



Governor Dan McKee's Overdose Task Force

July 12, 2023

Louis Cerbo, EdD; Acting Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

Philip Chan, MD, MPH; Consultant Medical Director, Rhode Island Department of Health

Thomas Joyce, LCDP, CPRS; Task Force Community Co-Chair

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

RHODE
ISLAND



Welcome and Announcements

**RHODE
ISLAND**



The first Imani Community Recovery Program In-Person training was recently held at the Bethel AME Church in Providence. It was a successful event and we look forward to the success stories that will come out of the efforts of this group!

Lived Experiences of People of Color (POC) with Substance Use Disorders: Treatment, Recovery, and Systemic Implications

Presenters:

**Dennis Bailer; Racial Equity Work Group (REWG) Co-Chair, Project Weber/RENEW
Monica B. Tavares; REWG Co-Chair, Rhode Island Department of Health**

Data Analysis Team:

Elecia Cardarelli, Emily Goodspeed, Lina Modjarrad, Alex Risotti, and Arnelle Toffey

**RHODE
ISLAND**

Themes

Substances mentioned

Types of treatment participants mentioned experiencing

Barriers and facilitators for enrolling in or staying in treatment

Experiences in treatment

Substances Mentioned

Cocaine or Crack

Alcohol

Heroin

Marijuana

Fentanyl

Types of Treatment

Detoxification

Recovery and
Shelter Housing

Emergency
Department or
Hospital

Medications for
Opioid Use
Disorder (MOUD)

Counseling or
Therapy

Rehabilitation

Community
Groups

Residential

Outpatient

Barriers to Enrolling In or Staying In Treatment



ISSUES WITH OR LACK
OF INSURANCE



SOCIAL BARRIERS



LACK OF HOUSING



LACK OF AVAILABLE
TREATMENT FOR
STIMULANTS

Lack of Housing, Particularly After Detoxification

“A lot of programs or a lot of places, they don't have the opportunity for you. So it's like ‘Go into detox and then get back in the street’...when you leave there, you don't have a place to go, so what are you going to do? You're going to go out. You're going to be homeless. You're going to be in the street. The majority of the time, you're going to relapse, and then what? Then you'll be back in that program, and then you're going through the same thing over and over.”

“Right now there's no affordable housing and our shelters are packed with people of color. You know, you're talking about waiting five, six years. I was angry all the time. And I use the anger for an excuse for me to hit that pipe and that bottle. That's my story.”

Lack of Available Treatments for Stimulants

“One of the barriers that I found was that I'm not an alcoholic. I don't use opioids. I use cocaine. So, in my experience, when I went to a facility to try to get help for that, cocaine solely, they said, no, I couldn't get the help because-- they said-- ...it's a mental thing. And cocaine has caused much havoc all over the world, and you had to find out how to lie and say, ‘Oh, yeah. I drink,’ or ‘I use opioids.’ Or I'm going to have to get a couple of nips or something and drink before I went to a place ... and everything else is being addressed. Alcohol is being addressed; the opioids are being addressed. But I mean, for the cocaine solely, there's a lot of people out there like that.”

Negative Experiences in Treatment

Prejudice/Stigma

- Addiction stigma
 - Lack of empathy from providers
- Racial stigma
 - Inequitable opportunities to receive housing support, and other services based on race
- History of arrest/incarceration
 - Inequitable opportunities to receive services based on criminal justice history
- SES

Physiological Symptoms

- Withdrawal symptoms
- Reactions to medications

Addiction Stigma

".... you're looking down on someone because you're sitting up here because you hold this position, you're looking down on that individual who needs help, and a lot of people do that... it's just crazy. And they're just there for the paycheck. "

"...once they find out you're an addict, and whether you're trying to get help or not, I feel like they're being very judgmental. And I get treated different. I get looked at different. It's just an uncomfortable feeling. There's times where I have left the hospital and not proceeded to go about the treatment that I was looking for because of that...Sometimes when you get to the hospital, you're like, oh. A safe place. You're like, wow, finally. And when you don't get that same support that you're looking for, it's so discouraging."

Racial Stigma

"Because if they were white women, they got offered programs. A lot of the women in prison were all minorities. So Caucasian, you always got opportunities that minorities did not get."

"It's how you view black people. This is why you didn't get the treatment. Why the white guy got the better treatment because he wasn't viewed as [inaudible]....But when you got 19 white guys and 1 black guy, that's not equality to me...And like the young gentleman said, he tried many times to go to different avenues to want to stop it. He was willing and able, ready to do it. But again, the system wanted to keep him at a certain step so that he can't get there..."

