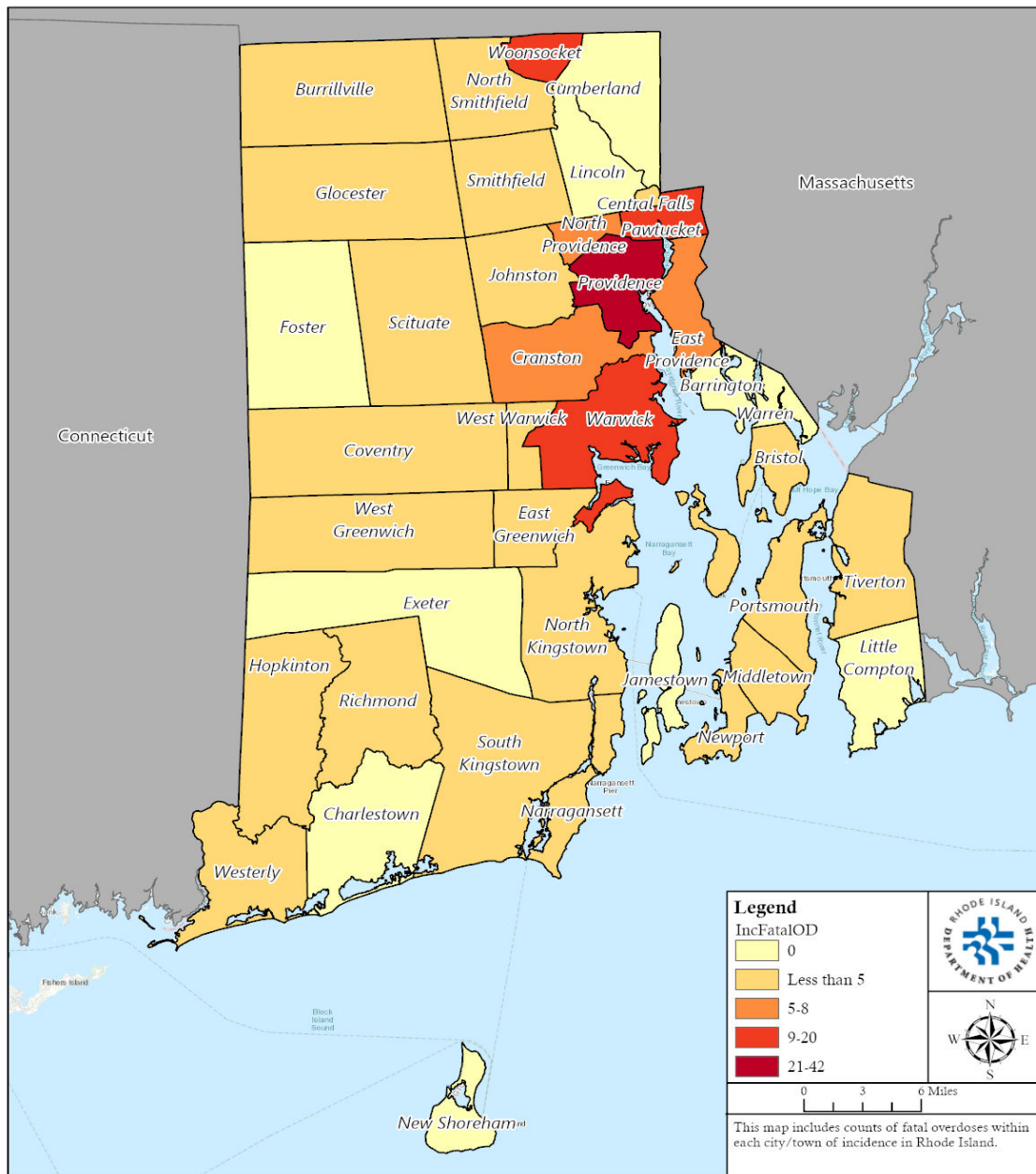
Opioid-Involved Fatal Overdoses: Any Opioid, Including Fentanyl, Contributed to the Death. Other Substances May Have Also Contributed.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 21, 2020. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Rhode Island Department of Health

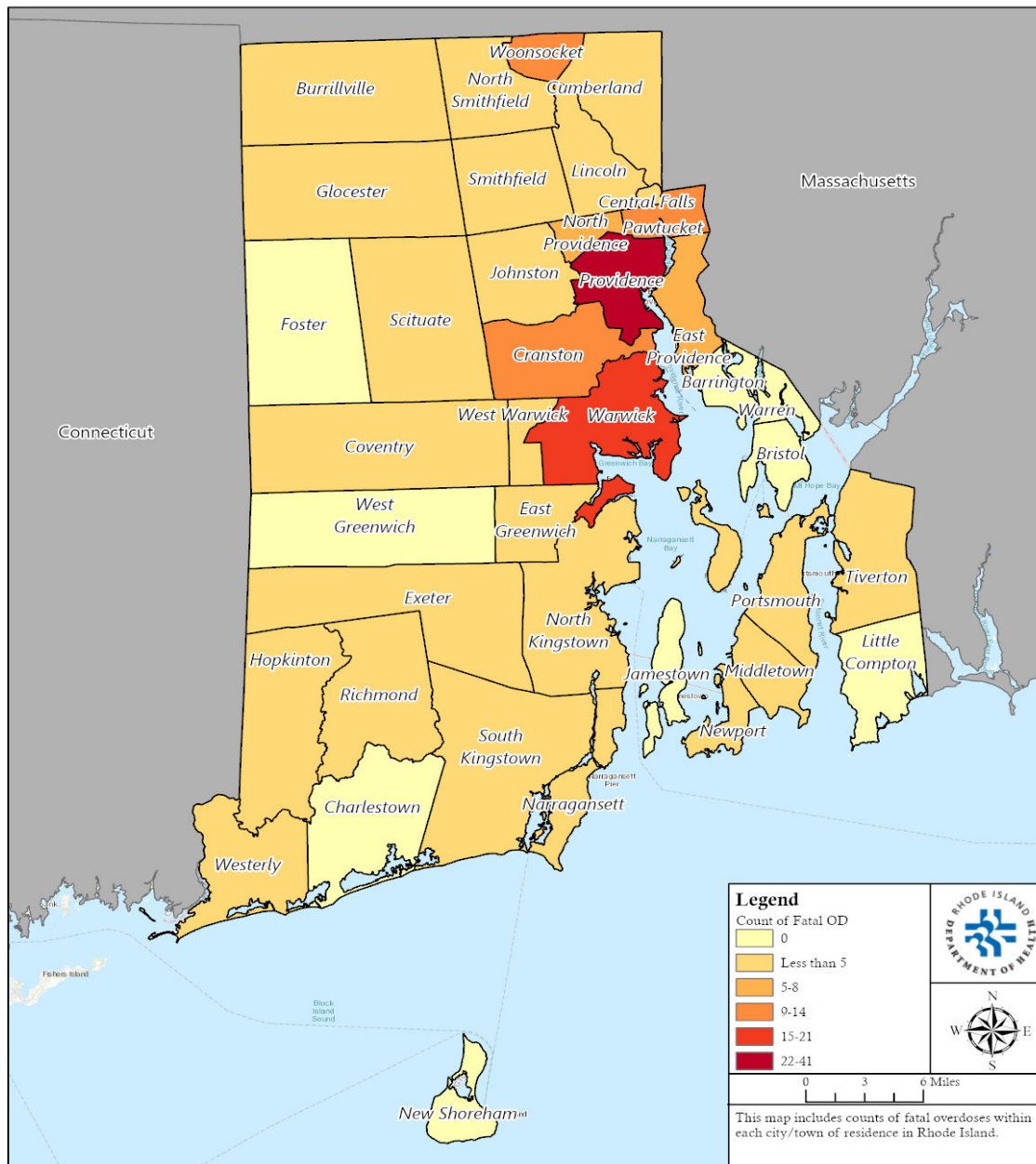
Count of Fatal Overdoses by City/Town of Incidence
from 01/01/2020 to 04/30/2020



Fatal
Overdoses
based on
**Location of
Incident**

Rhode Island Department of Health

Count of Fatal Overdoses by City/Town of Residence
from 01/01/2020 to 04/30/2020



Fatal Overdoses based on Victims' Home Residences



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Community Overdose Engagement (CODE) Partners: Identifying Immediate and Long-Term Actions

Lauren Conkey, MPH

**Governor Raimondo's Overdose Prevention and
Intervention Task Force**

August 12, 2020

CODE Meeting Goals



1. Convene key community partners, RIDOH, and BHDDH to share knowledge, expertise, and insights.
2. Share updated fatal overdose data and heat maps.
3. Identify specific strategies to reduce overdose deaths.

