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

April 13, 2022

RICHARD CHAREST, MBA; DIRECTOR, RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES & HOSPITALS

ANA NOVAIS, MA; ACTING SECRETARY, RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Welcome and Announcements

Recovery Friendly Workplace
April 2022 Designees

WORTHINGTON INDUSTRIES

AMTROL

Southern Providence County Regional Coalition
Member of Rhode Island Regional Coalitions

SOUTHSIDE COMMUNITY LAND TRUST
we help people grow food

DAVE'S COFFEE
CRAFT-ROASTED

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**

Task Force Work Groups

View all meeting schedules and get involved:
PreventOverdoseRI.org/task-force-work-groups

Work Group	State Agency Co-Chair	Community Co-Chair
Prevention	James Rajotte (EOHHS) Elizabeth Farrar (BHDDH)	**Obed Papp,** City of Providence Healthy Communities Office
Rescue	Jennifer Koziol (RIDOH)	**Michelle McKenzie,** Preventing Overdose and Naloxone Intervention (PONI)
Harm Reduction	Katie Howe (RIDOH)	***Vacant**
Treatment	Linda Mahoney (BHDDH)	**Dr. Susan Hart**
Recovery	Linda Mahoney (BHDDH)	**Ines Garcia,** East Bay Recovery Center
First Responders	Carolina Roberts-Santana (RIDOH)	**Chief John Silva,** North Providence Fire Department
Racial Equity	Monica Taveras (RIDOH)	**Dennis Bailer,** Project Weber/RENEW **Nya Reichley,** Project Weber/RENEW
Substance-Exposed Newborns	Margo Katz (RIDOH) Kristy Whitcomb (RIDOH)	
Family Task Force	Trisha Suggs (BHDDH)	**Laurie MacDougall,** Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)

Task Force Work Groups and Meeting Schedules

View all meeting schedules and get involved:
PreventOverdoseRI.org/task-force-work-groups

Work Group	Meets	Next Mtg	Meeting Details
Prevention: James.C.Rajotte@ohhs.ri.gov, Elizabeth.Farrar@bhddh.ri.gov	**Monthly** 1st Tues., 1 p.m.–2:30 p.m.	May 3	**Join Zoom Meeting** https://zoom.us/j/94436323722?pwd=TlIvQjF2TEFlRTM5VytkRDlIVUpsdz09 Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG
Rescue: Jennifer.Koziol@health.ri.gov	**Every Other Month** 2nd Thurs., 10 a.m.–11:30 a.m.	April 14	**Join Zoom Meeting** https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRaZz09 Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG
Harm Reduction: Katharine.Howe@health.ri.gov	**Monthly** 2nd Tues., 1 p.m.–2:30 p.m.	May 10	**Microsoft Teams** Click here to join the meeting (audio only) +1 401-437-4452,,351888385# US, Providence Phone Conference ID: 351 888 385#
Treatment: Linda.Mahoney@bhddh.ri.gov	**Monthly** 1st Tues., 10:30 a.m.–11:30 a.m.	May 3	**Microsoft Teams** Click here to join the meeting
Recovery: Linda.Mahoney@bhddh.ri.gov	**Monthly** 3rd Wed., 10:30 a.m.–Noon	May 18	**Microsoft Teams** Click here to join the meeting
First Responders: Carolina.Roberts-Santana@health.ri.gov	**Every Other Month** 3rd Thurs., 10 a.m.–11:30 a.m.	June 16	**Microsoft Teams** Click here to join the meeting
Racial Equity: Monica.Taveras@health.ri.gov	**Monthly** Last Thurs., 10 a.m.-11 a.m.	April 28	**Join Zoom Meeting** https://us02web.zoom.us/j/82826231924 Meeting ID: 828 2623 1924 Mobile +19292056099,,82826231924# US (New York)
Substance-Exposed Newborns: Margo.Katz@health.ri.gov Kristy.Whitcomb@health.ri.gov	**Monthly** 2nd Tues., 2 p.m.–3 p.m.	May 10	**Microsoft Teams** Click here to join the meeting (audio only) +1 401-437-4452,,189953277# United States, Providence (833) 201-5833,,189953277# United States (Toll-free)
Family Task Force: Trisha.Suggs@bhddh.ri.gov	**Monthly** 2nd Tues., 6 p.m.–7:30 p.m.	May 10	**Join Zoom Meeting** https://us02web.zoom.us/j/8467337054

Cocaine-Involved Overdoses in Rhode Island

April 13, 2022

Governor's Overdose Prevention and Intervention Task Force

Purpose

Stimulant use, including cocaine and methamphetamine, continues to increase.

In response, RIDOH's Overdose Data to Action Team convened a subgroup to collect data from multiple sources on cocaine use and cocaine-involved overdoses to help inform action.

Goals of the Presentation:

1. To provide a high-level overview on data related to cocaine use and overdoses in Rhode Island.

2. To highlight trends and health disparities present in the data.

Forms of Cocaine

Cocaine is commonly distributed as a powder or as crack (base cocaine).

