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
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](http://PreventOverdoseRI.org/task-force-work-groups)

<table>
<thead>
<tr>
<th>Work Group</th>
<th>State Agency Co-Chair</th>
<th>Community Co-Chair</th>
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</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>James Rajotte (EOHHS)</td>
<td>Obed Papp, City of Providence Healthy Communities Office</td>
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<td></td>
<td>Elizabeth Farrar (BHDDH)</td>
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<tr>
<td>Rescue</td>
<td>Jennifer Koziol (RIDOH)</td>
<td>Michelle McKenzie, Preventing Overdose and Naloxone Intervention (PONI)</td>
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<tr>
<td>Harm Reduction</td>
<td>Katie Howe (RIDOH)</td>
<td>*Vacant</td>
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<td>Treatment</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Dr. Susan Hart</td>
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<tr>
<td>Recovery</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Ines Garcia, East Bay Recovery Center</td>
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<tr>
<td>First Responders</td>
<td>Carolina Roberts-Santana (RIDOH)</td>
<td>Chief John Silva, North Providence Fire Department</td>
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<tr>
<td>Racial Equity</td>
<td>Monica Taveras (RIDOH)</td>
<td>Dennis Bailor, Project Weber/RENEW</td>
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<td>Nya Reichley, Project Weber/RENEW</td>
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<tr>
<td>Substance-Exposed Newborns</td>
<td>Margo Katz (RIDOH)</td>
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<tr>
<td>Family Task Force</td>
<td>Trisha Suggs (BHDDH)</td>
<td></td>
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</tbody>
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## Task Force Work Groups and Meeting Schedules

View all meeting schedules and get involved: [PreventOverdoseRI.org/task-force-work-groups](http://PreventOverdoseRI.org/task-force-work-groups)

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<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
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<tbody>
<tr>
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<td>Treatment:</td>
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<td>Recovery</td>
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<td>First Responders:</td>
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<td>Microsoft Teams <a href="https://teams.microsoft.com/l/meetup-joined/1/95C33E5D-324E-4161-A678-8F59D8C963D6/7037317619">Click here to join the meeting</a></td>
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<td>Racial Equity:</td>
<td>Monthly</td>
<td>April 28</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/82826231924">Link</a> Meeting ID: 828 2623 1924 Mobile +19292056099.,82826231924# US (New York)</td>
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<tr>
<td>Substance-Exposed Newborns:</td>
<td>Monthly</td>
<td>May 10</td>
<td>Microsoft Teams <a href="https://teams.microsoft.com/l/meetup-joined/1/95C33E5D-324E-4161-A678-8F59D8C963D6/7037317619">Click here to join the meeting</a></td>
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<tr>
<td>Family Task Force:</td>
<td>Monthly</td>
<td>May 10</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/8467337054">Link</a></td>
</tr>
</tbody>
</table>

**Details:**

- **Prevention:** James.C.Rajotte@ohhs.ri.gov, Elizabeth.Farrar@bhddh.ri.gov
- **Rescue:** Jennifer.Koziol@health.ri.gov
- **Harm Reduction:** Katharine.Howe@health.ri.gov
- **Treatment:** Linda.Mahoney@bhddh.ri.gov
- **Recovery:** Linda.Mahoney@bhddh.ri.gov
- **First Responders:** Carolina.Roberts-Santana@health.ri.gov
- **Racial Equity:** Monica.Taveras@health.ri.gov
- **Substance-Exposed Newborns:** Margo.Katz@health.ri.gov, Kristy.Whitcomb@health.ri.gov
- **Family Task Force:** Trisha.Suggs@bhddh.ri.gov
Cocaine-Involved Overdoses in Rhode Island

April 13, 2022
Governor's Overdose Prevention and Intervention Task Force
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.
Crack cocaine was the most reported, non-prescribed substance used in the last 30 days.

- Crack cocaine: 73% (n=180)
- Marijuana: 65% (n=159)
- Heroin and/or Fentanyl: 46% (n=113)
- Cocaine powder: 42% (n=103)
- Benzodiazepines / Tranquilizers: 30% (n=73)
- Methamphetamine: 28% (n=68)
- Opioid pain medications: 22% (n=55)
- Anti-seizure medicines: 14% (n=35)
- Stimulants: 12% (n=30)
- Buprenorphine (Suboxone): 9% (n=23)

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.
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.
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

Source: Office of the State Medical Examiners (OSME)
Percent of Overdose Fatalities Involving Cocaine by Municipality of Residence, 2021 YTD

Legend
Percent of Cocaine-Involved Fatalities by Resident Municipality

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

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.
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
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.
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.
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.
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
Appendix
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

A) Overall

B) Opioids

C) Fentanyl

D) Cocaine
Ocean State Recovery Center: Stimulant Responsive Program

Christopher Dorval, MSW, LCSW, LCDCS, LCDP
Admissions Phone: 401-443-9071
Website: www.osrecovery.org

Dorval, 2022
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 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.

Dorval, 2022
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.

Dorval, 2022
- **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

RI Dept. of Behavioral Healthcare, Developmental Disabilities & Hospitals
April 1 at 7:00 PM

Illicit fentanyl is a deadly substance causing overdoses in our state. What can you do to stay safer while using? Check out safer drug use, including information on how to use fentanyl test strips, here: https://buff.ly/3sI71MB

BH Link RI
Rhode Island Department of Health

Fentanyl is colorless and odorless and appears as a white powder.

3 out of 4 people who overdosed with cocaine in their system tested positive for fentanyl.

It is hard to tell if drugs contain fentanyl just by looking at them or tasting them.

Fentanyl overdoses happen fast. Never use alone.

Always carry the overdose reversal medicine, naloxone.

@RIBHDDH
@RIHealth
Public Comment