



Governor Raimondo's Task Force on Overdose Prevention and Intervention

January 13, 2021

DIRECTOR NICOLE ALEXANDER-SCOTT, M.D., M.P.H.; RHODE ISLAND DEPARTMENT OF HEALTH

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DEVELOPMENTAL DISABILITIES, AND HOSPITALS



WELCOME & ANNOUNCEMENTS

Rhode Island's 10,000 Chances Project



Funded Rhode Island community-based organizations include:



The Providence
CENTER



Gateway Healthcare
Lifespan. Delivering health with care.



Rhode Island Hospital
Lifespan. Delivering health with care.

AIDS Care Ocean State



www.aidscaresos.org



east bay community
action program



WEBER*RENEW

amos
HOUSE

COVID-19 Naloxone Public Awareness Campaign



Campaign messaging has been developed in English and Spanish and runs in parallel with Rhode Island's 10,000 Chances Project.

- Videos
- Social media
- Print signage
- Posters and window clings will appear in 30 Dunkin' locations across Rhode Island thanks to a partnership with the Del Prete Family Foundation
- Rhode Islanders' stories of rescue, recovery, and hope

Campaign Landing Page



Get Naloxone

Espanol

Portugues

IMPORTANT NEW NALOXONE RESOURCES:

Request Naloxone

Do you need naloxone and other supplies to prevent overdose? Click the link below to learn more and get free supplies shipped to your house. You can also request a training or a peer recovery specialist.

[Request Naloxone \(English\)](#)

[Solicitar Naloxona \(Español\)](#)

Naloxone Training

Click the link below to start a short interactive training. By the end, you will learn how to recognize an overdose, respond to an overdose using naloxone, and ways you can stay safer if you are using drugs.

[Naloxone Training \(English\)](#)

[Curso de naloxona \(Español\)](#)

Video: Be Prepared. Carry Naloxone.



<https://youtu.be/ZGGZL6x14Xw>

Vídeo: Mantente Preparado. Siempre Tengo Naloxone A La Mano.



<https://youtu.be/ID8-DtzxTUU>

Social Media & Digital Banners



**HELP STOP
OVERDOSES**

Get free naloxone
and recovery services.

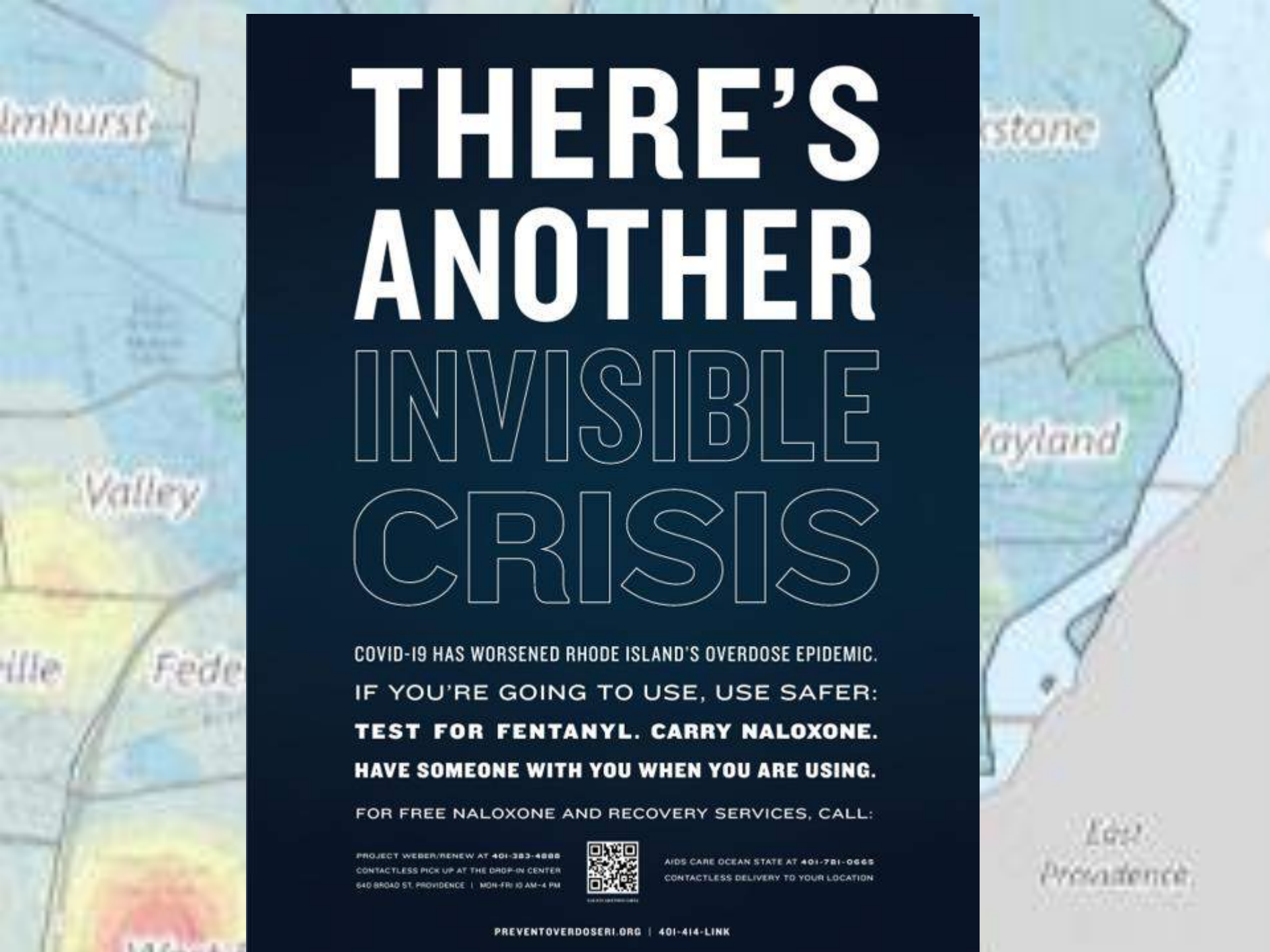
[LEARN MORE](#)

**PREVENT
OVERDOSE RI**

Rhode Island Department of Health 1h ·

When someone is drowning, they can often be saved. The same is true of overdoses. Almost every day someone in Rhode Island dies from a drug overdose. Learn what you can do to help.

Overdoses have increased during COVID-19
PreventOverdoseRI.org [Learn More](#)



THERE'S ANOTHER INVISIBLE CRISIS

COVID-19 HAS WORSENERED RHODE ISLAND'S OVERDOSE EPIDEMIC.
IF YOU'RE GOING TO USE, USE SAFER:
TEST FOR FENTANYL. CARRY NALOXONE.
HAVE SOMEONE WITH YOU WHEN YOU ARE USING.

