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 [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>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Tara Cooper <em>(RIDOH)</em></td>
<td>Obed Papp, City of Providence Healthy Communities Office</td>
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<tr>
<td></td>
<td>Elizabeth Farrar <em>(BHDDH)</em></td>
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<tr>
<td>Rescue</td>
<td>Jennifer Koziol <em>(RIDOH)</em></td>
<td>Michelle McKenzie, Preventing Overdose and Naloxone Intervention (PONI)</td>
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<tr>
<td>Harm Reduction</td>
<td>Katharine Howe <em>(RIDOH)</em></td>
<td>Katelyn Case, AIDS Care Ocean State</td>
</tr>
<tr>
<td>Treatment</td>
<td>Linda Mahoney <em>(BHDDH)</em></td>
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<tr>
<td>Recovery</td>
<td>Candace Rodgers <em>(BHDDH)</em></td>
<td>George O’Toole, East Bay Recovery Center</td>
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<tr>
<td>First Responder</td>
<td>Michelle Calouro <em>(RIDOH)</em></td>
<td>Chief John Silva, North Providence Fire Department</td>
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<tr>
<td>Racial Equity</td>
<td>Monica Tavares <em>(RIDOH)</em></td>
<td>Dennis Bail, Project Weber/RENEW</td>
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<td></td>
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<td>Alexis Morales, Project Weber/RENEW</td>
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<tr>
<td>Substance-Exposed Newborns</td>
<td>Margo Katz <em>(RIDOH)</em></td>
<td>Michelle Sherman, South County Home Health First Connections Program</td>
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<td>Kristy Whitcomb <em>(RIDOH)</em></td>
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</tr>
<tr>
<td>Family Task Force</td>
<td>Trisha Suggs <em>(BHDDH)</em></td>
<td>Laurie MacDougall, Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)</td>
</tr>
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<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
</tr>
</thead>
</table>
| **Prevention:** Tara.Coopre@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=TilvQjF2EFRTM5VytkRDIVUpsdz09](https://zoom.us/j/94436323722?pwd=TilvQjF2EFRTM5VytkRDIVUpsdz09)  
Meeting ID: 944 3632 3722  
Dial In: 646-558-8656  
Passcode: PSWG |
| **Rescue:** Jennifer.Kozl@health.ri.gov | Every Other Month 2nd Thurs., 10 a.m.–11:30 a.m. | Dec 8 | Join Zoom Meeting [https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWmYyYVWv4U1RheciZIOWTeZz09](https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWmYyYVWv4U1RheciZIOWTeZz09)  
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. | Dec 13 | Microsoft Teams [Click here to join the meeting](https://MicrosoftTeams.Click here to join the meeting)  
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](https://MicrosoftTeams.Click here to join the meeting) |
| **Recovery:** Candace.Rodgers@bhddh.ri.gov | Monthly 3rd Wed., 10:30 a.m.–Noon | Nov 16 | Microsoft Teams [Click here to join the meeting](https://MicrosoftTeams.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](https://MicrosoftTeams.Click here to join the meeting) |
| **Racial Equity:** Monica.Tavares@health.ri.gov | Monthly Thurs., 10 a.m.–11:30 a.m. | Dec 1 | Join Zoom Meeting [https://us02web.zoom.us/j/82826231924](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](https://MicrosoftTeams.Click here to join the meeting)  
(audio only) +1 401-437-4452, 351888385#  
US, Providence  
Phone Conference ID: 351 888 385#  
United States, Providence (833) 201-5833, 1899532777#  
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](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
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)
• David Rind

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.

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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 period\(^1\)
• Relies heavily on evaluations of Insite, a OPC in Vancouver, Canada\(^1\)
• Focuses on impact for people who inject drugs due to limited data for other modes of drug use\(^1\)
• 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

<table>
<thead>
<tr>
<th>Estimate</th>
<th>References</th>
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<tbody>
<tr>
<td>Percentage of injections resulting in overdose</td>
<td>0.95%</td>
</tr>
<tr>
<td>Unique clients per month at OPC</td>
<td>400</td>
</tr>
<tr>
<td>Annual net cost of OPC</td>
<td>$783,899</td>
</tr>
<tr>
<td>Percentage of overdoses occurring outside OPC that result in an ambulance run</td>
<td>46%</td>
</tr>
<tr>
<td>Percentage of overdoses occurring outside OPC that result in an ED visit</td>
<td>43%</td>
</tr>
<tr>
<td>Percentage of overdoses occurring within OPC that result in an ambulance run and ED visit</td>
<td>0.79%</td>
</tr>
<tr>
<td>Reduction in fatal overdoses within 0.25 miles of OPC</td>
<td>26%</td>
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</tbody>
</table>

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.
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

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


• Medium article

• Reach out to us!
Thank You

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Assistant Professor of the Practice of Epidemiology and Lead Research Scientist
People, Place and Health Collective
Brown University School of Public Health
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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