Workshop for Municipal Leaders: Using Overdose Data to Drive Action

August 25, 2022

Overview and Objectives

Attendees of this session will:

- Understand the context of the opioid settlement funding, and the importance of using data to drive action
- Understand the extent and impact of the overdose crisis in Rhode Island, both at a state and local level
- Become familiar with statewide data platforms and how to access specific metrics
- Possess the necessary knowledge, awareness of state and local resources, and tools to use data to drive funding decisions and action planning
- Have the opportunity for collaboration and networking with peers from surrounding communities

Agenda

- State settlement funding overview **(5 minutes)**
- Overview of the overdose epidemic **(10 minutes)**
- Prevent Overdose RI **(10 minutes)**
- RIDOH Data Hub workshop **(30 minutes)**
- Data-informed community projects **(10 minutes)**
- Group discussion and key takeaways **(10 mins)**
- Next steps **(5 mins)**

State Settlement Funding Overview

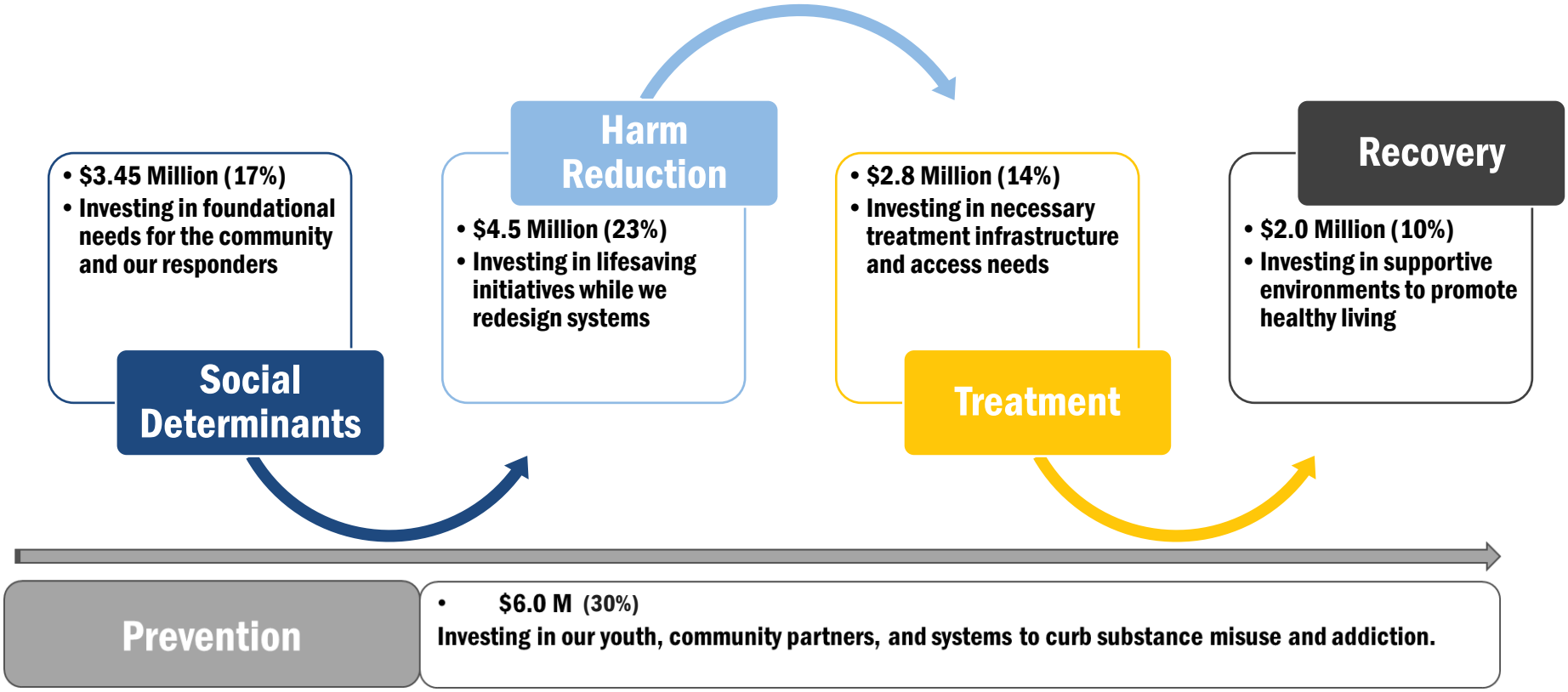
Guiding Principles for Decision Making

To guide decisions for use of these funds, the Committee agreed to:

Spend money to save lives.	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
Use evidence to guide spending.	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
Develop a fair and transparent process for funding recommendations.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

**The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

How Draft Proposals Would Support Clients Through the Continuum of Care



Recommended Draft Funding Approach for Committee Discussion

$18.75M Allocated below + $1.25M for Governance = $20M Total

	$3.45M, 17%	$4.5M, 23%	$2.8M, 14%	$2.0M, 10%	$6.0M, 30%
	Social Determinants	**Harm Reduction**	**Treatment**	**Recovery**	**Prevention**
Evidence-Based Activity	First Responder/Peer Recovery Specialist Trauma Supports ($1.0 M)	Expanded Street Outreach—Including Undocumented Resident Engagement ($1.5 M)	BIPOC Industry Workers and Chronic Pain Treatment and Prevention ($500,000)	Recovery Capital and Supports—Including Family Recovery Supports ($900,000)	Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media) ($1.0 M)
Identified Funding Need	Basic Needs Provision for High-Risk Clients and Community Members ($700,000)	Harm Reduction Centers Infrastructure and Technologies ($2.25 M)	Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management ($1.5 M)	Substance-Exposed Newborns Interventions and Infrastructure ($600,000)	Youth Behavioral Health Prevention in Schools and Communities ($4.0 M)
Requires Additional Coordination	Housing Capital, Operating, and Services for High-Risk Communities ($1.75 M)	Alternative Post-Overdose Engagement Strategies ($750,000)	Additional SUD Provider Investments ($800,000)	Recovery Housing Incentives ($500,000)	Non-Profit Capacity Building and Technical Assistance ($1.0 M)

Rhode Island's Drug Overdose Epidemic: History, Emerging Trends, and Data Sharing

August 25, 2022
Benjamin Hallowell, PhD, MPH

Presentation Outline

- Introduction
- Fatal Overdose Data
- Non-Fatal Overdose Data
  - Rhode Island Department of Health (RIDOH)'s Opioid Overdose Integrated Surveillance System
- Accessing Data and Resources
  - PreventOverdoseRI.org
  - RIDOH's Drug Overdose Surveillance Data Hub

Introduction

- RIDOH's **Substance Use Epidemiology Program** manages, analyzes, and disseminates information from 10 overdose surveillance datasets to inform and drive statewide prevention efforts.
  - Fatal Overdoses
  - Non-Fatal Overdoses
  - Naloxone Distribution
  - Controlled Substance Prescribing
  - Monitoring Substance Use and Harm Reduction Practices

- We partner with and provide data to RIDOH's Drug Overdose Prevention Program, fellow State agencies, community partners, the public, and academic partners to inform action.

