



Governor Daniel J. McKee's Task Force on Overdose Prevention and Intervention

October 13, 2021

NICOLE ALEXANDER-SCOTT, MD, MPH: DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH

RICHARD CHAREST, MBA: DIRECTOR, RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS



WELCOME & ANNOUNCEMENTS



Recovery Friendly Workplace September and October Designees



Steven J. DeLuca Esq., LLC
Attorney at Law



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

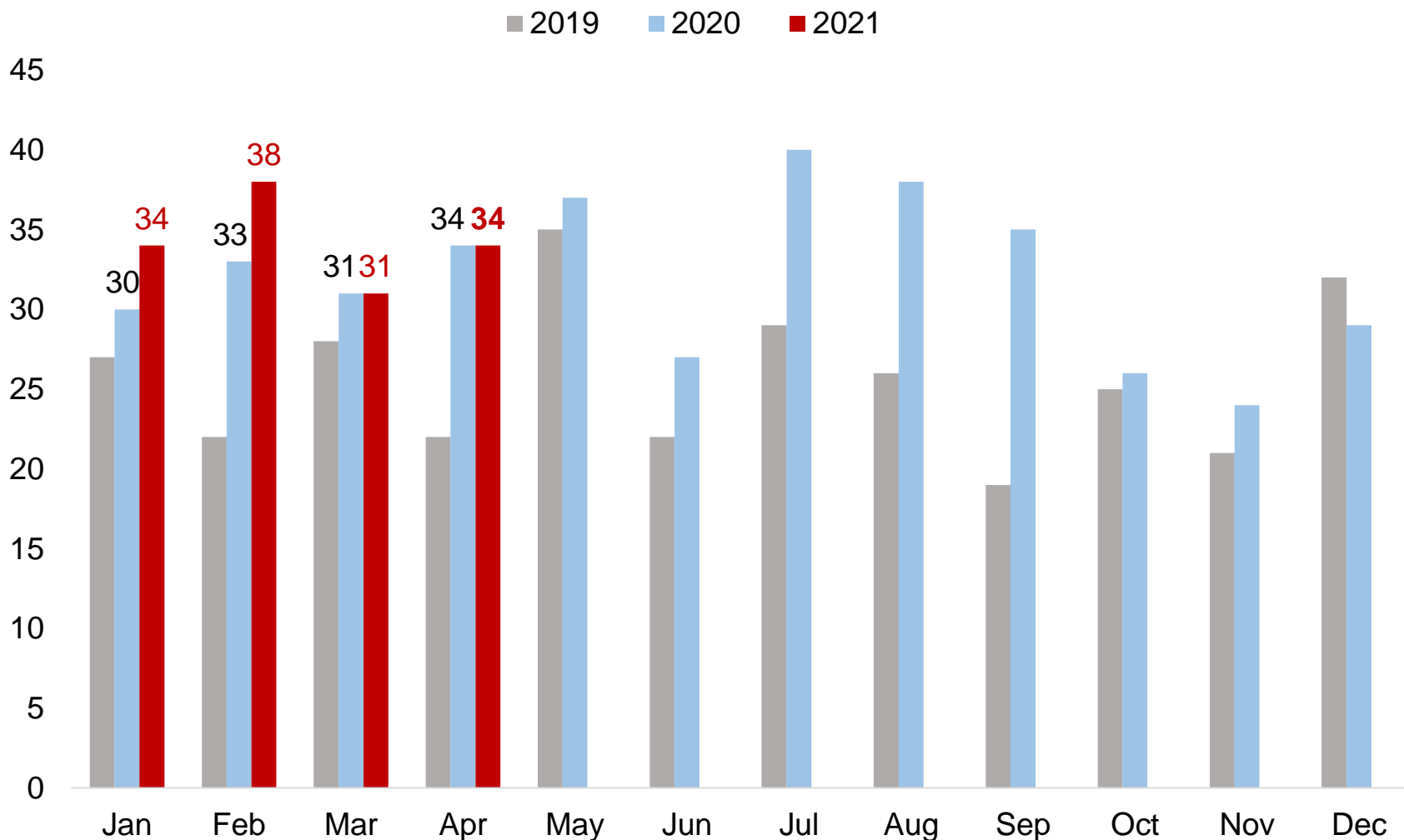




Fatal Overdose Update: January 1, 2021 to April 30, 2021

**Governor Daniel J. McKee's Overdose Prevention
and Intervention Task Force
October 13, 2021**

Fatal Overdoses in Rhode Island by Month, 2019-2021



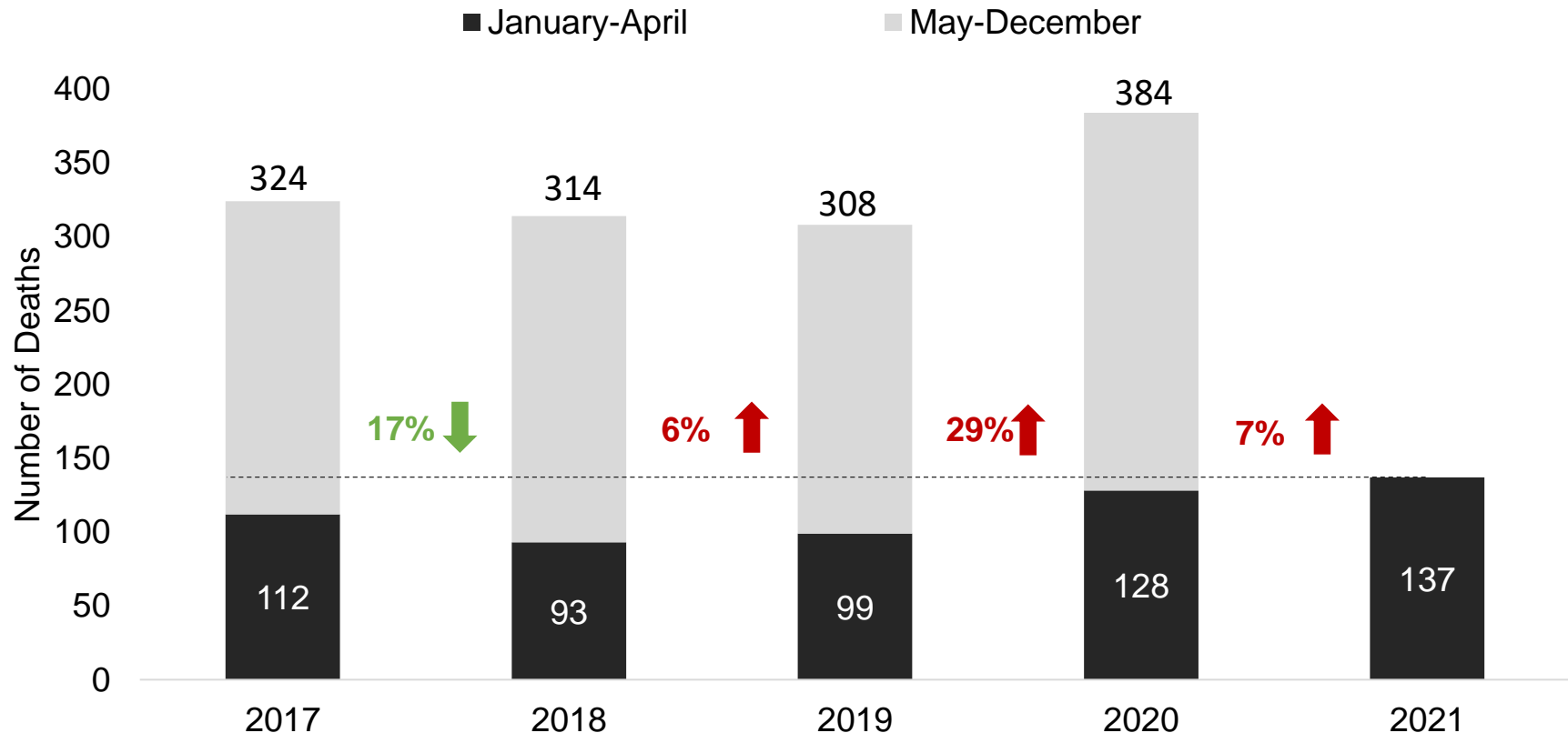
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

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

All Drug Fatal Overdoses January 2017-April 2021



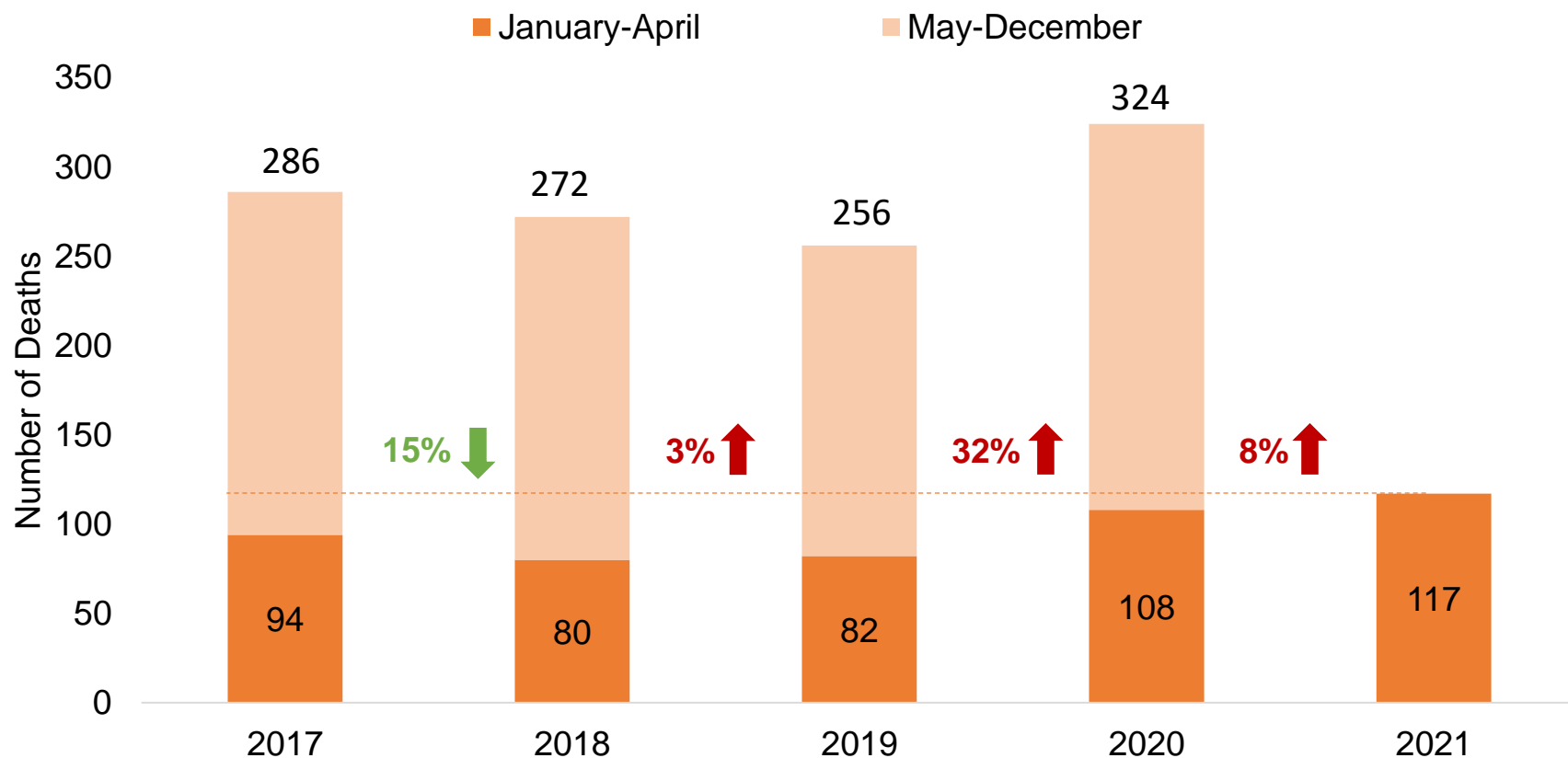
Fatal overdoses for which **any drug** contributed to cause of death from January 2021 to April 2021 were **7% higher** than the same time period in 2020.