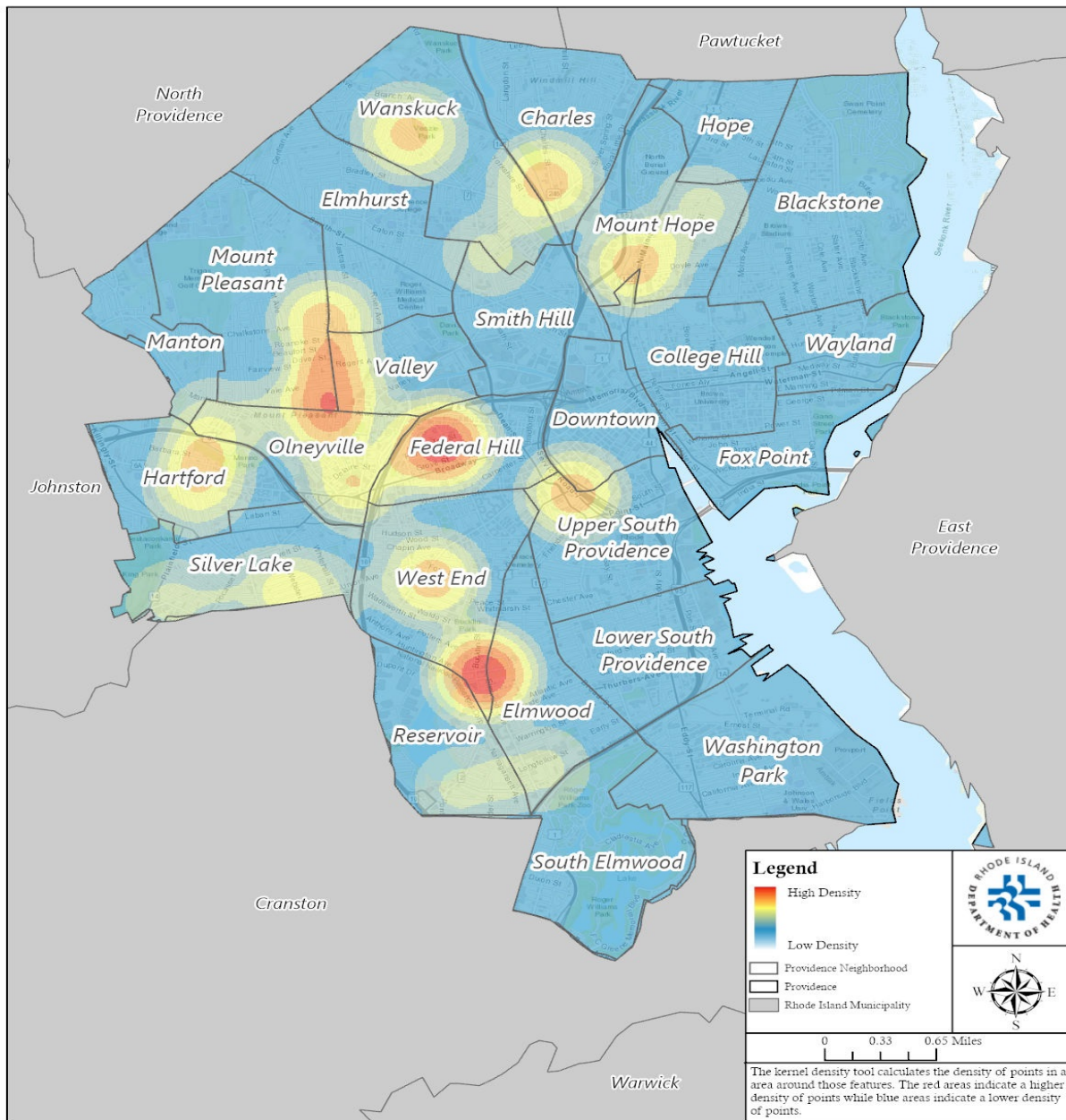
2020 Geographic Patterns of Fatal Overdoses in Providence and Woonsocket

Data Source: Office of the State Medical Examiners (OSME)

Rhode Island Department of Health

Density of Overdose Fatalities by Resident Location in Providence

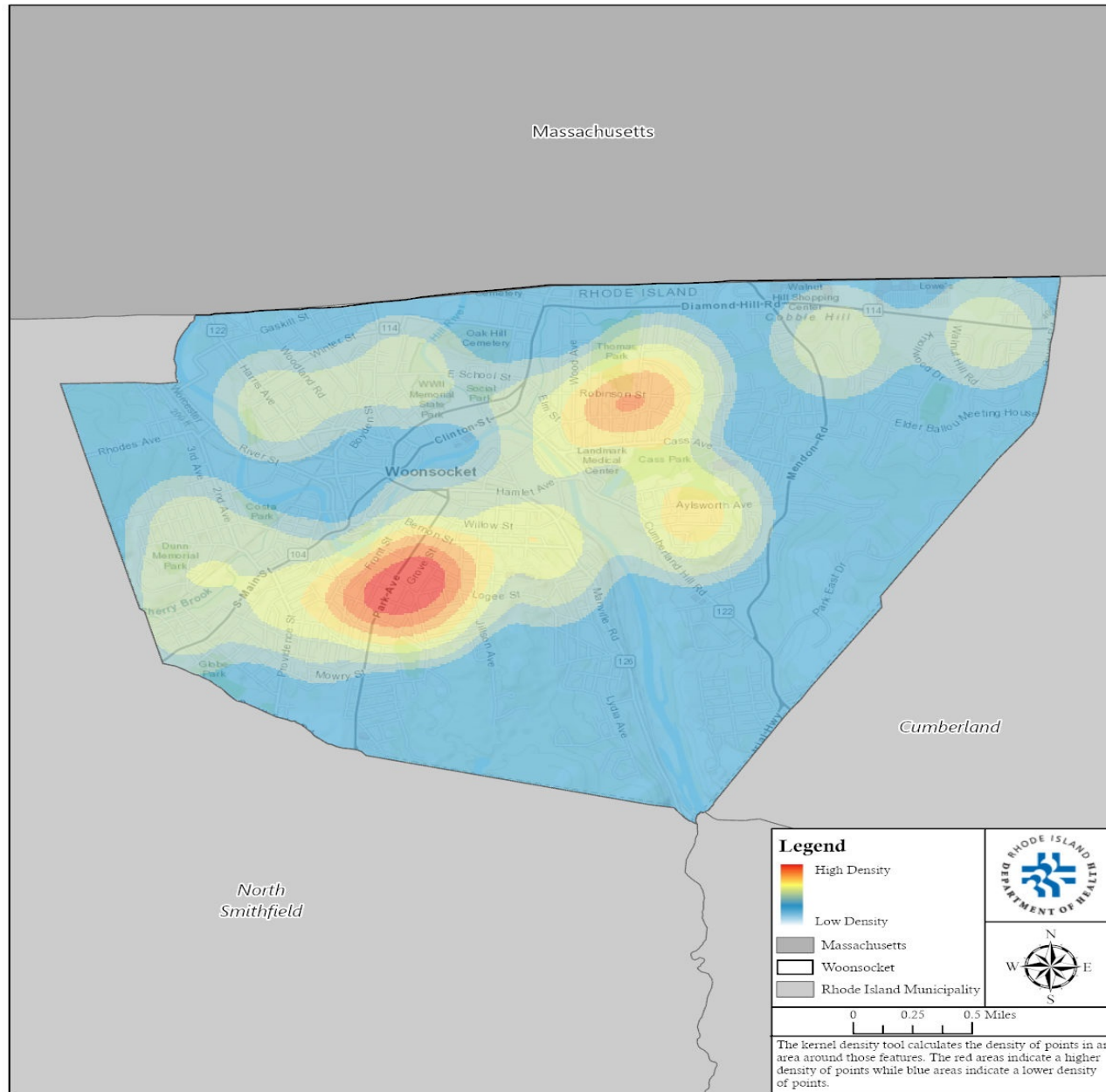
from 01/01/2020 to 04/30/2020



Data Source: Office of the State Medical Examiners (OSME)