FOR FREE NALOXONE AND RECOVERY SERVICES, CALL:

PROJECT WEBER/RENEW AT 401-383-4888
CONTACTLESS PICK UP AT THE DRDP-91 CENTER
640 BRAD ST. PROVIDENCE | MON-FRI: 10 AM-4 PM



AIDS CARE OCEAN STATE AT 401-781-0665
CONTACTLESS DELIVERY TO YOUR LOCATION

Campaign Print Signage

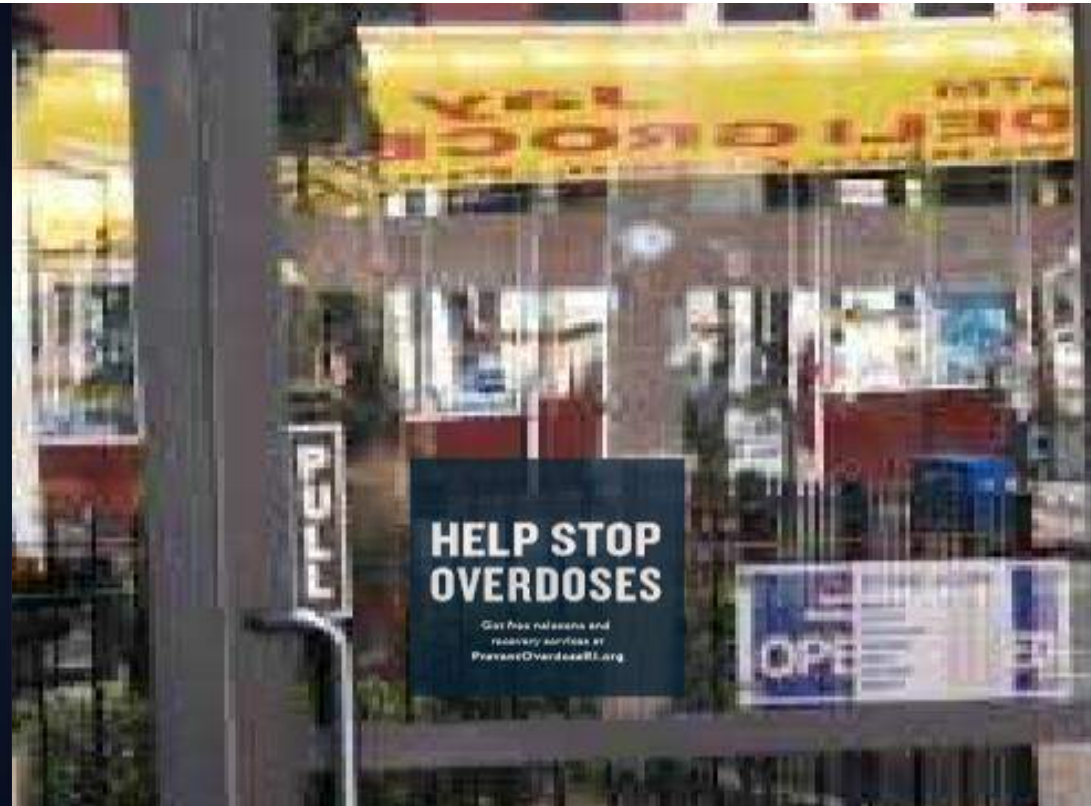


HELP STOP OVERDOSES

GET FREE NALOXONE AND
RECOVERY SERVICES
PREVENTOVERDOSERI.ORG



SCAN WITH SMARTPHONE CAMERA





**EXISTE OTRA
CRISIS
INVISIBLE**

El COVID-19 es una enfermedad infecciosa que se transmite por contacto directo con una persona infectada o a través de superficies contaminadas. Se puede prevenir lavándose las manos con agua y jabón o usando alcohol gel. Evitar el contacto cercano con personas enfermas. Evitar tocar los ojos, la nariz o la boca. Evitar ir a lugares con mucha gente. Evitar viajar a zonas con brotes de COVID-19. Evitar viajar a zonas con brotes de COVID-19.

**EXISTE OTRA
CRISIS
INVISIBLE**

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ANDROMAX
Always Drive Responsibly
WHICH LOCATION NEAR YOU

66 BLESS AMERICA



**E'S
ER
BLE
IS**

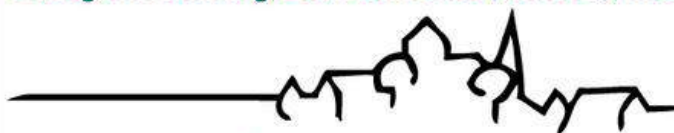
**PROSE EPIDEMIC.
USE SAFER:
MALOXONE.
U ARE USING.**

EVERY SERVICE
401-900-9999



Recovery Friendly Workplace January Designees

Living In Fulfilling Environments (L.I.F.E.), Inc.



Visit us online at: www.lifeincri.org

Supporting individuals with intellectual
disabilities and their families throughout
Rhode Island for 23 dedicated years

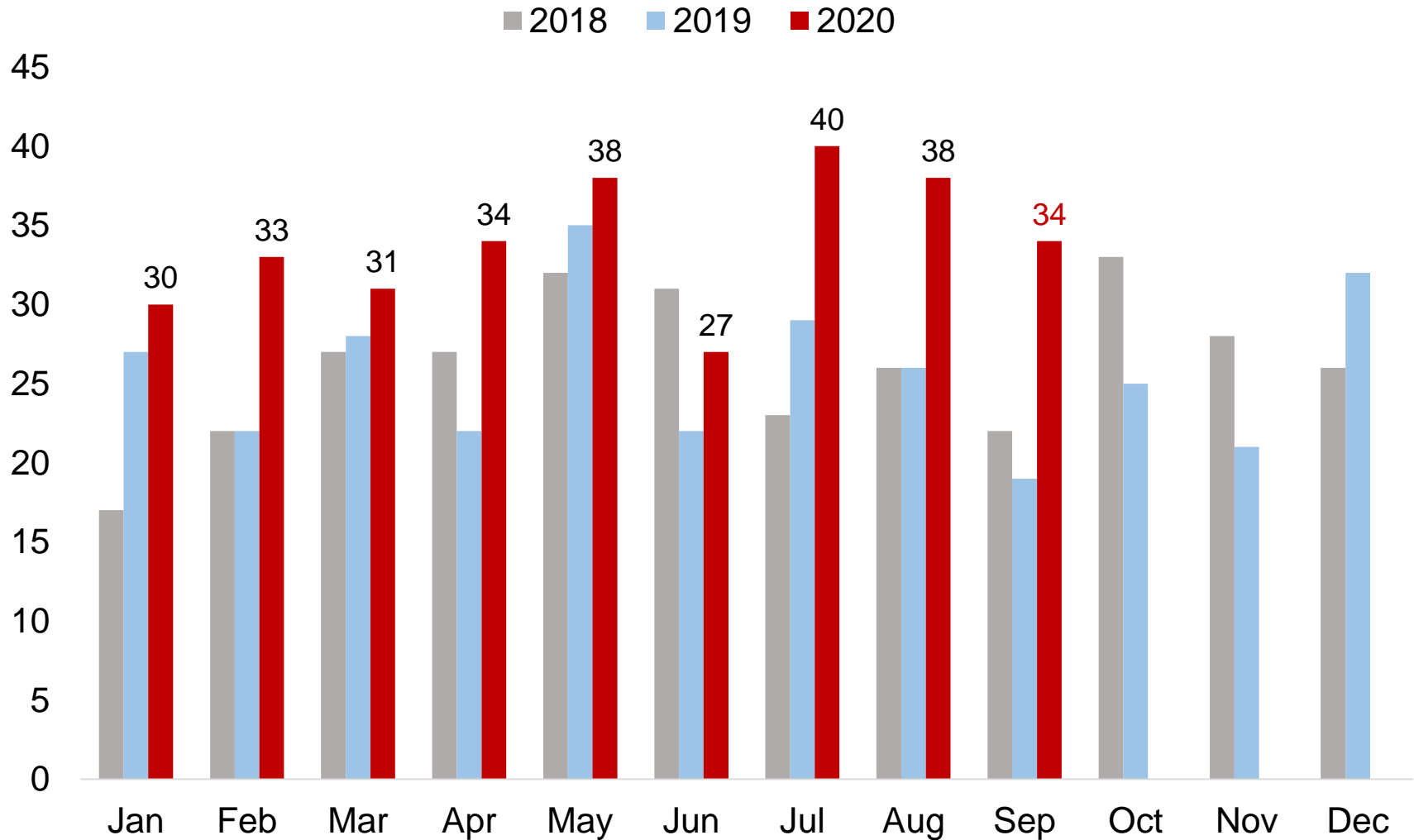
The **Recovery Friendly Workplace Initiative** gives business owners and managers the resources and support they need to foster a supportive environment that encourages the success of their employees in recovery. Learn more at RecoveryFriendlyRI.com.