Opioid-Involved Fatal Overdoses January 2017-April 2021



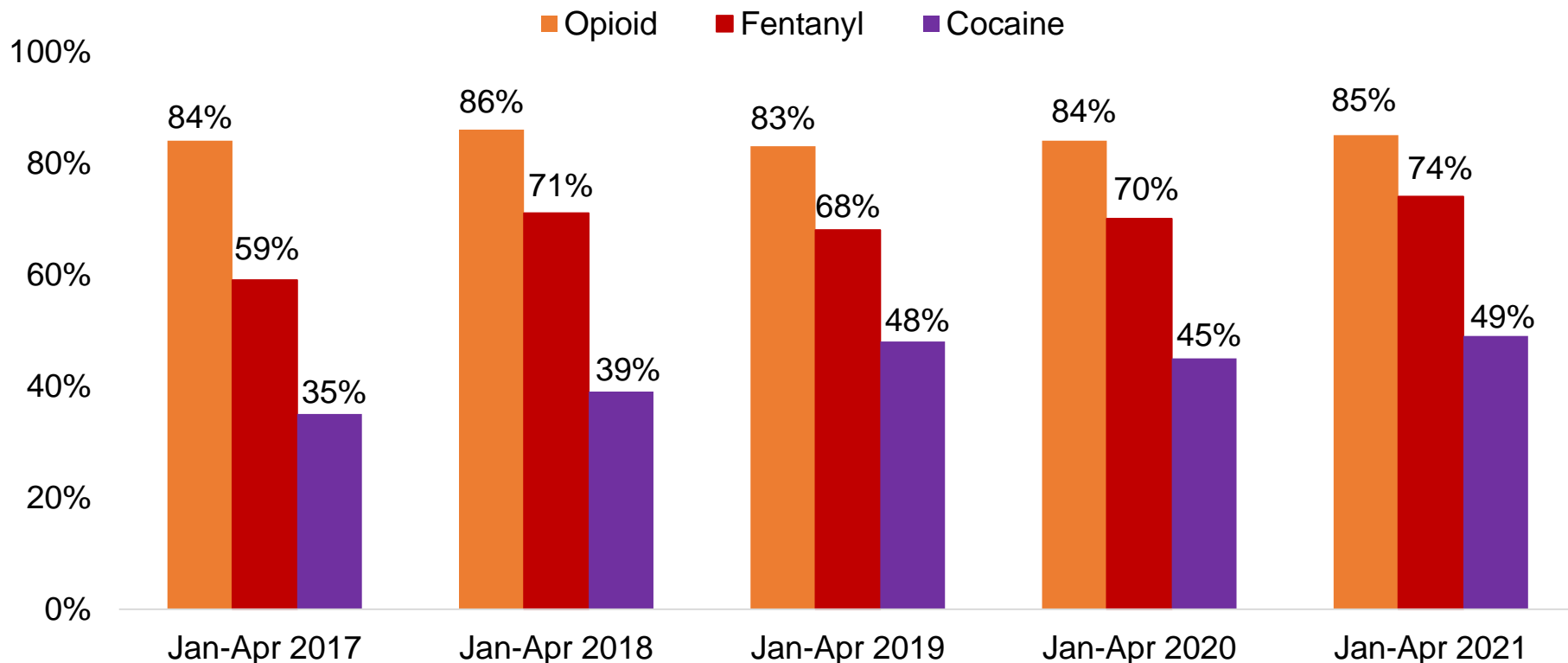
Fatal overdoses for which **any opioid**, including fentanyl, contributed to the cause of death from January 2021 to April 2021 were **8% higher** than the same time period in 2020.



Proportion of Fatal Overdoses by Select Substance, January 2017-April 2021



The proportion of fatal overdoses involving **fentanyl** was slightly higher from January 2021 to April 2021, compared to the same time period in 2020. About one in two fatal overdoses involved **cocaine**, similar to 2020 trends.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

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



Occupation Analyses Using the State Unintentional Drug Overdose Reporting System, January 2016-June 2020

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Purpose



In this presentation, we will review:

- Updated State Unintentional Drug Overdose Reporting System (SUDORS) trends to better understand the risks of overdose death across occupation categories.

We will learn more about:

- Trends in fatal overdoses by occupation.
- SUDORS data related to natural resources, construction, or maintenance and service occupations.

Methods



- Data include unintentional or undetermined drug overdose deaths occurring in Rhode Island.
- Use of various data sources such as the Rhode Island Office of State Medical Examiners, vital records, and law enforcement.
- Data abstraction is conducted by a team of trained individuals who enter information into a web-based database and code:
 - Demographics
 - Toxicology
 - Circumstances surrounding the death
 - Overdose module specific information
- Analyses are restricted to **opioid-involved deaths**.

January 2016-June 2020:

Data from **1,251** overdose deaths have been included in the present analyses.

Categorizing Occupations



- SUDORS data are based on an individual's **usual occupation** listed on the death certificate.
- Occupations are categorized using the 2018 Standard Occupational Classification System.
 - Office of Management and Budget
 - If a person's usual occupation was unclear, data were manually reviewed.
 - The 2016-2019 American Community Survey 5-Year Data estimates were used to calculate the rates of fatal overdose in each standard occupational category.



Examples of Occupation Categories

Occupation Category	Examples (not exhaustive)
Natural Resource, Construction, Maintenance	Fisherman, Mechanic, Carpenter, Construction Worker, Demolition, Electrician, Laborer, Plumber
Service	Cook, Bartender, Barber, Certified Nurse's Assistant, Security Guard, Maintenance Worker, Housekeeper
Production, Transport, and Moving	Assembler, Model Maker, Factory Worker, Driver, Shipper, Packer
Management, Business, Science, and Arts	District Manager, CEO, Owner, Engineer, Artist, Banking, Computer Analyst, Counselor, Nurse, Teacher, Legal
Sales and Office	Administrative Assistant, Cashier, Customer Service, Sales
Not Seeking Paid Work	Caretaker, Homemaker, Student
Unspecified/Unknown/NA	Unknown, Not Applicable, Employee, Staff Member
Unemployed	Never worked, Unemployed, Not Working
Disabled	Disability, Disabled, Total Disability



Why Analyze by Occupation Category?

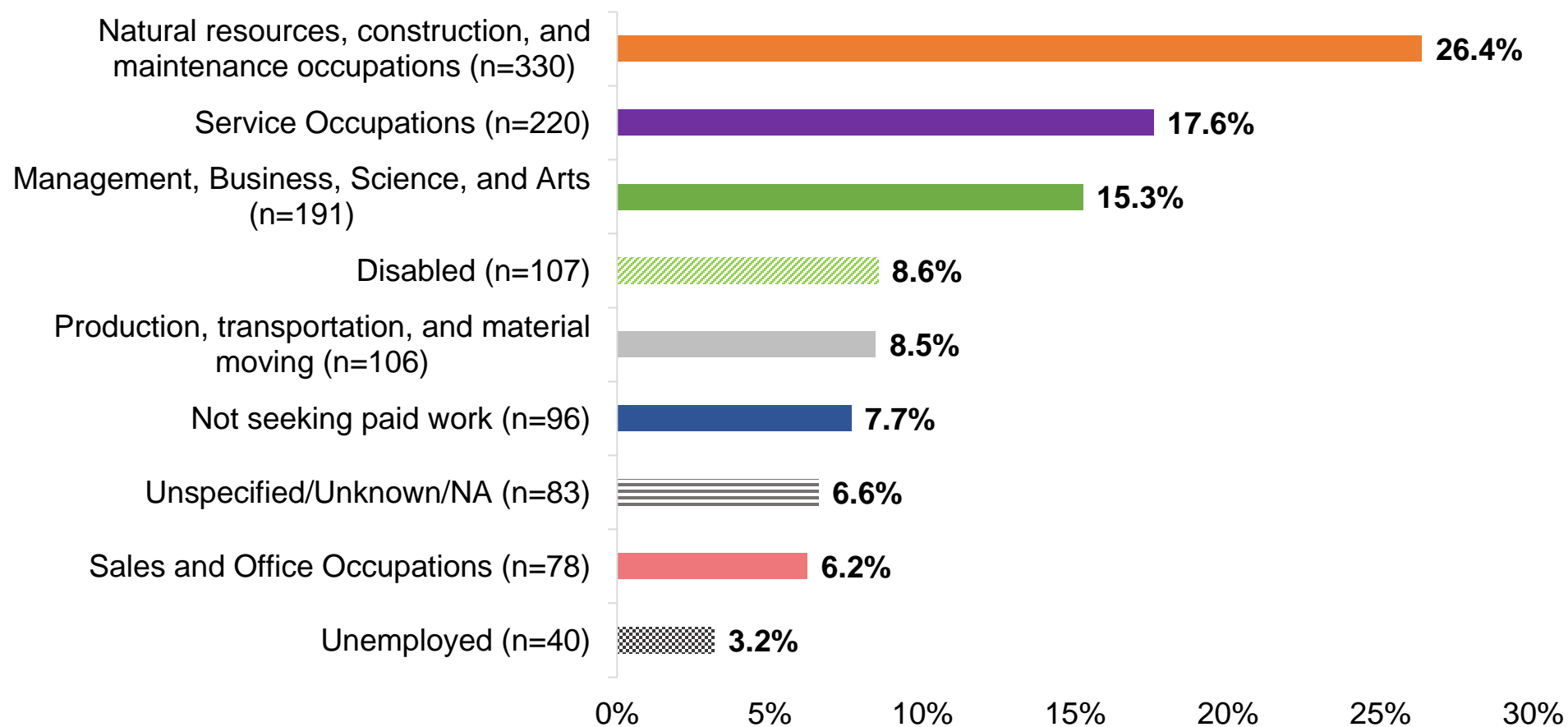
Looking at a decedent's usual occupation can potentially inform targeted prevention efforts by highlighting differences in the distribution of:

- Sex
- Age
- Race and ethnicity
- Education level
- Substance use history
- Mental health history

Percentage of Opioid-Involved Fatal Overdoses by Occupation Category, January 2016-June 2020



About **one in four** decedents were employed in **natural resources, construction, or maintenance** occupations.



Note: Percentages may not add up to 100% due to rounding.