Rhode Island Department of Health

Density of Overdose Fatalities by Resident Location in Woonsocket from 01/01/2019 to 04/30/2020



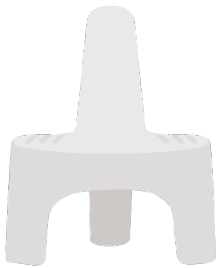
Data Source: Office of the State Medical Examiners (OSME)

Proposed Strategies to Reduce Overdoses in Rhode Island

Immediate Actions



- Increase the capacity and presence of community outreach workers



- Increase harm reduction and healthcare services
- Increase access to basic needs



- Expand access to recovery housing

Long(er) Term Actions



- Explore creation of overdose prevention centers (OPCs) and similar models
- Decriminalization of drug use and possession (consistent with proposal by AG Neronha)
- Access to sustainable funding streams for overdose prevention and intervention strategies

Next Steps

Immediate Actions



- **Community Partners:** CODE Collaboratives will discuss how to incorporate these priorities into Year 2 CODE projects.
- **State:** Determine which Task Force work groups or organizations will lead efforts to implement each priority.
- **State:** Increase funding for existing outreach contracts to hire and train additional staff.

Additional Next Steps



- Identify sustainable funding sources for strategies.
- Identify a point person to coordinate outreach efforts.
- Explore legal and regulatory considerations related to the creation of OPCs and similar interventions.
- Explore the process for requiring public access naloxone at all government-subsidized housing in Rhode Island.



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Overdose Prevention Centers

Elizabeth A. Samuels, MD, MPH, MHS
Governor Raimondo's Overdose Prevention
and Intervention Task Force
August 12, 2020

Acknowledgments

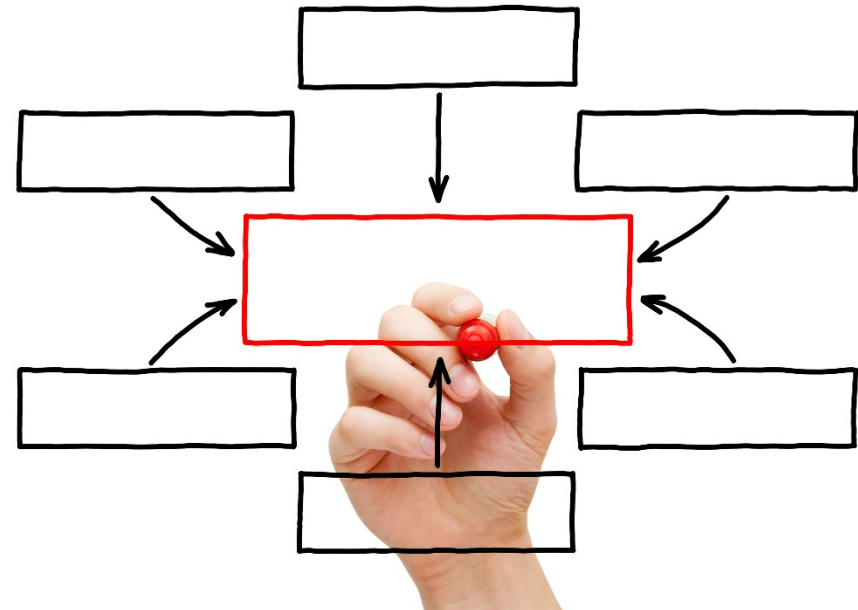


- Community Overdose Engagement (CODE) Meeting Partners and Participants
- Brandon Marshall, PhD
- Alex Collins, PhD



Presentation Overview

- Background
- Overdose Prevention Centers (OPCs)
- Evidence Review
- Rhode Island Implementation



Overdose Deaths Are Preventable



What is an OPC?

Location where people who use drugs (PWUD) can use pre-obtained substances

- Substance use is peer- or medically-supervised
- Sterile equipment is available on-site
- Immediate overdose response is available



What is an OPC?

Integrated into existing services:

- Medical, harm reduction, addiction treatment, housing support, basic services (i.e., showers, food, and clothing)

Many models:

- Substance use is peer or medically-supervised
- Locations are stationary, mobile, housed, or hospital-based

> 120 OPCs in 10 countries

Heavily-researched topic



Insite in Vancouver, Canada



1. Reduce public-injection drug use and the unsafe disposal of syringes in public spaces.
2. Reduce overdose and infectious disease risk.
3. Improve access to healthcare services among people who inject drugs (PWID).



British Columbia's Response to Increasing Overdose Deaths during COVID-19



BC Gov News

Overdose response accelerates with treatment, prevention supports

1. OPCs

- 17 new supervised-consumption services
- 12 new inhalation services

2. Street Outreach Team Expansion

- 42 new full-time registered nurses, psychiatric nurses, social workers, and peer recovery support workers will be added to the team.
- 14 new/existing interdisciplinary outreach teams

OPCs in the US



“Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.”

- American Medical Association

Brief Evidence Review



Drug and Alcohol Dependence 145 (2014) 48–68



ELSEVIER

Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcddep



Review

Supervised injection services: What has been demonstrated? A systematic literature review[☆]



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Curr HIV/AIDS Rep (2017) 14:161–183

DOI 10.1007/s11904-017-0363-y



THE SCIENCE OF PREVENTION (JD STEKLER AND J BAETEN, SECTION EDITORS)

Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review

Mary Clare Kennedy^{1,2} • Mohammad Karamouzian^{1,3} • Thomas Kerr^{1,4}

Overdose Prevention Centers



- No deaths at any OPC
- No increase in injection-drug use initiation
- No increase in recurrent use
- No increase in likelihood of overdose
- No increase in crime, violence, or drug trade around OPCs

Overdose Deaths Are Preventable



THE NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Evaluation of an Unsanctioned Safe Consumption Site in the United States

Table 1. Injections, Opioid-Involved Overdoses, and Overdose Deaths
at an Unsanctioned Safe Consumption Site, 2014 through 2019.*

Year	Injection Events	Opioid Overdoses	Overdoses per 1000 Injections	Overdose Deaths
2014	350	0	0.00	0
2015	1,076	1	0.93	0
2016	1,536	1	0.65	0
2017	1,759	3	1.71	0
2018	2,867	13	4.53	0
2019	2,926	15	5.13	0
Total	10,514	33	3.14	0


* The data are from an unsanctioned safe consumption site in an undisclosed city in the United States.

Increased Feelings of Safety




“I do feel safer using at a site...I won’t use by myself or in the alleys...They [OPCs] just want to make sure you’re not dying when you do your shot...and the cops don’t come anywhere near.”

- Amanda, a 37 year old White woman

A large blue arrow pointing upwards, indicating positive outcomes or benefits.

Treatment engagement
Safe injection practices
Cost effectiveness
Feasible, acceptable, and utilized by PWUD
Medical and other services utilization

A large yellow arrow pointing downwards, indicating negative outcomes or harms.