Cocaine In Powder Form

Method of use: Snorted or injected

Crack Cocaine in Rock Form

Method of use: Smoked or injected

Cocaine Use in Rhode Island

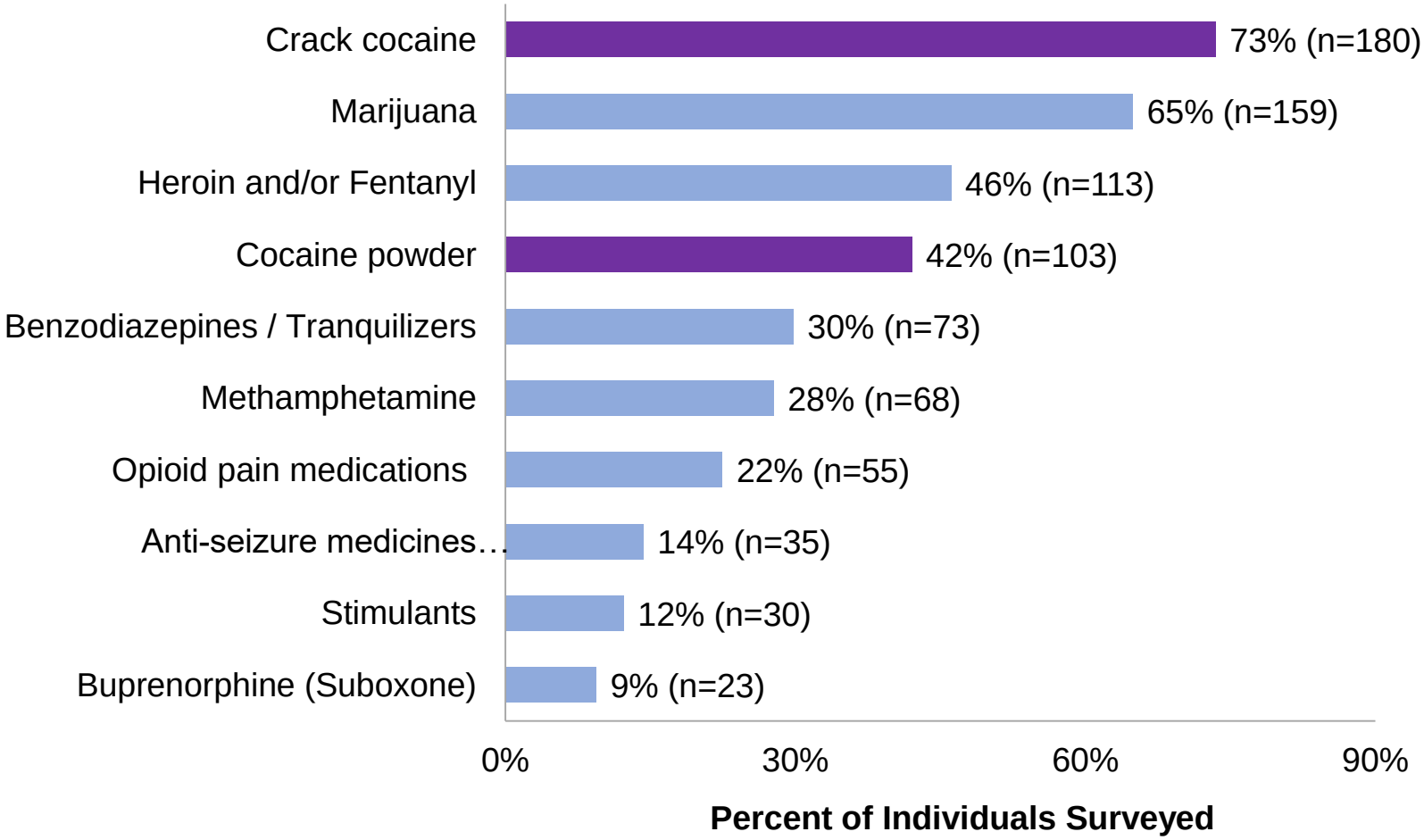
Cocaine Use in Rhode Island

In 2019, an estimated 20,000 individuals in Rhode Island used cocaine (including crack cocaine) in the past 12 months.

Note: RIDOH does not have any data for specifics related to age, sex, race, ethnicity, or frequency of use.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

Substance Use Among Individuals who Use Illicit Drugs in Rhode Island

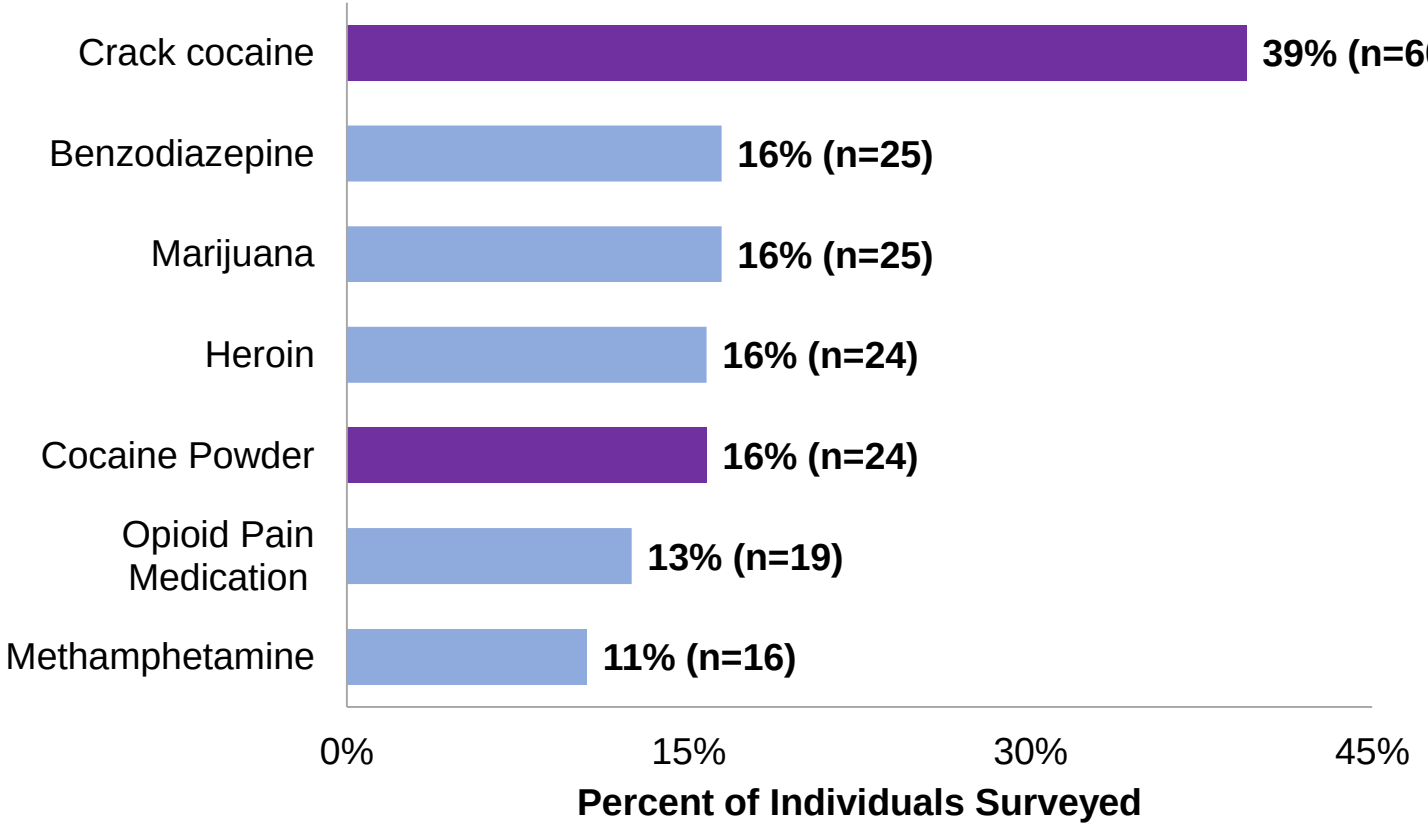
Crack cocaine was the most reported, non-prescribed substance used in the last 30 days.



Source: Harm Reduction Surveillance System, RIDOH, 2022.

Drug Contamination in the Past 12 Months (Check all that apply.)

Crack cocaine was the most reported contaminated substance among individuals who believed they unexpectedly used fentanyl while using other substances.