Data Update: Rhode Island Accidental Drug Overdose Deaths January 2020-September 2020

**Governor Gina M. Raimondo's Overdose
Prevention and Intervention Task Force
January 13, 2021**

Fatal Overdoses in Rhode Island by Month, 2018-2020

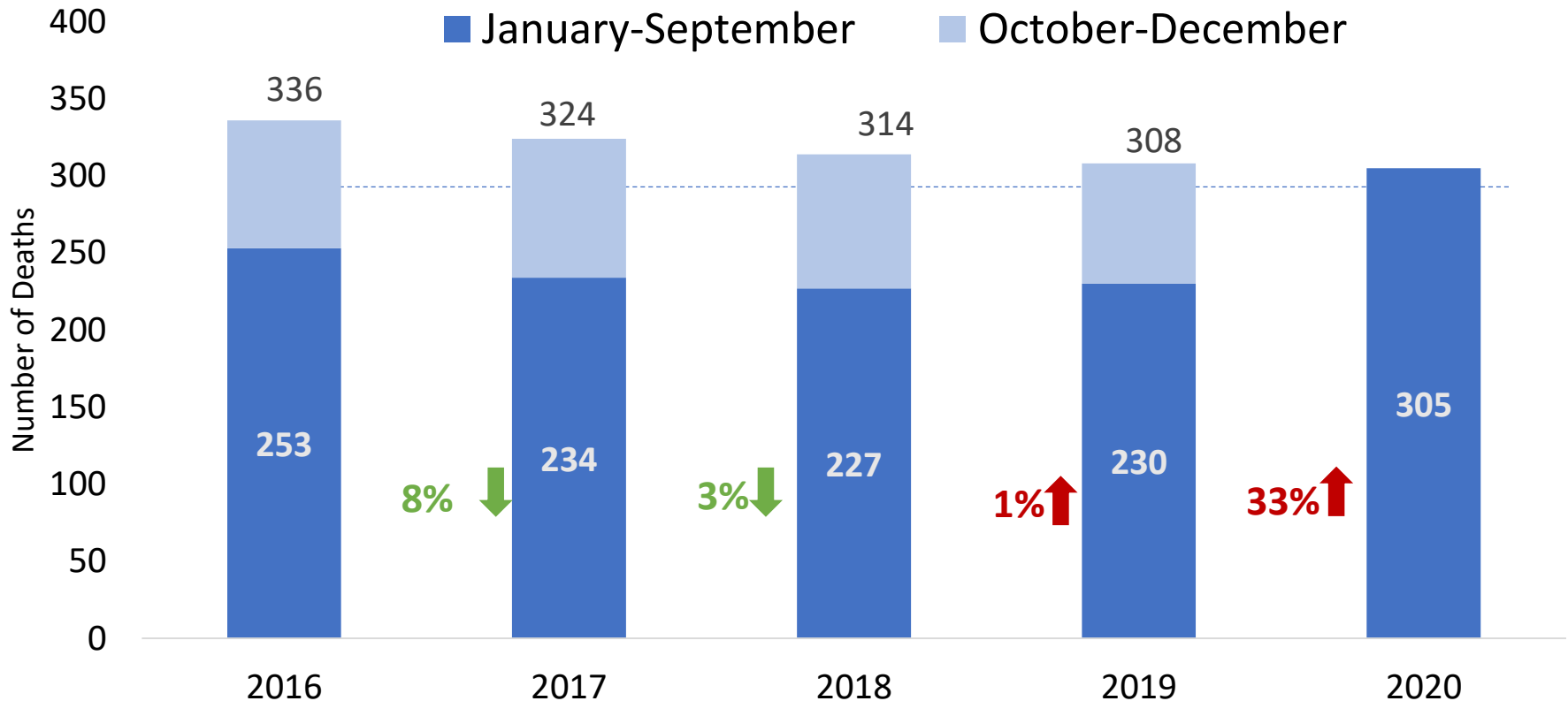


Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 8, 2021. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

All Drug Fatal Overdoses January 2016-September 2020



Fatal overdoses, for which **any drug** contributed to cause of death, **increased by 33%** from January 2020 to September 2020. These data compare to the same time period in 2019.



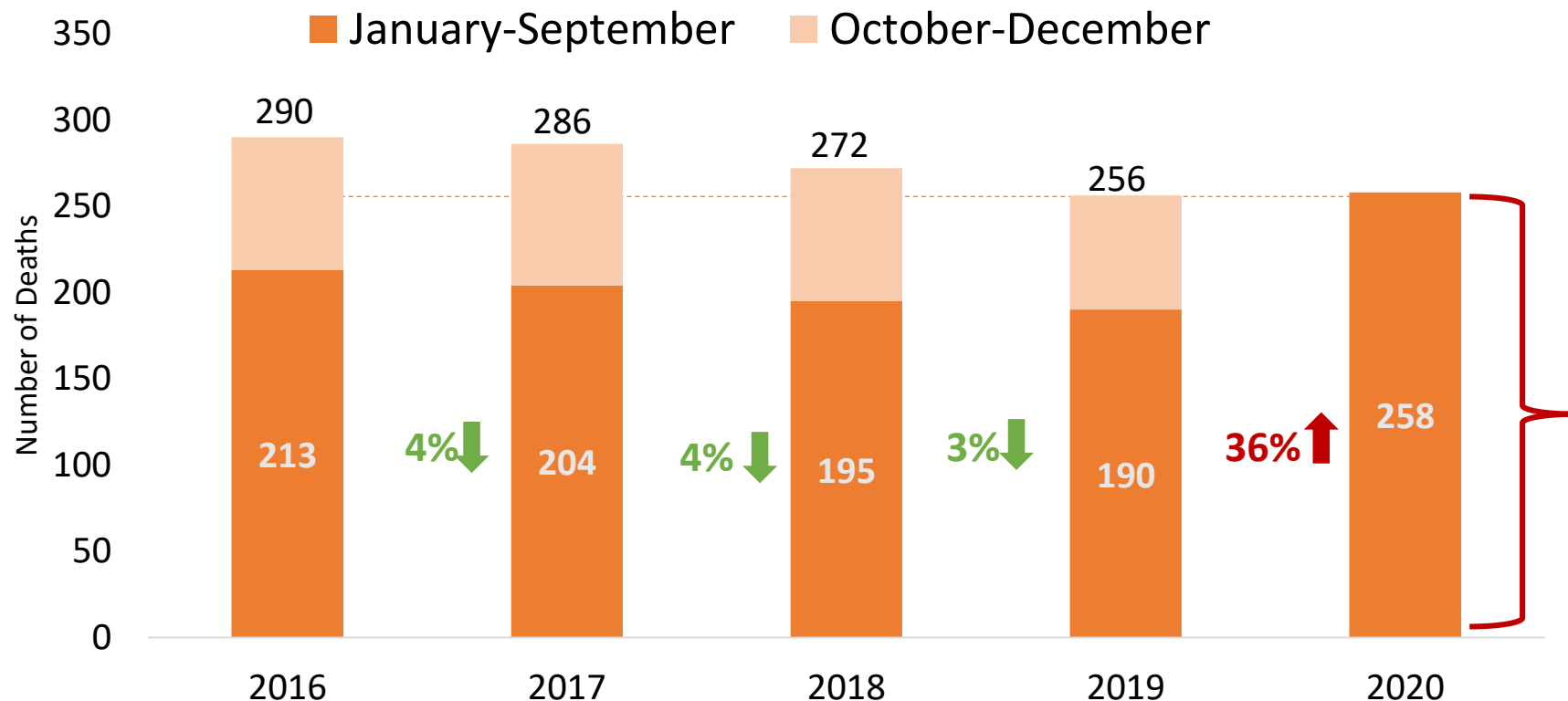
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 8, 2021.