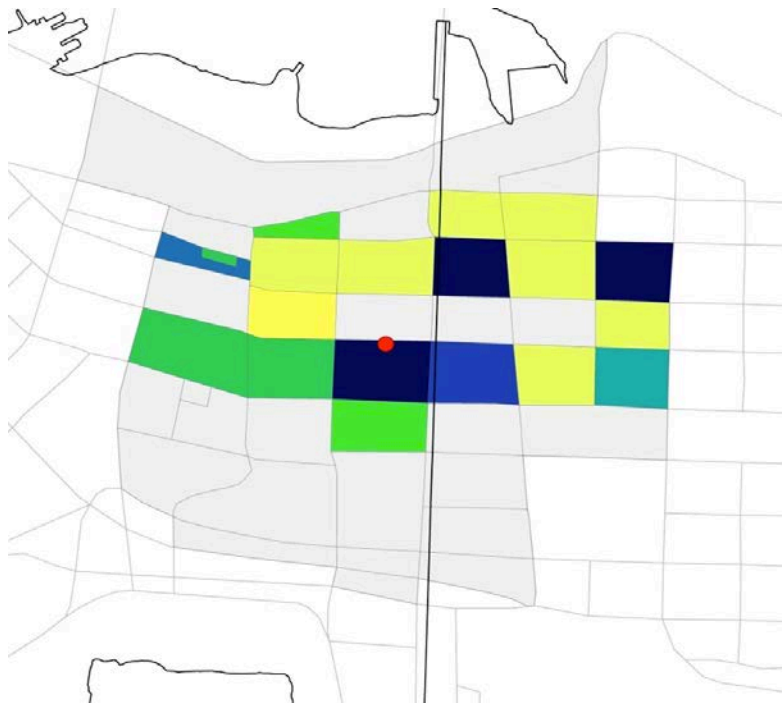
Overdose deaths
All-cause mortality among PWUD
Injection related harms
Syringe reuse and sharing
Public-injection drug use
Injection-related litter

OPCs Reduce Overdose Deaths

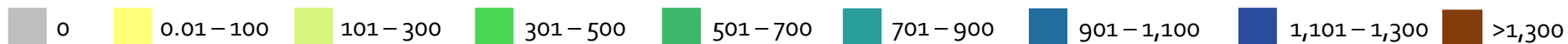


Vancouver, Canada: Fatal Overdose Rates (per 100,000 person years) Before and After SIF/OPC

Pre-SIF: Jan 1, 2001 – Sep 20, 2003



Post-SIF: Sep 21, 2003 – Dec 31, 2005



OPCs Increase Treatment Entry



Attendance at Supervised Injecting Facilities and Use of Detoxification Services

Table 1. Univariate and Multivariate Cox Proportional-Hazards Analysis of the Time to Entry into a Detoxification Program among 1031 Users of Injection Drugs after the Opening of a Supervised Injecting Facility (SIF).*

Variable	Unadjusted Relative Hazard (95% CI)	P Value	Adjusted Relative Hazard (95% CI)	P Value
Homelessness (yes vs. no)†	1.43 (1.07–1.91)	0.02	1.42 (1.06–1.90)	0.02
Binge drug use (yes vs. no)†	1.44 (1.05–1.97)	0.02	1.35 (0.98–1.85)	0.06
Ever in treatment (yes vs. no)‡	2.70 (1.56–4.65)	<0.001	2.43 (1.41–4.22)	0.002
Weekly use of SIF (yes vs. no)§	1.84 (1.34–2.52)	<0.001	1.72 (1.25–2.38)	0.001
Addictions counselor (yes vs. no)†§	2.41 (1.55–3.77)	<0.001	1.98 (1.26–3.10)	0.003

* Use of a detoxification service was identified on the basis of database linkage. The model was adjusted for all variables that were significant ($P < 0.05$) in unadjusted analyses, including all variables shown, as well as residence in the neighborhood of the supervised injecting facility (yes vs. no). Time zero was the date of recruitment, and participants who remained persistently out of a detoxification program were censored as of March 1, 2005. CI denotes confidence interval.

† The variable refers to activities during the previous six months.

‡ The “ever in treatment” category refers to current or historical use of addiction-treatment services.

§ Data for the “weekly use of SIF” category were derived from the database of the SIF, and weekly use was determined according to the average use before the censoring or event date.

OPCs Increase Treatment Entry

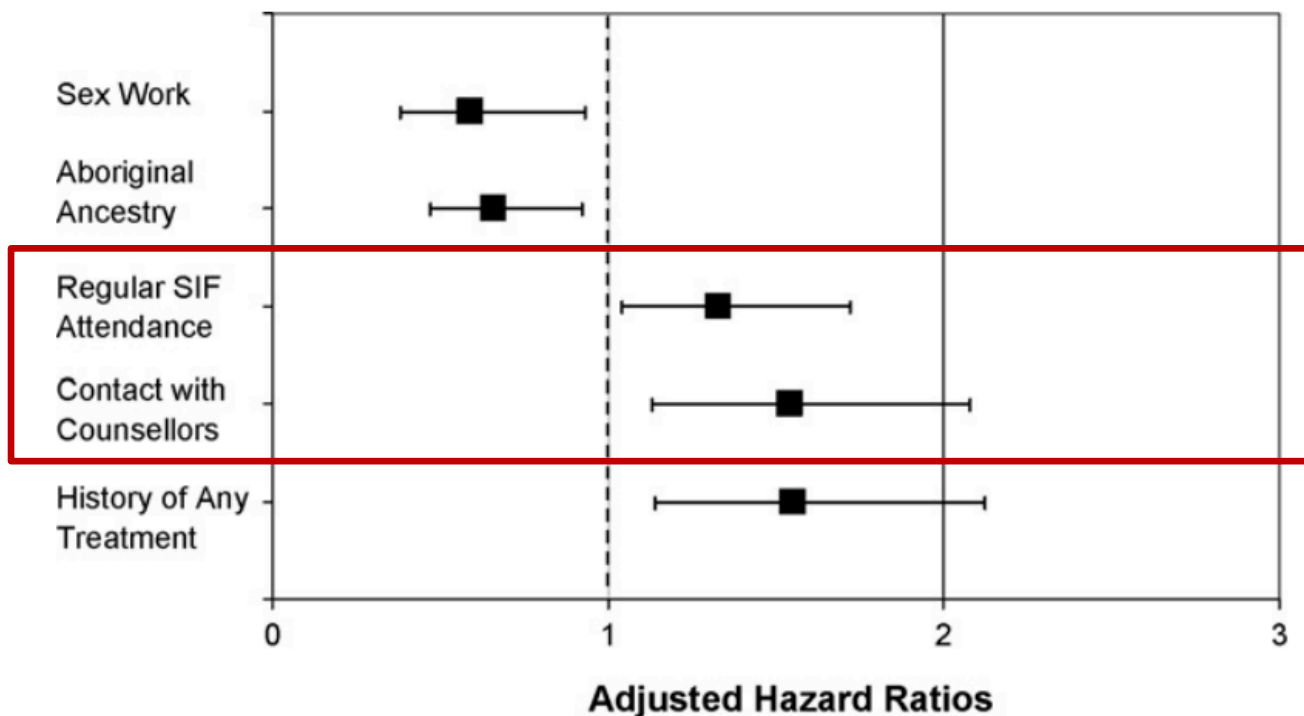


Figure 1. Factors associated with time to enrolment in addiction treatment among clients of Vancouver's supervised injection facility. *Notes:* 'Regular SIF Attendance' was measured at baseline and defined as visiting the SIF at least once per week vs. visiting the SIF less than once per week; 'Contact with Counsellors' refers to meeting with an addictions councilor at the SIF and was measured through data linkage to the SIF administrative database; 'History of Any Treatment' was defined as any history of engaging in any type of addiction treatment programs.

OPCs Increase in Relationship Building and Engagement



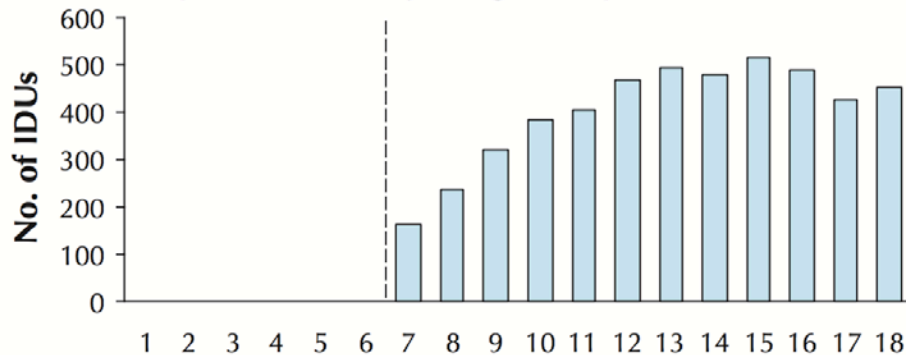
“I’m not going to talk to some stranger about wanting to go into detox or wanting rehab or something, right? But somebody here [at an OPS], if I’m feeling like I needed rehab or detox I’m saying, ‘Hey, man, have you ever been through that? What’s that like?’ Right? You can open up... you don’t want to do that with strangers or other people that don’t even know what you’re going through, right? So I’m 100%, it has to be peer run.”