Source: Harm Reduction Surveillance System, RIDOH, 2022

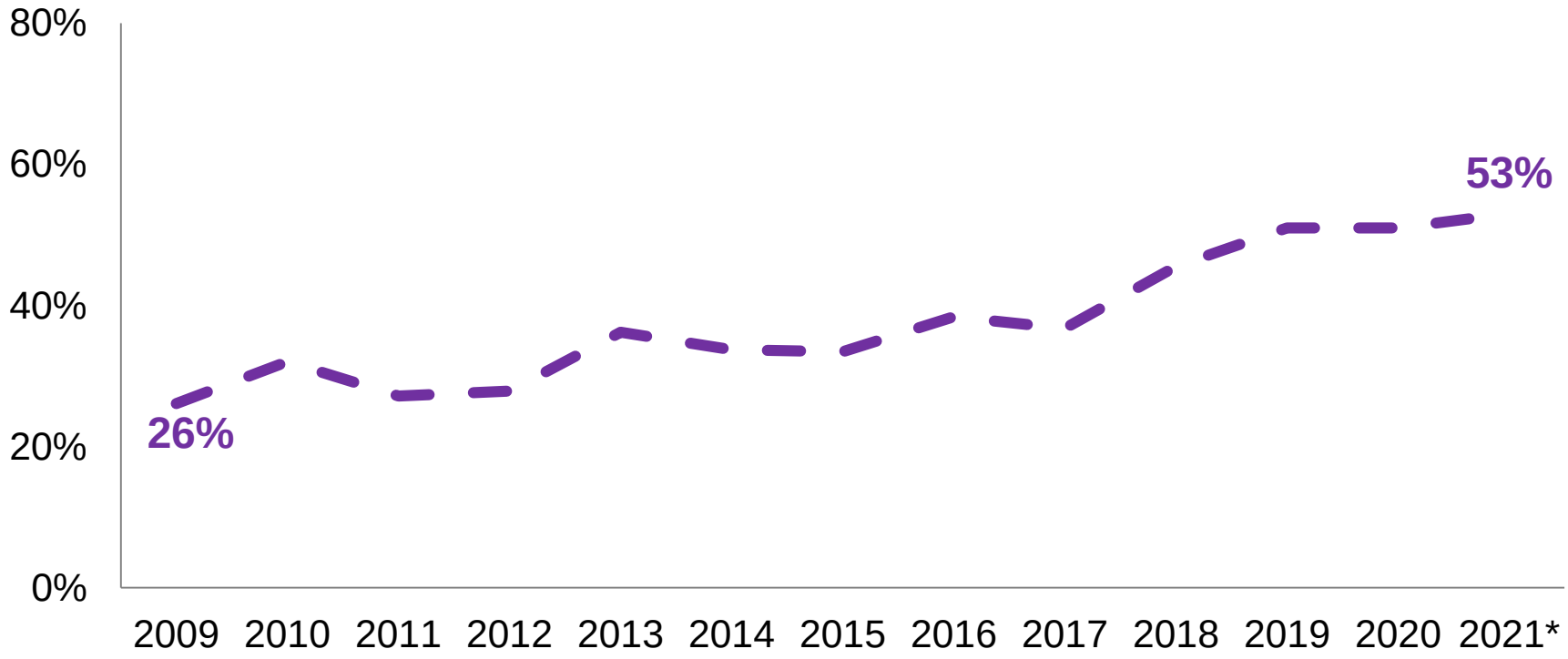
Cocaine-Involved Fatal Overdoses

Defining A Cocaine-Involved Fatal Overdose

- Cocaine as well as other substances, particularly fentanyl, may have contributed to a person's death.
- Cocaine will increase a person's heart rate and blood pressure resulting in heart failure and/or fatal seizures.
- Toxicology testing cannot determine the form of cocaine (powder or crack) which contributed to the person's death.

Cocaine-Involved Fatal Overdoses

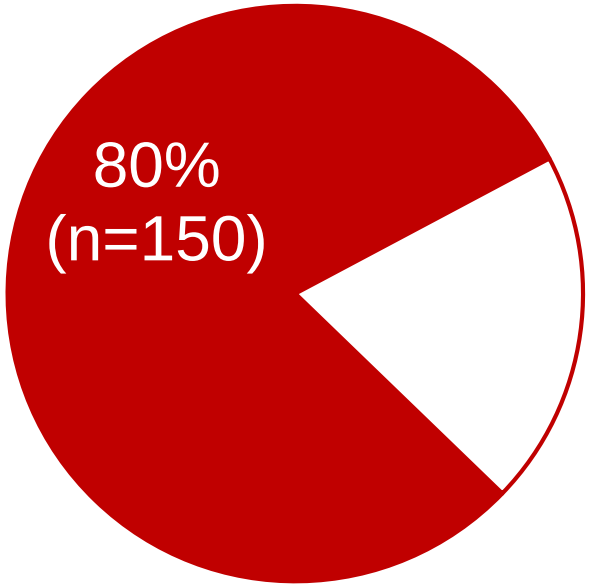
The proportion of fatal overdoses involving cocaine has dramatically increased over time from **26% in 2009 to 53% in 2021**.



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 the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 28, 2022.

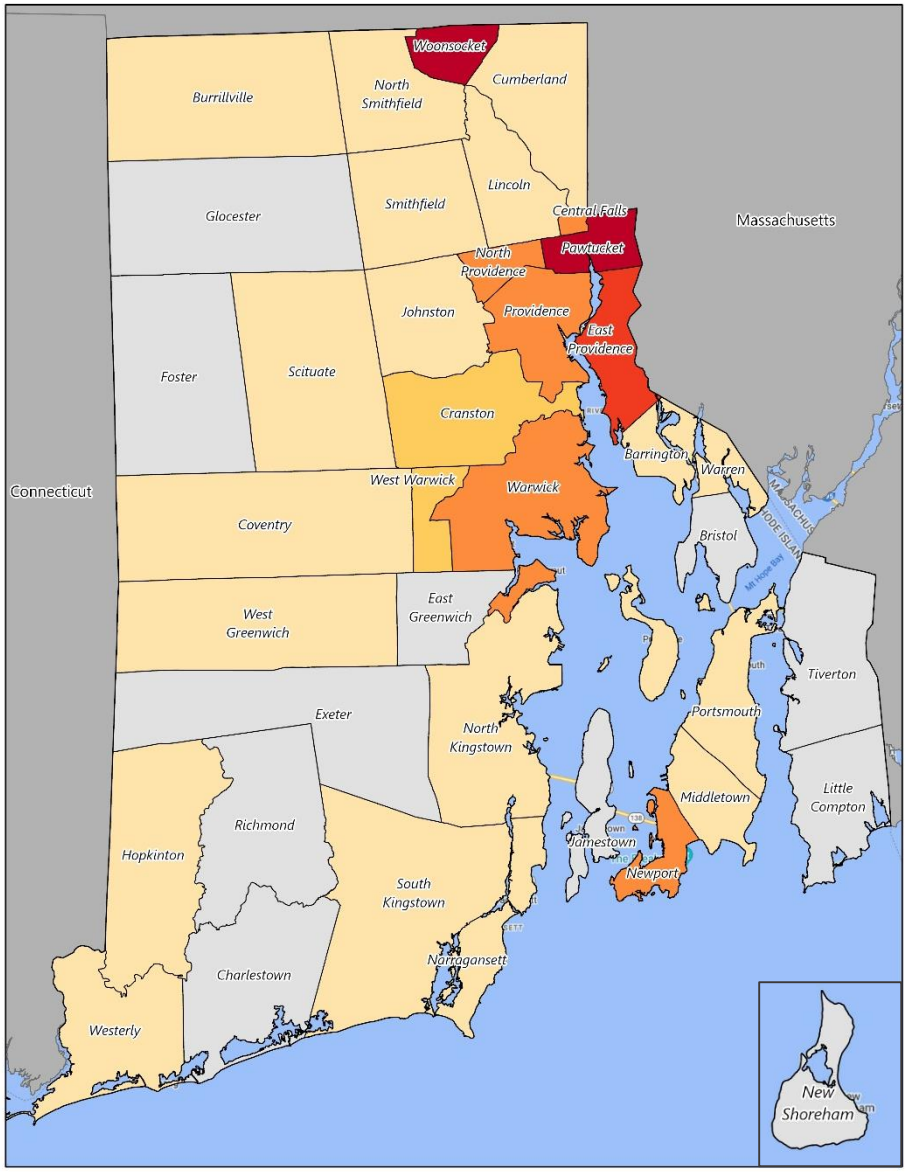
Cocaine-Involved Fatal Overdoses

In 2021, 4 out of 5 (80%) people who died from a cocaine-involved overdose also had fentanyl in their system.



*Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death. *2021 data are not yet final and are subject to change.*
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 29, 2022.

Percent of Overdose Fatalities Involving Cocaine by Municipality of Incidence, 2021 YTD



Legend

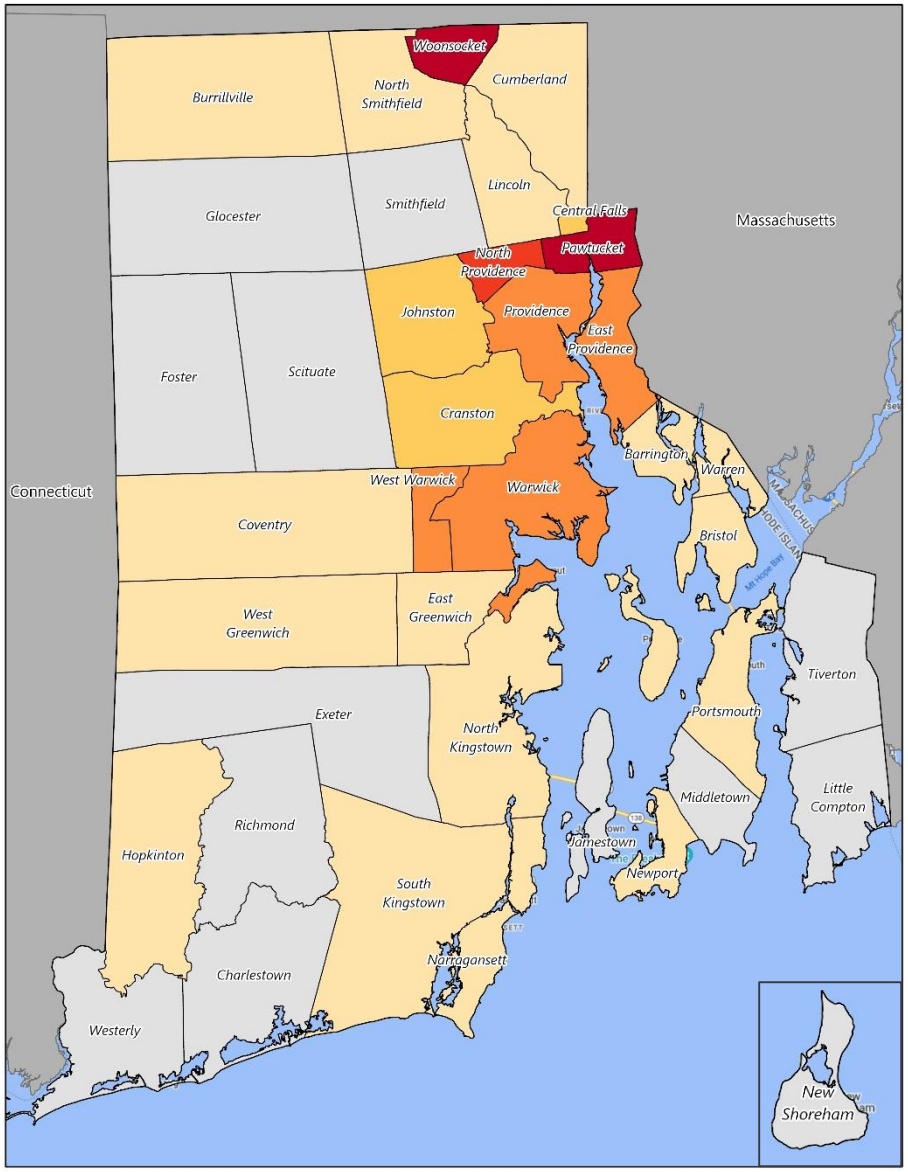
Percent of Cocaine-Involved Fatalities by Incident Municipality

- Less than 5 Cocaine-Involved Fatalities
- 50% or Less
- 51% to 59%
- 60% to 65%
- Over 66%
- 0 Cocaine-Involved Fatalities

0 2 4 miles

Source: Office of the State Medical Examiners (OSME)

Percent of Overdose Fatalities Involving Cocaine by Municipality of Residence, 2021 YTD



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- 60% to 65%
- Over 66%
- 0 Cocaine-Involved Fatalities

0 2 4 miles

Source: Office of the State Medical Examiners (OSME)

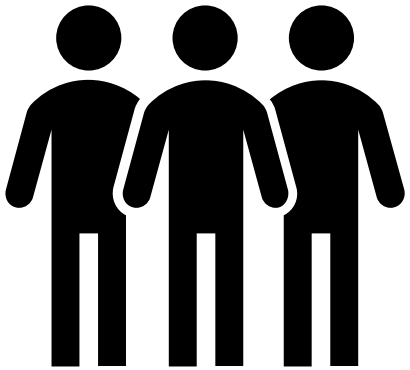
Cocaine-Involved Fatal Overdoses

Fatal overdoses involving cocaine (powder and crack) align with overall overdose trends for age, sex, and education.

Age: 75% between ages 25-54 years

Sex: 76% male

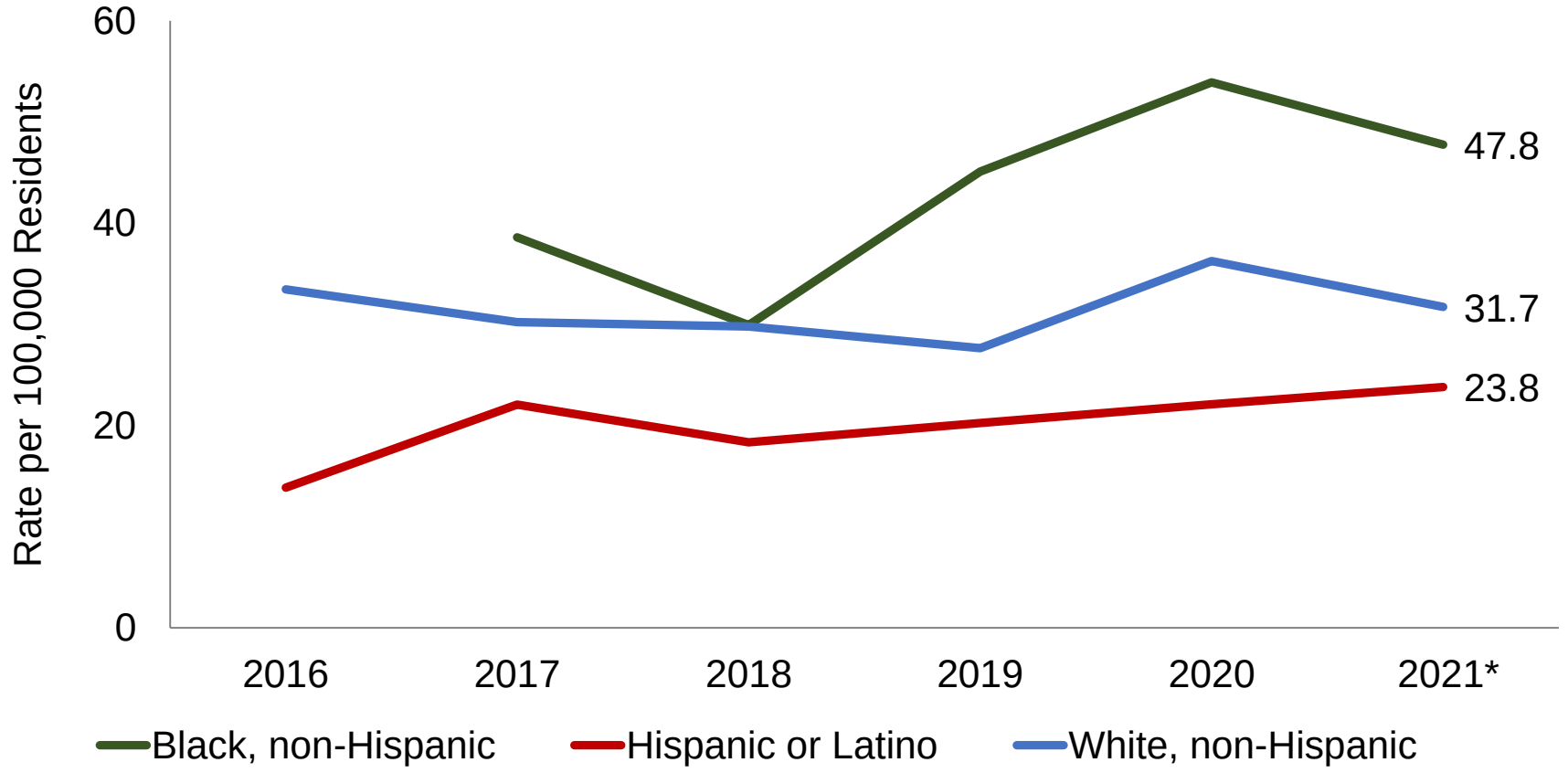
Level of Education: 66% high school or less



