



Addiction + Overdose Evidence Update

Presentation to Governor's Overdose Task Force

February 10, 2021

RHODE
ISLAND

Recall: Original Findings

Drivers of Fatal Overdoses Identified in Quantitative and Qualitative studies

The 2020 group showed more evidence of being in a fragile state of recovery before death and were more likely to die at home before rescue arrived. They may have overdosed due to:

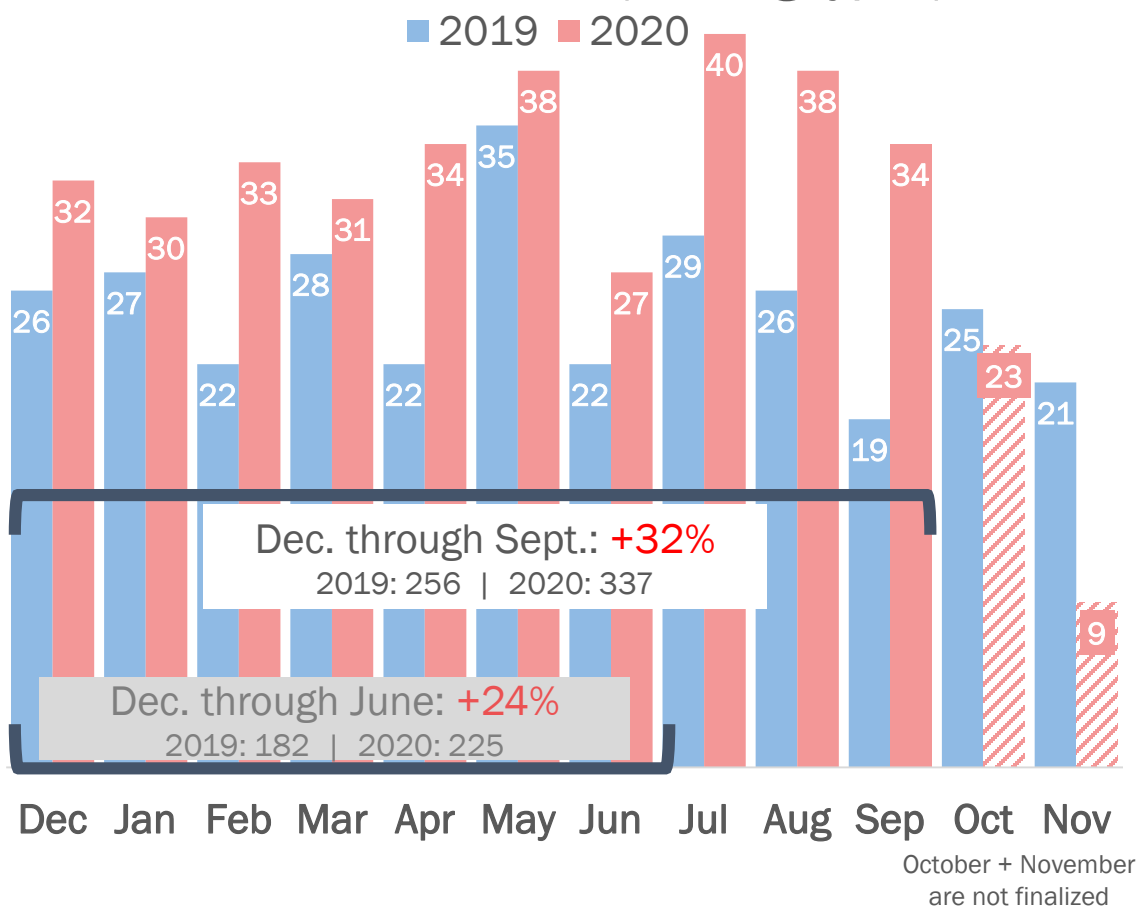
- A. Sustained presence of **fentanyl and analogues** in the drug supply (present in many types drugs, and potentially growing in potency)
- B. **COVID-driven** social isolation, fear of disease, and economic insecurity
- C. These factors are more acute for communities of color, for whom **historical inequities and ongoing structural racism** have deprived them of equitable capital (recovery, financial, social), trust in institutions, and access to equitable services.