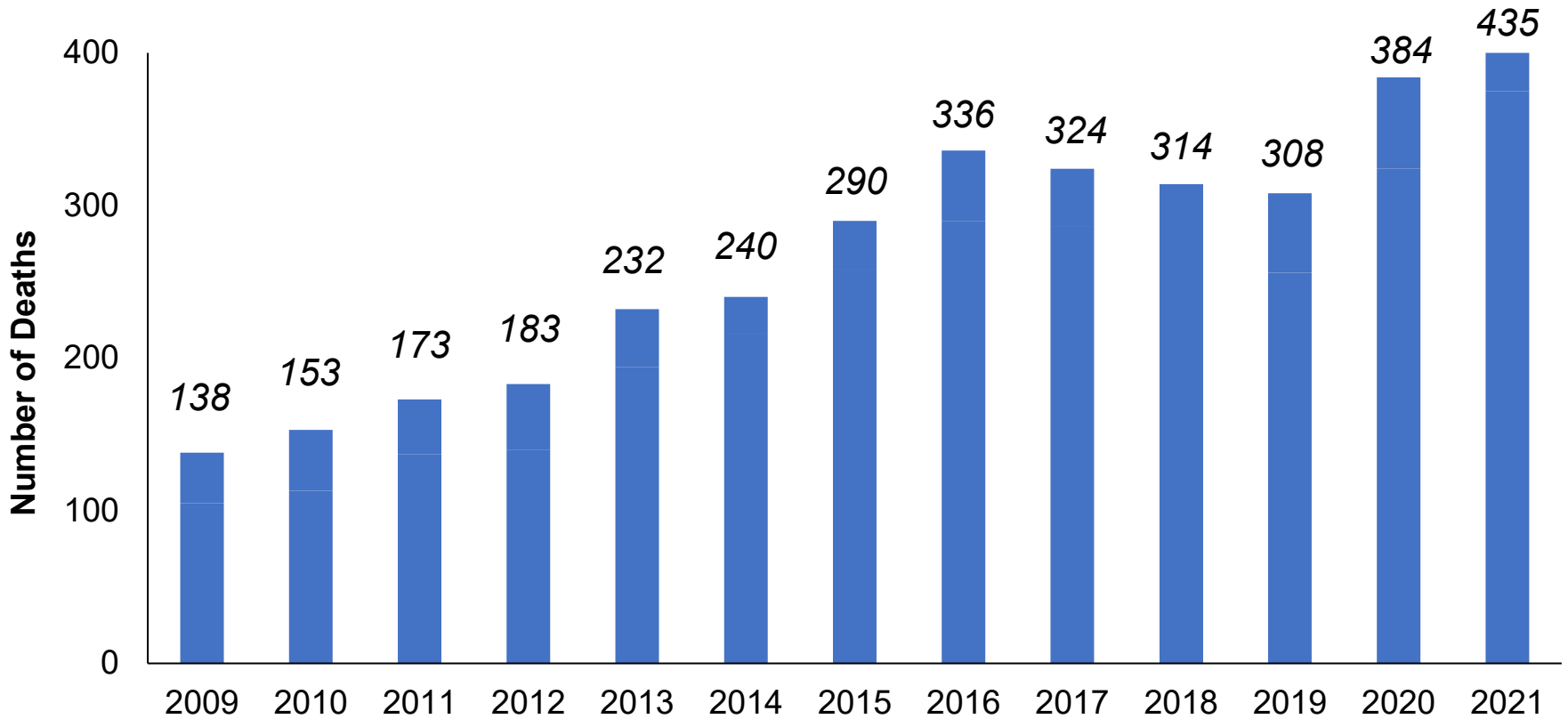
Fatal Overdose Data

Each Number Has a Name and a Face

A mother, a father, a sister, a brother, a son, a daughter, a partner, a spouse, an uncle, an aunt, a friend, a neighbor, a co-worker…

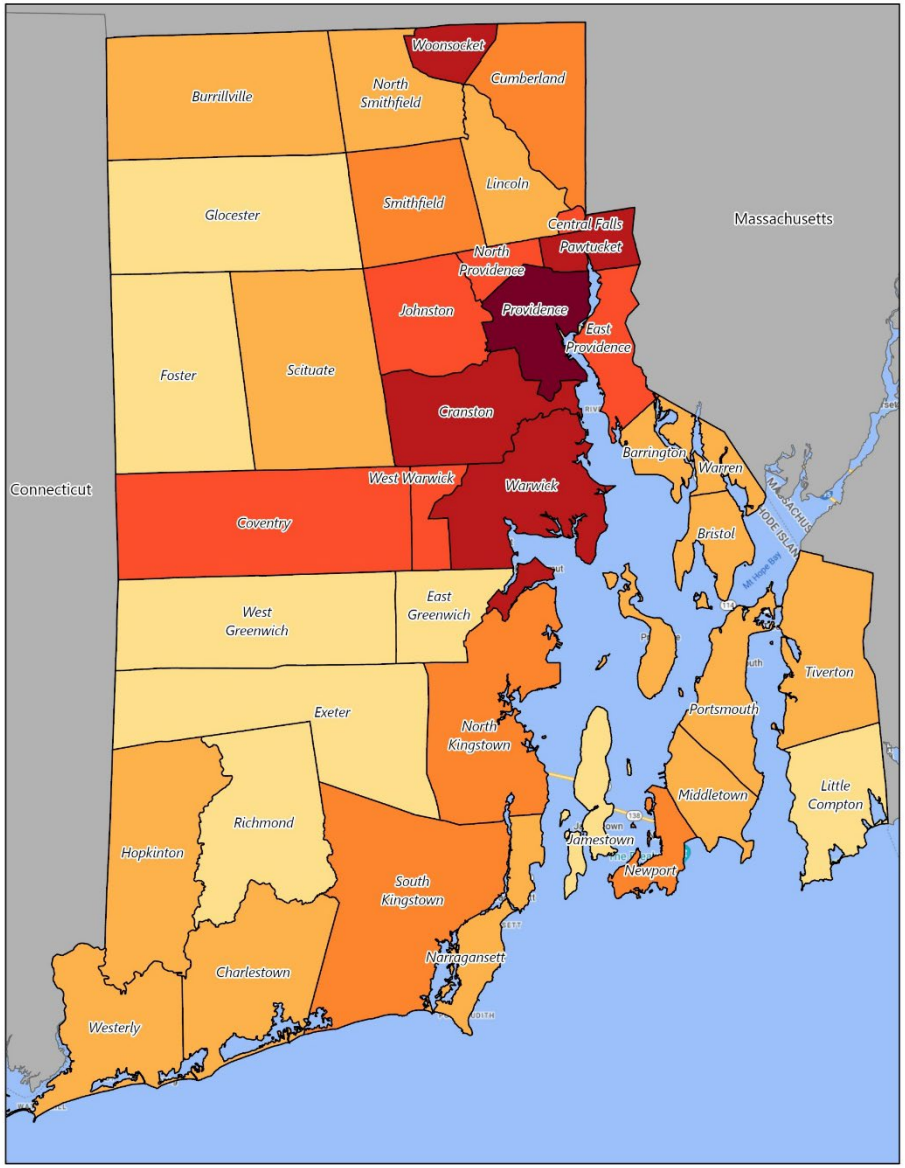
Fatal Overdoses in Rhode Island by Year, 2009-2021

Since 2019, fatal overdoses have **increased by 41%**. Last year, Rhode Island had the **highest number of fatal overdose deaths ever recorded**.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14, 2022.