- Matthew, a 44 year-old Indigenous man

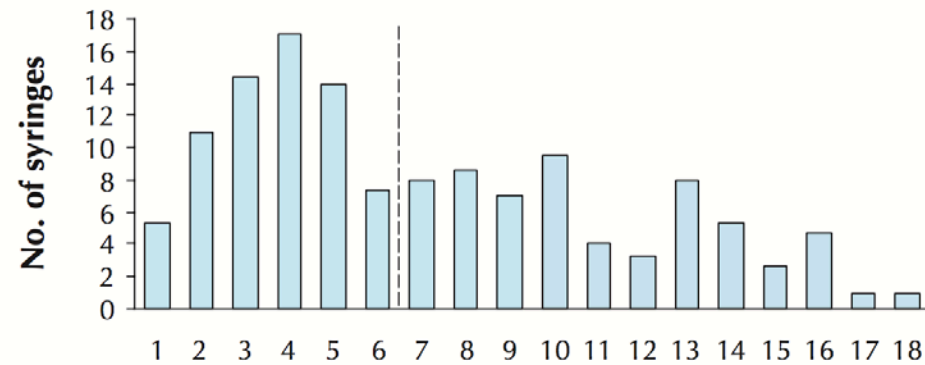
OPCs Reduce Public-Injection Drug Use and Injection-Related Litter



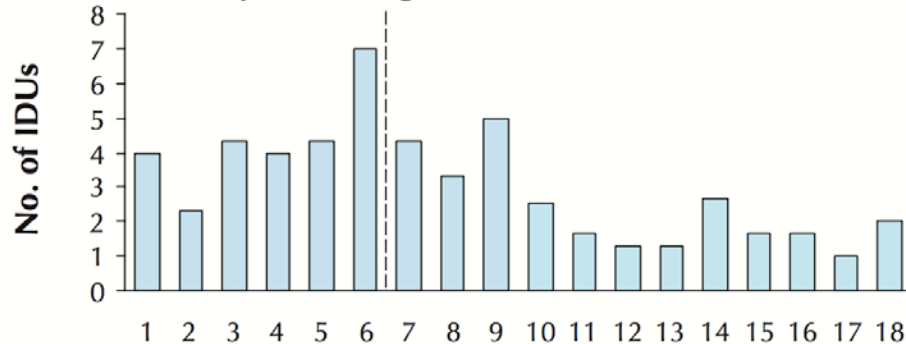
Daily use of safer injecting facility



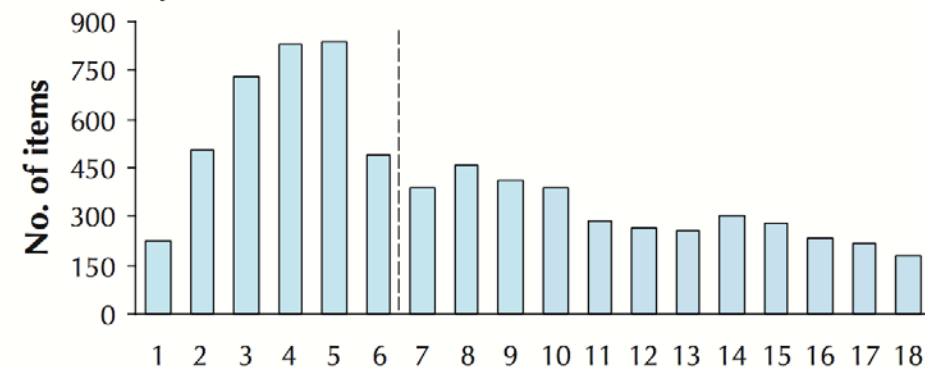
Publicly discarded syringes



Public injection drug use



Injection-related litter



Safehouse in Philadelphia, PA



Safehouse



Safehouse in Philadelphia, PA



February 2019: The US Attorney for the Eastern District of Pennsylvania filed a complaint for declaratory judgment.

- Asked the Federal court to declare supervised consumption sites illegal under 21 U.S.C. §856(a), aka the “Crack House” Statute.

October 2019: The Federal district court ruled they are not illegal.

- “The ultimate goal of Safehouse’s proposed operation is to reduce drug use, not facilitate it, and accordingly, §856(a) does not prohibit Safehouse’s proposed conduct.”

OPC Implementation in Rhode Island



- **Rhode Island has geographically-dispersed hotspots**
 - Would need multiple OPCs and multiple OPC models to have a meaningful impact.
- **Policy and legal considerations**
 - State regulations
 - State legislation
 - Federal laws
- **Participant use relies on public health intervention and safety**
 - Reduce drug use harms and protects from prosecution, arrest, and interference.

Implementation Considerations



- Need immediate action to reduce overdose deaths.
- Clear need for OPCs in conjunction with other efforts (i.e., outreach, housing, treatment).
- Possibility of “Overdose Prevention Workers” instead of centers?
- What would it take to enable the launch of OPCs?
- What can the Governor’s Task Force do to support the opening of OPCs?



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Rhode Island Department of Behavioral Healthcare,
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ALCOHOL AND SUBSTANCE USE INCREASES DURING THE COVID-19 PANDEMIC

Linda Mahoney, CDCS, LCDP II, CS
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State Opioid Treatment Authority
Behavioral Healthcare Division

Drug Overdose Deaths in the US...

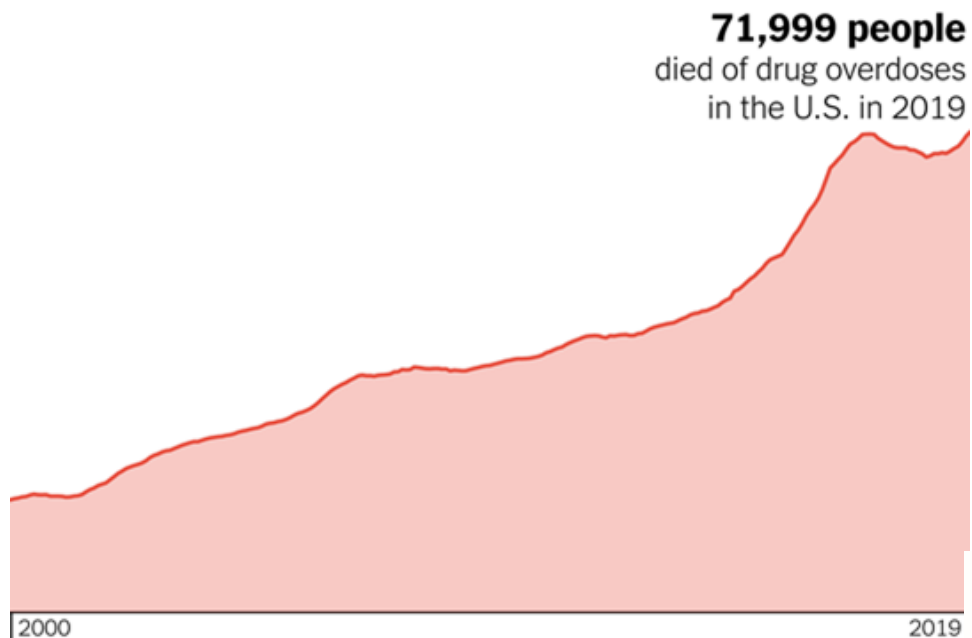
“It looks as if 2020 will be even worse. Drug deaths have risen an average of 13 percent so far this year over last year, according to mortality data from local and state governments collected by *The New York Times*, covering 40 percent of the US population.”