History of Incarceration/Arrest

“And I used to be like, 'How come I can't get a drug program?' You understand what I'm saying? I mean, it was like they never looked at me as having a drug problem. They always looked at me as being, this, the "bad guy"...Where in reality, we all were the same felons, drug addicts. And the first time I ever got any kind of treatment was in 2014 when I was finishing a sentence and I asked to come here.”

Positive Experiences in Treatment

General aspects of treatment that clients liked

- Activities
- Services offered
- Case management

Acknowledging treatment improvement over time

Having a healthcare provider with lived experience

Social support

Feeling safe and secure

Having a Healthcare Provider with Lived Experience

“There were people that worked there that were ex-users with a history of it and just I think it's extremely important because they address it as it is a disease.”

"The counselors I connected to but they were more clinical. But when I was starting to talk to him and I had that feeling that he knew, something about dealing with somebody-- at least I speak for myself but I think most others might feel the same way. Dealing with somebody who's been there, you know what I mean? Because you feel that there's less judgment and stuff like that."

Recommendations

Expand public insurance



More targeted outreach



Investment and continuation of programs that target this population



Revision of policies surrounding substance use and possession

Key Takeaways

- Have more direct conversations with POC who use substances to learn more about their experiences and the barriers they face to accessing treatment.
- Lack of housing is a major barrier to accessing and maintaining treatment and staying in recovery. We need more support for POC in accessing safe and affordable housing.
- POC face a considerable amount of discrimination, prejudice, and stigma while trying to access treatment services.
- There is a lack of available services for stimulant users. Need to better support for stimulant users in accessing the appropriate treatment for their recovery.
- We need to diversify our healthcare workforce to include people of color and people with lived experience.

Acknowledgments

Thank you to the Governor's Overdose Task Force Race Equity and Treatment Work Group subgroups for all your work on focus group planning, recruitment, and facilitation.

Sue Hart

Michelle
McKenzie

Lex Morales

Thank you to Amos House and Project Weber/RENEW for recruiting and hosting the focus groups.

Ernesto
Figueroa

Illeana
Santiago

Meko
Lincoln

Discussion and Questions?

Monica B. Tavares, BA

Education and Outreach Coordinator

Co-Chair of the Governor's Overdose

Task Force Racial Equity Work Group

Rhode Island Department of Health

Monica.Tavares@health.ri.gov

Pronouns: She/Her/Hers

Dennis A. Bailer

Overdose Prevention Program Director

Co-Chair of the Governor's Overdose Task

Force Racial Equity Work Group

Project Weber/RENEW

dbailer@weberrenew.org

Pronouns: He/Him/His



Overview of Racial Equity Practices and Recommendations for the Governor's Overdose Task Force

“Remember to imagine and craft the worlds you cannot live without,
just as you dismantle the ones you cannot live within.”

- Ruha Benjamin

Kate D'Adamo

Reframe Health and Justice

Housekeeping and Discussion Agreements

- There is no perfect; there is no end point. *Our work is a process.*
- We can't be articulate all the time, so give the benefit of the doubt
- Our *Intent* isn't the same as our *Impact*
- It's ok to be uncomfortable! Growth is uncomfortable.
- Make space, Take space
- Take breaks as you need
- We will boldly try - and every attempt will teach us more
- We all have something to learn and we all have something to offer
- Be curious and ask questions!

What else would help you engage?

Reframe
Health+
Justice
consulting

Table of contents

01 Racial Equity

Grounding in a Shared Framework

02 Current Landscape

Current Dynamics of people who use drugs (PWUD) in Rhode Island

03 Observations and Recommendations

Approaches to Racial Equity Practice for the Task Force

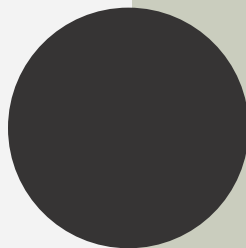
04 Work Groups and Continuing Support

Work Group Plans and Resources for Continued Learning

01

Racial Equity

Understanding Racial Equity for
Overdose Prevention





Racial Equity is the process of eliminating disparities in...

- Availability, accessibility and perception of treatment and services,
 - leadership/power in structures and systems,
 - and overall health and life circumstances

for substance users, people in recovery, and families in Rhode Island. It is the intentional and continual practice of changing:

- the make-up of decision-making bodies and leadership,
 - policies across multiple systems,
 - perceptions of the system and
- diversity in the landscape of service providers

by prioritizing measurable change in the lives of people of color.

Racial Equity is...