Overdose Fatalities by Municipality 2019-2021



Count of Overdose Fatalities by City/Town where the overdose occurred.*

- 0
- Less than 5
- 5 - 11
- 12 - 18
- 19 - 33
- 34 - 94
- 95 - 246

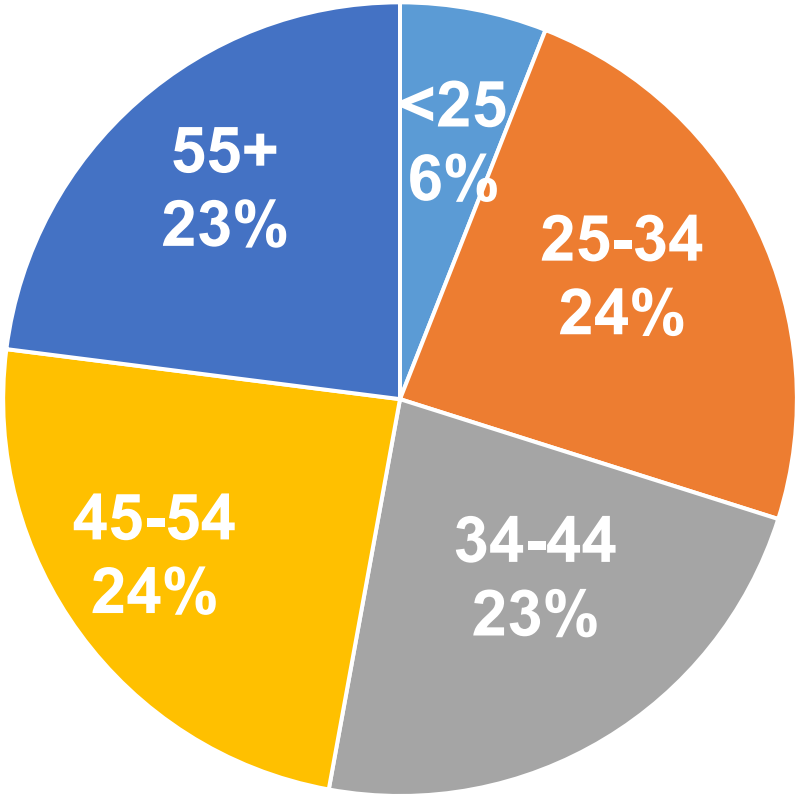
0 3 6 miles

*Among RI residents only

Source: Office of the State Medical Examiners (OSME)

Proportion of Fatal Overdoses by Age 2021

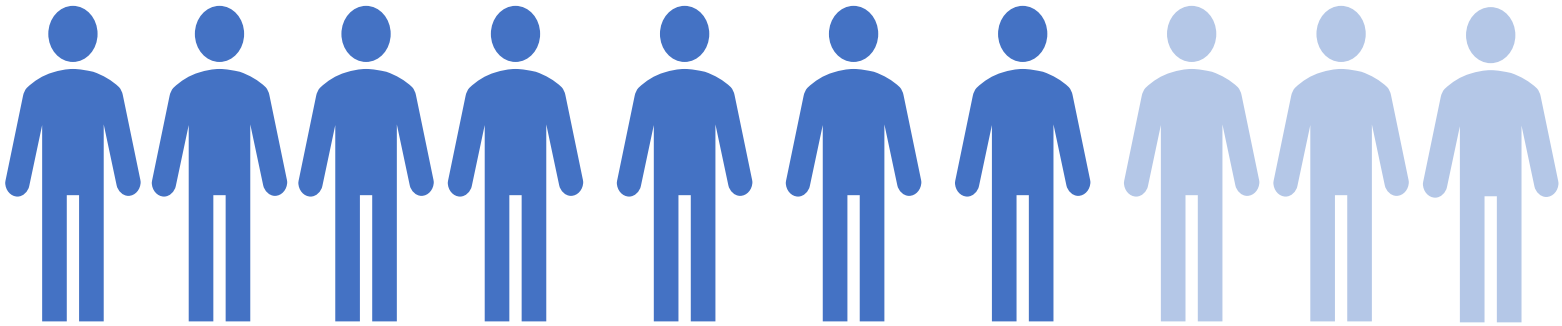
In Rhode Island, the highest overdose burden is among individuals **aged 25 to 54 (71%).**



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14, 2022.

Proportion of Fatal Overdoses by Sex 2021

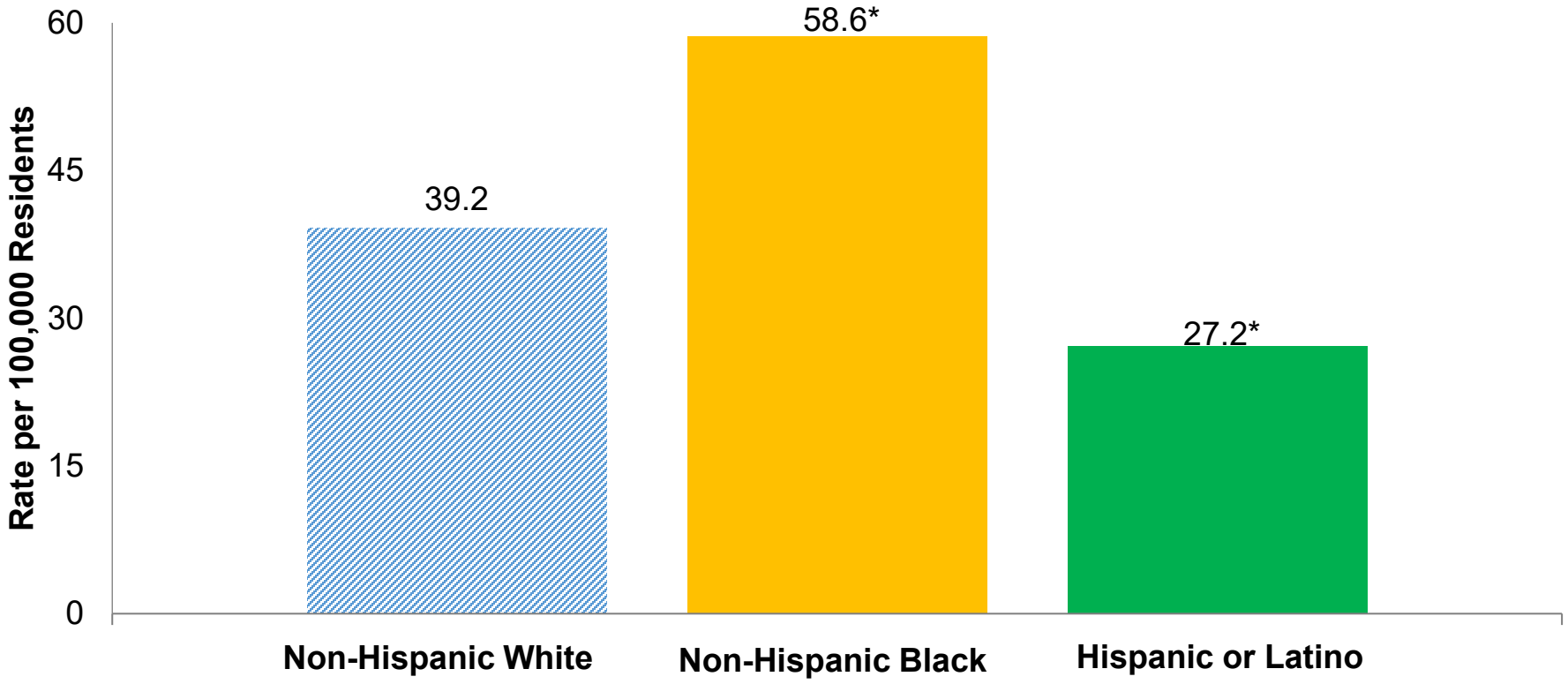
Most individuals who died from a drug overdose are **male (68%)**.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14,2022.
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Rates of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2021

