



# Governor Raimondo's Task Force on Overdose Prevention and Intervention

February 10, 2021

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# WELCOME & ANNOUNCEMENTS



# Recovery Friendly Workplace February Designees



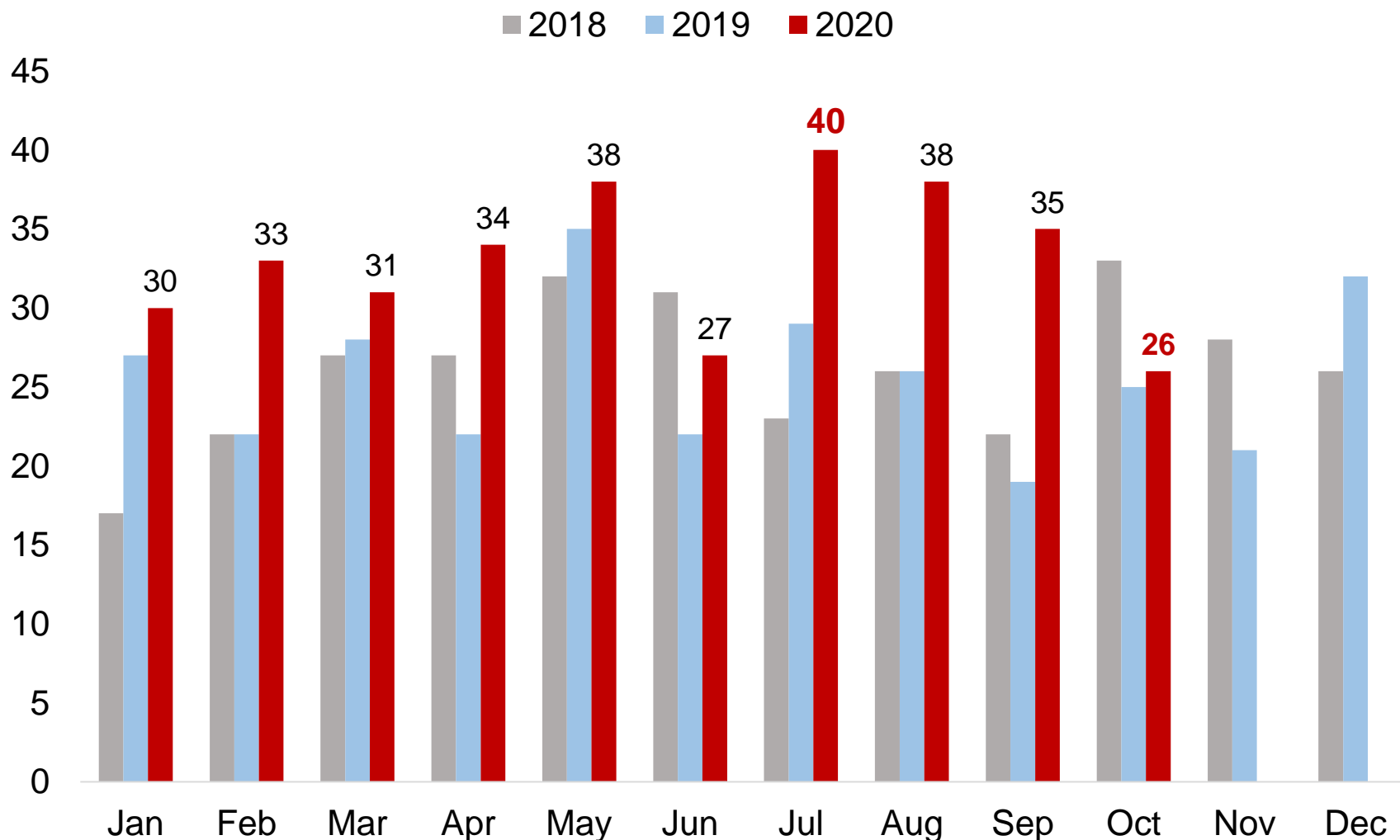
The Recovery Friendly Workplace Initiative promotes individual wellness by working with employers to help them create work environments that further mental and physical well-being of employees, proactively preventing substance misuse and supporting recovery from substance use disorders in the workplace and community. Learn more at [RecoveryFriendlyRI.com](http://RecoveryFriendlyRI.com)