Source:
Centers for Disease Control and Prevention (CDC)

PROVIDENCE — While attention is riveted on the coronavirus pandemic, another public health crisis is unfolding here and in many other parts of the country: Accidental drug overdose deaths are on track to reach record levels in Rhode Island this year.

The 128 overdose deaths during the first four months of the year represent a 29 percent increase over the same period last year and a 38 percent jump from the same period in 2018, according to state Department of Health.

Boston Globe



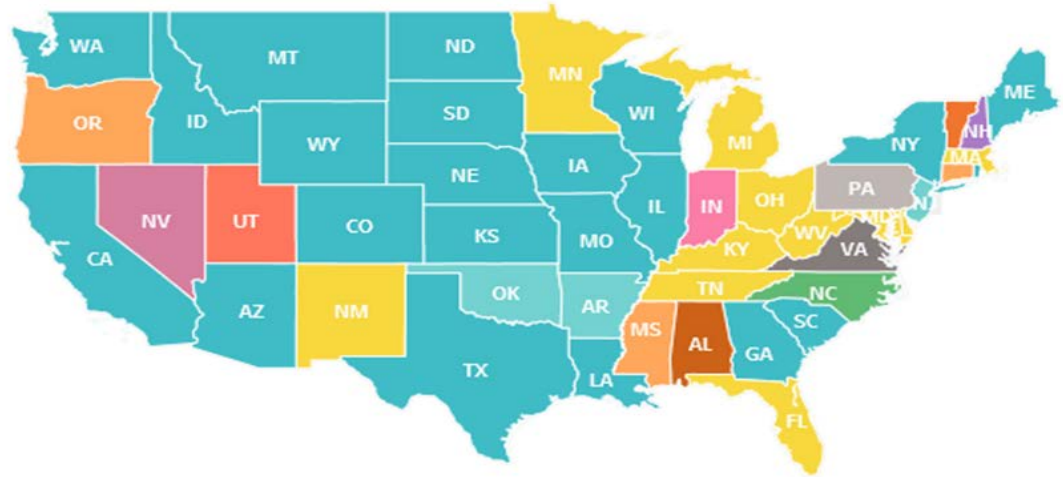
WHY?

- Coronavirus Disease 2019 (COVID-19)-related stress or boredom
- Loss of employment and daily structure
- Buying drugs from new sources
- Drug tolerance and supply changes
- Federal stimulus checks
- Concerns with going to the hospital or into treatment
- Delivery of alcohol/internet games
- Drug supply did not drop; cost increased
- Increase in anxiety/depression symptoms
- Limited interactions with people, loneliness, and social isolation

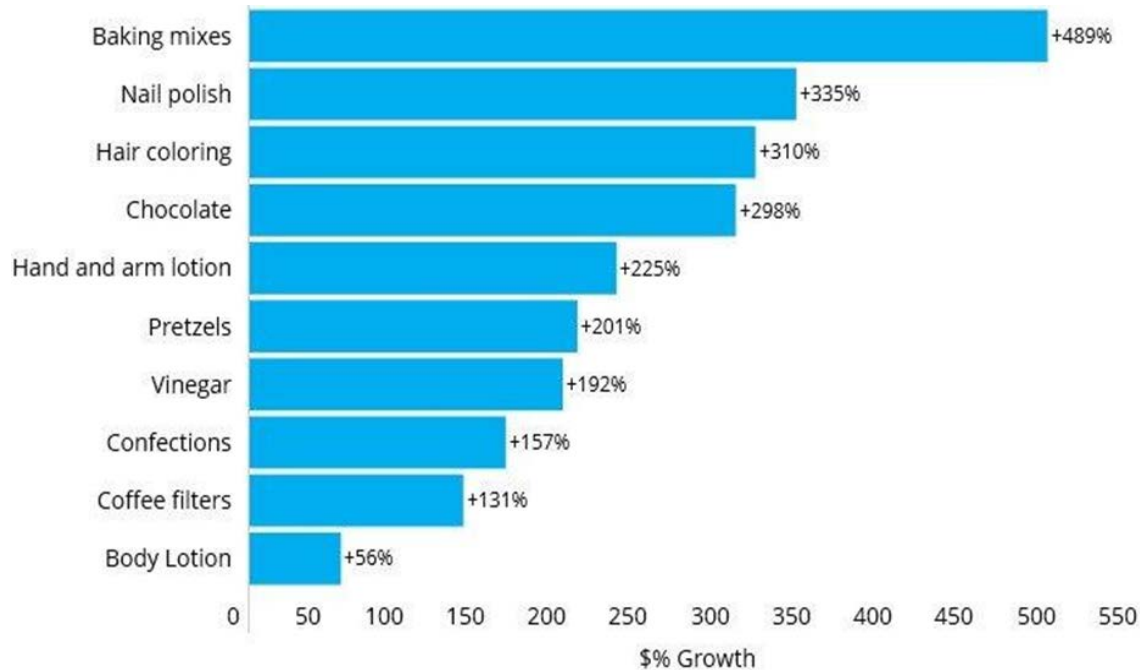
SD = Social Distancing

SD = Social Distancing

-  Normal Operations
-  Normal Operations + Curbside Pickup Option
-  Normal Operations + Curbside Pickup + Delivery Options
-  SD Required
-  SD Required + Curbside Pickup Option
-  SD Required + Curbside Pickup + Delivery Options
-  Some Stores Curbside Pickup + Delivery Only
-  Limited Hours + Curbside Pickup Option
-  Limited Hours
-  Some Stores Closed
-  Some Stores Closed + SD Required + Curbside Pickup Option
-  Some Stores Closed + Curbside Pickup
-  Some Stores Closed + Limited Curbside Pickup + Limited Online...
-  Some Stores Closed + SD Required + Limited Hours + Curbside...



Operational Changes for Off-Premise Liquor Outlets Due to COVID-19 – Updated 7/31/2020



eCommerce Drives Triple-Digit Growth in Alcohol Sales

Alcohol Sales Jump
234%
During COVID-19





COVID-19 QUARANTINE BINGO

DRINK A HOMEBREW WAY PAST ITS PRIME	CRACK A BEER BEFORE NOON	HAVE A CONVERSATION WITH AN INANIMATE OBJECT	REALIZE 80% OF YOUR WARDROBE IS BREWERY T-SHIRTS	FORGET TO WEAR PANTS. FOR A WEEK.
LOOK AT YOUR EVER-GROWING PILE OF EMPTIES AND RE-EVALUATE YOUR LIFE	REORGANIZE YOUR BEER FRIDGE	DRAIN YOUR DATA FOR THE MONTH BECAUSE YOU FORGOT TO TURN YOUR WIFI ON	HAVE BAR OLIVES FOR DINNER	DISCOVER THE PERFECT CRAFT BEER PAIRING TO GO WITH YOUR DAILY PANIC ATTACK
BUILD A FORT WITH ALL THE TOILET PAPER YOU'RE HOARDING	SHOWER BEER!		BUY A GIFT CARD OR MERCH ONLINE FROM YOUR LOCAL BREWERY OR CIDERY	DRINKS WITH FRIENDS OVER VIDEO CHAT
DO A PUB CRAWL TO THE KITCHEN AND BACK	OPEN THAT BOTTLE OF SHERRY IN THE BACK OF YOUR LIQUOR CABINET THAT YOU HAVE NO IDEA HOW IT EVEN GOT THERE	FALL ASLEEP IN EVERY ROOM IN YOUR HOUSE	WONDER WHAT THAT SMELL IS ONLY REALIZE THAT IT'S YOU	GET BEER OR CIDER DELIVERED TO YOUR DOOR
MAKE HOMEBREW	TRY OUT ONE OF THE GROWLER'S MANY RECIPES FOR DINNER	DECIDE TO FINALLY TRY BAKING BREAD. DECIDE THAT YOU ARE NOT A BAKER.	DISCOVER A LONG LOST BEER AT THE BACK OF THE FRIDGE	CHALLENGE A FRIEND TO PLAY GROWLER BINGO!