**Engaging
Community with
Accountability**

**Naming and
Demonstrating
Commitments**

**Sustained
Learning and
Systemic Change**

Why is Racial Equity important?

Closing Disparities

Sustained Change

**Supporting your
Entire Community**

**Supporting your
BIPOC advocates**

**Equity is
Generative**

**Ending Complicity
and Achieving
Justice**

Recommendations and Final Report

**Racial Equity
Needs and
Challenges**

**Task Force-Wide
Recommendations**

**Racial Equity
Work Group
Structural Plan**

**Work Group
Action Plans**

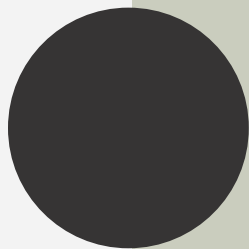
**Workshop
Resource Library**

**White Allies
Curricula**

02

Current Dynamics

Current Dynamics for PWUD and the
need for Racial Equity



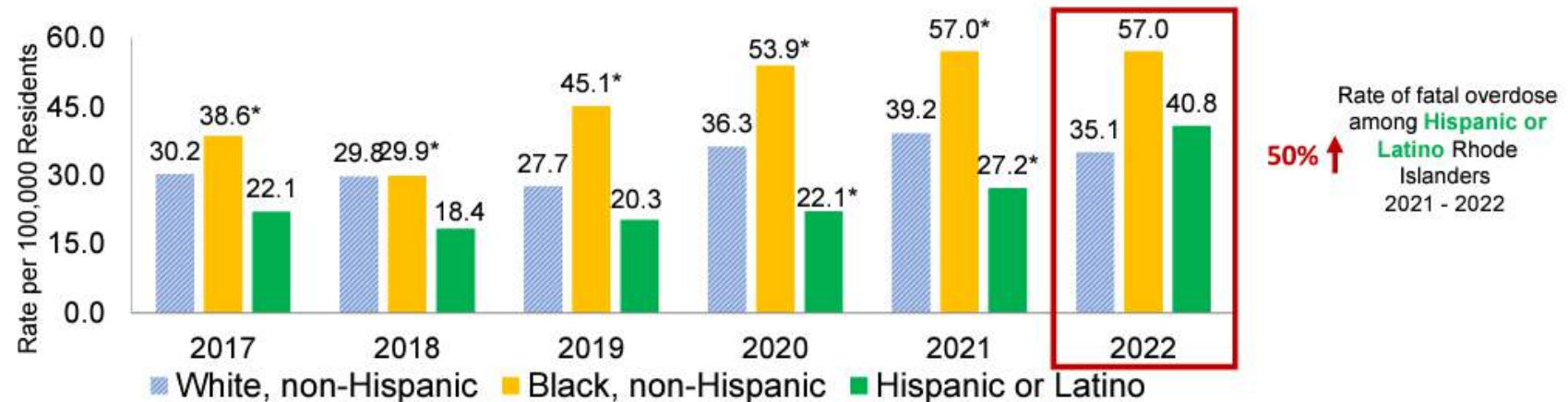
Disparities in Fatal Overdose

Rates of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2018-2022



Non-Hispanic Black individuals continue to experience the highest rate of fatal overdoses per population.

The rate of fatal overdose among **Hispanic or Latino** Rhode Islanders **increased significantly** in 2022.