Response Challenge Identified in Qualitative Study

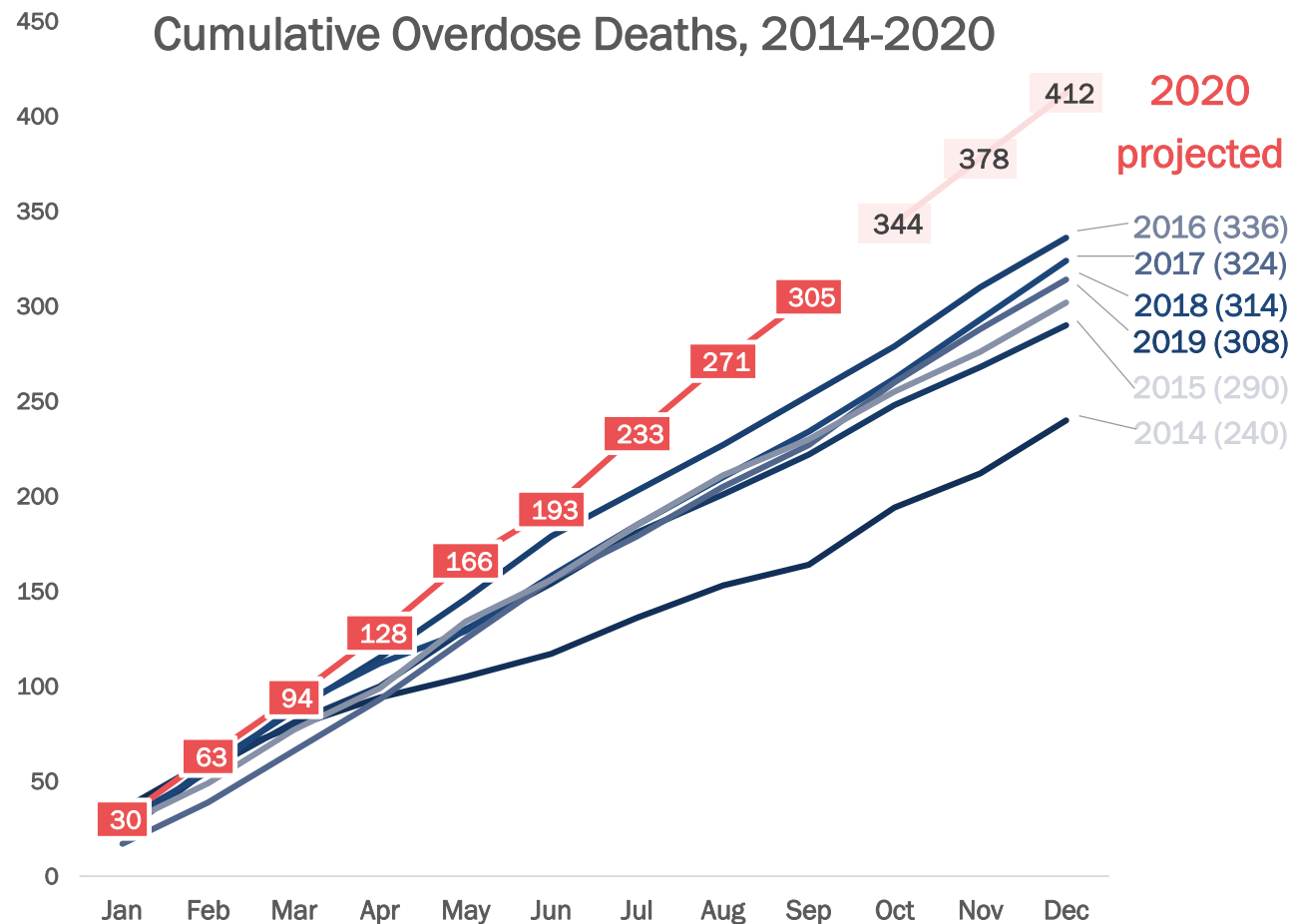
D. An insufficient governance and project management structure limits our ability to guide a consistent, focused, strategic response that weaves emerging information into action.