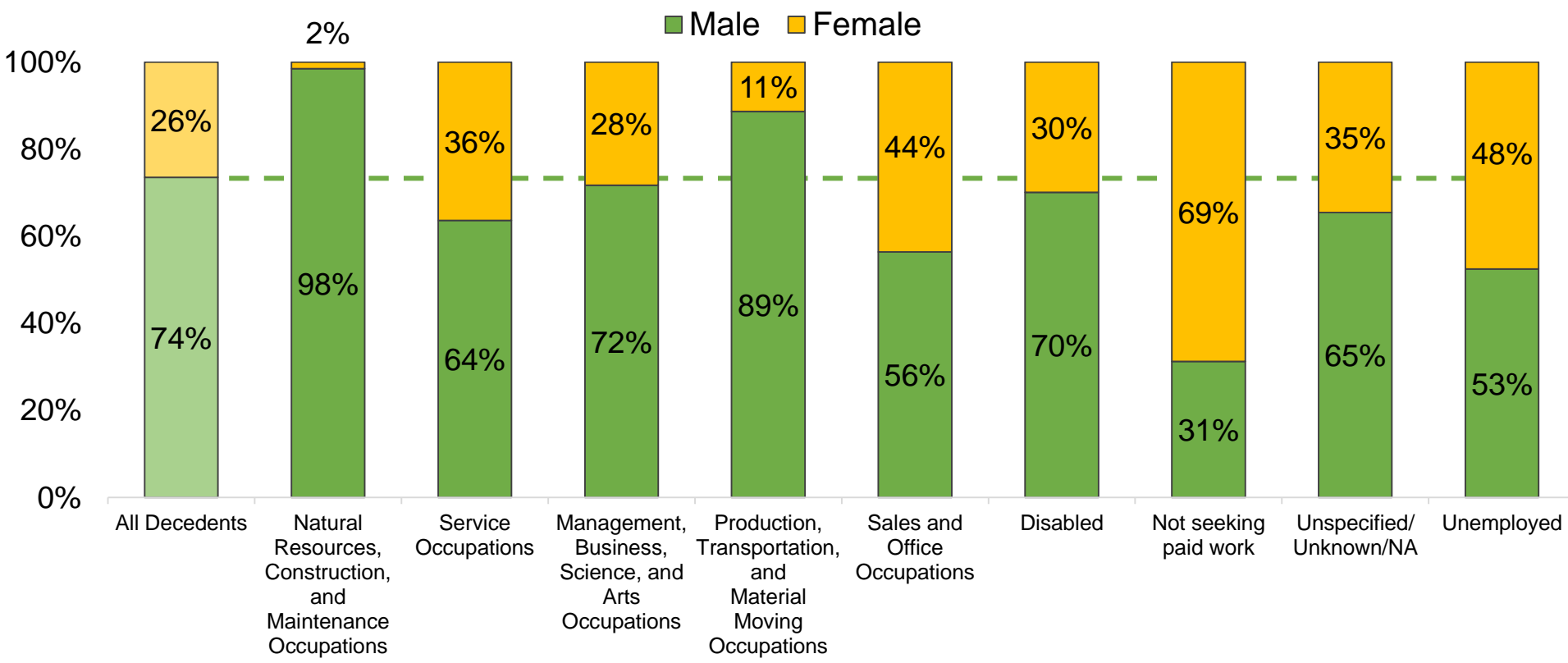
Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

SUDORS Trends: Sex, Age, Race and Ethnicity, and Education



Proportion of Opioid-Involved Fatal Overdoses by Occupation Category and Sex January 2016-June 2020

About **three in four (74%)** opioid-involved overdose deaths occurred among males. This proportion ranged from **31% to 98%** by occupation category.



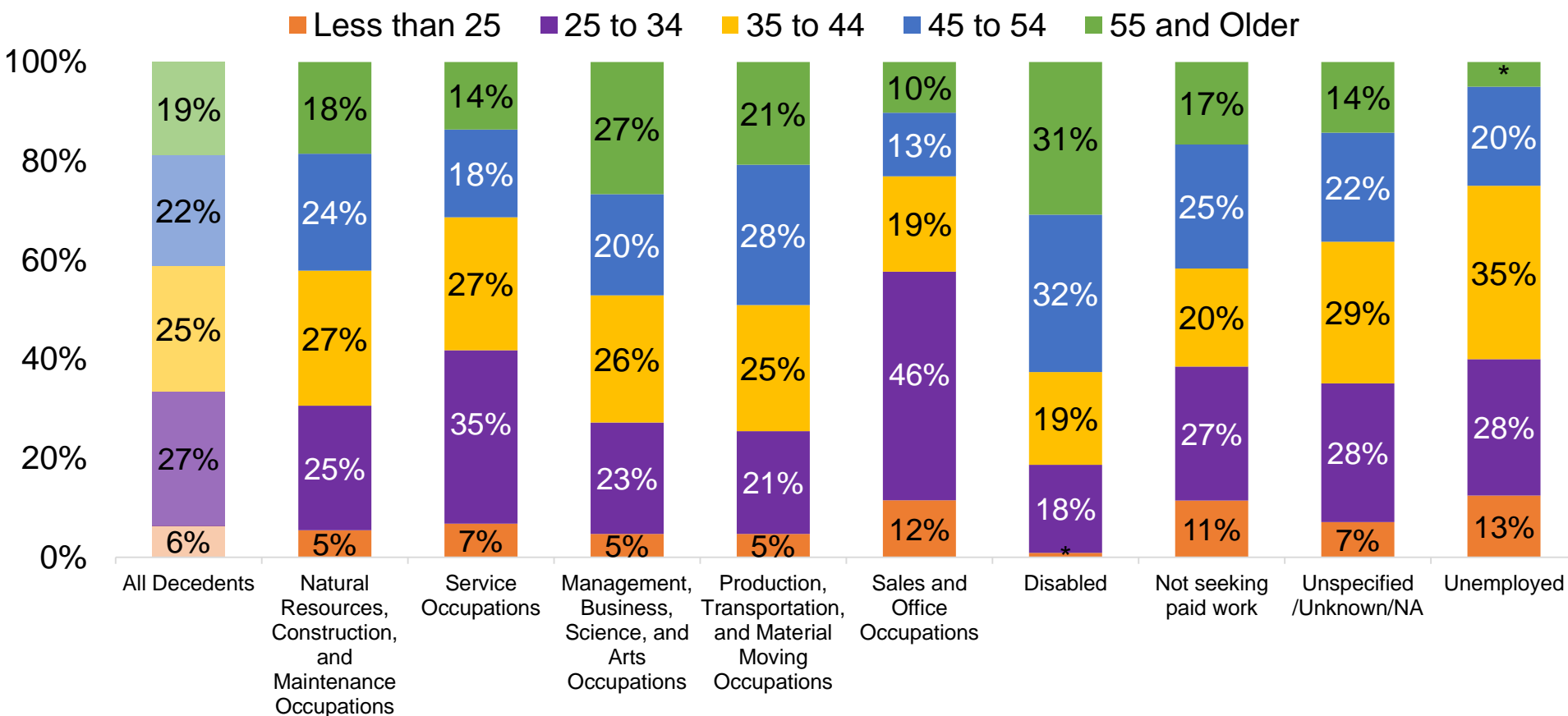
Note: Percentages may not add up to 100% due to rounding.
Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Proportion of Opioid-Involved Fatal Overdoses by Occupation Category and Age

January 2016-June 2020



The majority of deaths (**75%**) occurred among those **aged 25 to 54**. This proportion differed based on occupation category.



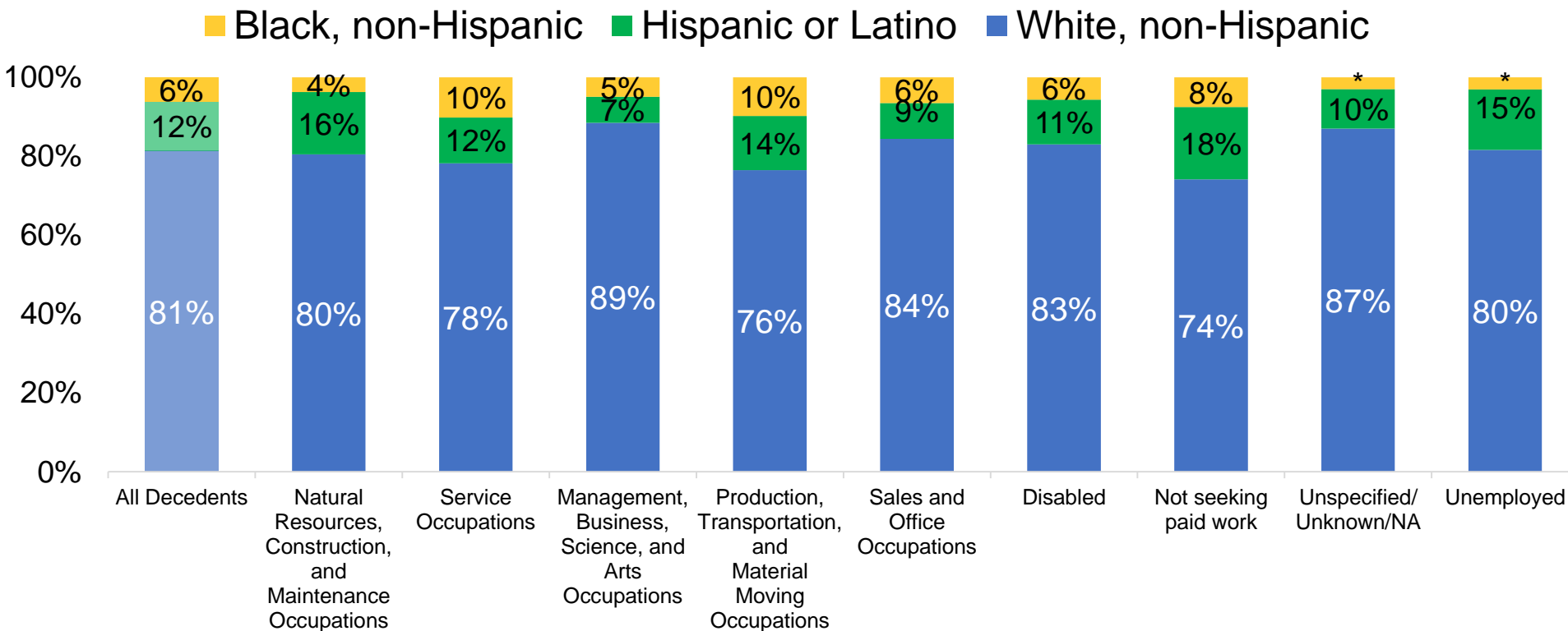
Note: Percentages may not add up to 100% due to rounding.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Proportion of Opioid-Involved Fatal Overdoses by Occupation Category and Race and Ethnicity, January 2016-June 2020



About **81%** of opioid-involved fatal overdoses occurred among white, non-Hispanic victims. This proportion ranged from 74% to 89% by occupation category.



*Note: Percentages may not add up to 100% due to rounding. * indicates proportions suppressed in line with RIDOH's Small Numbers Reporting Policy. Due to small numbers, proportions of fatal overdoses among decedents of Asian or unknown race are not shown.*

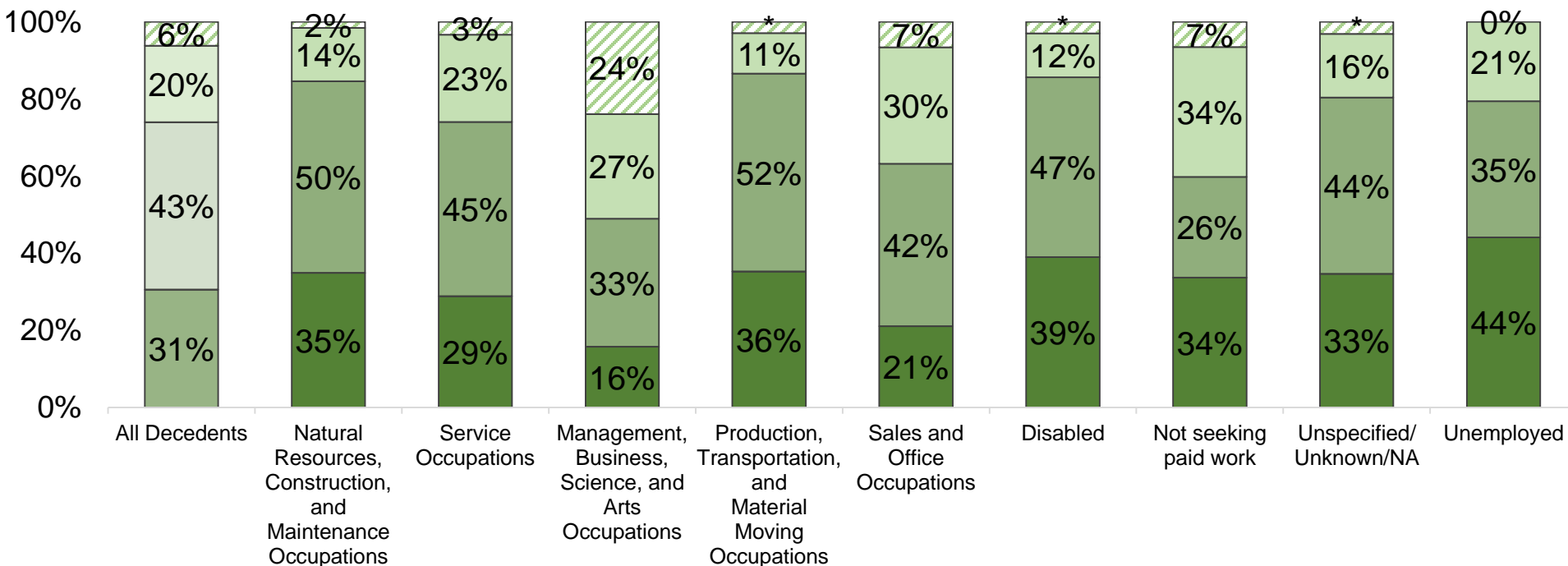
Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Proportion of Opioid-Involved Fatal Overdoses by Occupation Category and Education Level January 2016-June 2020



About **74%** of opioid-involved fatal overdoses occurred among those with a high school diploma or with less formal education. This proportion ranged from **49% to 88%** by occupation category.