Overdose deaths have **disproportionally impacted the non-Hispanic Black community.**

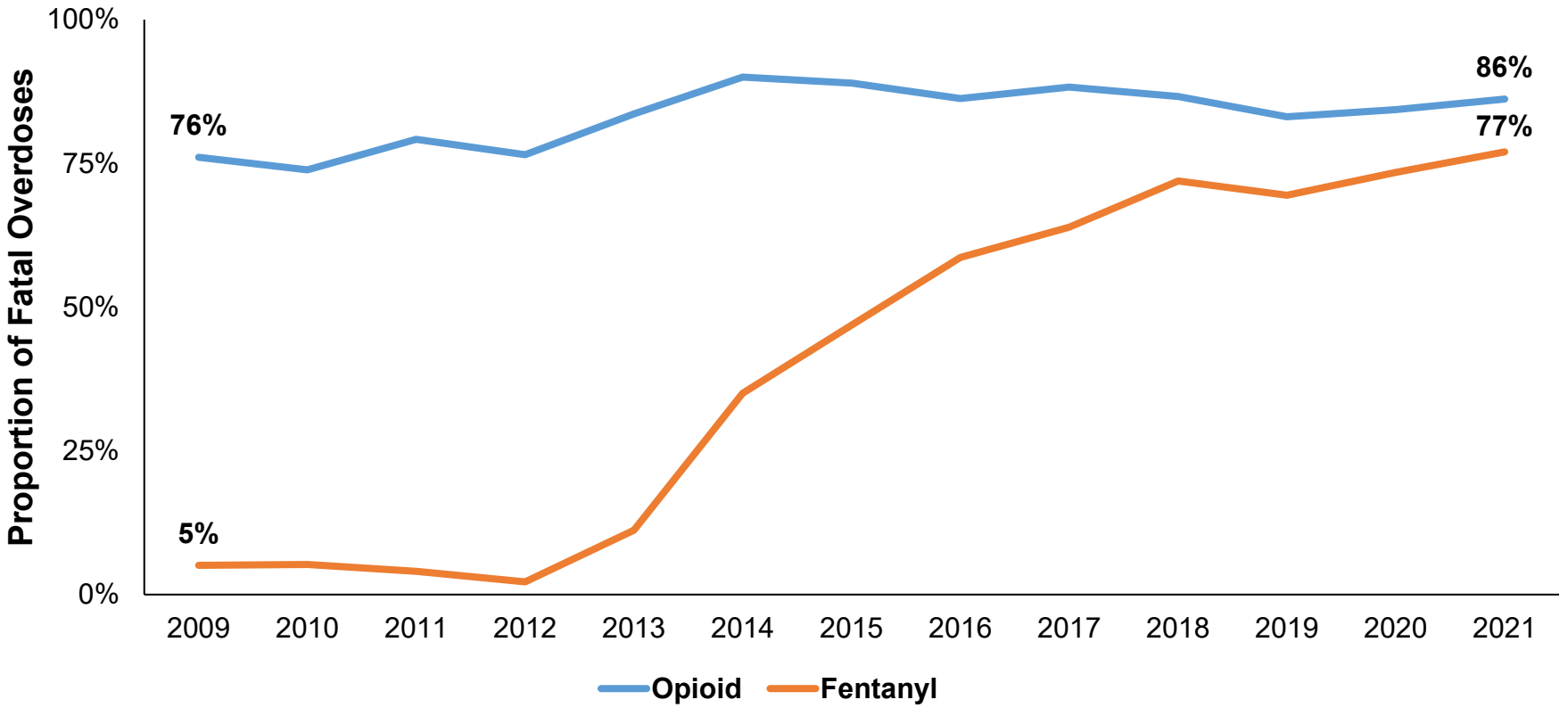


Note: Due to RIDOH's Small Numbers Reporting Policy, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 8% of deaths from 2017 to 2021 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 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 14, 2022.

Substance Trends, 2009-2021

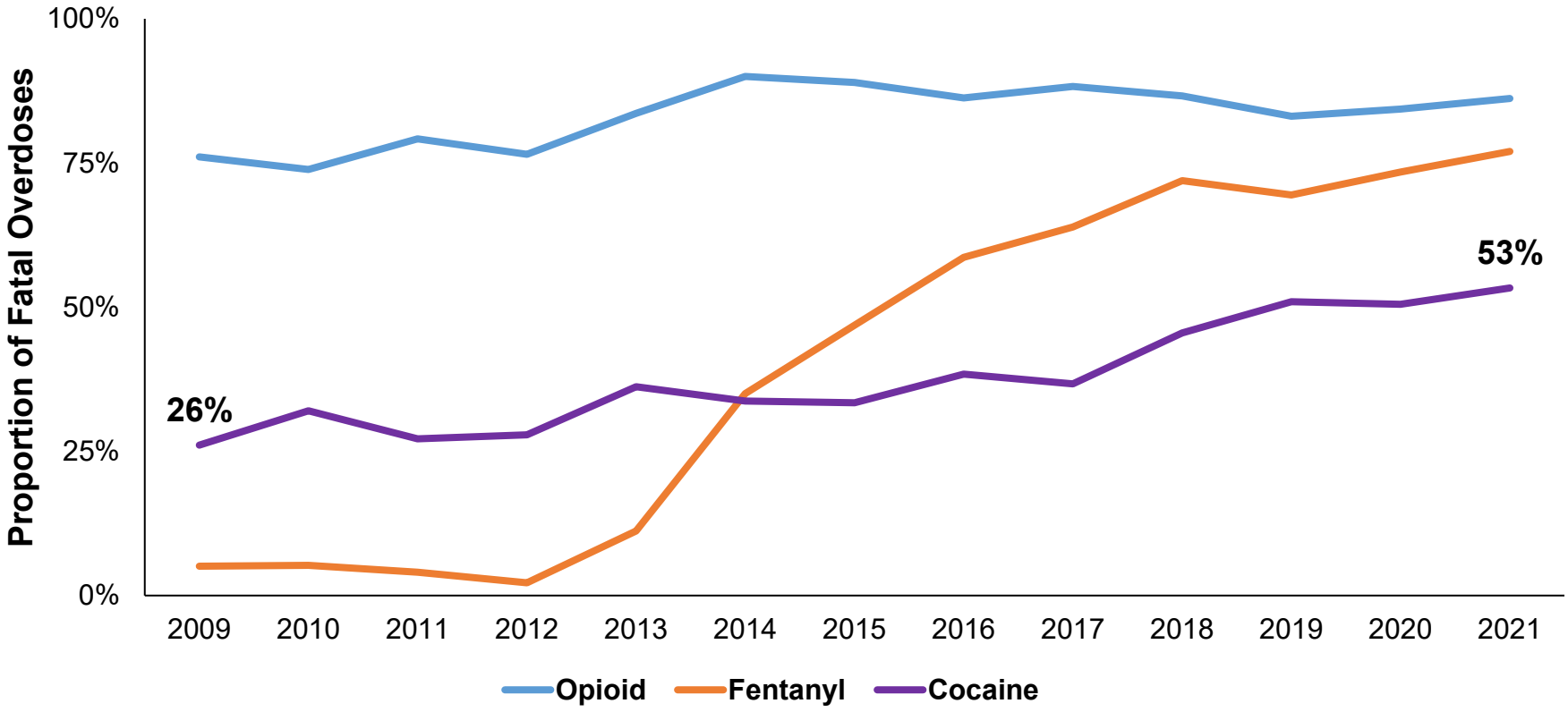
Most fatal overdoses involve **opioids**. The proportion of fatal overdoses in which **fentanyl** contributed to the cause of death has increased from **5% in 2009** to **77% in 2021.**