Source: Office of the State Medical Examiners (OSME)

Overall Rate of Fatal Overdoses by Race and Ethnicity

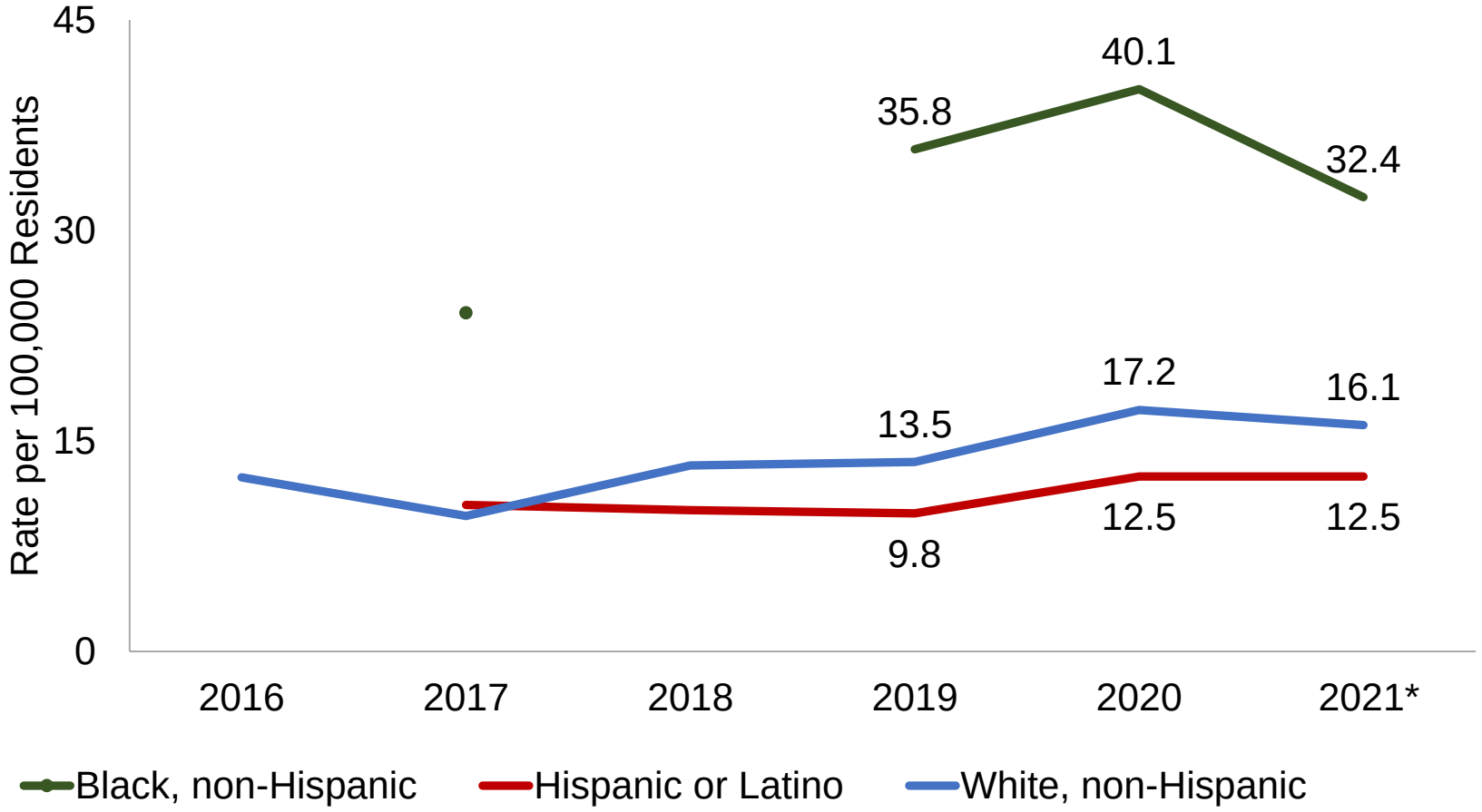
The **Black, non-Hispanic** population has had higher rates of fatal overdoses when compared to the **white, non-Hispanic** and **Hispanic or Latino** populations.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 29, 2022.

Rate of Cocaine-Involved Fatal Overdoses by Race and Ethnicity

The rate of cocaine-involved fatal overdoses is twice as high among the **Black, non-Hispanic** population when compared to the **white, non-Hispanic** and **Hispanic or Latino** populations.