- Less than high school graduate
- High school graduate or equivalent
- Some college or associate's degree
- Bachelor's degree or higher



*Note: Percentages may not add up to 100% due to rounding. * indicates proportions suppressed in line with RIDOH's Small Numbers Reporting Policy.*

Decedents with unknown education level are excluded from analysis.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

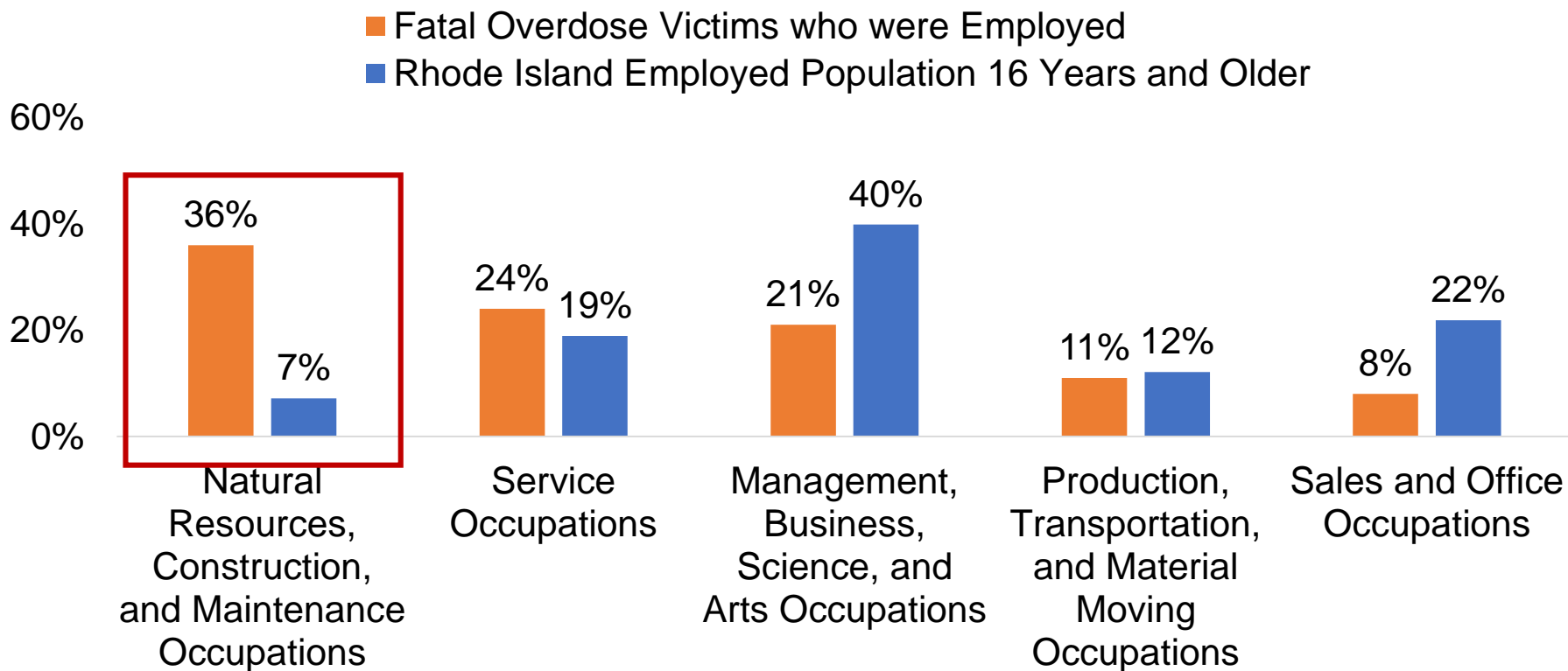


A Closer Look: Employed Occupation Categories

Proportion of Opioid-Involved Fatal Overdoses and Rhode Island Employed Population by Occupation Category, January 2016-June 2020



While **7%** of Rhode Island's employed population works in natural resources, construction, or maintenance occupations, **36%** of fatal overdose victims worked in those occupations.



Note: Percentages may not add up to 100% due to rounding. Proportion of occupation categories for Rhode Island employed population 16 years and older from 2019 American Community Survey 5-Year Estimates.

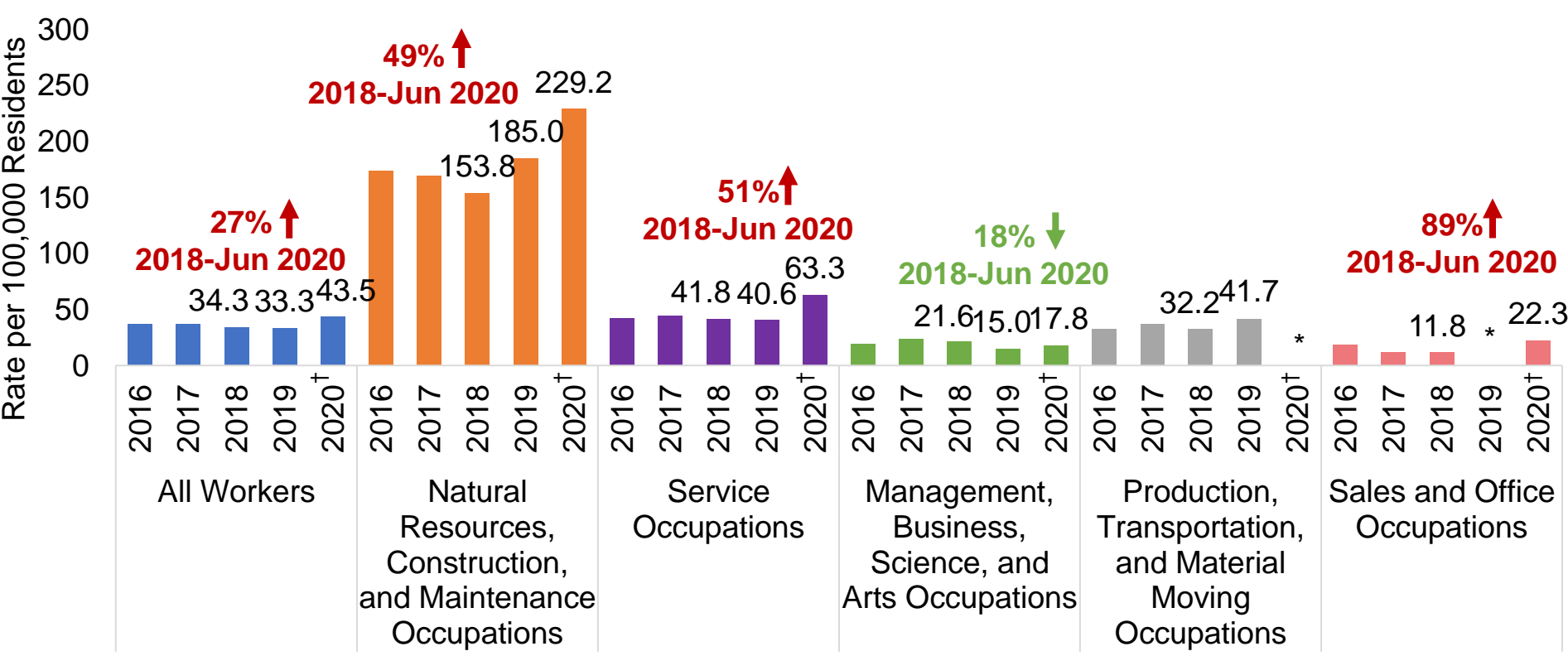
Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Rate of Opioid-Involved Fatal Overdoses per 100,000 Residents by Occupation Category

January 2016-June 2020



Natural resources, construction, or maintenance occupations continue to have the **highest rate** of opioid-involved fatal overdose.



Note: Population denominator based on American Community Survey 5-year estimates for each year; 2019 estimate applied for 2020 rates. Data are limited to unintentional or undetermined drug overdose deaths occurring in Rhode Island among Rhode Island residents. * indicates rates suppressed in line with RIDOH's Small Numbers Reporting Policy related to rate calculations. Data excludes non-worker categories. † 2020 includes data from January to June 2020. Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of 10/1/2021.



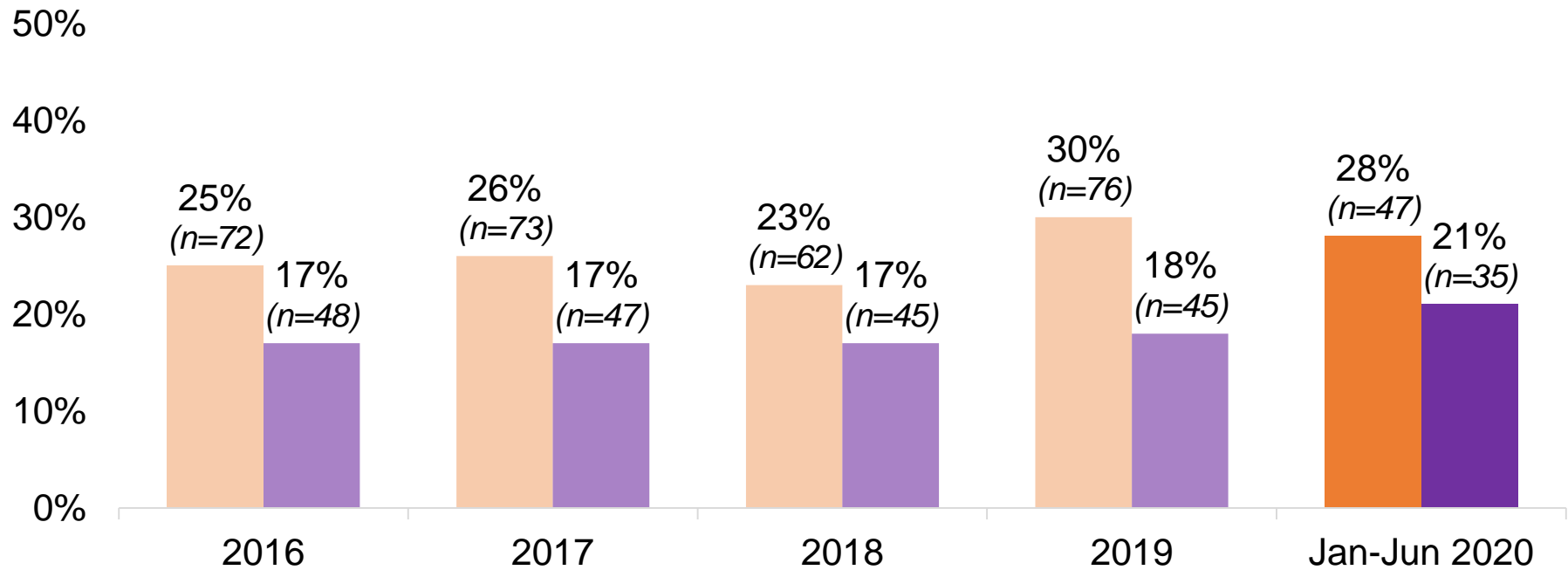
A Closer Look: Natural Resources, Construction, or Maintenance Occupations and Service Occupations

Proportion of Opioid-Involved Fatal Overdoses in NRCM and Service Occupation Category January 2016-June 2020



28% of overdose victims worked in natural resources, construction, or maintenance occupations.

About **one in five (21%)** of overdose victims worked in service occupations.