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14, 2022. Substance categories are not mutually exclusive, more than one substance may have contributed.

Substance Trends, 2009-2021

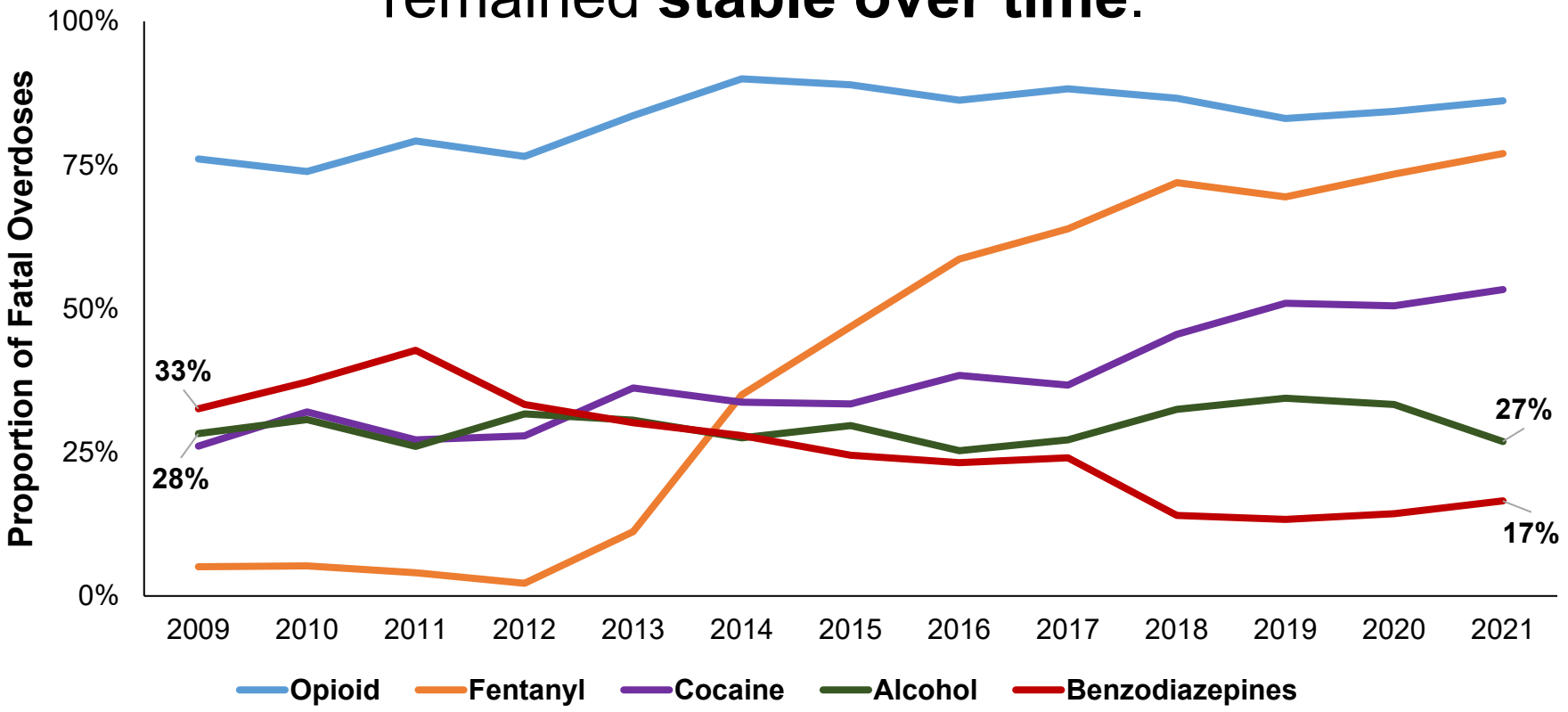
The proportion of fatal overdoses in which **cocaine** contributed to the cause of death has increased from **26% in 2009** to **53% in 2021.**



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14, 2022. Substance categories are not mutually exclusive, more than one substance may have contributed.

Substance Trends, 2009-2021

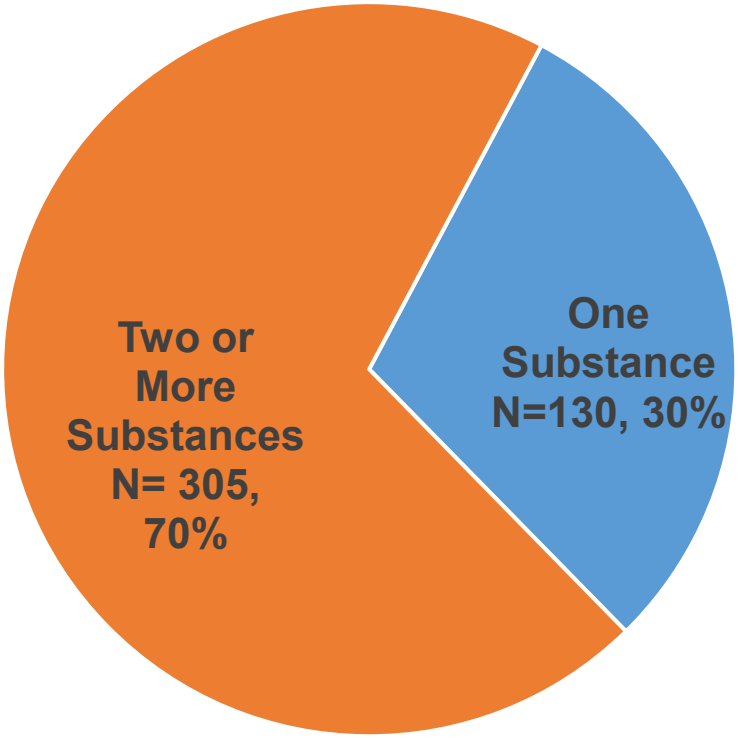
The proportion of fatal overdoses involving **benzodiazepines** has **declined** from **33% to 17%**, while the proportion of fatal overdoses involving **alcohol** has remained **stable over time**.

