

Governor Dan McKee's Overdose Task Force November 9, 2022

Ana Novais, MA; Acting Secretary, Rhode Island Executive Office of Health and Human Services **Richard Charest**, MBA; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals **Thomas Joyce**, LCDP, CPRS; Task Force Community Co-Chair

Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services



Welcome and Announcements



Governor McKee Signs **Executive Order 22-35** for the **Expansion of the Governor's Overdose Task Force**



New Task Force Director and Community Co-Chair



Cathy Schultz, MPH; Task Force Director, EOHHS



Thomas Joyce, LCDP, CPRS; Community Co-Chair, East Bay Recovery Center

Task Force Work Groups

Learn more and view all meeting schedules at PreventOverdoseRl.org/task-force-work-groups

| Work Group | State Agency Co-Chair | Community Co-Chair | | |
|-------------------------------|--|--|--|--|
| Prevention | Tara Cooper (RIDOH) 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 | Katharine Howe (RIDOH) | Katelyn Case, AIDS Care Ocean State | | |
| Treatment | Linda Mahoney (BHDDH) | Dr. Susan Hart | | |
| Recovery | Candace Rodgers (BHDDH) | George O'Toole, East Bay Recovery Center | | |
| First Responder | Michelle Calouro (RIDOH) | Chief John Silva, North Providence Fire Department | | |
| Racial Equity | Monica Tavares (RIDOH) | Dennis Bailer, Project Weber/RENEW Alexis Morales, Project Weber/RENEW | | |
| Substance-Exposed Newborns | Margo Katz (RIDOH) Kristy Whitcomb (RIDOH) | Michelle Sherman, South County Home Health First Connections Program | | |
| 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

Learn more and view all meeting schedules at PreventOverdoseRl.org/task-force-work-groups

| Work Group | Meets | Next Mtg | Meeting Details | | |
|--|---|-------------|---|--|--|
| Prevention: Tara.Cooper@health.ri.gov Elizabeth.Farrar@bhddh.ri.gov | Monthly 1st Tues., 1 p.m.–2:30 p.m. | Dec 6 | Join Zoom Meeting https://zoom.us/j/94436323722?pwd=TllvQjF2TEFIRTM5VytkRDIIVUpsdz09 Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG | | |
| Rescue: Jennifer.Koziol@health.ri.gov | Every Other Month 2 nd Thurs., 10 a.m.–11:30 a.m. | Dec 8 | Join Zoom Meeting https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZIOWRazzoo <a 92263356004?pwd="c1VVWHZsWnYyYWh4U1RhcjZIOWRazzoo</a" href="https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZIOWRazzoo <a 92263356004?pwd="c1VVWHZsWnYyYWh4U1RhcjZIOWRazzoo</a" href="https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZIOWRazzoo https://us06web.zoom.us/j/92263356004 Dial In: 646-558-8656 Passcode: RWG | | |
| Harm Reduction: Katharine.Howe@health.ri.gov | Monthly 2 nd Tues., 1 p.m.–2:30 p.m. | Dec 13 | 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. | Dec 6 | Microsoft Teams Click here to join the meeting | | |
| Recovery: Candace.Rodgers@bhddh.ri.gov | Monthly 3 rd Wed., 10:30 a.m.–Noon | Nov 16 | Microsoft Teams Click here to join the meeting | | |
| First Responder: Michelle.Calouro@health.ri.gov | Every Other Month 3rd Thurs., 10 a.m.–11:30 a.m. | Dec 15 | Microsoft Teams Click here to join the meeting | | |
| Racial Equity: Monica.Tavares@health.ri.gov | Monthly Thurs., 10 a.m11-30 a.m. | Dec 1 | Join Zoom Meeting https://us02web.zoom.us/j/82826231924 Meeting ID: 884 7657 7768 Dial In: 646-558-8656 Passcode: 790836 | | |
| Substance-Exposed Newborns: Margo.Katz@health.ri.gov Kristy.Whitcomb@health.ri.gov | Monthly 2nd Tues., 2 p.m.–3 p.m. | Dec 13 | 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. | Dec 13 | Join Zoom Meeting https://us02web.zoom.us/j/8467337054 | | |

Philip Chan, MD, MS; Consulting Medical Director, Division of Preparedness, Response, Infectious Disease and EMS (PRIDEMS), Rhode Island Department of Health



Overdose Prevention Centers in Rhode Island: A Cost Benefit Analysis

Laura C. Chambers, PhD, MPH

November 9, 2022

Meeting of the Governor's Overdose Prevention and Intervention Task Force



Acknowledgements

Substance Use Epidemiology Program at the Rhode Island Department of Health (RIDOH)

- Ben Hallowell
- Nathaniel Fuchs
- Rachel Scagos

Institute for Clinical and Economic Review (ICER)

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People, Place and Health Collective at Brown University

- Xiao Zang
- Brandon Marshall

University of Washington Comparative Health Outcomes, Policy, and Economics (CHOICE) Institute

- Greg Guzauskas
- Ryan Hansen



Disclosures

We have no conflicts of interest to disclose.