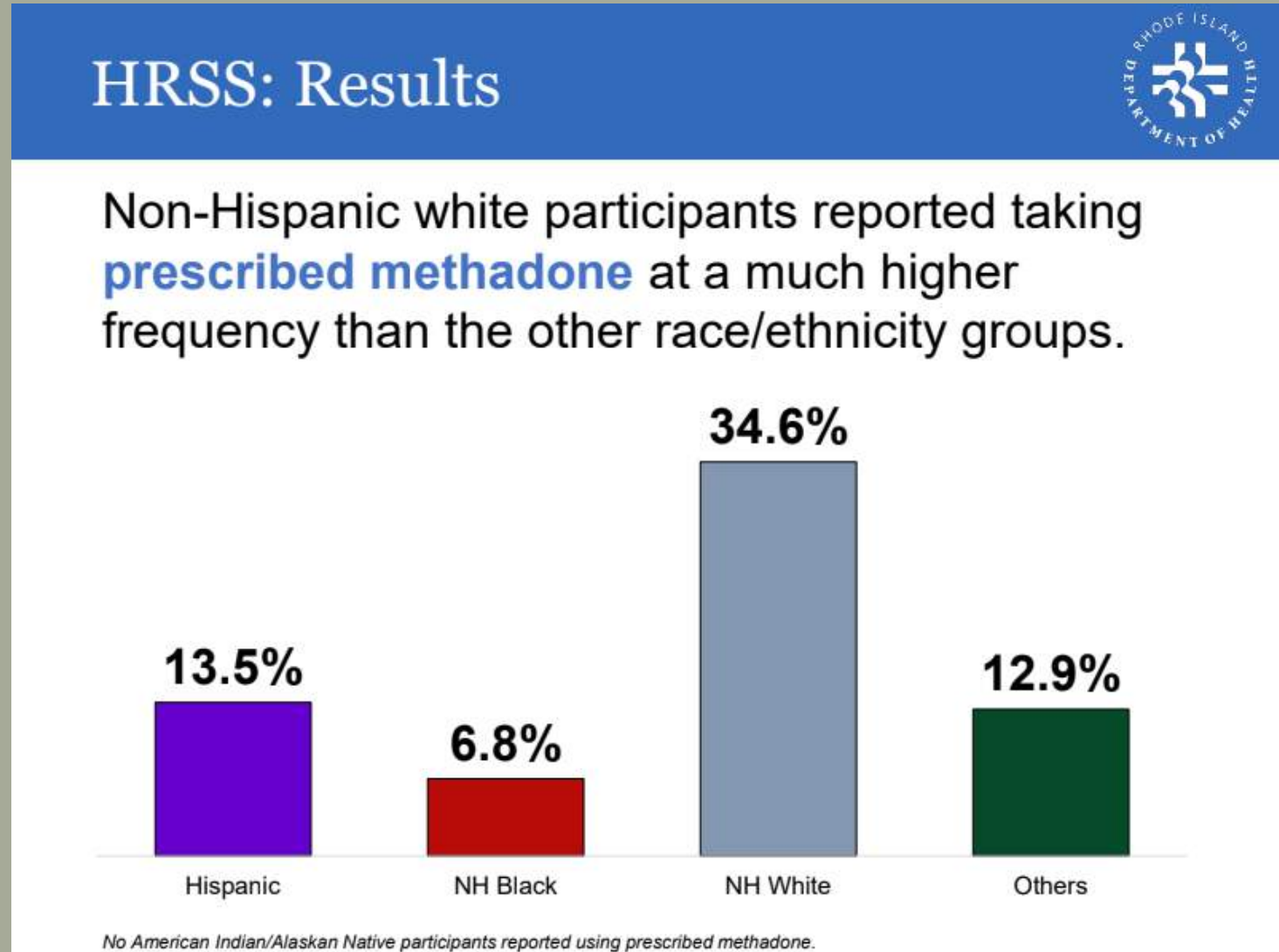


Note: Due to RIDOH's Small Numbers Reporting Policy, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 8% of deaths from 2018 to 2022 missing ethnicity or race, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 and 2022 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.