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

**Governor Gina M. Raimondo's Overdose Prevention and  
Intervention Task Force  
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# Fatal Overdoses in Rhode Island by Month, 2018-2020

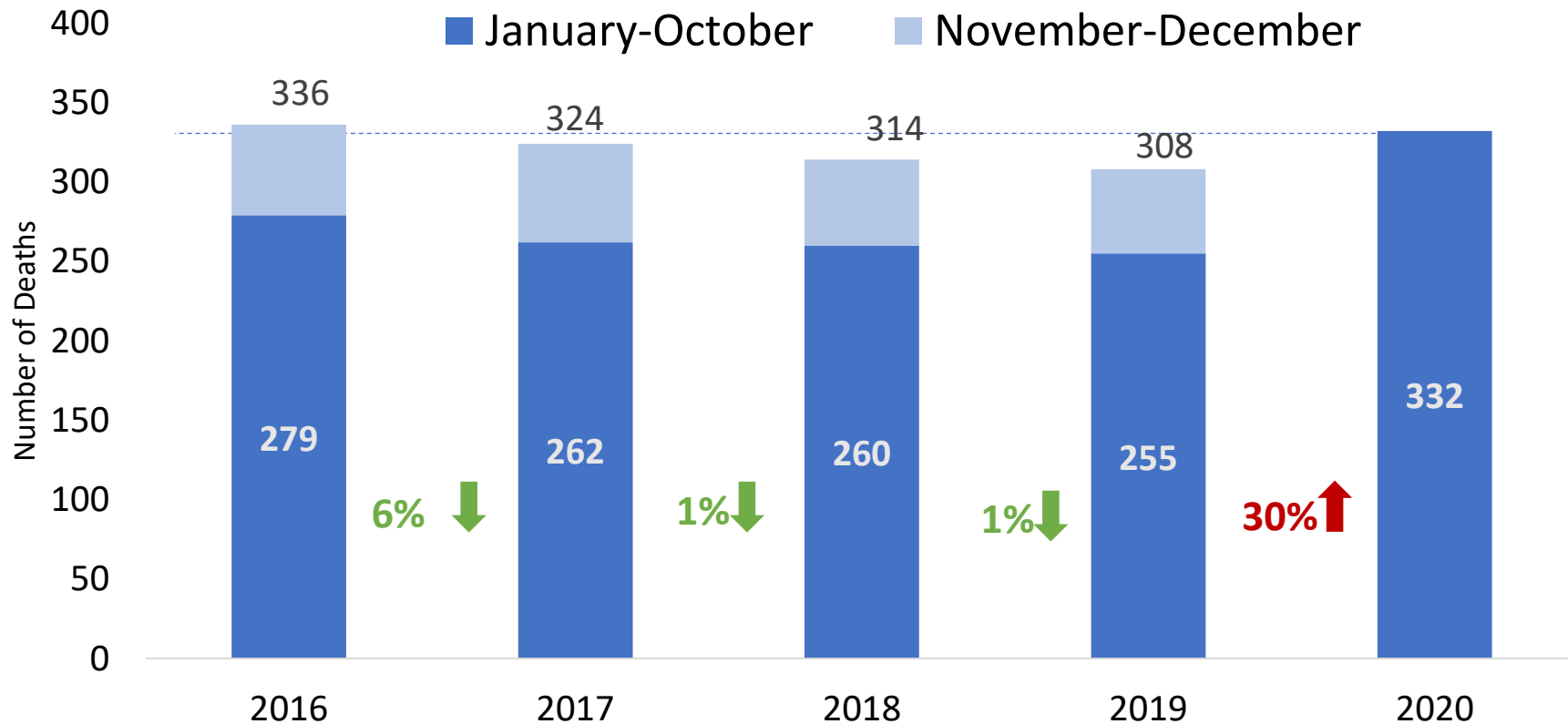


Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of February 8, 2021. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