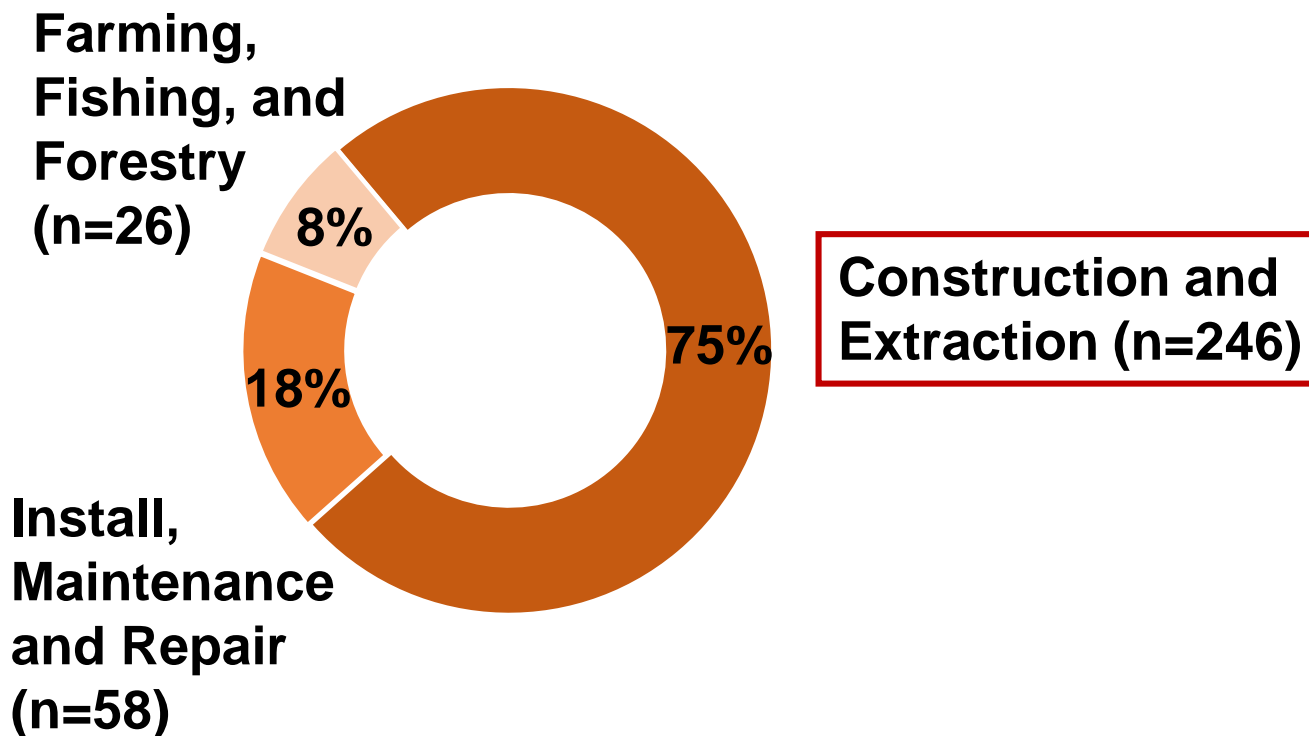
Note: Percentages may not add up to 100% due to rounding.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Natural Resources, Construction, or Maintenance Occupations, January 2016-June 2020



Natural resources, construction, or maintenance occupations continue to have the highest rate of opioid-involved fatal overdoses. Most victims (**75%**) were employed in construction or extraction.



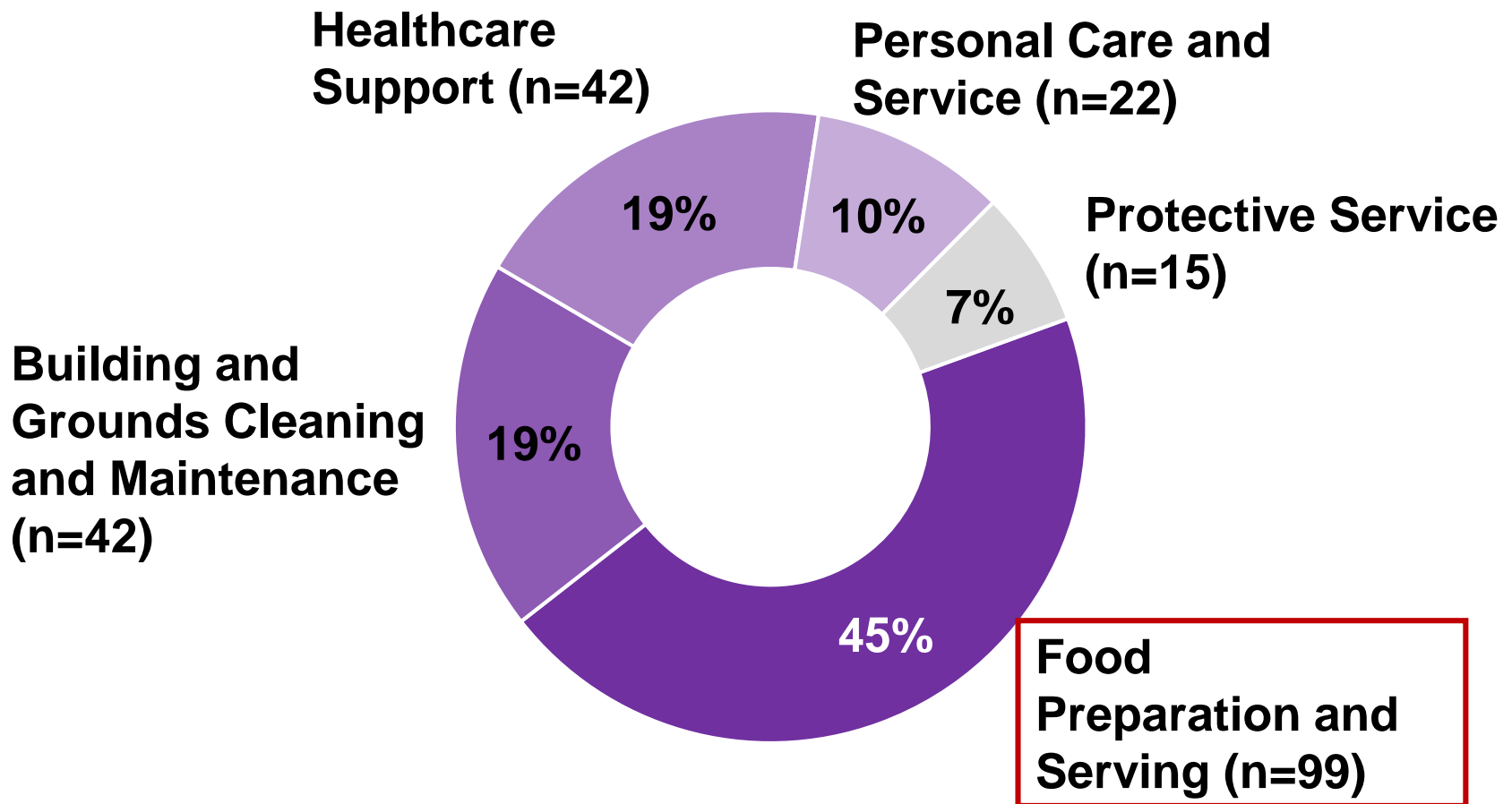
Note: Percentages may not add up to 100% due to rounding.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Service Occupations Category January 2016-June 2020



Almost **half (45%)** of decedents in the service occupation category were employed as food preparers or servers.



Note: Percentages may not add up to 100% due to rounding.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of October 1, 2021.

Conclusions



- **Natural resources, construction, or maintenance occupations** continue to have the highest rate of opioid-involved fatal overdose, with the majority of decedents employed in **construction** or **extraction**.
- **Service occupations** had the second-highest rate of fatal overdose, with almost half of decedents employed as **food preparers** or **servers**.

Next Steps



- Develop a detailed data brief specific to natural resources, construction, or maintenance and service occupations to further analyze SUDORS information.
- Leverage existing partnerships with local organizations to implement overdose prevention initiatives.



Questions?



Rachel Scagos, MPH
Overdose Surveillance Program Manager
Center for Health Data and Analysis
Rhode Island Department of Health
Rachel.Scagos@health.ri.gov

Jaejoon Shin, MPH
Public Health Epidemiologist
Drug Overdose Surveillance Program
Center for Health Data and Analysis
Rhode Island Department of Health
Jaejoon.Shin@health.ri.gov

The impacts of the novel coronavirus (COVID) 2019 and the overdose crisis among unstably housed people who use drugs: Challenges and next steps

Alexandra Collins, PhD

Investigator, Department of Epidemiology
School of Public Health, Brown University

Presentation to Governor's Overdose Intervention and Prevention Task Force

October 13, 2021

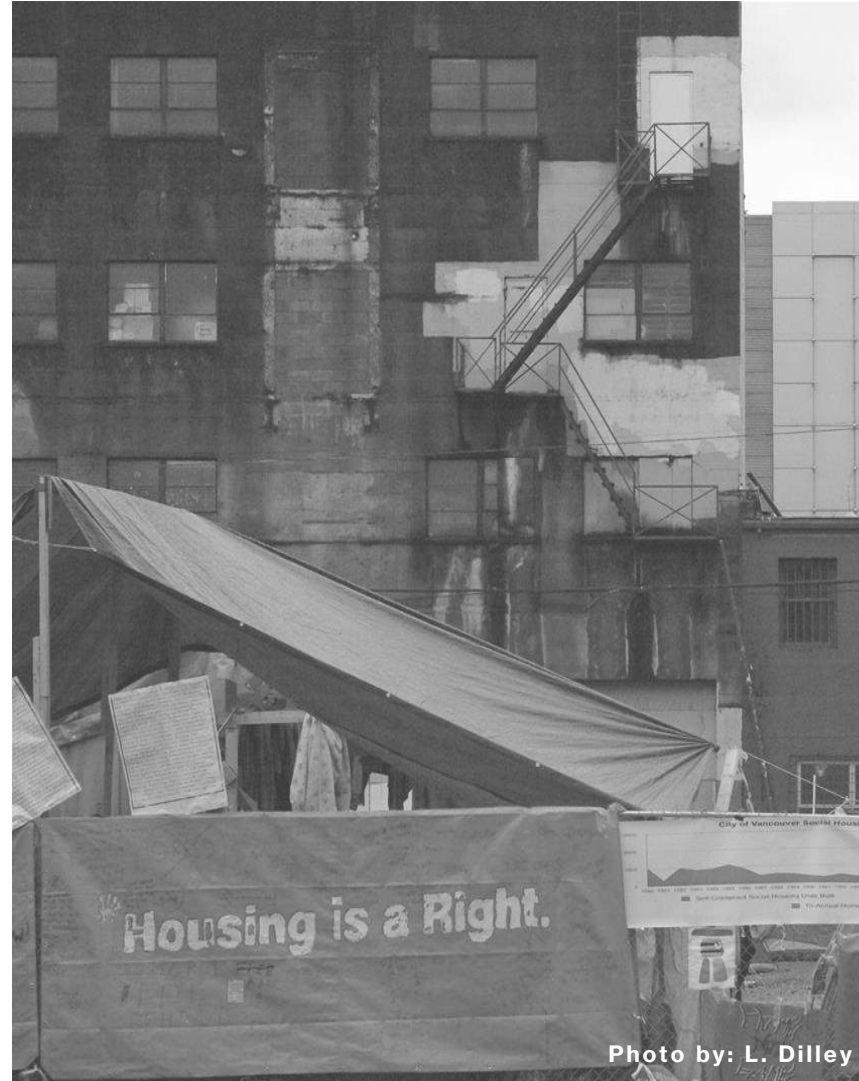


Photo by: L. Dilley



This work took place on the unceded and traditional lands of the Narragansett peoples.