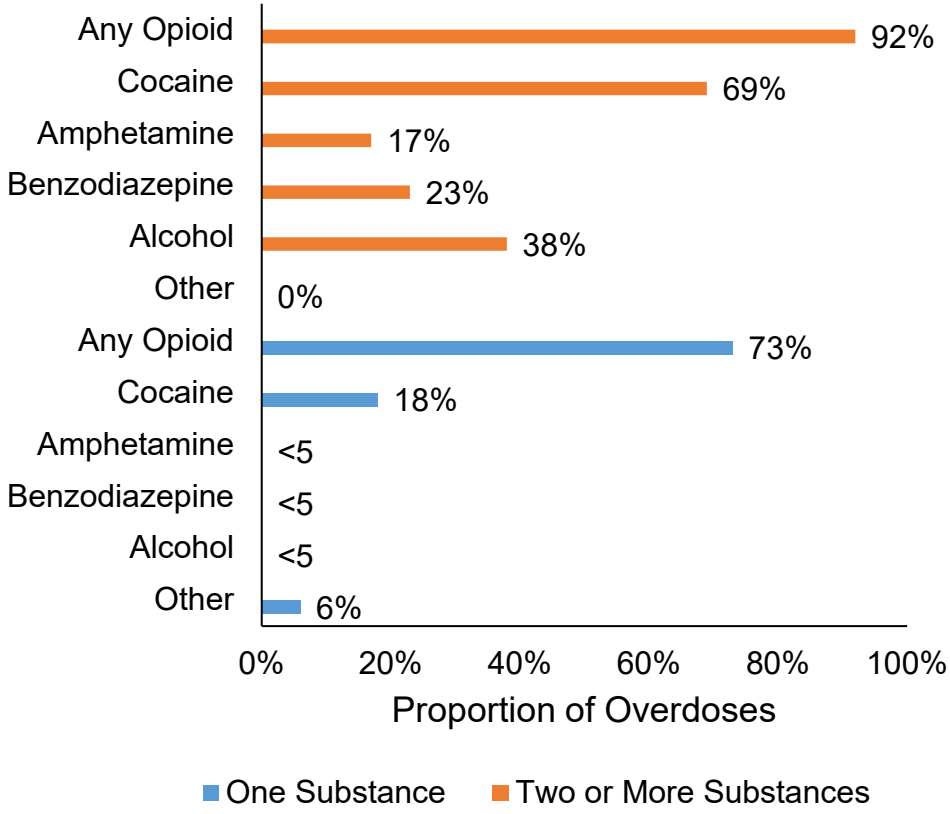


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14, 2022. Substance categories are not mutually exclusive, more than one substance may have contributed.

Mono-Substance and Poly-Substance Use, 2021

Last year, **two or more types of substances** contributed to **70% of fatal overdoses.**

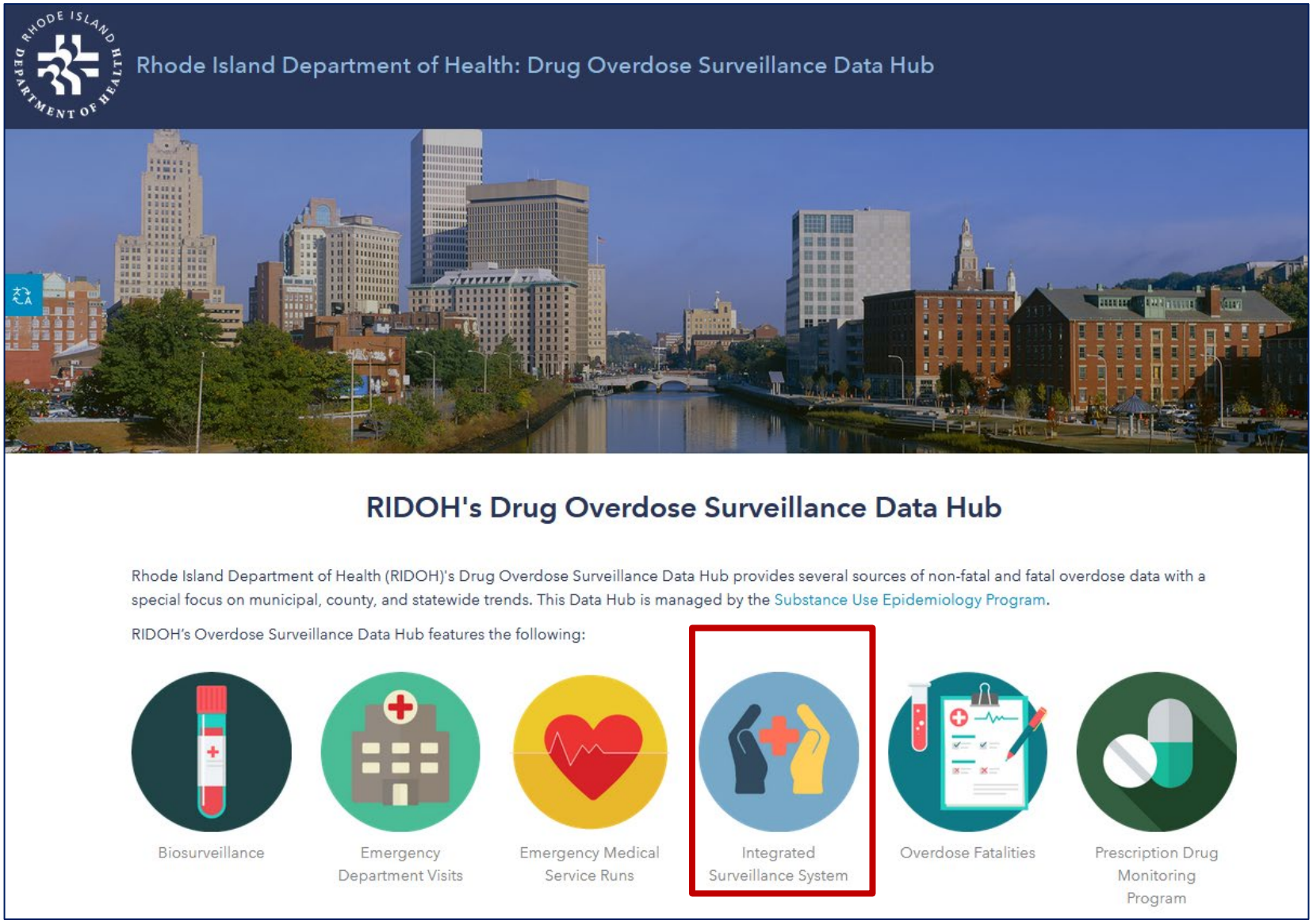




Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 14, 2022. Substance categories are not mutually exclusive, more than one substance may have contributed. Polysubstance use captures the presence of any opioids, cocaine, amphetamine, benzodiazepines, and alcohol, and other substances which may have been present or contributed to cause of death. The actual number of unique substances may be undercounted. Opioids include any opioid, including fentanyl.