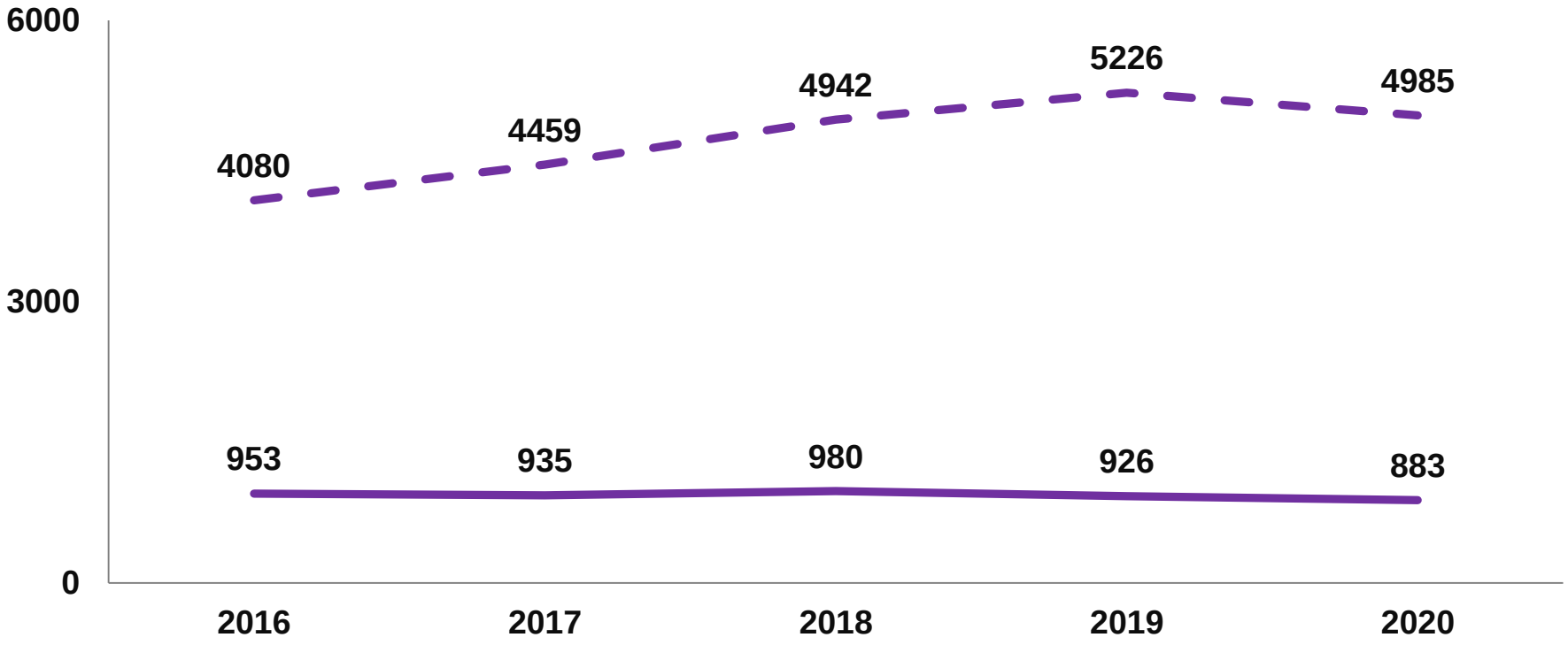


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 29, 2022.

Cocaine Use Among Individuals Receiving Substance Use Disorder (SUD) Treatment

Cocaine Use Among Individuals Receiving SUD Treatment, BHDDH

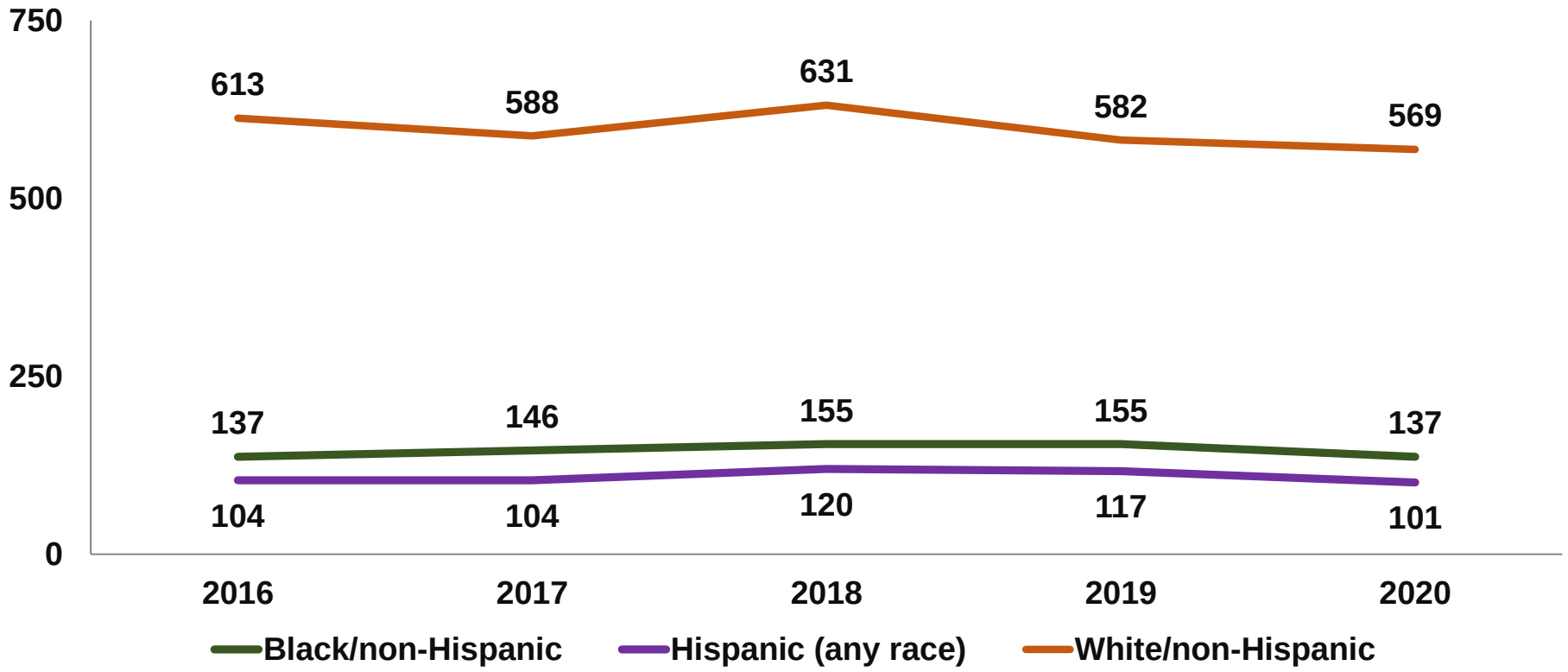
The number of individuals reporting **any cocaine use (dashed line)** has increased, while the number of people reporting cocaine as their **primary substance** remains constant.



Source: Rhode Island Behavioral Health On-line Data (RI-BHOLD), BHDDH

Individuals Receiving SUD Treatment Cocaine Primary Substance, BHDDH

Few **Hispanic** or **Black**, **non-Hispanic** individuals are receiving treatment annually for cocaine (as a primary substance).



Source: Rhode Island Behavioral Health On-line Data (RI-BHOLD), BHDDH

Key Highlights

- The percentage of fatal overdoses involving cocaine continues to increase.

- Racial and ethnic disparities exist, with rates of cocaine-involved fatal overdoses twice as high among the Black, non-Hispanic population when compared to the white, non-Hispanic and Hispanic or Latino populations.

- Cocaine treatment data do not coincide with increased use.

We Still Do Not Know...

- Information on the Rhode Islanders who are using powder cocaine and/or crack cocaine (i.e., age distribution, difference in use by race/ethnicity).
- The number of individuals who are intentionally using cocaine and other substances (particularly opioids) at the same time.
- The number of individuals who are overdosing when using powder cocaine versus crack cocaine.

We Are Also Hearing…

- People of color are more likely to use crack cocaine and smoking as the route of use.
- Fentanyl contamination is happening in both powder cocaine and crack cocaine.
- Stimulant use, especially methamphetamine, is “on the rise” in Rhode Island.