Opioid-Involved Fatal Overdoses January 2016-September 2020



Fatal overdoses, for which **any opioid (including fentanyl)** contributed to cause of death, **increased by 36%** from January 2020 to September 2020. These data compare to the same time period in 2019.

More opioid-involved deaths occurred in the first nine months of 2020 than all of 2019.



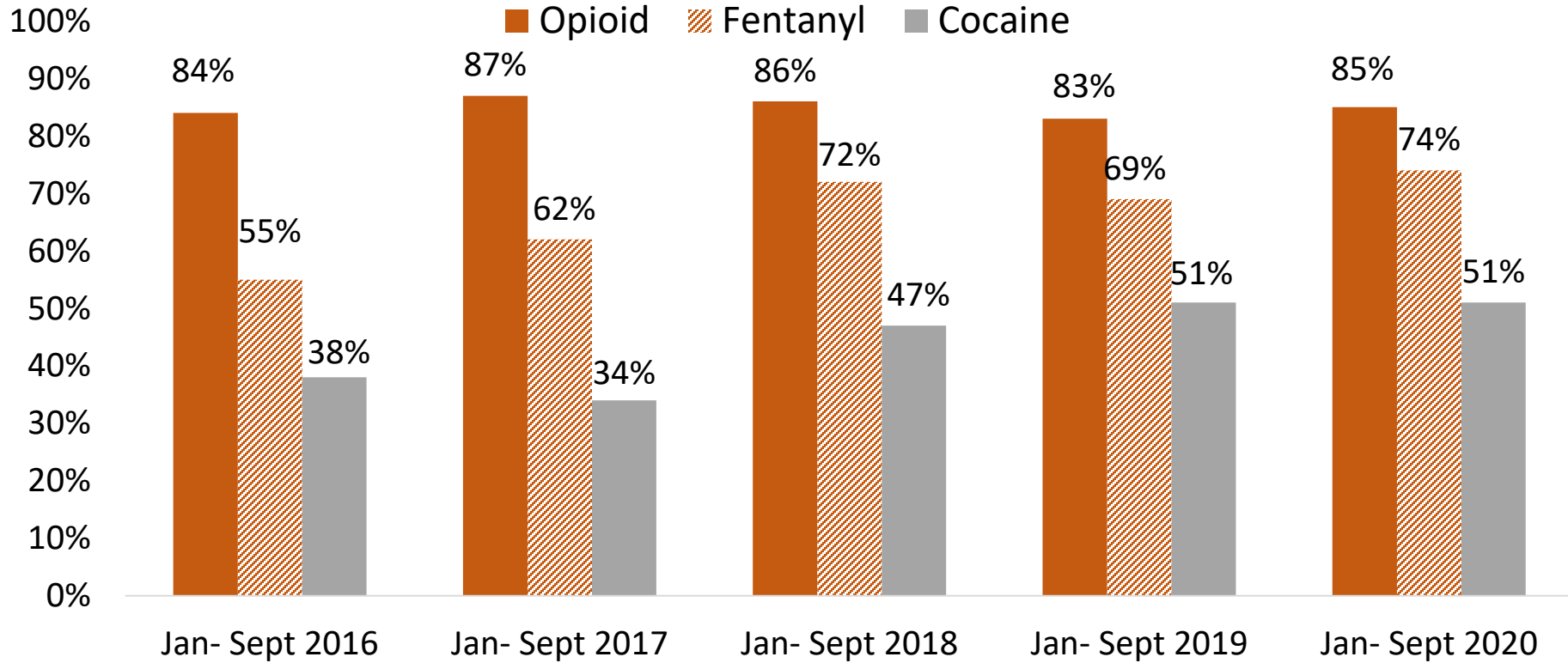
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 8, 2021.

Proportion of Fatal Overdoses by Select Substance, January-September 2016-2020



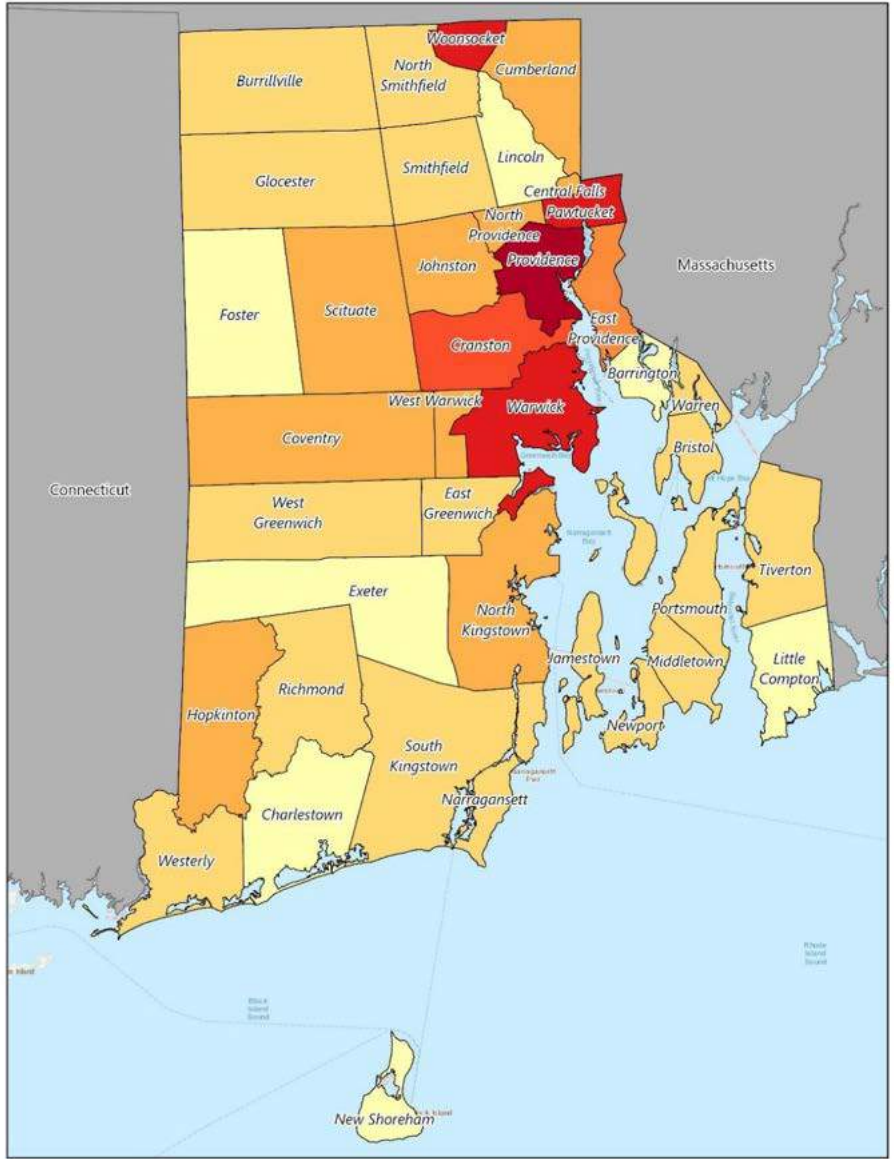
The proportion of fatal overdoses involving **fentanyl** was slightly higher from January 2020 to September 2020, compared to the same time period in 2019.