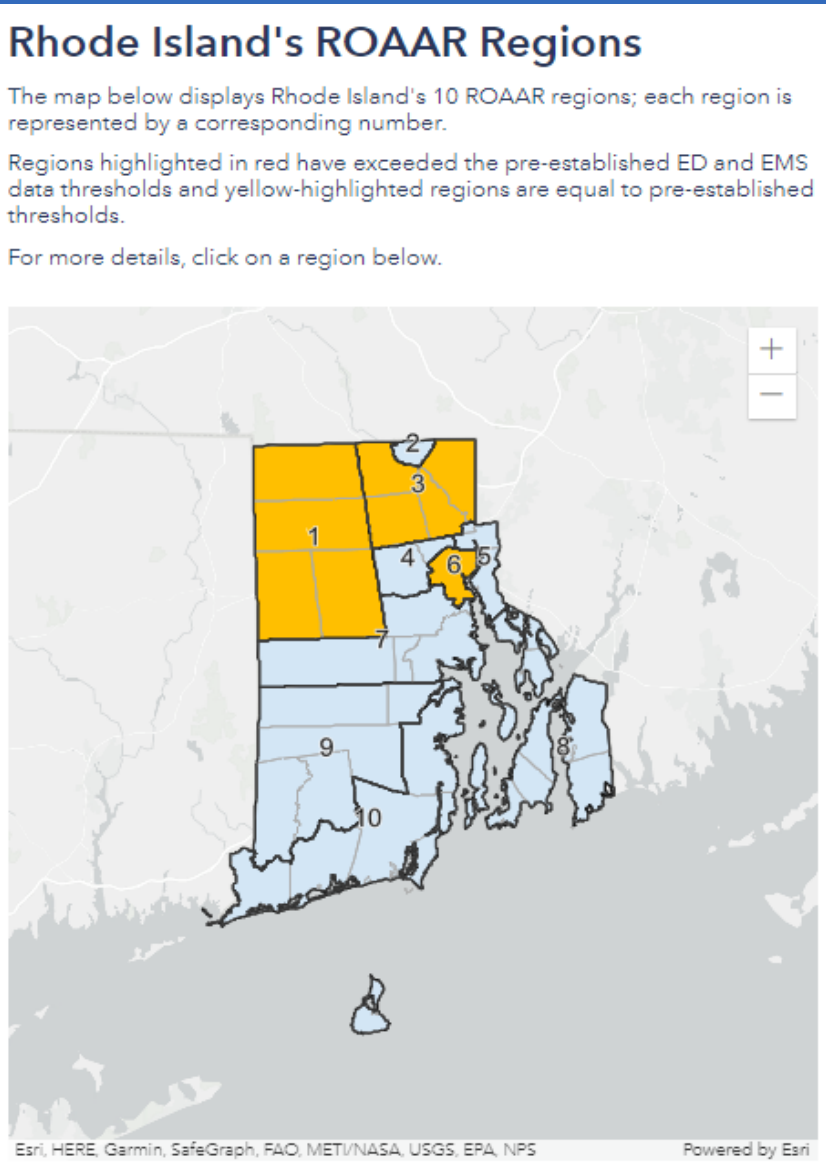
Tracking Non-Fatal Overdose Data

RIDOH's Drug Overdose Surveillance Data Hub: health.ri.gov/od-datahub



Opioid Overdose Integrated Surveillance System

- Tracks non-fatal overdoses using data from emergency department (ED) visits and emergency medical services (EMS) runs.
- These datasets work in parallel to offer a real-time view of statewide opioid overdose trends, regional hotspots, and emergency care utilization.
- The state is divided into 10 regions and a notification is sent when a region exceeds a pre-established threshold during the seven-day period.



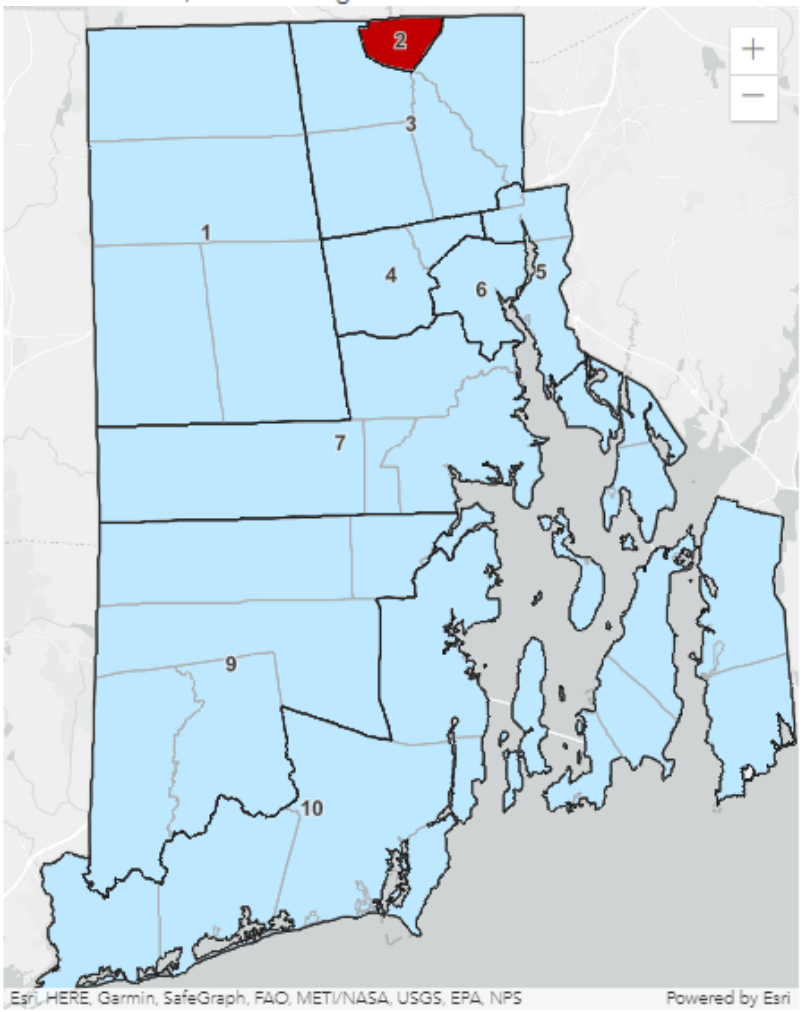
health.ri.gov/od-datahub

Rhode Island's ROAAR Regions

The map below displays Rhode Island's 10 ROAAR regions; each region is represented by a corresponding number.

Regions highlighted in red have exceeded the pre-established ED and EMS data thresholds and yellow-highlighted regions are equal to pre-established thresholds.

For more details, click on a region below.



[See the data: RIDOH Drug Overdose Surveillance Integrated Surveillance System](#) – health.ri.gov/od-datahub

Tracking Weekly Data

The table below shows a one-week look back of opioid overdose integrated surveillance system data (ED Visits and EMS Runs) for each ROAAR Region.