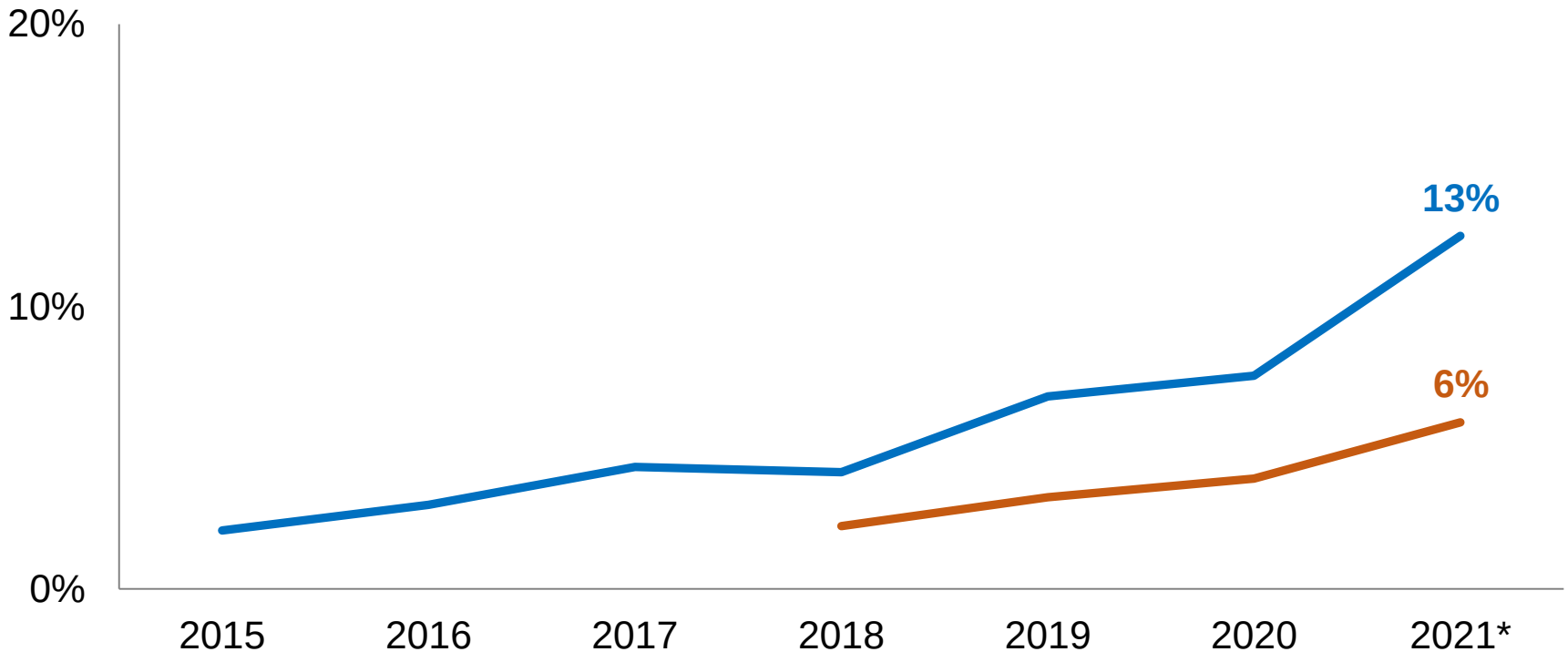
Methamphetamine Use in Rhode Island

In 2019, an estimated 4,000 individuals used methamphetamines in the past 12 months.

Note: RIDOH does not have any data for specifics related to age, sex, race, ethnicity, or frequency of use.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

Amphetamine and Methamphetamine Involved Fatal Overdoses

The proportion of fatal overdoses involving **amphetamines** and **methamphetamines** has been increasing since 2018.



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 the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 28, 2022.

OD2A Cross Division Team

- Jill Glickman
- Ben Hallowell
- Cathy Schultz
- Heather Seger
- Kristen St. John
- Monica Tavares
- Heidi Weidele

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Substance Use Epidemiology Program
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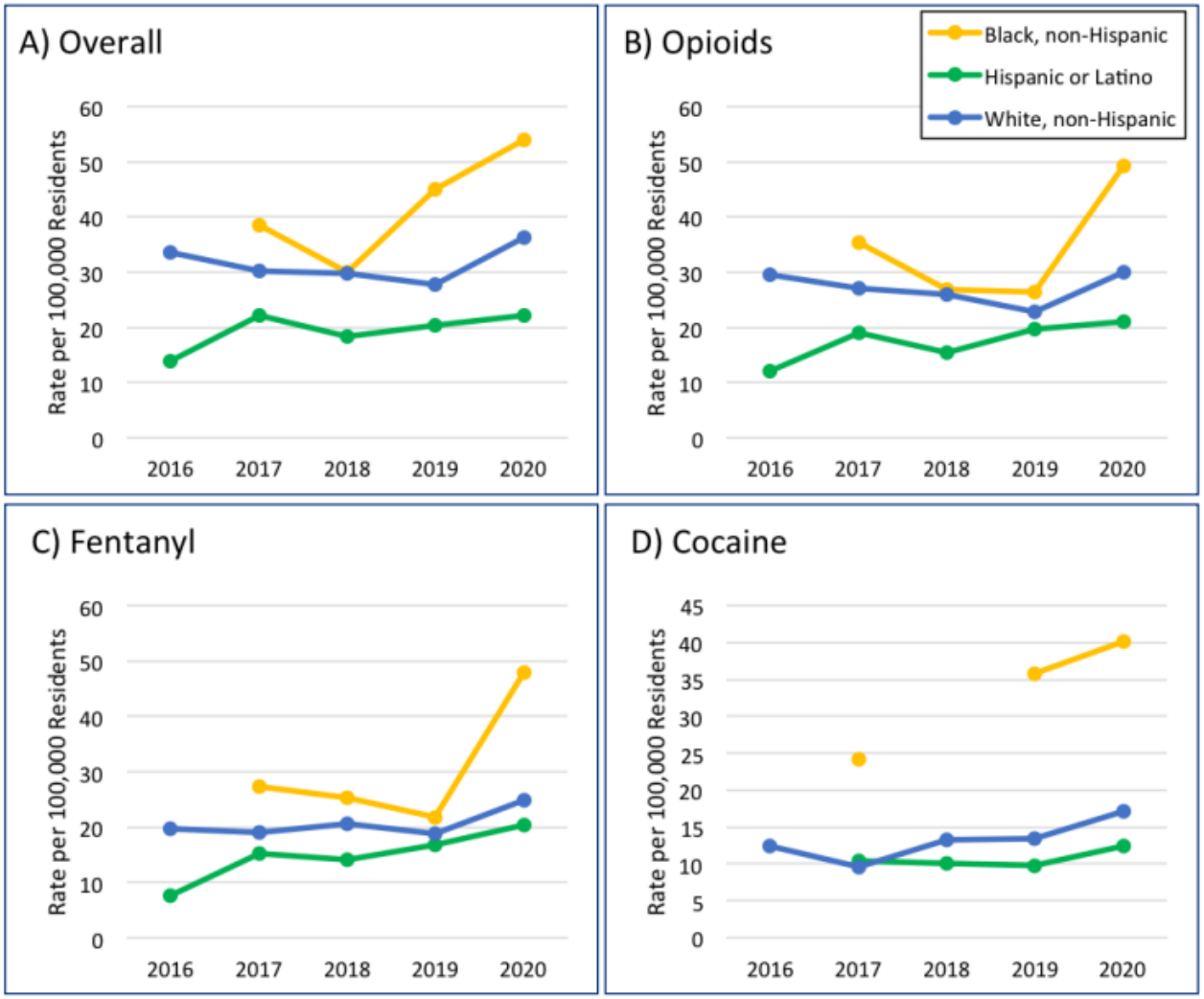
Appendix