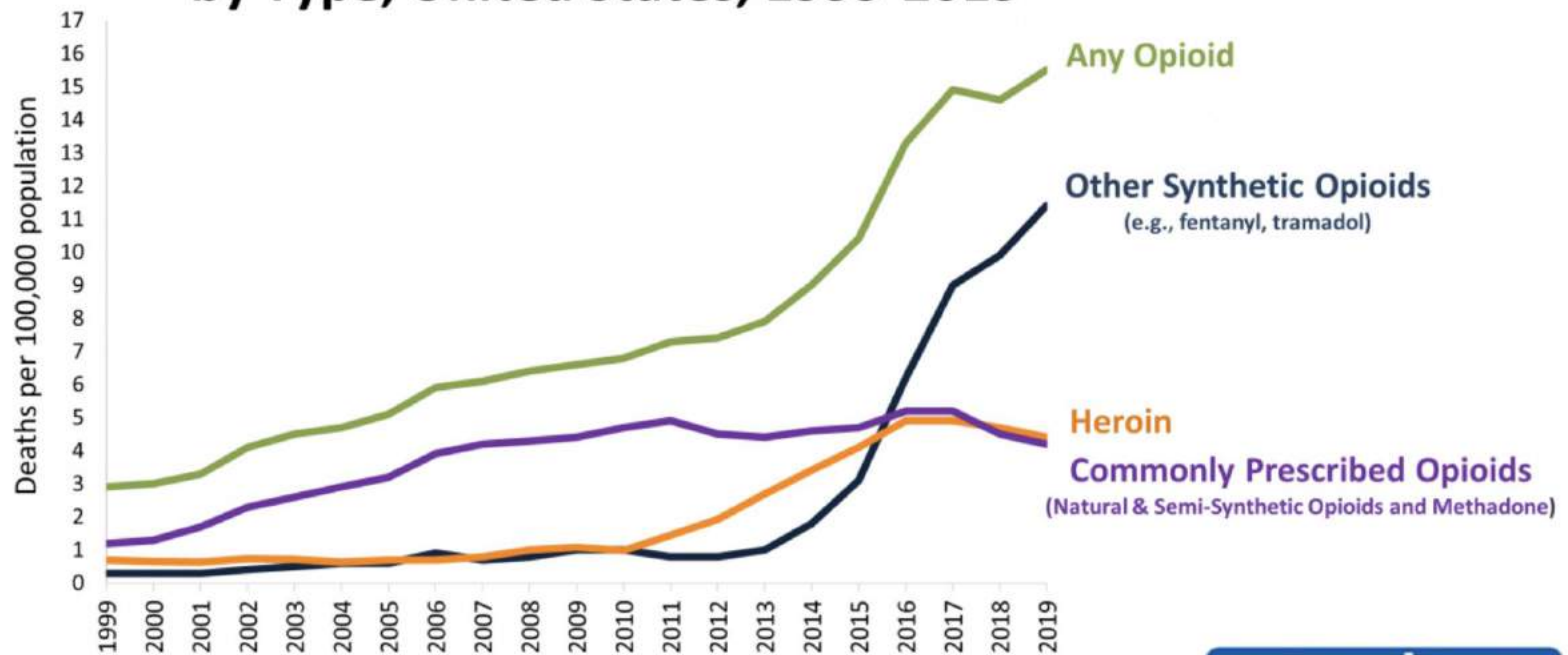
Please note:

- All participant names are pseudonyms.
- All quotes are from participants and have not been edited or altered to maintain the integrity of participants' experiences. Some quotes may therefore contain profanities.



Co-occurring public health crises

Overdose Death Rates Involving Opioids, by Type, United States, 1999-2019



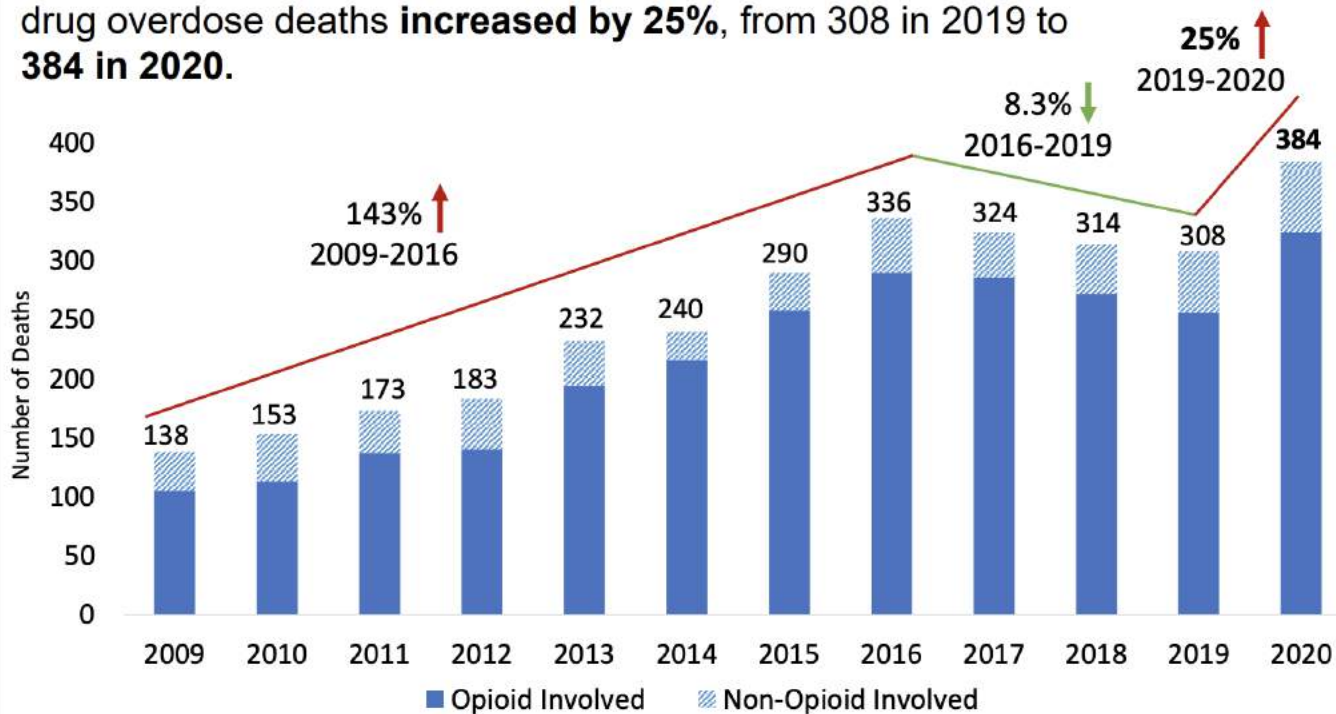
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.



12-Year Look at Rhode Island's Overdose Epidemic



After seeing a decrease by 8.3% from 2016 to 2019, accidental drug overdose deaths **increased by 25%**, from 308 in 2019 to **384 in 2020**.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

COVID-19 response measures

International Journal of Drug Policy 83 (2020) 102872



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journal homepage: www.elsevier.com/locate/drugpo

Viewpoint

Addressing co-occurring public health emergencies: The importance of naloxone distribution in the era of COVID-19

Alexandra B. Collins^{a,*}, Colleen Daley Ndoye^b, Diego Arene-Morley^c, Brandon D.L. Marshall^b

^a Department of Epidemiology, School of Public Health, Brown University, 121 South Main Street, Providence, RI 02903, United States

^b Project Weber/Reneau, 640 Broad Street, Providence, RI 02907, United States

^c Rhode Island Communities for Addiction Recovery Efforts, 134 Mathewson Street, Providence, RI 02903, United States



BRIEF REPORT

The Impact of COVID-19 on Service Provision for Emergency Department Patients Post-Opioid Overdose: A Field Report

Alexandra B. Collins, PhD, Francesca L. Beaudoin, MD, PhD, Elizabeth A. Samuels, MD, MPH, MHS, Rachel Wightman, MD, and Janette Baird, PhD

AIDS and Behavior

<https://doi.org/10.1007/s10461-020-02886-2>

NOTES FROM THE FIELD

The Impact of COVID-19 on Syringe Services Programs in the United States

Sara N. Glick¹ · Stephanie M. Prohaska² · Paul A. LaKosky² · Alexa M. Juarez¹ · Maria A. Corcoran¹ · Don C. Des Jarlais³

Dunlop et al. Harm Reduction Journal (2020) 17:26
<https://doi.org/10.1186/s12954-020-00370-7>