# All Drug Fatal Overdoses January 2016-October 2020



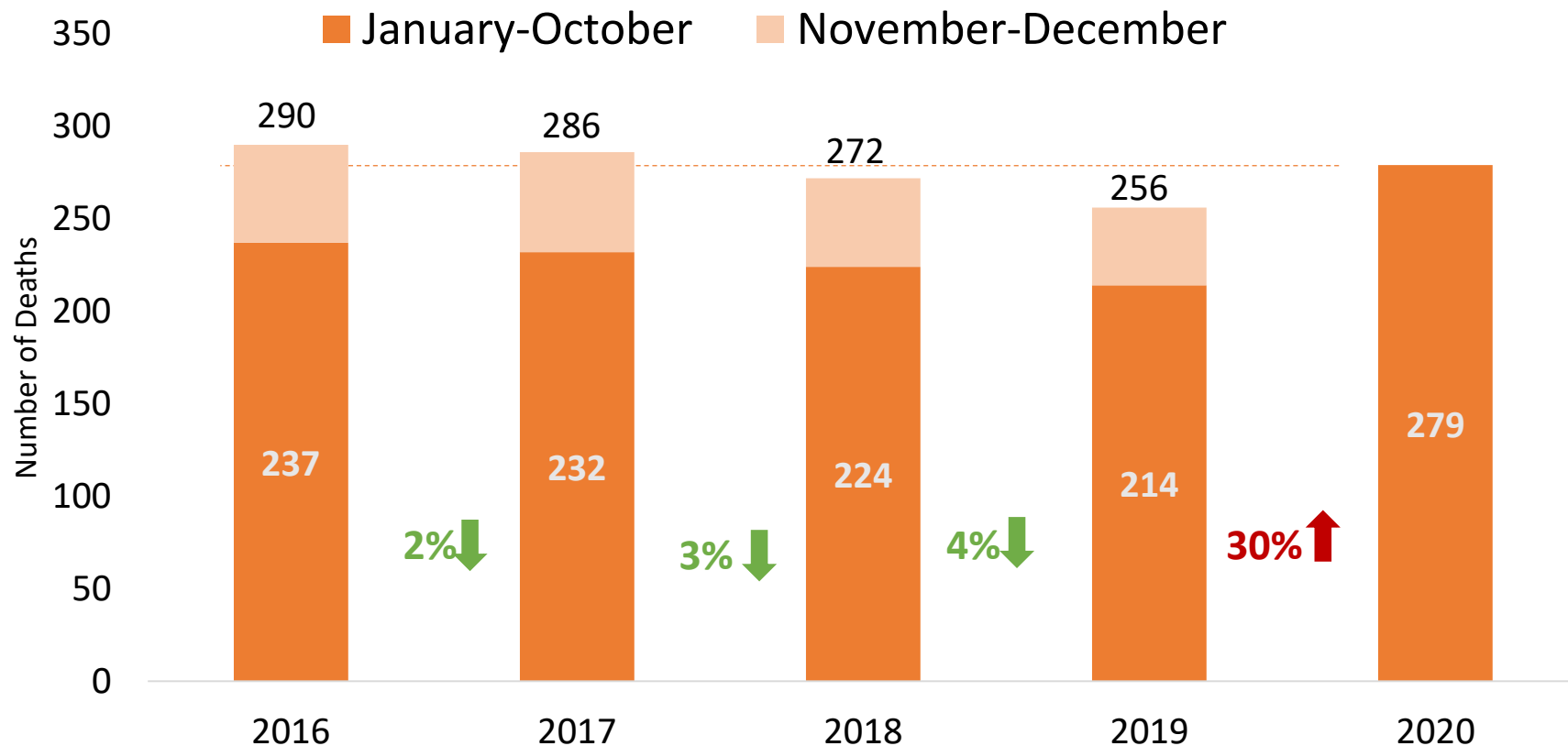
Fatal overdoses for which **any drug** contributed to cause of death **increased by 30%** from January 2020 to October 2020, compared to the same time period in 2019.