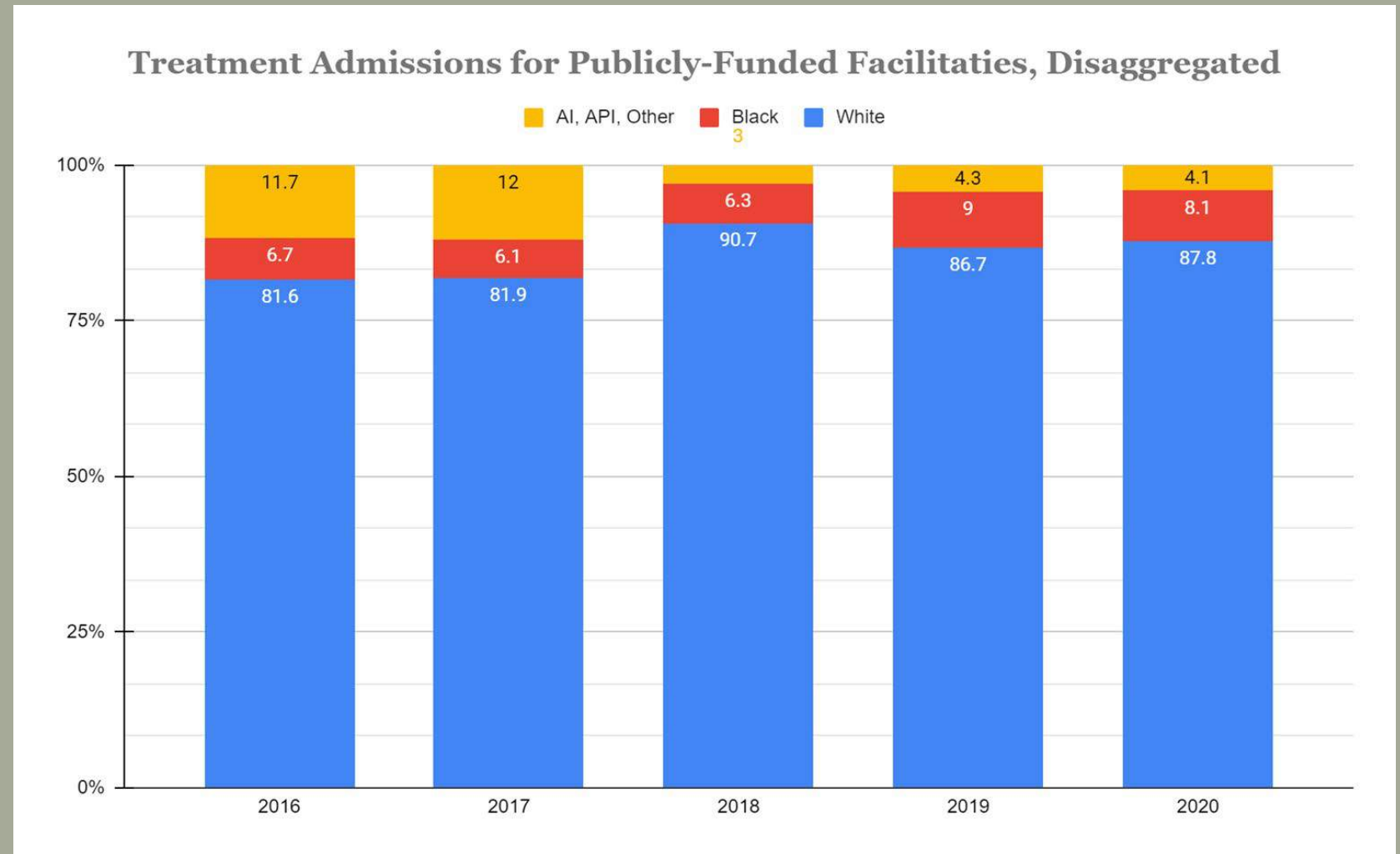
Disparities: Numbers in Services

Rates of Methadone Prescription, by Race



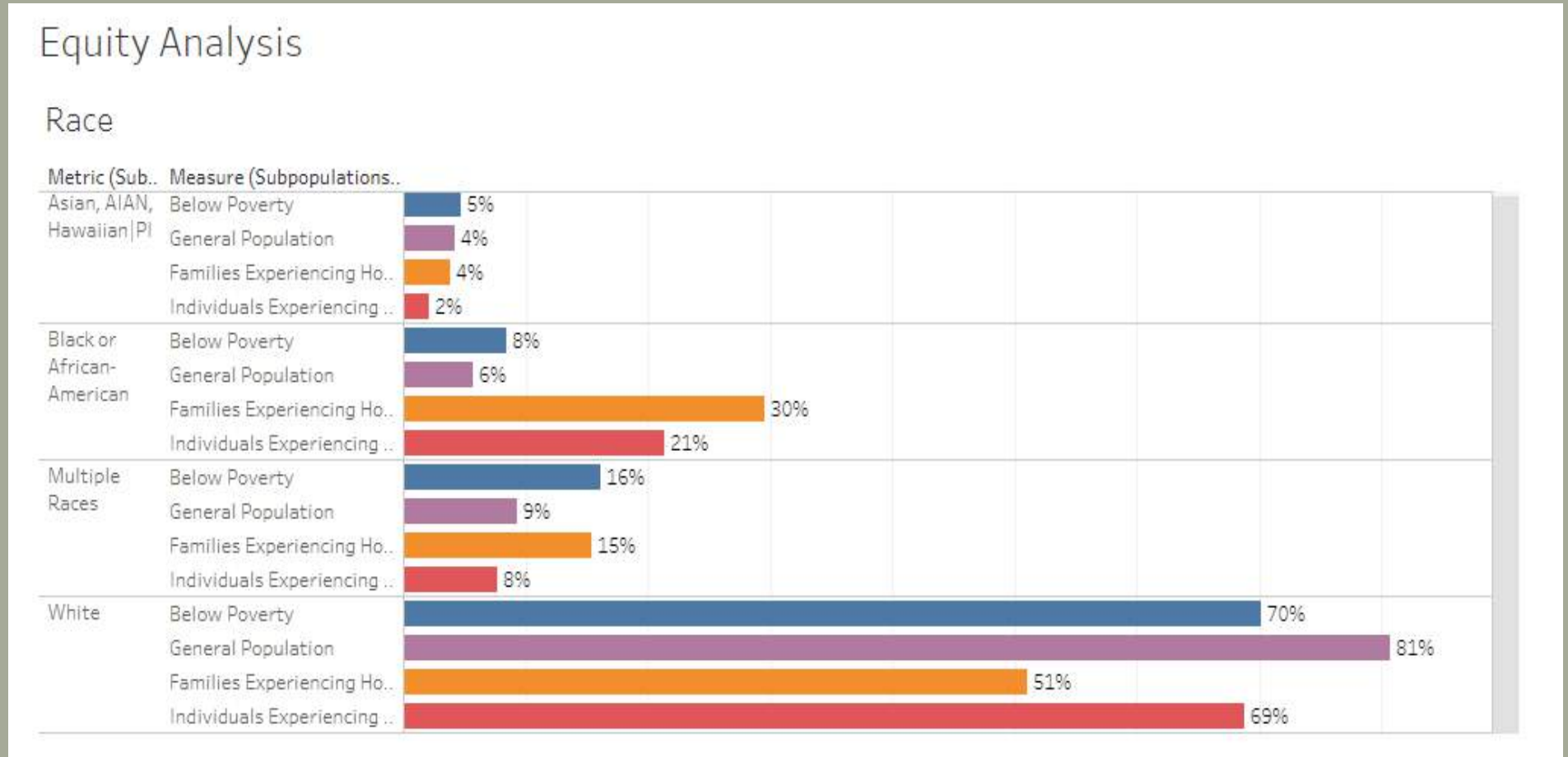
Disparities: Numbers in Services

Rate of Treatment Admissions, by Race



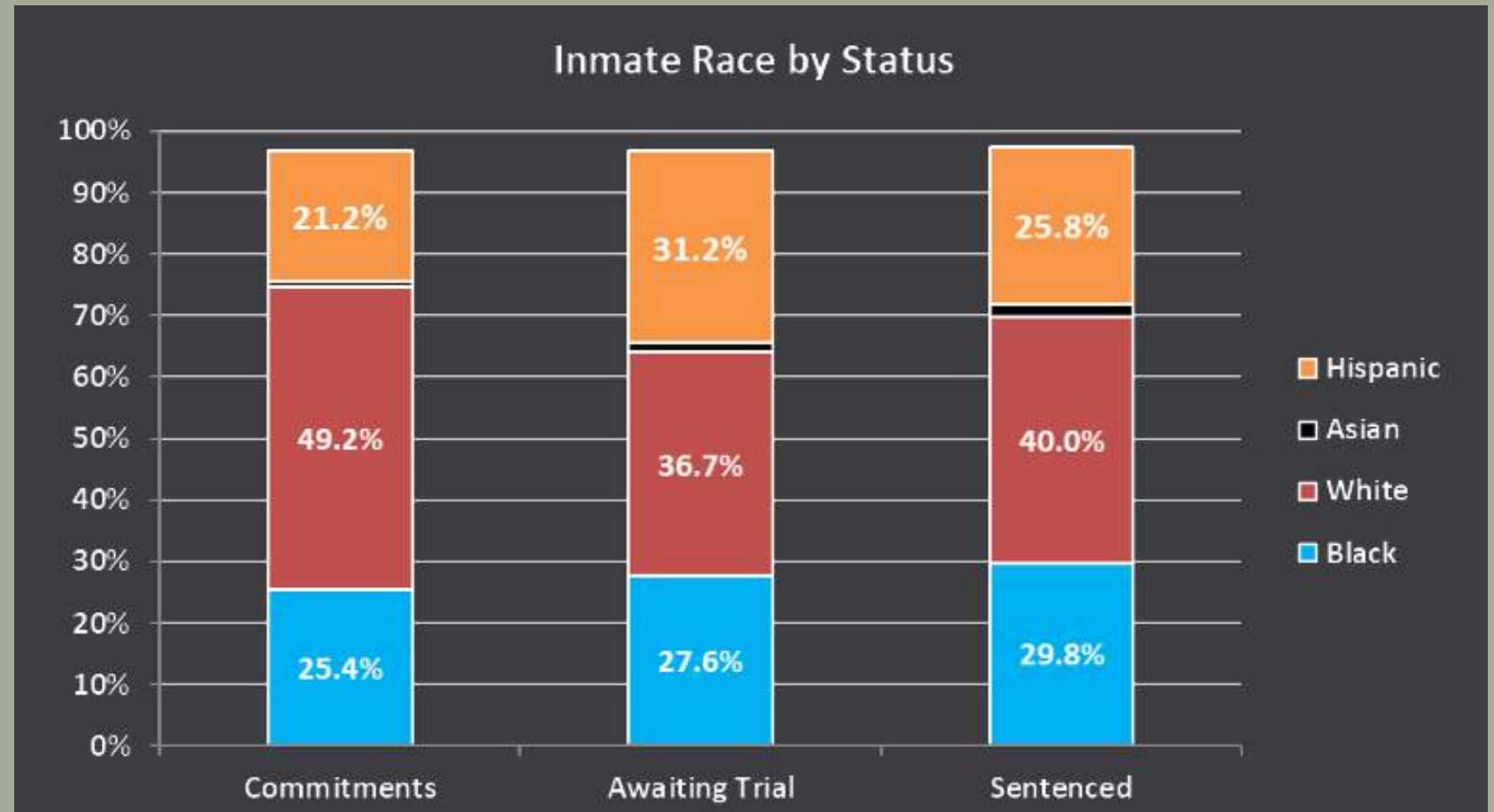
Disparities in Structural Determinants

Housing Instability



Disparities in Structural Determinants

Criminalization and Policing



Qualitative Differences