Racial/Ethnic Fatal Overdose Rates

Figure 1. Rate of Accidental Drug Overdose Deaths per 100,000 Rhode Island Residents by Race and Ethnicity, Select Substances Contributing to the Death, and Year, 2018–2020[1]



Update: Treatment Work Group

Linda Mahoney, BHDDH

Ocean State Recovery Center: Stimulant Responsive Program

Christopher Dorval, MSW, LCSW, LCDCS, LCDP

Admissions Phone: 401-443-9071

Website: www.osrecovery.org

Anecdotal Clinical Experiences

- Seeing an increase in people older than age 50 who are using stimulants.
- Adderall is often not prescribed Adderall, but pressed methamphetamine.

Dorval, 2022

Stimulant Use Psychotic Symptoms

- Severe anxiety
- Paranoia
- Perseveration
- Auditory hallucinations
- Mania
- Difficulty with sleep/appetite
- Difficulty with concentration
- Difficulty with verbal communication (e.g., impaired articulation, cognitive processing delays)

Determining Eligibility for Inpatient Treatment for Stimulant Use:

- At Ocean State Recovery Center, we see many patients struggling with the stimulant use issues. When it comes to determining eligibility for level of care, treatment programs must use ASAM Dimension criteria.
- Due to Dimension One criteria limitations of acute intoxication withdrawal, most patients with stimulant use disorders do not meet criteria for detox and residential levels of care. As such, many of these patients struggle to find substance use treatment that is appropriate for their level of need in Rhode Island.
- This is the main issue for providers and court systems when seeking care for a patient suffering from stimulant use disorder. They often do not understand the intricacies of acuity and insurance coverage approval.

Ocean State Recovery Offers the Full Outpatient Continuum:

- **Day Treatment**: Patients attend our Day Treatment program from 9 a.m.-3 p.m., Monday through Friday
- **Intensive Outpatient Day**: After completing our Day Treatment phase, patients step down to a lower frequency of clinical hours during the week.
- **Program Services**: Each level of care at OSRC includes bundled services of medication management, case management as well as group and individual therapy.

Supportive Structured Living

- Working with recovery houses in the community to provide an increased level of structure and support for patients with stimulant use disorders.

OSRC Stimulant Responsive Track

- Our day treatment level of care for stimulant use disorder provides the same clinical intensity as residential without the 24 hour monitoring that is often necessary due to the reduced Dimension One level of need.
- Ongoing Physiological/Medical Evaluation - this evaluation will assess the biological and physiological effects specific to stimulant use disorders. Special attention is given to endocrine (hormone) systems that are often dysregulated because of prolonged stimulant use.
- Ongoing Psychiatric Evaluation (daily by clinician weekly/bi-weekly by NP) - is used to assess the emergence of manic or psychotic symptoms which often present weeks after discontinuation of use. Staff will utilize psychotherapy interventions for mood stabilization, craving suppression, and hyper-vigilance management.

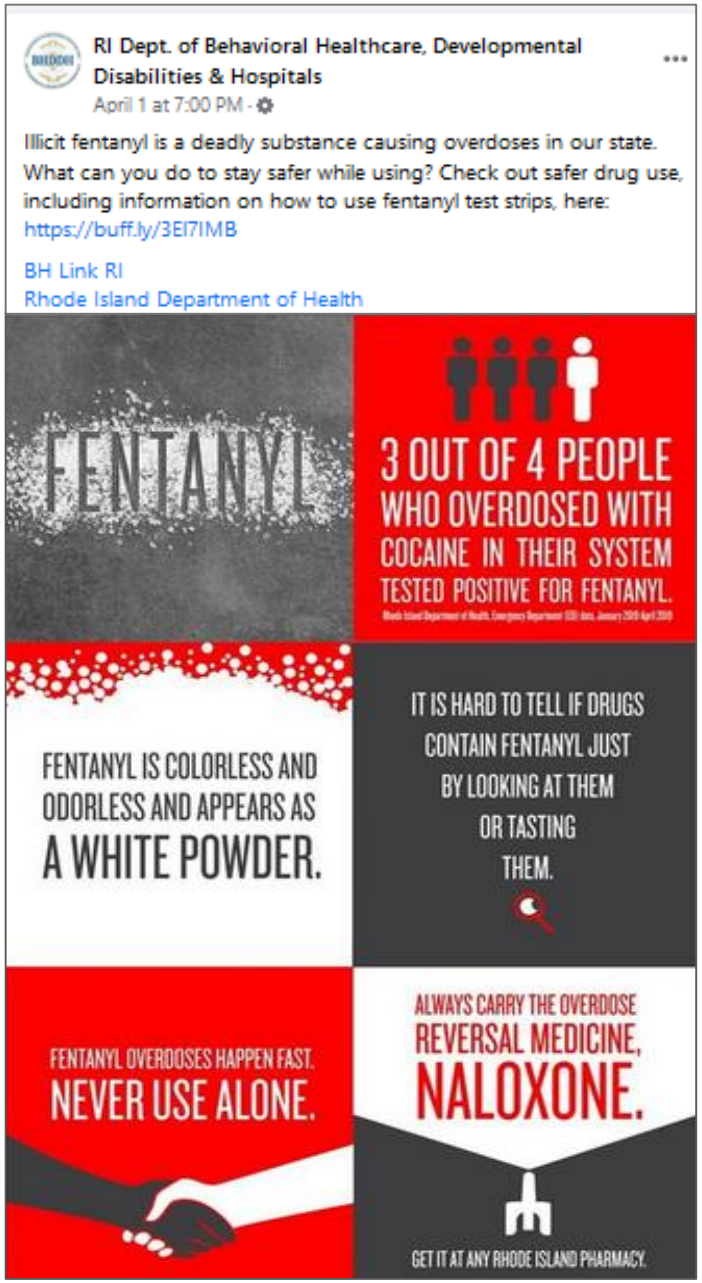
- **Ongoing Pharmacological Evaluation** - To accurately assess the best pharmaceutical interventions, OSRC utilizes Genesight Therapy, an evidenced based test to determine which medication will work best for the identified patient based on their individual genetics.
- **Psychoeducation/Regulation** - Our clinical staff are trained to provide specific education on the impact of stimulants on the body and mind, including late onset psychosis, hypervigilance, difficulty with concentration, poor sleep, and appetite dysregulation.
- **Additional Support** - Staff will also utilize both cognitive and active resourcing skills to regulate mood and anxiety throughout the process of PAWS. Transcranial Neurostimulation is also used as a non-pharmaceutical way of managing cortisol and serotonin dysregulation consistent with prolonged stimulant use.

Questions?

- Ocean State Recovery Center
- 1524 Atwood Ave., Ste 244, Johnston, RI 02919
- Admissions: 401-443-9071
- Website: www.osrecovery.org

Call to Action

Like, Share, Retweet



@RIBHDDH
@RIHealth

Public Comment