Overdoses continue to rise: Compared to 2019, accidental fatal overdoses have grown by 33% through September 2020

Fatal Overdoses (All drug types)



Cumulative Overdose Deaths, 2014-2020



Brown/Ecosystem Updated Analyses: New Findings

STUDY PERIOD: Jan-Aug 2019 vs. Jan-Aug 2020

POPULATION



- Nearly all increase among **men** (among 58 excess deaths, 55 are men)
- Significant increases among **men with depression** + **men with anxiety**
- Significant increases among people **age 50-59 with anxiety**

ENVIRONMENT



- The **majority** of overdose decedents in 2020 died at home (45% vs 53%)
- Modest proportional increase across **all contributing causes of death** except heroin

Core Recommendation from Evidence Update

Accelerate a
tightly-coordinated, more inclusive strategy
centered on
harm reduction and recovery resiliency
for people at high risk of fatal overdose right now
to save lives.

Harm Reduction + Rescue: What we're doing, where we're going

What efforts, over the next 6-12 months, has the most potential to improve outcomes and needs TF engagement?

What We're Doing Now

1. 10,000 Chances Project: Naloxone to overdose hot spots (funded through CARES)
2. Funded Aids Care Ocean State (ACOS) van
3. Expanding Peer Outreach (and harm reduction supplies) in overdose hot spots

Next Focus Area

1. Rescue: Continue implementing and evaluate 10,000 Chances Evaluate 10,000 to quantify the power of sustainable funding
2. Harm Reduction:
 - Good Samaritan Law amendments and education
 - Explore the feasibility of overdose prevention sites
 - Partner on Race Equity work

Race Equity: What we're doing, where we're going

What efforts, over the next 6-12 months, has the most potential to improve outcomes and needs TF engagement?

What We're Doing Now

1. Ensuring that the Race Equity conversation is being woven into all workgroups, starting with Harm Reduction
2. Focus on new recruitment for the Work Group

Next Focus Area

1. Strengthen state support for the Race Equity Work Group by identifying supportive state staff or a state staff co-chair
2. Seeking funding and planning to begin implementation of Recommendation A3: Creating a workplan to ensure every strategy and implementation plan has strategic actions steps to reduce structural racism, and that these actions are measured and reviewed routinely

Treatment: What we're doing, where we're going

What efforts, over the next 6-12 months, has the most potential to improve outcomes and needs TF engagement?

What We're Doing Now

1. 24-hour buprenorphine induction hotline
2. BH Link connections for immediate buprenorphine or methadone inductions
3. Strengthened peer recovery support & coordination between DCYF and social workers at birthing hospitals to support pregnant moms.
4. Telemedicine started quickly when COVID began, through work of providers, insurers, and the state

Next Focus Area

1. Increase education on harm reduction tools and provide on-site materials for dissemination in facilities.
2. Embedding peers into detox and residential treatment to ensure data sharing and improve provider communications.

What We're Doing: More Highlights

1. Governance

- Adding community co-chairs to some workgroups
- Regular workgroup leaders meeting to align major actions

2. Funding Decisions Based on Evidence Update Recommendations:

- SOR Grant
- RIDOH mini grants
- RIDOH Overdose Data to Action CDC grant
- Opioid Stewardship Fund
- SAMHSA Block grant + Supplements

3. Recovery

- More Peer Recovery Specialists positions, services reimbursed by insurance
- Continued growth in Recovery Friendly Workplace program
- CARES and SOR dollars to support Recovery Housing

4. Messaging / Communications

- New campaign incorporates findings from Evidence Update (concrete new information; earned media featuring those with lived experience; reduce explicit state imprint)
- Statewide BH Community Conversation incorporates findings into broader BH communications
- Working with Department of Labor & Training on outreach to unemployed Rhode Islanders

Next: Priority Focus Areas, by Workgroup

What efforts, over the next 6-12 months, has the most potential to improve outcomes and needs TF engagement?