BARRIERS TO TREATMENT/RECOVERY



SOCIAL BARRIERS

These include living with other people who are still using substances or returning to a triggering environment after treatment.

LACK OF INSURANCE COVERAGE

Participants mentioned not being able to access treatment because their insurance did not cover it.

LACK OF HOUSING

Participants spoke about being discharged to homelessness after detox and other treatment services, and how lack of stable housing perpetuates substance use. Participants also perceived that people of color wait longer for public housing than their white counterparts.

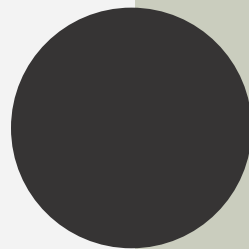
LACK OF AVAILABLE TREATMENT FOR STIMULANTS

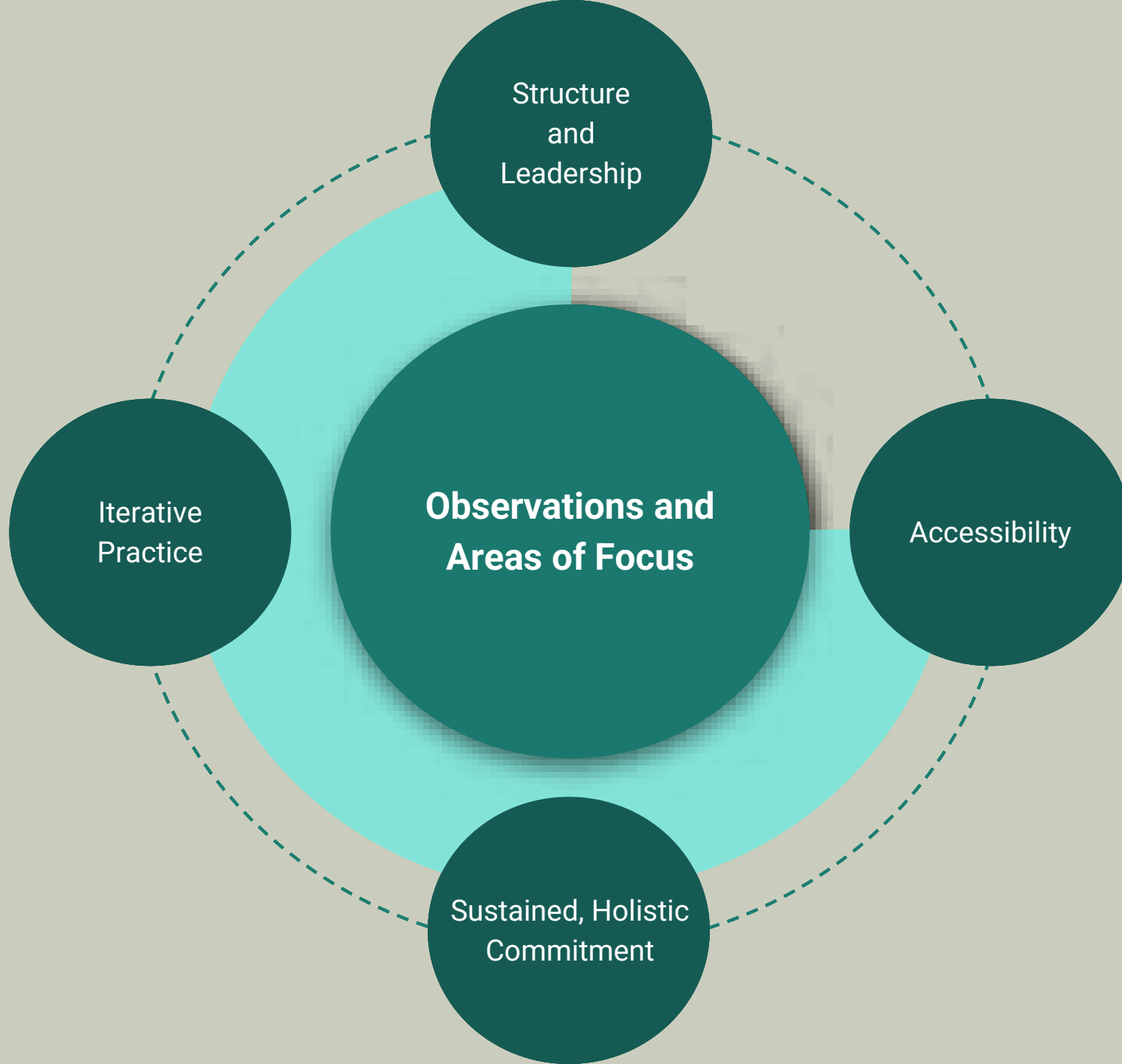
Individuals noted having to lie about what substance they used or even use another substance to get into treatment.