Harm Reduction Journal

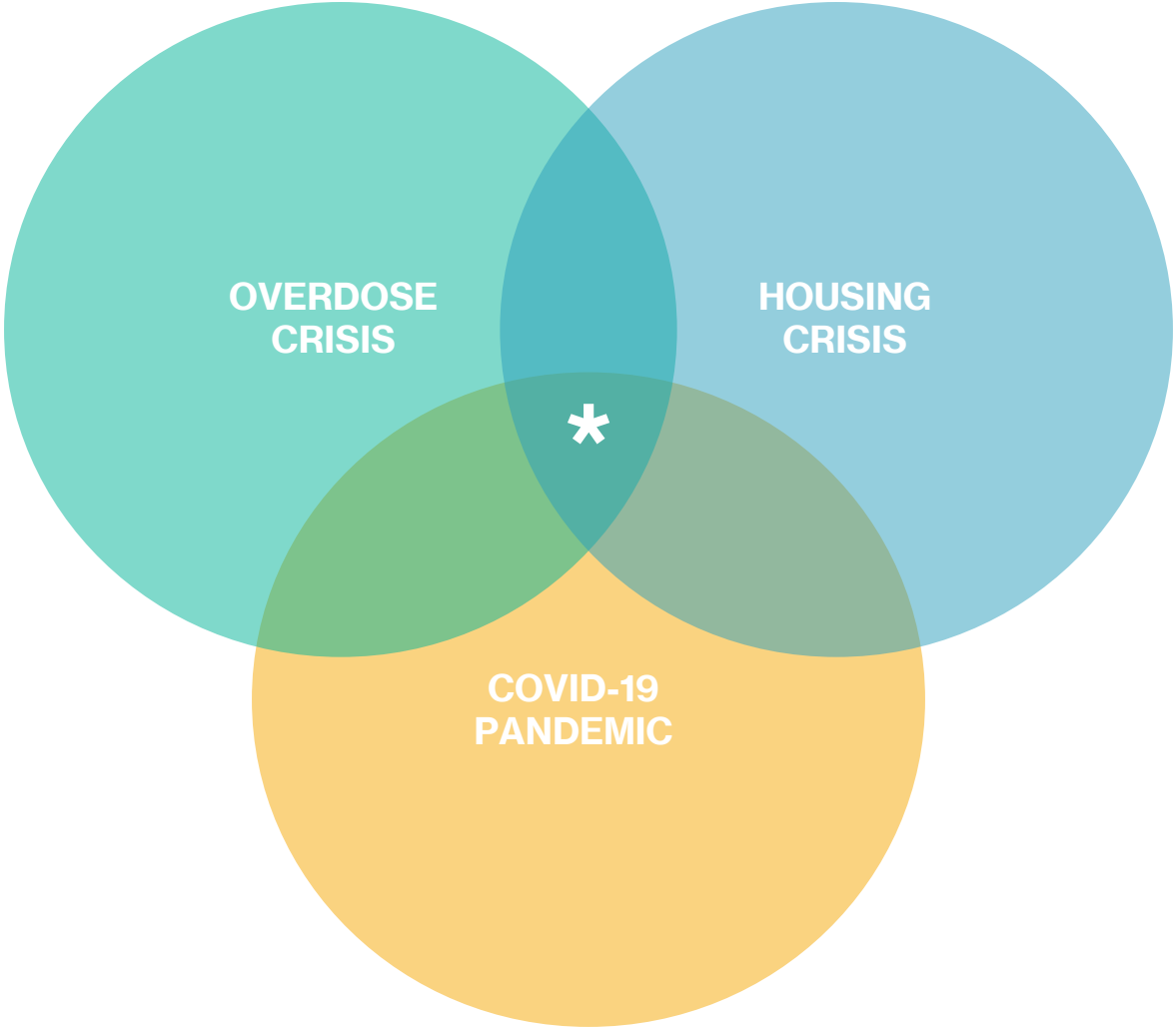
OPINION

Open Access

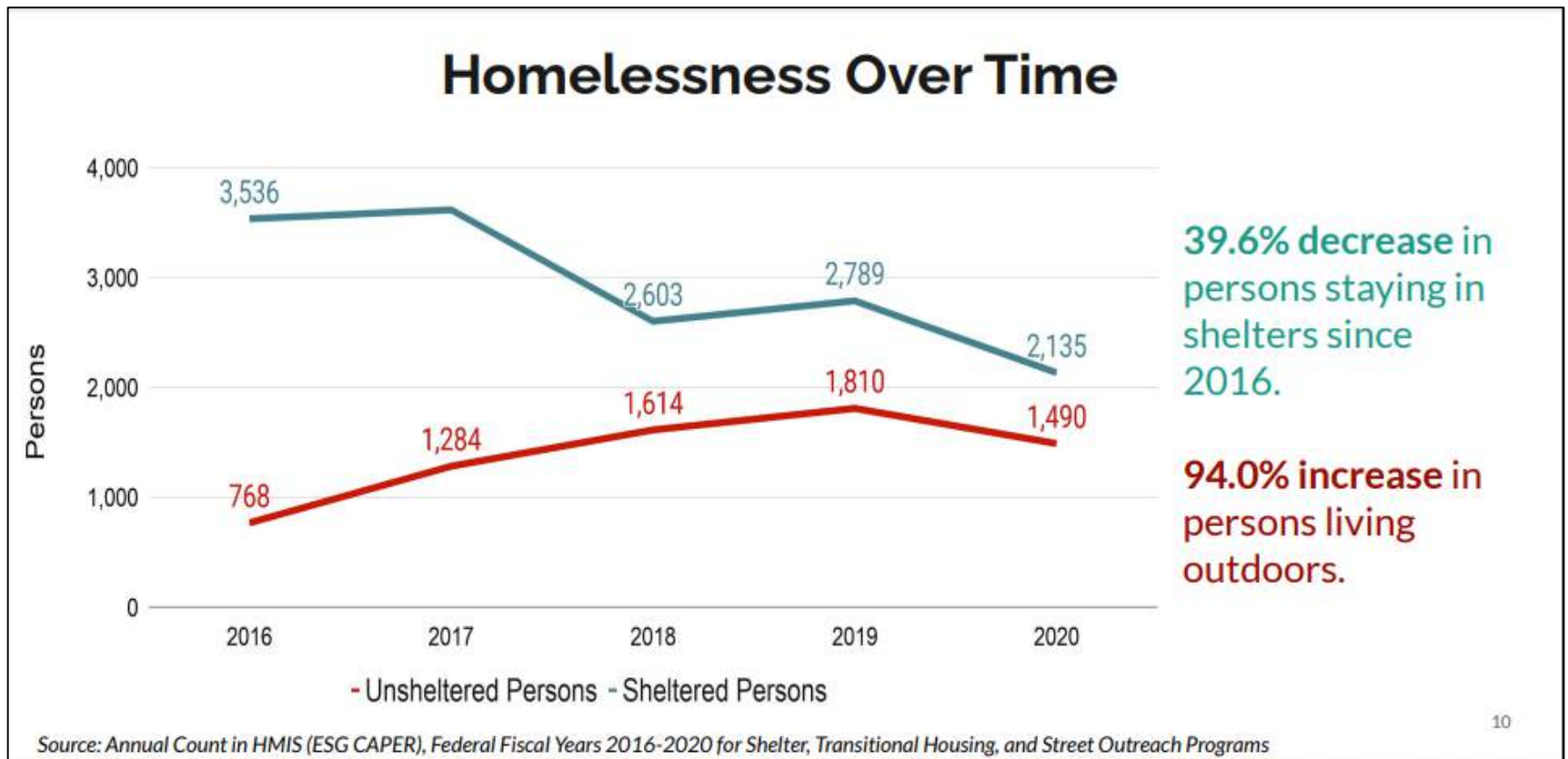
Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic

Adrian Dunlop^{1,2,3,4*}, Buddhima Lokuge^{1,2}, Debbie Masters¹, Marcia Sequeira^{1,3}, Peter Sauf⁴, Grace Dunlop³, John Ryan⁵, Michelle Hall¹, Nadine Ezard^{3,6}, Paul Haber^{3,7,8}, Nicholas Lintzeris^{3,8,9} and Lisa Maher¹⁰



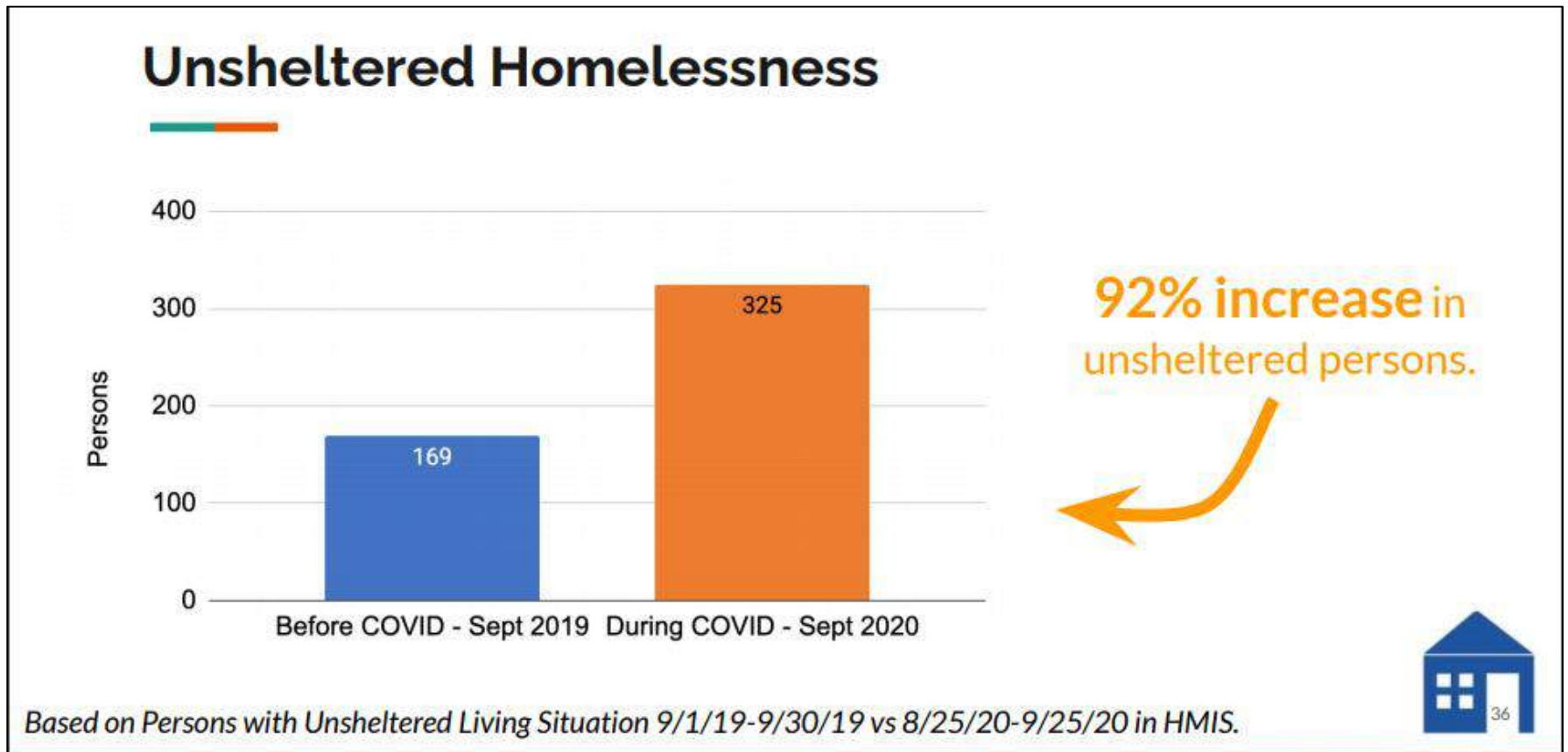


Rhode Island homelessness rates

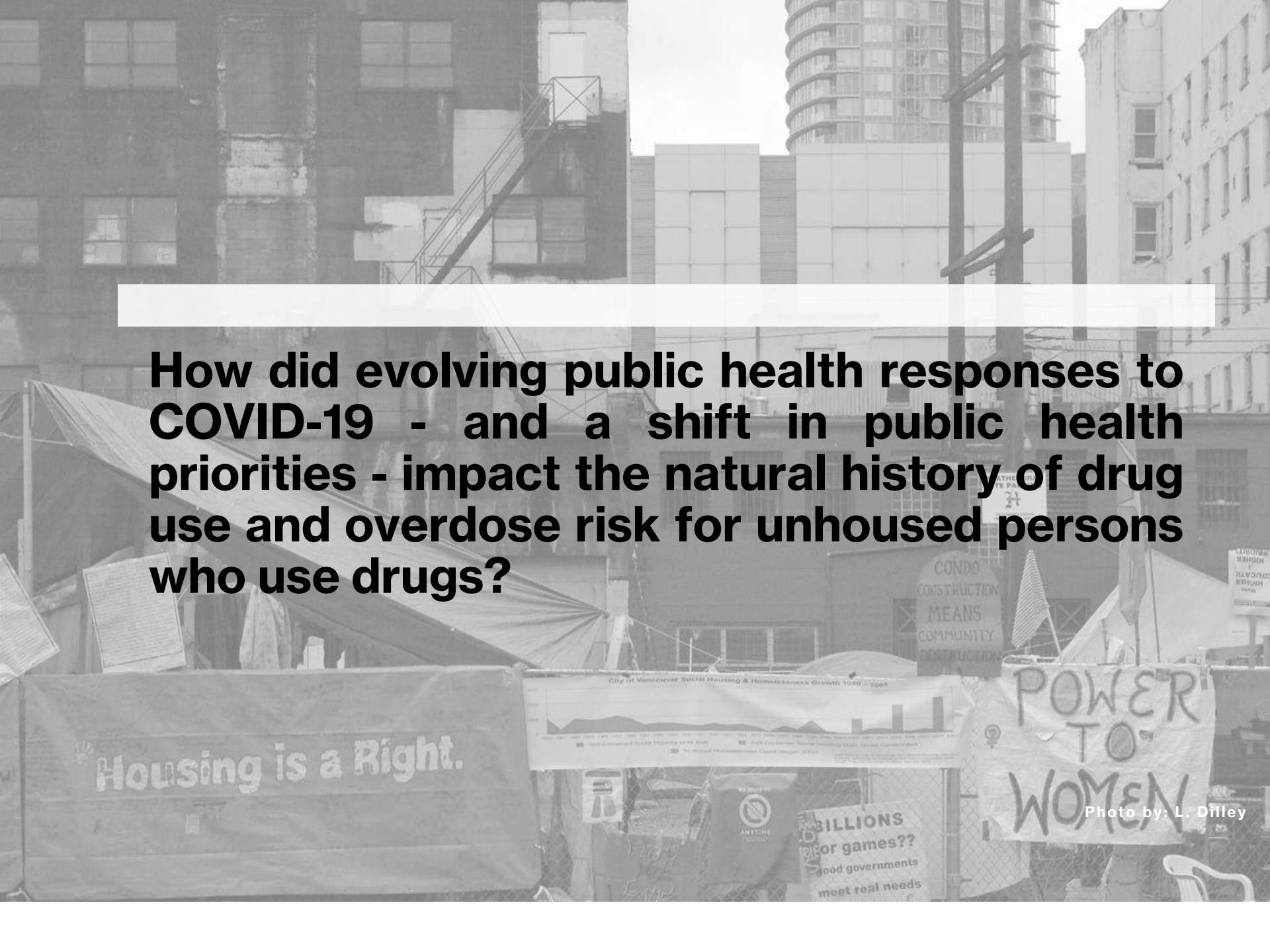


Source: State of Homelessness in RI [Report](#), October 2020

Rhode Island unsheltered homelessness rates



Source: State of Homelessness in RI [Report](#), October 2020



How did evolving public health responses to COVID-19 - and a shift in public health priorities - impact the natural history of drug use and overdose risk for unhoused persons who use drugs?