Recovery	<ul style="list-style-type: none"> <input type="checkbox"/> Map out RI's resources to support long term recovery by developing a recovery tool based on SAMHSA's evidence-based practice: the "Eight Dimensions of Wellness" <input type="checkbox"/> Increase Peer Recovery Specialist re-certification rates
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Adapt communication messages to prevent both addiction <i>and</i> overdose
Comms	<ul style="list-style-type: none"> <input type="checkbox"/> Reshape communications campaign, including focus on poisoned drug supply <input type="checkbox"/> Community members involved in design and distribution
Overdose Fatality Review	<ul style="list-style-type: none"> <input type="checkbox"/> Staff governance structure to receive and implement recommendations
Substance Exposed Newborns	<ul style="list-style-type: none"> <input type="checkbox"/> Support a reimbursable standard-of-care to screen all women of child-bearing age for mental health and substance use <input type="checkbox"/> Better care coordination between mental health, substance use, and primary care providers.

Next: Priority Focus Areas, by Workgroup

What efforts, over the next 6-12 months, has the most potential to improve outcomes and needs TF engagement?

Family Task Force	<input type="checkbox"/> Identify sustainable funding for family prevention / education and the Crisis Toolkit
First Responders	<input type="checkbox"/> Distribute information to support public health approach to prevention more effectively and widely <input type="checkbox"/> Participate in the review and update of the Good Samaritan law <input type="checkbox"/> Participate in conversations on rebuilding community trust with law enforcement and on race equity action plans with other workgroups
Governance	<input type="checkbox"/> Pursue support for a full time, Director of Overdose Prevention + Response, who leads an interagency team with project management capacity, to address the full recommendations <input type="checkbox"/> Continue alignment of Work Groups and track progress toward goals

Discussion – Questions and Answers

APPENDIX: Recommendations

Suggested Priority Recommendations

(A) Fight Fentanyl Overdoses with Expanded Harm Reduction

1. Address the challenges of the **Good Samaritan Law**: Formally evaluate the Good Samaritan law to determine its implementation, and support proposed changes that arise from that evaluation
2. Review the feasibility (including impacts of federal law and potential need for legislative action) of a **pilot overdose prevention site** that would provide a broad range of drug user health services
3. Establish a workplan to ensure every strategy and implementation plan has **actions steps to reduce structural racism**, and that these actions are measured and reviewed routinely
4. Add “**Harm Reduction**” specifically to the Rescue Pillar title

(B, C) Address COVID Impact: Recovery Resiliency/Capital/ Connections

1. Prioritize and fund a **medication-first treatment** approach that reduces barriers to continued engagement with treatment, including residential treatment
2. Include and fund **trauma-informed mental health services** in SUD or alcohol treatment
3. Recruit and support peers who **reflect the diversity** of those they serve
4. Elevate focused **employment and re-employment** efforts (including Real Pathways & Recovery Friendly Workplaces), with work that is more conducive to recovery
5. Safely prioritize **in-person recovery services** wherever possible

(D) Create a Focused, Staffed Governance Structure

1. Elevate the community's voice, including appointing **community co-chairs** to co-lead each workgroup
2. Create a full time, dedicated **Director of Overdose Prevention + Response**, who leads an **interagency team** with project management capacity, to address the full recommendations
3. Create a **standing legislative/policy team** with membership from each of the Workgroups, advisory to the Task Force
4. **Overhaul state messaging**: fact-based; nationally researched, locally tailored for variety of audiences: people who use drugs, their families and supporters, and people not using drugs.
5. Align and braid dollars and pursue new funding, to **ensure sustainable support for key efforts to prevent overdose deaths**

Short-Term Recommendations

Here are a set of short-term recommendations from the research, with longer-term proposals below:

Activity	Pillar
Secure Project Management and functional lead staff from existing state staff. Carry out an audit of all existing meetings/stakeholder engagements to coordinate current work.	Governance
Continue more effective messaging development for harm reduction, especially focused on men 50-59 years old, using SOR dollars	Harm Reduction
Seek dollars for basic needs for people who use drugs, as existing funding cannot purchase many harm reduction items (needles, fentanyl strips, etc.)	Harm Reduction
Work with the Department of Labor & Training to create messaging promoting harm reduction, treatment, and recovery support	Harm Reduction/all
Fully implement the 10,000 Chances Program, and get naloxone into public housing	Harm Reduction
Designate a facilitator for an ongoing conversation with community and law enforcement leaders to enable harm reduction practices and by building champions for harm reduction in law enforcement.	Harm Reduction
Recruit and train more Peer Recovery Specialists who speak languages other than English, who are people of color, and who are recently in recovery	Recovery
Ensure more face-to-face recovery services that take into account COVID restrictions	Recovery
Strategize on hand-offs from treatment, especially for those with anxiety and prior behavioral diagnoses, and those in the demographics most affected by fatal overdoses	Treatment
Implement more effective data sharing between Peer Recovery Specialists and people in treatment, with better sharing of consent	Treatment
Maximize access to treatment: Allow health homes to serve the same people without co-payment challenges, stop tox screens before treatment access	Treatment
Engaging the judiciary system to promote treatment and recovery	Treatment/Recovery

Proposed Recommendations – Harm Reduction & Rescue

1. Harm Reduction: Naloxone has been our main focus of rescue. We must move beyond naloxone, to include harm reduction

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A. **Rename** the Task Force's Rescue Pillar to Harm Reduction & Rescue to recognize the importance of Harm Reduction in the Task Force's work

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B. Maximize access to recognized **harm reduction materials**. Includes culturally competent distribution of, awareness of and ability to test for fentanyl in illicit drugs through messaging and distribution of fentanyl test strips, plus resources for needle exchange and other materials.

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C. Facilitate the planning for a pilot **overdose prevention site**

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D. Rebuild community trust of law enforcement by **designating a facilitator for a conversation with community and law enforcement leaders** to enable harm reduction practices and by building champions for harm reduction in law enforcement

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1C

E. Establish a workplan to ensure every strategy and implementation plan has **actions steps to reduce structural racism**, and that these actions are measured and reviewed routinely.

SR

2. Address the challenges of the Good Samaritan Law: Carry out a formal evaluation of the Good Samaritan law to determine how it is implemented and support effective implementation; initiate trainings and the law and its reach; pursue legislation as needed.

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3. Pursue additional data-sharing between RIDOH and community organizations, to allow for more effective community outreach

Full Recommendations – Recovery

F C SR All

1. Expand Recovery beyond “absence of drug use” - include reduced use and other Harm Reduction activities, and a focus on ending social isolation, especially during COVID.

2. Recovery Capital: Focus on purpose, place, and people as anchors, especially countering the impact of COVID:

F C SR 2C

A. Purpose: Expand and promote Recovery-Friendly Workplaces and employment and career ladder support for those with SUD and COVID job displacement. Support educational pathways as well for people in recovery.

F C SR 1,2

B, Place: As noted in Prevention, make significant investments in housing resources, such as Recovery Housing and other step-down facilities, especially for people shown to be at highest risk (people 50-59 years of age, people of color, veterans)

F C SR 3

C. People: Promote safe in-person support to counter social isolation and deepen recovery community networks, which COVID has eroded

F C SR

3. Certified Peer Recovery Specialists: Broaden support and investment in the peer recovery network, with increased payment for, and recruitment and training of a more diverse pool of peer recovery specialists to better represent people in new recovery. Turn Peer Recovery Specialists into a career ladder position.

Full Recommendations – Governance (Cross-Pillar)

The following governance recommendations are meant to enable our collective response to achieve the previous recommendations with speed, agility, and equity.

1. To achieve a more formally **coordinated and effective statewide structure** to prevent overdoses and pursue a healthier Rhode Island

A. Appoint **community co-chairs** to co-lead the task force workgroups

B, Create a full time, dedicated **Director of Overdose Prevention + Response** to lead the administration's Task Force activities and to be responsible for aligning the public/private shared work

C. The Director of Overdose Response leads an **interagency team** that breaks down silos between individual state agencies, builds connections with community partners as it implements the Task Force Strategic Plan, and highlights the needs for better data about the overdose response

D. Interagency team will include a **robust project management structure**, to support the Task Force Workgroups and track and report on Strategic Plan action items in a public dashboard. Ensure that adequate data are collected, and that data and evaluations are shared.