THEGROWLER.CA

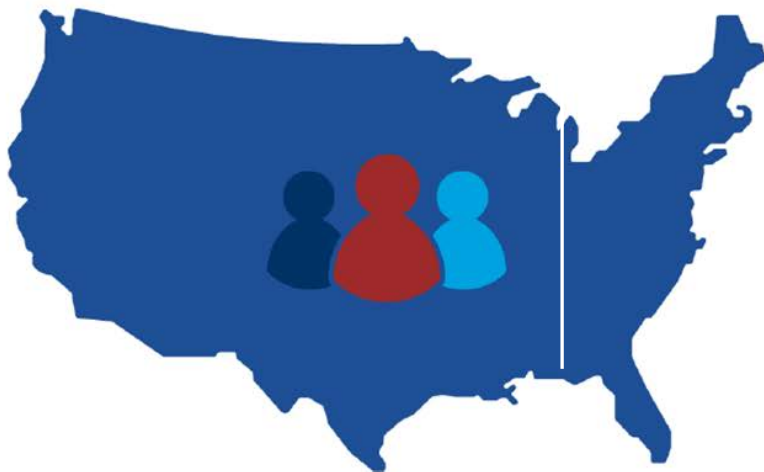
Social Standards (SS) released the results of latest beverage alcohol survey which analyses 350 million social media post, and tracks 1,500 beverage alcohol products and 17,00 brands.

According to SS virtual happy hours have risen and astounding 1,505 %.

These conversations are being held mainly between middle-income females ages 25-29.

Survey Respondents

993 Surveyed
555 Reported Drinking in February



Female: 52%
Male: 48%



21–34: 25%
35–49: 25%
50–64: 30%
65+: 20%



White, non-Hispanic: 66%
Black, non-Hispanic: 9%
Other, non-Hispanic: 7%
Hispanic: 19%



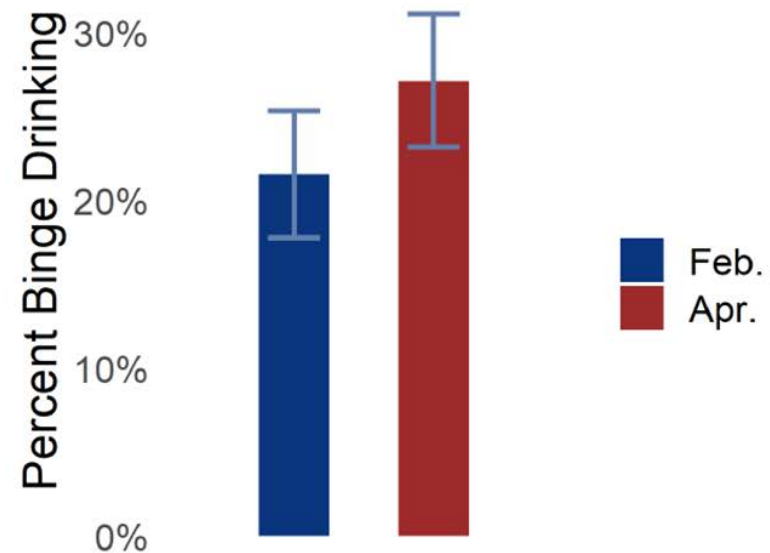
Northeast: 22%
South: 30%
West: 24%
Midwest: 24%

Binge Drinking

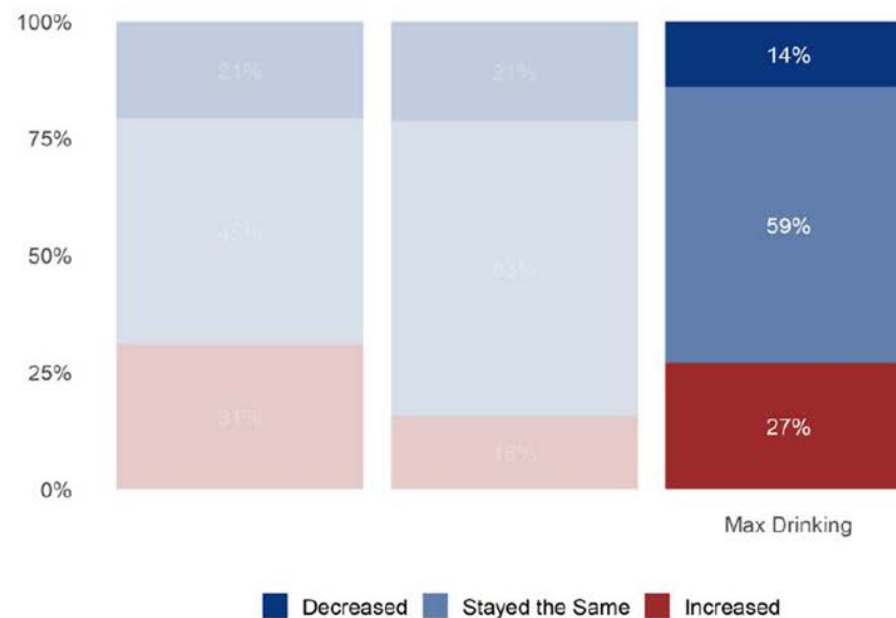
February: 22%

April: 27%

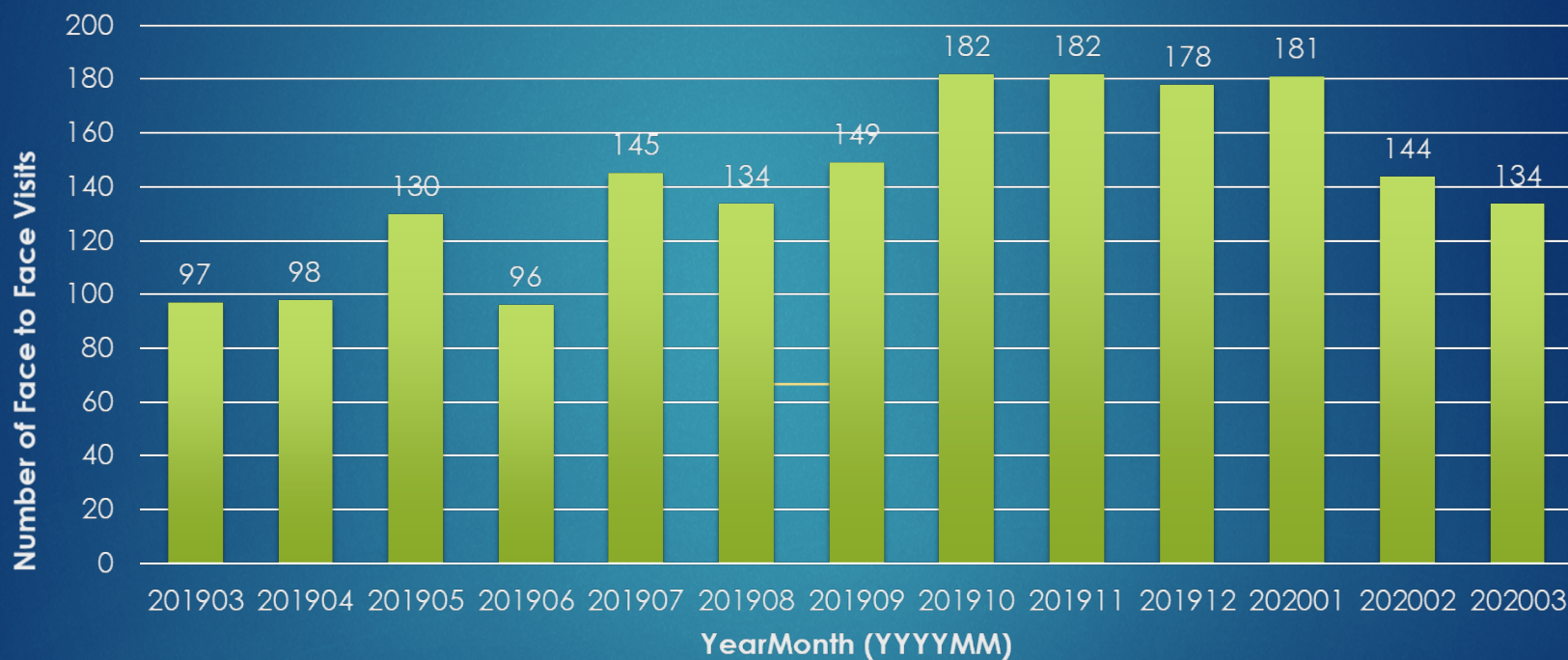
Result: +26%, $p=0.001$



27% of respondents increased **total drinks consumed** on “more than usual” days by **almost 4.5 drinks.**