About one in two fatal overdoses involved **cocaine**, similar to 2019.



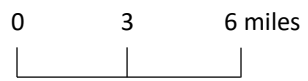
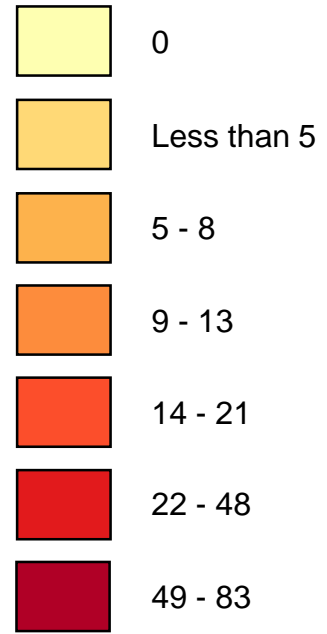
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 8, 2021. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Count of Overdose Fatalities by Municipality of Incidence; January 1, 2020-September 30, 2020



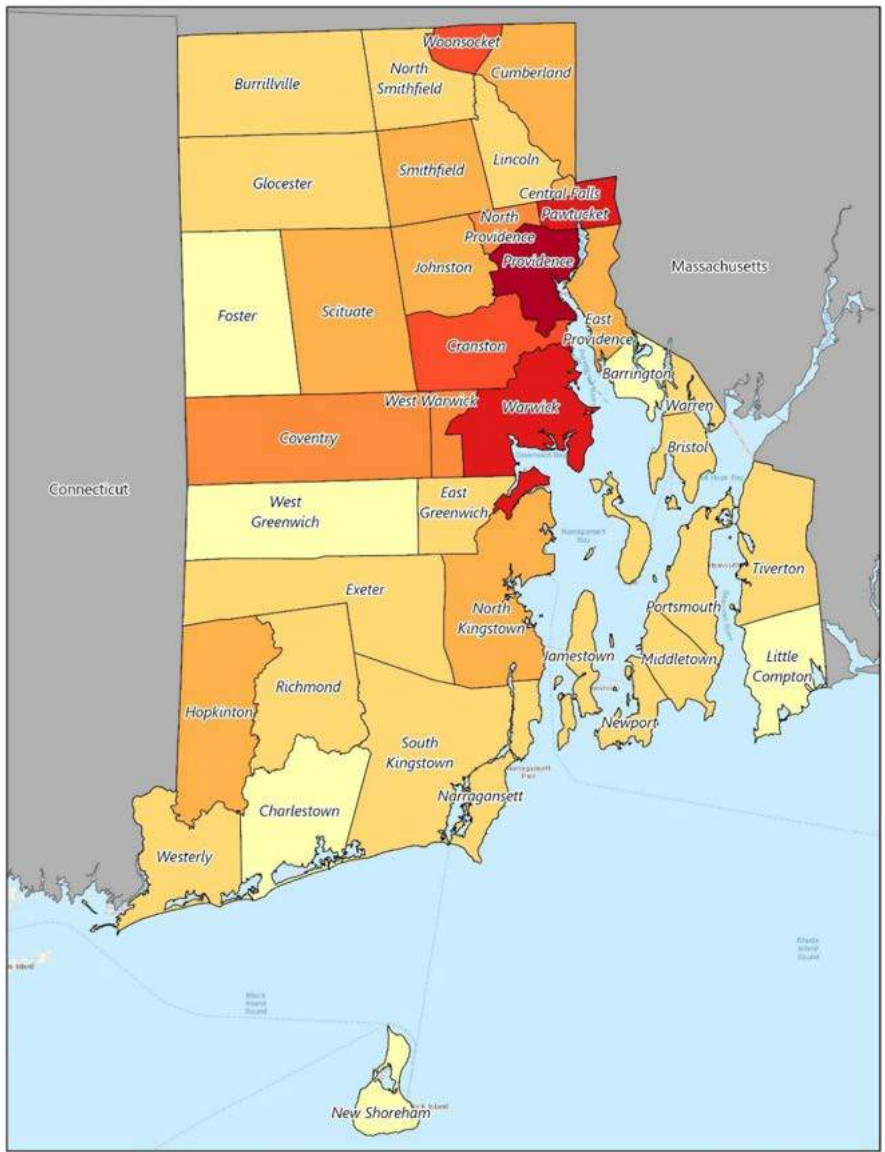
Legend

Count of Overdose Fatalities by City/Town of Incidence



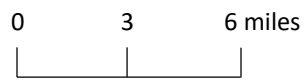
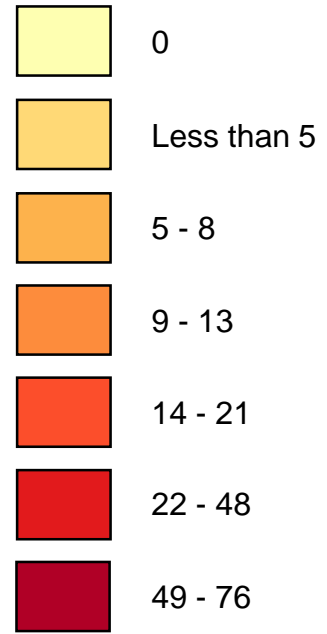
Source: Office of the State Medical Examiners (OSME)

Count of Overdose Fatalities by Municipality of Residence; January 1, 2020-September 30, 2020



Legend

Count of Overdose Fatalities by City/Town of Residence



Source: Office of the State Medical Examiners (OSME)



Rhode Island's Review of Overdose Accidental Deaths (ROAD) Update: October and December Findings

**Governor Gina M. Raimondo's Overdose
Prevention and Intervention Task Force
January 13, 2021**

Goals of ROAD

- Examine emerging trends in the overdose epidemic.
- Identify demographic, geographic, and structural points for prevention.

October 2020 Meeting

- Concerns about increase in overdose deaths in 2020 and the impact of the COVID-19 pandemic on the epidemic.
- Reviewed eight cases of deaths:
 - Random sample from January 2020-June 2020 overdose deaths.

December 2020 Meeting

- Reviewed six cases of deaths:
 - Random sample from January 2020-June 2020 overdose deaths.



October Community Recommendations

- Increase promotion of the [Rhode Island Recovery Friendly Workplace Initiative](#), particularly within the service and automotive industries.
- Increase public awareness of health risks associated with alcohol consumption and the consumption of alcohol with other substances.
- Increase public awareness of local recovery support services that are available to people with behavioral health conditions. Promote messaging to friends and family members of people with behavioral health conditions.

October Structural Recommendations



- Utilize the Rhode Island Department of Labor and Training Unemployment Insurance Division to distribute local treatment and recovery support resources to people receiving unemployment benefits.
- Establish uniform protocols for all Rhode Island-based hospital Emergency Departments for patients presenting with substance use disorders.
 - Protocols include referral to local peer recovery support services, treatment bed facilities for individuals who are from out of state or without health insurance, and transportation services for patients to out-of-state treatment facilities.