2. The Task Force Co-Chairs should pursue more **adequate and diverse community representation**, with community voices encouraged to participate in Workgroups, and more BIPOC members added to the Task Force itself

3. To add shared policy work to Rhode Island's addiction response, create a **standing legislative/policy team** with membership from each of the Workgroups, to create an annual legislative agenda - for example, in FY21 to support the upcoming Governor's Housing Bonds

Full Recommendations – Messaging (Cross-Pillar)

- F** **C** **SR** **D** **Prevention:** Overhaul state messaging efforts, by looking toward nationally researched and locally tailored messaging that is proven to reach a variety of audiences: people who use drugs, their families and supporters, and people not using drugs.
- F** **C** **SR** **3** **Harm Reduction:** Emphasize anti-stigma messaging, by looking toward nationally researched and locally tailored messaging that is proven to reach a variety of audiences: people who use drugs, their families and supporters, and people not using drugs.
- F** **C** **SR** **3** **Recovery** messaging must include the shift from addiction as a vice to addiction as a disease; the hope of a full life; and the reinforcement that true recovery is personal, self-directed, and doesn't look the same – but always needs a welcoming community.

Full Recommendations – Treatment

1. Access to medically adequate sustained treatment by lowering barriers and opening doors:

C SR 2

A. Medication First MAT access – a low-threshold MAT system - including no prior authorizations, no need for tox screen if not medically required, allowances for missed appointments. Explore uptake of non-opioid MAT options for alcohol-use disorder and for stimulants where possible.

C SR 2

B Ensure access to adequate, quality, residential treatment: pursue mandate of minimum 30-day residential treatment, when medically-necessary, with no reauthorizations necessary until Day 31; implement sufficient family SUD residential treatment facility; no concurrent review.

C SR

C. Carry out rate review activities, to support rates that allow (a) behavioral health workforce to become more diverse and culturally competent.(b) adequately compensate for existing services, and for (c) medication first and reduced administrative barriers

2. Enhance Content of Substance Use Treatment to Reinforce Connection to Harm Reduction, Prevention, Recovery

F SR 2

A. Strengths-based treatment that nudges people towards trusting their providers and encouraging return [i.e. providing clean needles, fentanyl strips etc.]

C SR 3

B. Ensure that SUD treatment includes integrated mental health services - and working with OHIC, does so without additional co-pays

C SR

C. Primary Care Providers should partner with SUD providers just as any other specialty – eReferrals, CCD integration, expectation of provider coordination for each shared patient.

Full Recommendations – Treatment

3. Ensure Consistent, High Quality Services among a range of delivery models

C

A. Facilitate patient consent to data sharing and support provider workflow changes to ensure person-focused, successful care and allow communication between treatment facilities and community case navigators.

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B. Evaluate the Centers of Excellence model, to determine their effectiveness and ensure quality, and compare to a Nurse Care Manager model

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C. Promote safe and accessible patient complaint functions and clarify the state's actions to respond to complaints

Full Recommendations - Prevention

1. Promote Prevention Efforts That Build Personal and Community Resilience, Alternatives to Substance Use, Targeted Messaging

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|---|---|----|----|---|
| F | C | SR | 3 | A. Invest in mental-health and community resiliency: Trauma-informed behavioral health services across the lifespan, with a focus on addressing ACEs, toxic stress, family and community violence-reduction programs |
| F | C | SR | 3 | B. Pursue policies around social determinants or social experiences that help reduce desires to turn to drug use . Also, pursue prevention policies that safeguard against social isolation (i.e. against cyber bullying, or to promote grief supports) |
| F | C | | 4A | C. Invest in proven prevention educational programs , including updated facts about the crisis i.e. significant rise of fentanyl), the existence of harm reduction strategies (Narcan and fentanyl test strips), and strategies for mental health resilience |
| F | | | 1D | D. Prevention programs should be across the lifespan , with focus on youth (high school and middle school) as well as older adults, including seniors who may be at risk of casual opioid, benzodiazepine, or alcohol misuse |
| F | C | SR | 1 | E. Prioritize prevention strategies that recognize race equity, eliminate structural racism and disparities based on race, ethnicity, sexual orientation, gender, gender identity, age, and ability |