BH Link Admissions with Alcohol Diagnosis by Month



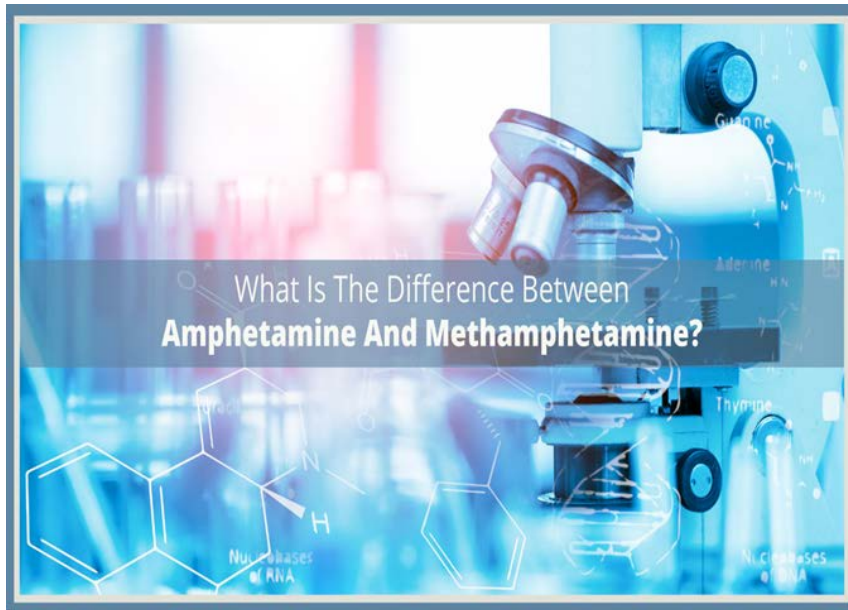
Alcohol and the COVID-19 Pandemic

Advice from the World Health Organization (WHO):

- ▶ Avoid alcohol altogether.
- ▶ If you drink, keep it to a minimum.
- ▶ Immune system weakened by alcohol, especially if you drink heavily.
- ▶ Reduces ability to cope with infectious diseases.
- ▶ Can cause acute respiratory distress syndrome.
- ▶ Drinking also increases risk of domestic violence.



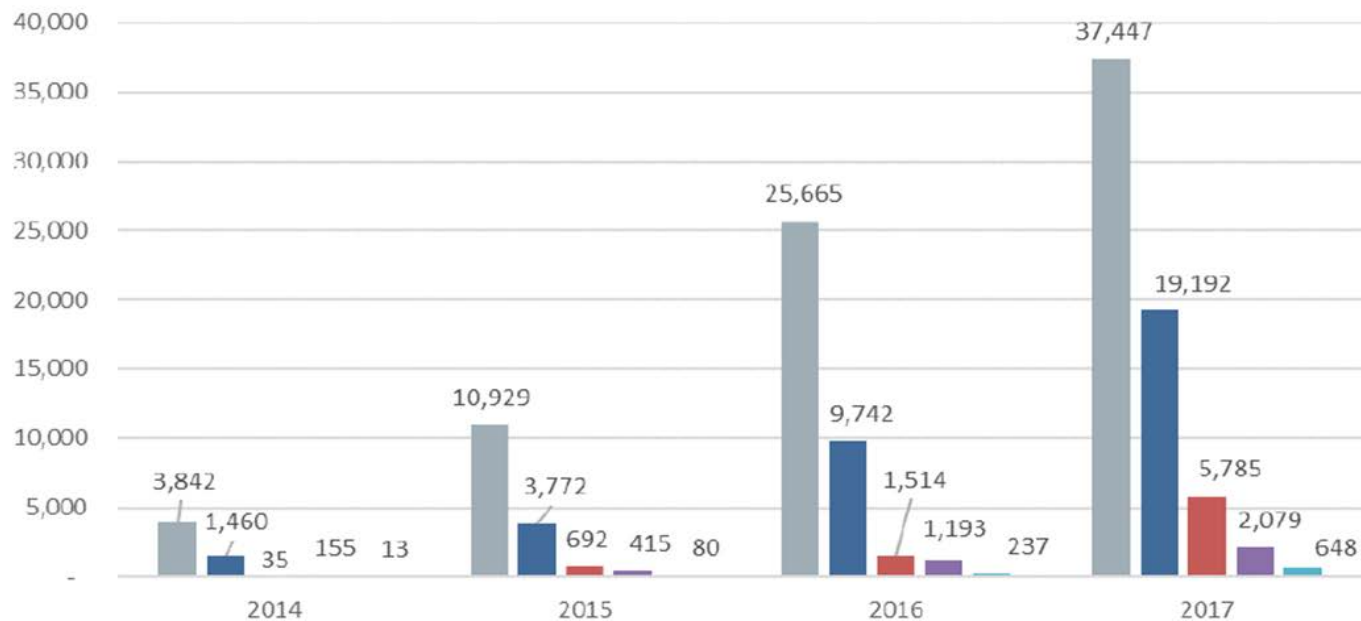
Methamphetamine and Counterfeit Pills



UNCLASSIFIED

2019 NATIONAL DRUG THREAT ASSESSMENT

Figure 5. Fentanyl Combination Reports, 2014 – 2017



Source: DEA

Fentanyl only

Fentanyl and heroin

Fentanyl with methamphetamine

Fentanyl with opioids other than heroin

Fentanyl with cocaine



Fentanyl and Other Synthetic Opioids

Isotonitazene, also known as “Iso” or “Toni”

▶ Counterfeit pharmaceutical drugs often have:

- ▶ An “M” on one side and
- ▶ A Number “8” on the other side – making them almost identical to an 8 mg Dilaudid tablet.

Figure 60. Counterfeit Xanax® Pills Also Containing Cocaine and Fentanyl



Source: Wilmington, Massachusetts Police Department

Figure 10. Pill Press Equipment Seized in Pittsburgh, Pennsylvania



Source: DEA

In a recent study published by [The New England Journal of Medicine](#), people who smoke were 2.4 times more likely to have severe symptoms from COVID-19 compared to those who did not smoke.



EAST PROVIDENCE, R.I. (WPRI) July 31,2020 — A combination of federal restrictions on e-cigarettes and circumstances of the pandemic have resulted in more Americans smoking, according to a [report from The Wall Street Journal](#).

According to that report, tobacco executive, Altria, which manufactures **Marlboro**, had expected US cigarette sales to decline by 4% to 6% this year. But now, the company expects sales to fall by 2% to 3.5%

“The Rhode Island Coalition Against Domestic Violence saw a **40 percent increase in helpline/hotline** calls this April compared to April 2019.

Finding a safe place to go has been a barrier for many victims and their children in their journey to safety, long before COVID-19, and these obstacles have been magnified by the current pandemic...

There is 24-hour support and information at **800-494-8100.**”

PRESS RELEASE: Warwick, RI
May 28, 2020

Rhode Island Coalition Against Domestic Violence sees continued spike in demand for services
Tonya Harris, Executive Director

- Go back to drinking less or seek treatment
- Call a Peer Recovery Support Specialist or join a Zoom call
- Address depression/anxiety
- Call 401-414-LINK or DV hotline 800-494-8100 and start talking
- Have naloxone nearby
- Test with fentanyl strips, but tell people fentanyl test strips cannot detect all fentanyl analogs. Using alone is unsafe.
- Increase our street outreach
- Share your knowledge about counterfeit pills and dangers of adulterated drugs/meth/Adderall



What's **I**mportant **N**ow?



Principles of Recovery and the COVID-19 Pandemic

Marty Madden, LCDP, ICGO; Residential Program
Director, Bridgemark Addiction Recovery



PUBLIC COMMENT