October Structural Recommendations



- Review current Emergency Medical Services (EMS) protocols in response to suspected opioid overdoses to determine if a naloxone protocol is being followed during the COVID-19 crisis.
- Establish strategies to improve communication between primary care and treatment providers.
- Determine source(s) of inequities in data availability for ROAD meetings, particularly for Latinx individuals. Improve general data collection efforts for all overdose decedents.
- Identify additional data sources to collect and inform systematic ROAD case review.

October Structural Recommendations



- Increase Rhode Island Office of the State Medical Examiners participation at ROAD and [Governor's Overdose Prevention and Intervention Task Force](#) meetings.
- Prioritize the hiring of the vacant Chief Medical Examiner position at the Rhode Island Office of the State Medical Examiners.

December Community Recommendations



- Increase public awareness about the [illegal nature of kratom](#) in Rhode Island and the associated risks of addiction, misuse, dependence, and toxicity.
- Increase access to prevention education to reduce the fear, bias, and discrimination of substance use disorder (SUD) and mental health conditions among Rhode Island's Latinx population.
- Increase mental health supports available for families and children left behind at the scene of a fatal overdose; address the intergenerational risks of SUD and overdose.

December Community Recommendations



- Partner with the Rhode Island Council on Problem Gambling (RICPG) to provide prevention education about the risks of using illicit stimulants and fentanyl contamination.
- Provide post-trauma resources and services to families impacted by SUD and overdose.
- Increase resources and mental health supports to children who have lost a loved one to SUD or overdose.

December Structural Recommendations



- Screen individuals who are participating in alcohol detoxification programs for polysubstance use; utilize detoxification programs as a pathway for intervention.
- Expand public awareness campaigns to include information about the risks of alcohol overdose and the availability of treatment in Rhode Island.
- Increase public awareness about the risks of using cocaine and fentanyl contamination. Include cocaine-related content in upcoming public awareness campaigns.

December Structural Recommendations



- Ensure overdose prevention and trauma care services are being provided to patients by clinicians who speak in multiple languages.
- Revise Rhode Island Medical Assistance (Medicaid) coverage for individuals being released from the Rhode Island Department of Corrections to reduce gaps in healthcare coverage and increase access to MAT after release. Specifically allow Rhode Island Medical Assistance coverage to start within 30 days of a person being released.
- Utilize Rhode Island's judiciary system as a channel to distribute resources and materials about substance use disorder treatment and overdose prevention.

December Structural Recommendations



- Provide training to emergency department (ED) providers and staff about language use and the power of words to reduce fear, bias, and discrimination associated with substance use and overdose.
- Ensure all patients visiting the ED for a suspected, non-fatal opioid overdose receive a naloxone kit. Naloxone kits should be made available for dispensing at the ED to increase a patient's access to the lifesaving medication.
- Expand naloxone leave-behind programs to include all Emergency Medical Services (EMS) agencies across the state.
- Strategize and implement innovative ways to connect certified peer recovery support specialists to patients who are visiting the ED for a suspected, non-fatal opioid overdose during COVID-19.

December Structural Recommendations



- Ensure overdose prevention protocols continue to be implemented by EMS and ED providers and staff during COVID-19 restrictions.
- Replicate grief support outreach programs for children who have lost a loved one to a fatal overdose.
- RIDOH to continue a planned analysis of the impact of fatal overdose on a victim's dependents.
- Create an automatic alert for prescribers in the Rhode Island Prescription Drug Monitoring Program (PDMP) when a patient's suboxone script has not been refilled.
- Leverage the current COVID-19 testing, communications, and vaccination infrastructure to disseminate information about substance use and mental health treatment.

Conclusion



- Find an archive of all ROAD Reports on health.ri.gov/data/drugoverdoses
- Questions?



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Engaging and Retaining Racial/Ethnic Minorities in Treatment for Opioid Use Disorder (OUD)

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Assistant Professor of Medicine

Division of General Internal Medicine

Alpert Medical School of Brown University

Brown Medicine



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Disclosures

- No disclosures to report.



Learning Objectives

1. Describe the processes that lead to health disparities among racial/ethnic minorities (REM).
2. Identify facilitators and barriers to retention in care for treatment of opioid use disorder (OUD).
3. Hypothesize strategies to engage REM in care for OUD.



Framework

1. I am assuming everyone understands and accepts that race is a social, and not a biological, construct.
2. I am not going to discuss racism and what it is, as while this topic can be helpful for some, it can feel traumatizing for others.
3. This talk discusses disparities in treatment engagement and retention: these are manifestations of racism.
 - a) If you already have an understanding of this topic or feel listening would be more harmful than helpful, please feel free to mute me or step away. No offense taken, and I apologize in advance if this talk is difficult to hear.



Opioid overdose deaths among Black Americans

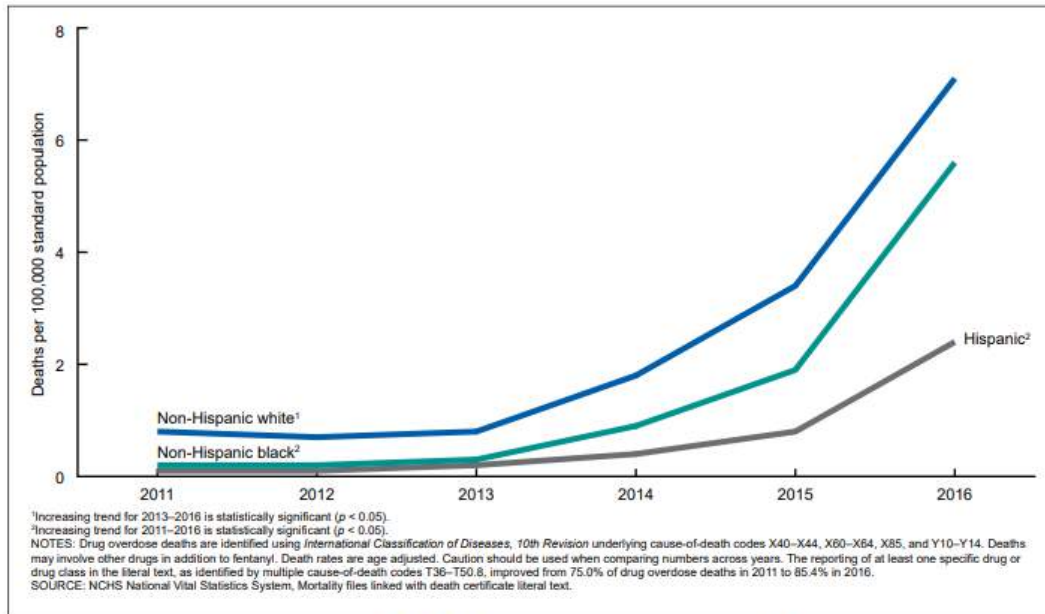


Figure 5. Age-adjusted rates for drug overdose deaths involving fentanyl, by race and ethnicity: United States, 2011–2016

Table 1. Jurisdictions with the Highest Rates of Opioid Overdose Deaths (per 100,000 Residents) Among Black Americans in 2015¹

Jurisdiction	Black	White	General Population
West Virginia	55.5	36.2	36
District of Columbia	22.8	NR ²	14.5
Wisconsin	21.9	11.3	11.2
Ohio	15.2	27.7	24.7
Maryland	14.8	25	17.7
Missouri	14.8	11.9	11.7
Massachusetts	13.2	27.1	23.3
Michigan	12.4	14.7	13.6
Illinois	11.6	13.1	10.7
Minnesota	10	6	6.2

¹ Blue cells indicate states in which rates of opioid overdose deaths among Black Americans exceed those of the general population.
² NR: Data not reported. Data unreliable.