"I'm not an alcoholic, I don't use opioids. I use cocaine. So, in my experience, when I went to a facility to try to get help for...cocaine solely, they said no, I couldn't get the help."

03

Observations and Themes





Structure
and
Leadership

**Observations and
Areas of Focus**

Accessibility

Sustained, Holistic
Commitment

Iterative
Practice

Structure and Leadership

Membership

Diversify membership
to include community
organizations

Transparency

Clarify how BIPOC
PWUD can move into
leadership and
decision-making roles

Accessibility

Center Community

Go to community spaces
for meetings that center
accessibility of BIPOC
PWUD and people in
recovery

Intention

Proactively outreach to
culturally-specific
organizations for
engagement

Iterative Practice



Make Racial Equity a Requirement

Include racial equity considerations in all proposals, programs, and funding

This diagram features a dark grey circular header with the text 'Make Racial Equity a Requirement' in white. Below the circle is a horizontal line, followed by the text 'Include racial equity considerations in all proposals, programs, and funding' centered within a white rectangular box.



Accountability

Invest in the REWG and community outreach as accountability bodies

This diagram features a dark grey circular header with the text 'Accountability' in white. Below the circle is a horizontal line, followed by the text 'Invest in the REWG and community outreach as accountability bodies' centered within a white rectangular box.

Sustained, Holistic Commitment

Invest with Resources

Invest in ongoing racial equity learning and support for the Task Force and Co-Chairs

Invest with Time

Talk about racial equity in every presentation; There is no “One Size” or “Typical PWUD”

Commitment

Make an explicit commitment to closing disparities and require the same from partners

Emergent Issues

Data Collection

Invest in expanding
qualitative data collection
and utilization

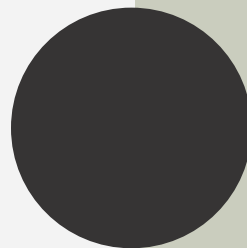
Stimulants

Expand services and
resources for people who
primarily use stimulants

04

Work Groups and Ongoing Learning

Unique Approaches for
Simultaneous Change



Areas of Focus for Work Groups

Learning Issue Areas

**Treatment Work
Group:**

Expanding
Interventions for PWU
Stimulants

Internal Culture Change

Harm Reduction:

Self-Reflection on
Internal Practices

Relationship Building

Families:

Diversifying
Membership and
Centering BIPOC
Families

Racial Equity Work Group: Strategic Investment

Capacity & Equitable Practice

Building on Strengths

Access to Decision-Making

Policy Change:

Identifying the unique contributions of the REWG

Affinity Group:

Creating solidarity spaces for a BIPOC workforce

Expert Insights:

Building a network of experts and knowledge



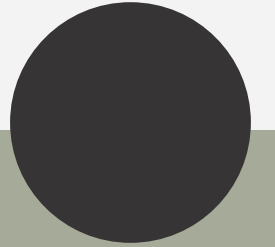
Ongoing Learning

- Workshops, Materials, Discussion Guides
- White and Fair-Skinned Allies Group

Thanks

Does anyone have any questions?
kate@reframehealthandjustice.com
sasanka@reframehealthandjustice.com

CREDITS: This presentation template was created by Slidesgo, including icons by Flaticon, infographics & images by Freepik



Public Comment

**RHODE
ISLAND**