WELCOME & ANNOUNCEMENTS
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
Data Update: Rhode Island Accidental Drug Overdose Deaths January 2020-October 2020

Governor Gina M. Raimondo’s Overdose Prevention and Intervention Task Force
February 10, 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 February 8, 2021. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.
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.

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

<table>
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<th>Year</th>
<th>January-October</th>
<th>November-December</th>
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<tbody>
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<tr>
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<td>279</td>
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</tbody>
</table>

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