Cocaine deaths among Black Americans

THE NEW HEALTH CARE

Overshadowed by the Opioid Crisis: A Comeback by Cocaine

It's the No. 2 killer among illicit drugs in the U.S. and kills more African-Americans than heroin does.



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Substance use disorder outcomes

- Black = lower **engagement in and completion of treatment** c/w white¹
- REM = lower **retention in** treatment c/w white²
- Black = more cocaine c/w white and more cocaine-related overdose³
- REM = higher rate of *exposure to carceral system*



Buprenorphine Outcomes

- *Engagement in treatment*
- *Retention in treatment*
- *Completion of treatment*



May 8, 2019

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

Pooja A. Lagisetty, MD, MSc^{1,2,3}; Ryan Ross, BS⁴; Amy Bohnert, PhD^{2,3,5}; [et al](#)

- 13.4 million patient visits resulting in buprenorphine prescription (2012-2015).
- OUD rates similar for white patients (4.7%) and Black patients (3.5%).
 - White patients accounted for 12.7 million visits.
 - REM accounted for 363,000 visits.
 - Compared with white patients, Black patients had 77% lower odds of having an office visit that included a buprenorphine prescription (**statistically significant, adjusted for payment method, sex, age**).
 - **35 white patients** received a buprenorphine prescription for every **one patient of another race or ethnicity** who received one.



Buprenorphine Treatment Retention (all patients)

- ~50-60% of patients are retained in office-based buprenorphine treatment at 6 months.¹
- Four weeks after treatment dropout is associated with increased risk of overdose death.²



Factors associated with retention in buprenorphine treatment

- Prescription opioid > heroin¹
- Older (>25) > emerging adult (18-25)²
- Employed > unemployed³
- Self-help meeting attendance, **private insurance**⁴
- **White** > Black or Latinx race/ethnicity⁵ (not biological → racism; consider [Pooja 2019](#) study)
- NOT ASSOCIATED: Cocaine use⁶, pain⁷, antidepressant treatment⁸



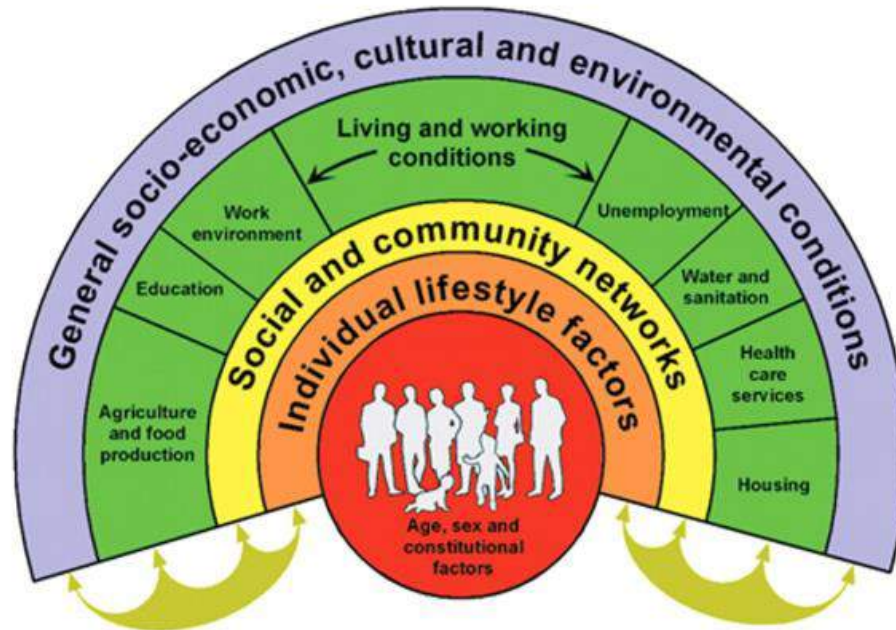
Why are REM less likely to seek and be retained in OUD treatment?

- Stigma
 - For further learning, consider Jon Soske's [brief talk](#) on this topic
- Insurance
- Cost
 - The number of practices requiring self-pay for buprenorphine prescriptions has soared throughout the country¹
- Racism
- Exposure to carceral system
 - For further learning, consider my [brief talk](#) on this topic
- **A health care system that requires that patients adapt to meet its requirements rather than the opposite.**



Practices that support treatment retention

- Low threshold buprenorphine treatment
 - For further learning, consider Era Kryzhanovskaya's [brief talk](#) on this topic
- SDoH



