Problem Statement – Why we are here today?

- Drug overdose deaths are on track to exceed 2016 - the previous record high - by 25% or more.
- The rise in drug overdose deaths *precedes* and is likely worsened by COVID-19.
- The crisis has changed – but the root causes of this change are not clear, and that confusion means that we may be missing chances to save lives.
- Can we “re-meet” the crisis through conversations with those directly affected and thoughtful analysis to have a better chance at saving lives?
- The Governor’s Overdose Prevention and Intervention Task Force Co-Chairs requested that the Executive Office of Health and Human Services (EOHHS) carry out this Evidence Update and Strategic Program Review.
Qualitative Analysis: Focus Groups + Work Group Reviews

Our teams will run 20+ focus groups, emphasizing those who are closest to addiction and overdose, as well as a review of work group minutes and findings.

**Completed**
- Rhode Island Department of Health (2)
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
- Rhode Island Department of Children, Youth, and Families
- Rhode Island Medicaid
- High Intensity Drug Treatment Authority
- Street Outreach Organizations
- Treatment providers

**Upcoming:**
- Families and friends of those who experienced an overdose
- Mental health centers
- Office of the Health Insurance Commissioner
- Law enforcement
- Service providers for people who are unhoused

**Work Group Meeting Reviews**
- Task Force
- Task Force Work Groups
- STOP Calls
- CODE
- DOSE
- SRI
Qualitative Analysis: Early Emerging Themes

Though there is not one clear "answer," the following themes were commonly noted:

1. **Illicit fentanyl**, rising for years, is now widely found in non-opioid substances such as cocaine and counterfeit pills. Polysubstance and non-opioid users experience fentanyl overdoses, many without any awareness of the risk. Many focus groups participants have noted that no one is using full-strength heroin anymore.

2. **COVID-19** stressed an already deteriorating and fragile system and individual situations.
   - Isolation, lack of in-person touchpoints, general disruption has led many people who were in recovery to use again.
   - Isolation also led to more non-public overdoses.
   - Reduced shelter capacity worsened an already deeply inadequate housing situation.

3. **Harm reduction and street outreach** are widely seen as necessary, undervalued ways to combat the crisis effectively, humanely, and sustainably.

4. **Fractured funding, fractured focus**: We weaken our transformation capacity by funding a wide array of activities rather than a few major drivers (housing, harm reduction, street outreach, mental health services) and by lacking a dedicated overarching authority.

5. **Racial Equity**: Each of these factors are even more injurious to those who have experienced centuries of historical inequalities and structural racism. Groups reported lack of trust in institutions (including law enforcement, first responders, and the Good Samaritan Law). They also noted unequal access to capital (recovery and financial) and to sufficient services for mental health and trauma.

6. **Data Needs**: We need to find better ways to share data faster and more completely, for more effective outreach, and for treatment follow-up.

7. **Lack of Treatment Options**
   1. There is no “Medication Assisted Treatment (MAT)-equivalent for cocaine, methamphetamines, or other non-opioid substances.
   2. Coverage for long term residential treatment services generally ends before 30 days; provider rates perceived to not cover cost
Quantitative Analysis: What has changed?

Two-part analytic approach to understand quantitative evidence for what has changed between 2018/9 and 2020; test common hypotheses.

- **Part I: What changed among those who experienced a fatal overdose this year versus last year?**
  - Connected data across two cohorts of people: Those who experienced a fatal overdose between December 2019 and June 2020, and the equivalent seven months in the year prior.
  - Look back one year from the date of death for data points.
  - Medicaid, Housing, Corrections, Unemployment Insurance, Pandemic Employment Assistance, Wages.

- **Part II: Environmental and aggregate trends from 2018-20**
  - Mix of drugs in drug seizure data (HIDTA, RIDOH State Health Laboratories)
  - Fatal and non-fatal toxicology reports
  - Corrections: Census, Intake, Release, and MAT trends

Sample Hypotheses to Test:

- Did the drug supply become more potent?
- Changes in non-opioid substances
- Changes in mental health diagnoses and treatment?
- Changes in MAT access (including Corrections, RWMC)?
- Timing of income assistance
- Housing insecurity
Quantitative Analysis: Progress to date

✓ **Two of six Project Advisory Group meetings** to ensure the analysis is methodologically sound, provides reliable quantitative evidence on critical hypotheses regarding fatal overdose trends.

✓ **Confirm methodology:**
  - Compare two groups of those who experienced a fatal overdose
    - Group 1: Dec. 2019 – June 2020
  - Look back 12 months from date of death for data values

✓ Received and integrated population

✓ Draft definitions of “feature” – how we will check hypotheses

✓ Initial exploratory data analysis to ensure data is complete
# Population Description


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<th>2019</th>
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Initial Exploratory Data Analysis: Age Groups

In the next four to six weeks:

Becoming a continuous learning organization, by melding the qualitative and the quantitative research and finding the best ways to synthesize the information for better decision making.

• **Qualitative**
  - What are the major themes that we have taken from the focus groups?
  - What insights have we gained from people who see the addiction and opioid crisis from a range of different perspectives, including as people directly affected by addiction or the death of a loved one?
  - What more do we learn about the crisis when we use a race equity lens to study it?
  - What specific changes must we make now to address the crisis and how can we implement them immediately?

• **Quantitative**
  - Complete Part I (integrated data analyses)
    - Meet with Project Advisory Group (PAG) weekly
  - Receive data from Part II from data partners
  - Review quantitative findings against qualitative themes
How can the Overdose Prevention and Intervention Task Force contribute to a more effective response?

How can we be less siloed and more aligned?

Please add your answer to the chat.

Thank you!