# Opioid-Involved Fatal Overdoses January 2016-October 2020



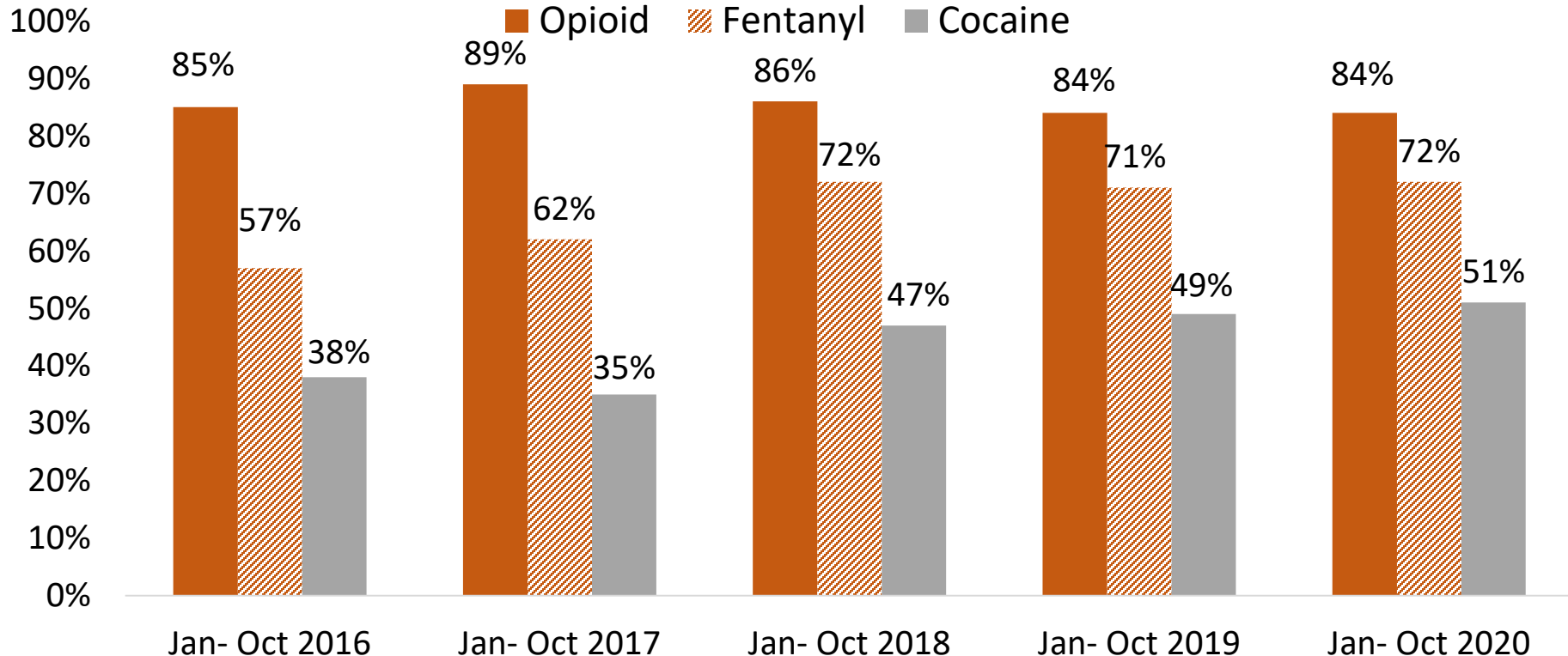
Fatal overdoses for which **any opioid**, including fentanyl, contributed to the cause of death **increased by 30%** from January 2020 to October 2020, compared to the same time period in 2019.