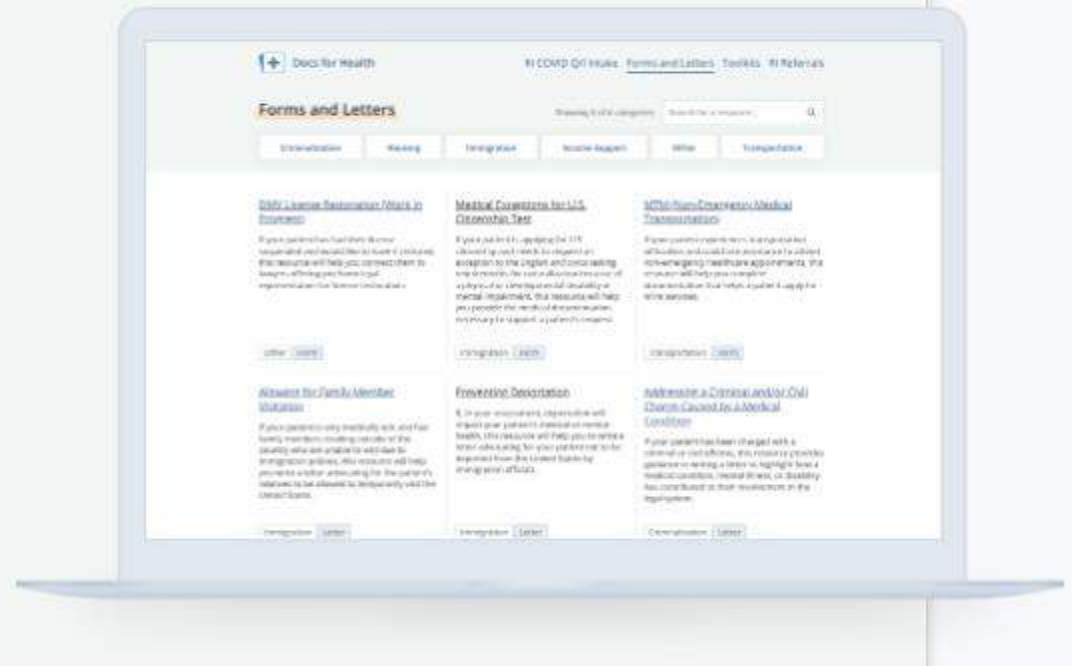
Addressing SDoH



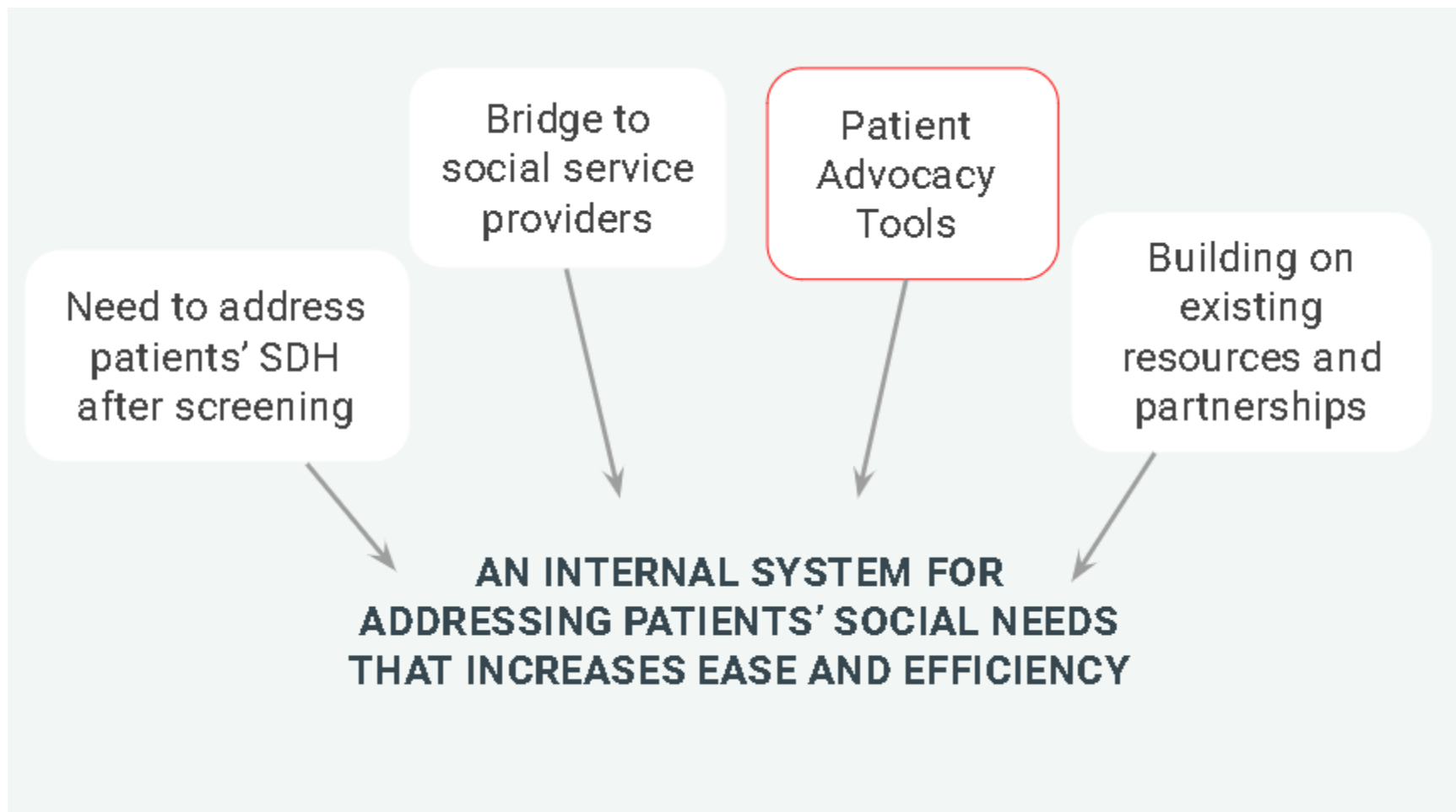
Docs for Health

www.docsforhealth.org

community@docsforhealth.org



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Forms and Letters

Showing 1 of 6 categories

Search for a resource...



Criminalization

Housing

Immigration

Income Support

Other

Transportation

Addressing a Criminal and/or Civil Charge Caused by a Medical Condition

If your patient has been charged with a criminal or civil offense, this resource provides guidance in writing a letter to highlight how a medical condition, mental illness, or disability has contributed to their involvement in the legal system.

Criminalization Letter

Preventing Incarceration

If incarceration will impact your patient's medical or mental health, this resource will help you to write a letter advocating that a prison sentence not be imposed on your patient.

Criminalization Letter

Missed Court Appearances

If, in your assessment, your patient has missed a required court appearance due to an underlying physical or mental health condition and is at risk of facing legal punishment, this resource will help you to write a letter advocating that your patient not be penalized for missing a court date.

Criminalization Letter

Waiving Existing Court Fines/Fees

If your patient has outstanding court costs, fines, or fees that, in your assessment, impact their medical or mental health, this resource will help you to write a letter advocating for your patient's court costs/fines/fees to be eliminated or reduced.

Criminalization Letter





Waiving Existing Court Fines/Fees

Criminalization Letter

Court fines are financial punishments assessed by a judge upon conviction, and court fees are charges that defendants must pay to recoup justice system costs. For people who have the ability to pay, these charges may be a minor inconvenience; however, for those who don't have the means, they can represent significant burdens that trigger more serious consequences such as exacerbating economic inequality, prolonged involvement with the criminal justice system, driver's license suspension, voting restrictions, and damaged credit. Furthermore, people with legal debt are more likely to have other types of debt as well, particularly medical debt. Black and Hispanic adults, people with less income, and people with less education have been shown to be disproportionately affected by legal expenses.

This letter can be used to advocate for your patient who has outstanding court fines or fees yet is unable to pay them without risk to physical or mental health. For court fines or fees that have already been imposed, patients are typically ordered to make monthly payments according to a pre-specified payment plan. When patients attend court to develop this payment plan, they often do not have an attorney with them, nor is a public defender assigned to the case. This is why the letter must be submitted by the patient directly to the judge.

Documents

1 Existing Court Fines Letter Template

[Download Letter Template](#)

2 [For Lifespan Providers] Letter Template with Lifespan Letterhead

[Download Letter Template](#)

Next steps

The patient should take this letter to the Cost Review/Court Fines office in court. Rather than paying the cost, the patient should either drop the letter off with an administrator for delivery to the judge or ask to personally deliver the letter to the judge.

The goal is for the judge to waive or reduce the patient's court costs/fees/assessments upon reading the letter. If the judge is not available, instruct the patient to schedule a court date and to then present the letter to the clerk on the day of court.

In our experience, these letters are most effective when:

- The letter is directly submitted to the judge in a one-on-one meeting or, if this is not possible,
- The letter is placed in the patient's file for review by the judge during court.



Rhode Island Hospital
A Lifespan Partner



101 Falls Blvd
Providence, RI 02903
Tel: 401-444-4000

12/7/2020

Dear Honorable Court Judge:

I provide primary care to Leila K (DOB 09/15/1975) at Transitions Clinic.

Recently, I have noticed that Leila has been experiencing aggravated stress that is impacting her hypertension and diabetes management. My belief is that these symptoms, and the resulting impact they are having on the patient's mental and medical health, are related to the court costs, fees, and assessments that she has been mandated to pay.

Despite multiple social and other challenges, Leila has recently done a remarkable job of finding employment and housing. However, she has become overwhelmed by the fees she has been asked to pay. It is my understanding that Leila has accumulated legal debt that she is unable to pay off, and she is now at risk of having her utilities shut off. Therefore, it is my medical opinion that if these costs were reduced or waived, Leila's health would be substantially better, and thus waiving the costs would likely lead to improved health.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Robul Varjari, MD
Transitions Clinic
245 Chapman St #300, Providence, RI 02905
(401) 444-3500

APPROVED FOR PUBLICATION UNIVERSITY OF MEDICINE

IN NEW ENGLAND JOURNAL OF MEDICINE

MEDICINE AND SOCIETY

Debra Varri, Ph.D., Editor

Physician–Public Defender Collaboration — A New Medical–Legal Partnership

Robul Varjari, M.D.; Sarah Martins, M.P.A.; Sheridan F. Rogers, M.D., M.P.H.;
James Lawless, M.A.; Chelsea Bell; D. Vincent J. Malinski, M.D.; and M. Catherine Tribun, M.D.



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Questions?



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PUBLIC COMMENT