Background

- In July 2021, Rhode Island passed legislation supporting a 2-year pilot of overdose prevention centers (OPCs) in response to the overdose crisis
- Prior work suggests OPCs are cost-effective, prevent fatal overdoses, lead to safer drug use practices, increase uptake of addiction treatment, and have other public order benefits^{1,2,3,4,5}
- Objective: To estimate the costs and benefits of opening a hypothetical OPC in Providence, Rhode Island
 - Analysis requested by RIDOH to inform development of the OPC regulations

[1] Kennedy MC et al., Curr HIV/AIDS Rep 2017; [2] Levengood TW et al., Am J Prev Med 2021; [3] Armbrecht E et al., ICER report 2020; [4] DeBeck K et al., Drug Alcohol Depend 2011; [5] Wood E et al., Addiction 2007



Overview

- Compared two scenarios:
 - 1. Availability of a hypothetical OPC that includes syringe services provision
 - 2. Availability of a **hypothetical syringe services program** only (i.e., the status quo)
- Focused on Providence
- Used a decision analytic mathematical model developed by ICER and the CHOICE Institute¹

[1] Armbrecht E et al., ICER report 2020



ICER/CHOICE Model

- Estimates short-term costs and potential benefits over a 1-year period¹
- Relies heavily on evaluations of Insite, a OPC in Vancouver, Canada¹
- Focuses on impact for people who inject drugs due to limited data for other modes of drug use¹
- Assumes transmission risk for new HIV and hepatitis C infections and rate of treatment engagement are similar under the two scenarios

[1] Armbrecht E et al., ICER report 2020



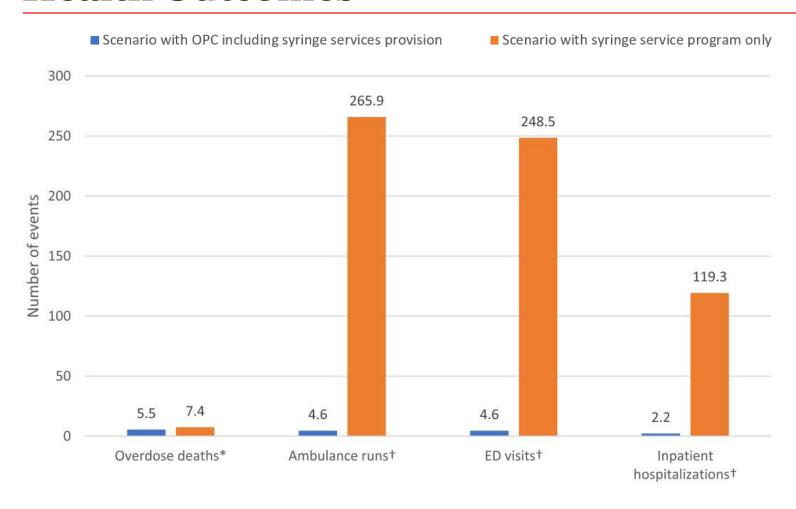
Key Assumptions

| | Estimate | References |
|---|-----------|------------|
| Percentage of injections resulting in overdose | | 1, 2, 3, 4 |
| Unique clients per month at OPC | 400 | 5 |
| Annual net cost of OPC | \$783,899 | 6, 7 |
| Percentage of overdoses occurring outside OPC that result in an ambulance run | 46% | 8, 9 |
| Percentage of overdoses occurring outside OPC that result in an ED visit | 43% | 8, 9 |
| Percentage of overdoses occurring within OPC that result in an ambulance run and ED visit | 0.79% | 10, 11 |
| Reduction in fatal overdoses within 0.25 miles of OPC | | 12 |

[1] Colledge S et al., Int J Drug Policy 2020; [2] Jacka BP et al., Trials 2020; [3] Notta D et al., Drug Alcohol Depend 2019; [4] Marshall BDL, unpublished RAPIDS clinical trial data; [5] Discussions with RIDOH staff and others involved in local OPC planning discussions, as well as review of visit attendance data from local programs serving people who use drugs; [6] Armbrecht E et al., ICER report 2020; [7] Teshale EH et al, Drug Alcohol Depend 2019; [8] Pollini RA et al., Drug Alcohol Depend 2006; [9] RIDOH, unpublished Harm Reduction Surveillance System data; [10] Irwin A et al., Harm Reduct J 2017; [11] KPMG, NSW Health report 2010; [12] Marshall BDL et al, Lancet 2011



Health Outcomes



Each year, the OPC would prevent:

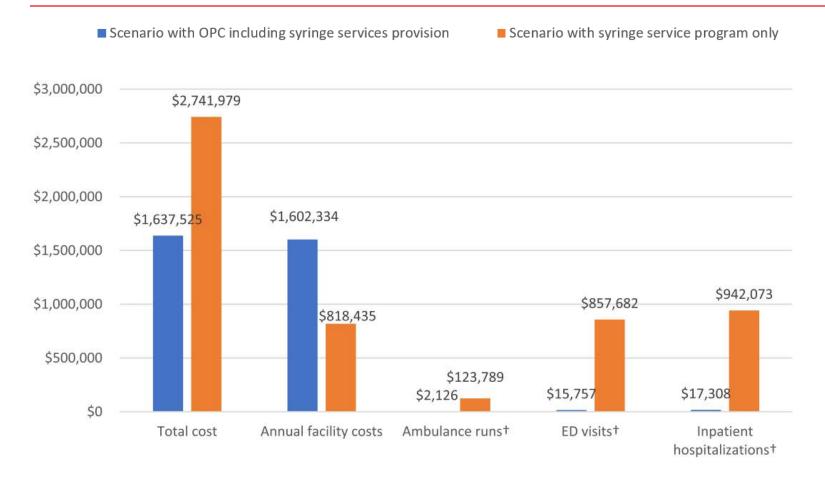
- 2 overdose deaths*
- 261 ambulance runs[†]
- 244 ED visits[†]
- 117 hospitalizations[†]



^{*} Within 0.25 miles of the OPC.

[†] Resulting from injections that would occur at the OPC, if available.

Short-Term Costs



Each year, the OPC would save \$1,104,454, accounting only for facility costs and short-term costs of emergency overdose care

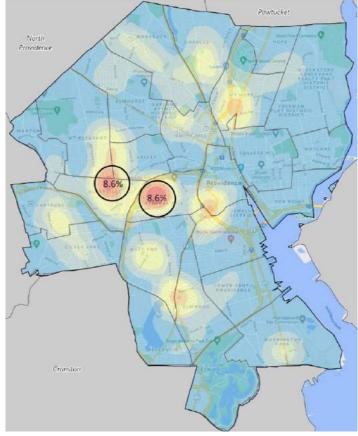


[†] Resulting from injections that would occur at the OPC, if available.

Implications

- Our results are generally consistent with prior studies of the costs and benefits of hypothetical OPCs in larger urban settings in the US^{1,2,3,4,5}
- We aimed to be conservative in our study, and some potential health benefits and cost savings were not factored into our analysis
- Important factors that will influence the costs and benefits of OPCs include the location of the site, service delivery model, actual service utilization, and actual operational costs

Density of overdose deaths by incident address in Providence (1/1/2020-12/31/2020, N=81*)



Source: Office of the State Medical Examiner
* 23 deaths excluded due to incomplete incident address

[1] Armbrecht E et al., ICER report 2020; [2] Irwin A et al., J Drug Issues 2017; [3] Irwin A et al., Denver report 2019; [4] Hood JE et al., Int J Drug Policy 2019; [5] Irwin A et al., Harm Reduct J 2017



Key Takeaways

- A OPC in Providence, Rhode Island, would save lives and result in substantial cost savings due to prevention of costly emergency overdose care
- Collection of detailed operational, cost, and health outcome data at future OPCs in Rhode Island can inform quality improvement activities and enhance our understanding of the impacts of OPCs



Interested in More Detail?

Peer-reviewed manuscript

Chambers LC, Hallowell BD, Zang X, Rind DM, Guzauskas GF, Hansen RN, Fuchs N, Scagos RP, Marshall BDL. The Estimated Costs and Benefits of a Hypothetical Supervised Consumption Site in Providence, Rhode Island. *Int J Drug Policy* 2022; 108:103820.

Medium <u>article</u>

Reach out to us!



Thank You

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and Lead Research Scientist

People, Place and Health Collective

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Community Engagement Policy Discussion

Small Group Breakout Discussions



Policy Ideas and Prioritization

We have three main questions for today's discussion:

- First, we'll define what we mean by policies. Then, we'll focus on these three questions:
 - 1) What rules work to help people who use drugs, who need or are receiving treatment, or who are in recovery? What should we strengthen?
 - 2) What rules don't work to help our constituencies? What rules cause roadblocks or problems?
 - 3) What rules do you think are top priority for action on this year?

Break-Out Groups

Please choose the breakout topic you'd like to discuss out of the list below. There are two groups per topic. If your group is large, you can move into the second group on the same topic.

- Prevention
- Rescue and Harm Reduction
- Treatment
- Recovery
- Racial Equity

Post-Breakout Session Discussion

Share the top priorities discussed during each breakout session (about three minutes each)

- Prevention
- Rescue and Harm Reduction
- Treatment
- Recovery
- Racial Equity

Public Comment