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

The proportion of fatal overdoses involving **fentanyl** was similar from January 2020 to October 2020 compared to the same timeframe in 2019. About one in two fatal overdoses involve **cocaine**, similar to 2019 trends.



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



# Public Attitude Survey on Behavioral Health Issues in Rhode Island



# Goals of the Survey

- To establish a baseline of attitudes of what Rhode Islanders think and feel about behavioral health issues (mental health and substance use disorders).
- To inform future messaging and public awareness efforts.
- To provide a baseline to enable us to measure if our public awareness efforts are effective.

# Survey Audience

- Our goal was to reach Rhode Islanders 18+
- Age and gender diversity to mirror national demographics
- Worked to ensure geographic diversity
- Contracted for n=1,000
- Final response pool was n=1,075
- Survey conducted January 2020

# Key Findings

- **91% of Rhode Islanders believe that a person should not feel ashamed to get help.**
- The majority of Rhode Islanders know or have known someone who has struggled with behavioral health issues.
- Rhode Islanders want to help those struggling with behavioral health issues.
- Rhode Islanders have compassion and sympathy but need more education about evidence-based, best practices for recovery and behavioral health treatments.

# Compassion & Understanding

- **91% agree that people who struggle with behavioral health issues shouldn't feel ashamed to ask for help.**
  - 78% strongly agree
- 86% agree that people who suffer from substance use issues should have access to long term and repeated treatments.
- 88% agree that untreated trauma can lead to behavioral health issues.
- 72% agree that no one chooses to become addicted.

# As Serious as Physical Health

- 90% agree that addiction can be a chronic, life threatening condition like high blood pressure or heart disease.
- 84% believe that mental health issues are as serious as physical conditions like diabetes or cancer.

# Understanding Behavioral Health Issues

- 66% agree that there is no single group of people more likely to have a mental health condition.
- 65% agree that there is no single group of people more likely to have a substance use problem.
- 63% disagree that personality weakness or character flaws cause behavioral health problems.

# Understanding Behavioral Health Issues

- 72% disagree that people with mental health problems are violent.
- 69% agree that parents who struggle with substance use issues shouldn't lose custody of their children.
- 80% disagree that those struggling with behavioral health issues are a drain on society.



# More Education Needs to Happen

- Only 53% agree that relapse is part of the recovery process.
- Only 60% believe medication is appropriate for someone with a substance use disorder.

# Evidence-Based Best Practices Need to Be Highlighted

- 57% agree that most people addicted to drugs cannot simply stop using them, no matter how hard they try.
- Yet, 58% believe that with enough willpower a person can stop abusing alcohol or other drugs.

# We All Know Somebody . . .

- 74% know or have known someone who has struggled with mental health issues.
- 66% know or have known someone who has struggled with substance use issues.
- 92% have talked with that person about their behavioral health issues.

# Good News – Rhode Islanders Willing to Help

- 90% agree they should try and help a family member.
- 89% agree they should try and help a friend.
- 75% agree they should try and help a co-worker.

# Good News – Rhode Islanders Willing to Help

- 83% disagree that they can't do anything for a person with a behavioral health problem.
- 77% are likely to help someone who is struggling with mental health.
- 72% are likely to help someone who is struggling with substance use issues.

# Key Takeaways

- Build on the high level of compassion, and use that as the foundation to educate Rhode Islanders about evidence-based, best practices interventions.
- Create more coordinated public awareness campaigns aimed at highlighting evidence-based, best practices for recovery and behavioral health treatments.

# Key Takeaways

- Incorporate the evidence-based, best practices messaging in all behavioral health communications.
- Conduct smaller, localized focus groups to drill down on some of the issues raised in the survey.
- Build in continuous testing of behavioral health messaging and of public attitudes for these issues.

# Questions?







# PUBLIC COMMENT