Photo by: L. Dilley

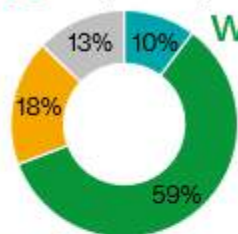
Methods

- Rapid ethnographic work was conducted from July 2020 – April 2021
- Approximately **50 hours of ethnographic fieldwork** across six towns in Rhode Island
 - Field sites included encampments, regular outreach routes, hotels, and public spaces
- **In-depth interviews** with 39 unstably housed people who use drugs

Participant demographics

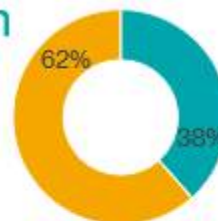
45
average age of
participants

59% of participants were
white



■ Indigenous ■ White ■ Black ■ Other

38% of participants were
women



■ Women (transgender-inclusive) ■ Men

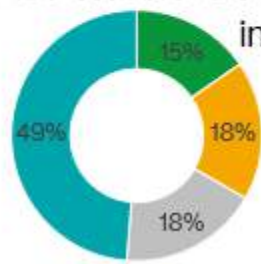
6.6 years
average length of
time unhoused
(range: 2mo – 35yrs)

46% of participants were
on MOUD



■ Buprenorphine ■ Methadone ■ N/A

51% of participants had
one or more overdoses
in the prior year



■ 1 overdose ■ 2 overdoses
■ 3+ overdoses ■ N/A

housing types*

- 13 staying in tents
- 12 staying in hotels/motels
- 7 shelters or transitional housing
- 7 couch surfing
- 6 other (e.g. car, unsheltered)

*not mutually exclusive

Findings

- 
- 1. COVID-19 impacts on housing and service access**
 2. COVID-related impacts on drug use practices

Housing is a Right.

100 BILLIONS
for games??
Good governments
meet real needs

POWER
TO
WOMEN

Barriers to housing

- Participants faced persistent barriers to accessing housing, which were exacerbated during COVID-19
 - Included: years-long waitlists, having a voucher but no landlord willing to rent, having a prior felony, and needing couples housing
- Participants described navigating “*10,000 hoops*” due to service closures and changes to bureaucratic processes during the pandemic
 - Impacted some participants’ ability to stay in contact with outreach workers and find temporary housing solutions

I was paying **\$690 for five days** [...] It was pretty much my whole entire fucking paycheck every week **just so I'd have a dry place to sleep. Then shit went south very quickly** and Crossroads won't let you in till you get COVID tested. **Then you've gotta call CES and if there's no beds available, I can't afford to go to Harrington...**my job's right down the street [from here]. What the fuck am I gonna do all the way out in Cranston? **Bus don't leave early enough for me to get here. So it's either sleep in a tent, sleep outside, or stay at Crossroads.**

[Michael, 39-year-old white man]

Housing transitions

- Housing transitions were common
- Most participants cycled between shelters, hotels, prison, staying outside, and/or couch surfing
 - Some participants, regularly engaged with in-patient treatment programs to meet their basic needs, which increased risk of fatal overdose upon release
- For participants in temporary hotel programs, the risk for removal due to drug use was pervasive
 - Concerns that removal would jeopardize future housing placement
 - Led participants to use in ways that increased overdose risk while aiming to keep their hotel tenure

The using's a little more discreet. I try to do it before I even get to the house [hotel], I don't even like to do it there. They do room checks, 'wellness check,' they call it. **They just make sure you don't have guests. [...]** I'm not gonna lose that little bit of a spot and be sleeping down here on this curb. **I can't do it no more. [...]** **So I come to town** [to use], **but I'm more of a discreet person...** I worry about someone calling the cops on me.

[Samuel, 42-year-old white man]



Increased surveillance during COVID-19

- COVID-related service closures limited where people could socialize.
 - This increased interactions with police and exacerbated social isolation
- Some viewed service closures as specifically targeting unhoused populations, as it increased their risk of criminalization related to both drug use and homelessness.
- This shift in surveillance increased COVID-19 exposure for people who were arrested and increased fatal overdose risk upon release.

First off, COVID-19 is bullshit. [...] And in the meantime, **you're making our lives so much harder than it already is. You've practically cut out a lot of access to the homeless.** Now we're just out here with nothing. **We have no opportunities for assistance...**It's like they make things harder for us, you know? Like **you've taken away all our bathrooms and then you want to put us in jail cause we have to find a place to squat?** We're out in the open – what do you want me to do? **...It's like they left us homeless people here to just rot away.**

[Sherry, 42-year-old multi-racial woman]

- 
1. COVID-19 impacts on housing and service access
 2. **COVID-related impacts on drug use practices**

Housing is a Right.

City of Vancouver Social Housing & Homelessness Growth 1990 - 2008



CRISIS
CITY OF VANCOUVER
BILLIONS for games??
good governments
meet real needs

POWER
TO
WOMEN

Quality and price

- COVID-19 impacted the quality of the illicit market
 - Increased potency of the supply and an increase in 'cut' (i.e., impurities) being added during COVID
- Participants noted increased prices, with stimulants being most impacted
- These changes in the market led to some drug use transitions during the pandemic
 - Transitions to crystal methamphetamine
 - Transitions to injection drug use

I sell the middle of the line stuff, that way I can make a decent profit. [...] But **most of the Tina nowadays has fent. Now, I rinse my stuff with acetone. I take it [fentanyl] out, right? Cause I'm a believer if you're gonna do a shot of Tina you're going up.** You shouldn't be tired afterwards, rights? So, I rinse it out with acetone.

[Russell, 58-year-old white man]

Negotiating risk reduction strategies

- Participants had to balance overdose risk, reducing COVID-19 exposure, and meeting their basic needs amid an increasingly toxic supply.
- This resulted in social isolation and adverse mental health outcomes which impacted their drug use patterns.
- Led to the “*fuck its mood*” where individuals increased their use and used in ways that heightened overdose risk (e.g., using alone, rushing their use, using in more ‘hidden’ locations).

That **COVID is freaking my friends out. The drug use is killing us. I don't know if I'm gonna be next.** I could be tomorrow, I could be tonight, I could be dead. [...] And now they're putting people up in hotels. Those might be the people with the disease – who knows? That scares me to death. **And I won't go to a shelter. I'd rather take my chances outside.** I might freeze to death, might be sick cause of my addiction, but **I'd rather die from my addiction than die from something that somebody else may have.** [Mark, 51-year-old white man]



Challenges and opportunities



There is a need to expand geographic coverage of harm reduction services outside of the urban core to meet peoples' needs.

We buy packs of like 10 [syringes] from like CVS or Walgreens. They're only like \$5 for 10 of em. **Or sometimes he'll go to the needle exchange...but it's out of the way.** We have to take buses to get there from [the shelter]. **So that'd be two buses just to get a needle.**

[Morgan, 33-year-old white woman]

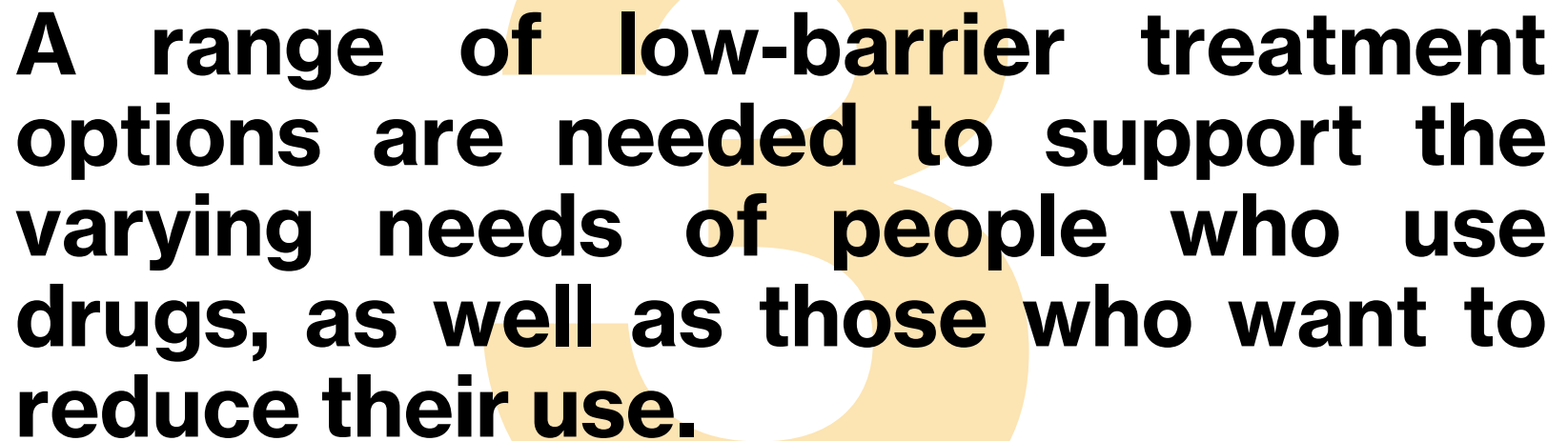


Increasing services and programs that meet peoples' basic needs are critical.

Basic needs

I wish they had more resources for people who don't have food and shit like that. You know what I mean? Because it's kind of hard – **I'm stealing to feed us. And I don't like stealing because that's going to put me back in jail** for trying to feed us...**and my food stamps – I missed the recertification.** I want to get a paper and fill it out and do it **but I got to get my phone on because they're not doing interviews in the office – they're doing it by phone.** Now my phone's screwed up. [...] **And I don't have transportation** – that's another thing, you know what I mean?

[Stanley, 53-year-old white man]


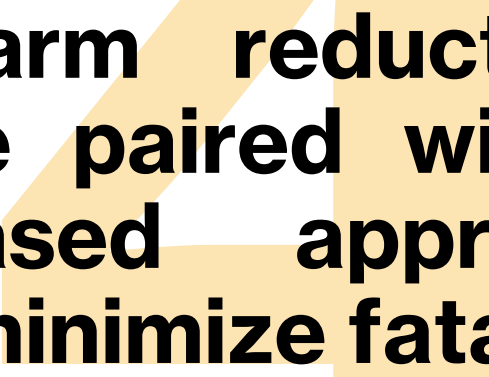


A range of low-barrier treatment options are needed to support the varying needs of people who use drugs, as well as those who want to reduce their use.

Program options

Long-term programs - that's another thing. They're very short here. It's either 30 to 90 days. If you go to Men's Road, you can get two weeks, and then you get an extension for two more weeks. **What are you gonna do to cleanup in four weeks? Not much.** Like someone who's been using as many years as I've been using, been in and out of prison for 17 years, it's very hard to change. [...] **You know what it's like? It's like walking out and there's nowhere to go. It's a set up.**

[Chad, 48-year-old white man]



Existing harm reduction services need to be paired with additional, evidence-based approaches and policies to minimize fatal overdose.

Expanded harm reduction interventions

People ain't gonna not stop using the drug, right? So, the government needs to fucking **let people go some place where doctors are there when they're getting high and they can make sure that people don't die or whatever.** You know what I'm saying? **And give 'em a drug that they know is a real drug instead of this bullshit on the street.** That's what's really killing the people - the fentanyl. [...] I mean, **that would be the best way to do it. It would stop a lot of deaths.**

[Ronald, 54-year-old multi-racial man]



Housing-related policy changes are needed to improve access for people who use drugs and support long-term tenancy.

Housing barriers

Like I said, I've been waiting two years. Two years and now I got on the list in two, three, four years or whatever. So, I gotta be out here for two years or whatever, right? **I've been on the [the list] since 2011, signed up again in 2015 and I'm still out here.** And it's like, 'ok, you say I'm this and I'm that,' you know. **But you get lost in the system.**

[Kyle, 51-year-old Indigenous man]

Key takeaways



1. Findings indicate that there is an **unmet need for harm reduction-focused housing** (and housing in general).
2. **Expanding harm reduction supplies outside of the urban core** is urgently needed, including brick and mortar facilities.
3. Due to **punitive factors** and social requirements, people are often using in ways that **increase their risk of overdose**.
4. Ongoing gaps in basic needs and services, and uncertainty of next steps is **impacting participants' mental health** in ways that increases drug use.



Thank you.

e: alexandra_collins1@brown.edu



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