Review an archive of integrated surveillance system reports (formerly known as SRI Reports).

Opioid Overdose Integrated Surveillance System			
ROAAR Region	**Weekly Threshold**	**7/31-8/06**	**Cumulative 4 weeks**
Emergency Department (ED) Visits			
Statewide	44	41	124
1. Burrillville, Foster, Glocester, Scituate	2	0	<5
2. Woonsocket	**4**	**6**	**12**
3. Cumberland, Lincoln, Smithfield, North Smithfield	3	<5	5
4. Johnston, North Providence	3	0	<5
5. Central Falls, Pawtucket, East Providence	9	5	25
6. Providence	19	17	49
7. Cranston, Warwick, West Warwick, Coventry	10	6	18
8. Jamestown, Bristol, Warren, Portsmouth, Tiverton, Little Compton, Middletown, Newport, Barrington	3	<5	<5
9. East Greenwich, West Greenwich, Exeter, Richmond, Hopkinton	2	0	<5
10. Charlestown, North Kingstown, South Kingstown, Narragansett, Westerly, Block Island	4	0	<5
Out of State	**2**	**<5**	**<5**
Unknown	N/A	<5	<5
Emergency Medical Services (EMS) Runs			
Statewide	48	31	144
1. Burrillville, Foster, Glocester, Scituate	4	0	<5
2. Woonsocket	5	<5	8
3. Cumberland, Lincoln, Smithfield, North Smithfield	6	<5	13
4. Johnston, North Providence	4	<5	8
5. Central Falls, Pawtucket, East Providence	8	5	20
6. Providence	20	6	41
7. Cranston, Warwick, West Warwick, Coventry	11	10	29
8. Jamestown, Bristol, Warren, Portsmouth, Tiverton, Little Compton, Middletown, Newport, Barrington	6	<5	11
9. East Greenwich, West Greenwich, Exeter, Richmond, Hopkinton	2	0	<5
10. Charlestown, North Kingstown, South Kingstown, Narragansett, Westerly, Block Island	6	<5	8
Out of State	1	0	0
Unknown	N/A	0	0

ROAAR regions will be highlighted in yellow if weekly overdose counts are equal to the pre-established weekly thresholds.

ROAAR regions will be highlighted in red if weekly counts are greater than the weekly thresholds. RIDOH and BHDDH will issue a public health advisory to statewide stakeholders when pre-established weekly thresholds have been exceeded.

Accessing Data and Resources

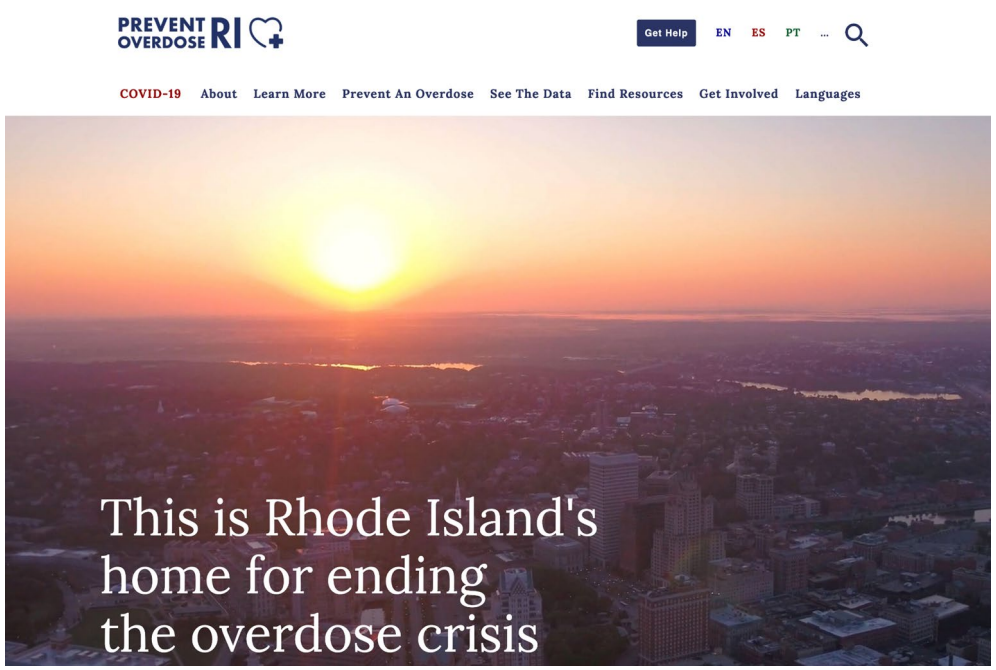
Online Resources: Drug Overdose Data and More

health.ri.gov/od-datahub

Learn more about our systems and find detailed data by municipality and demographics.

PreventOverdoseRI.org

Publicly accessible overdose data and prevention, treatment, and recovery resources for Rhode Islanders.



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PreventOverdoseRI.org

RIDOH Data Hub workshop

Data-informed Community Projects

Statewide Mobile Outreach

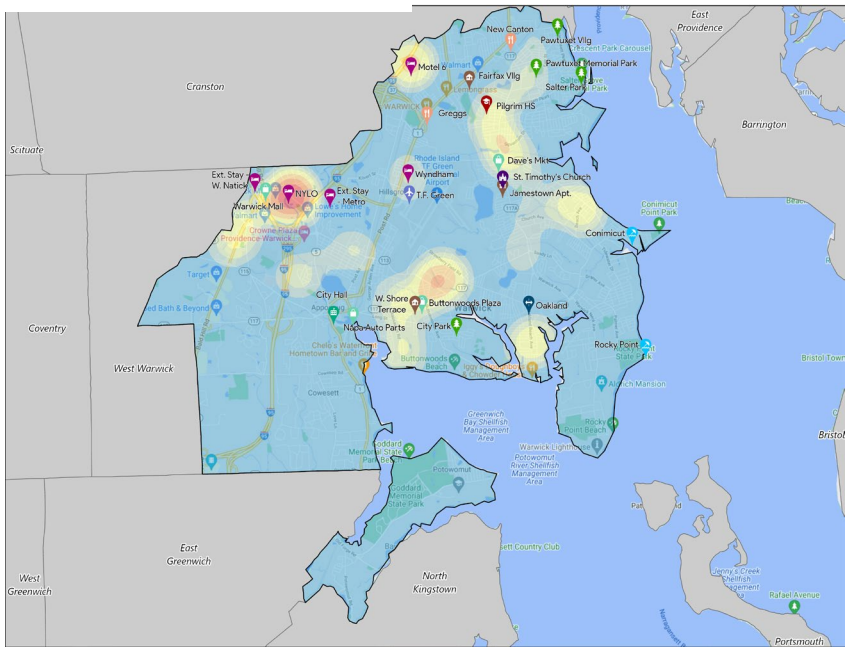
Organizations use RIDOH data to target outreach efforts (e.g., geographic areas and high-risk populations).

- Regular meetings to share and discuss:
  - Nonfatal overdose data (emergency department and emergency medical services)
  - Heat Maps
  - Demographics

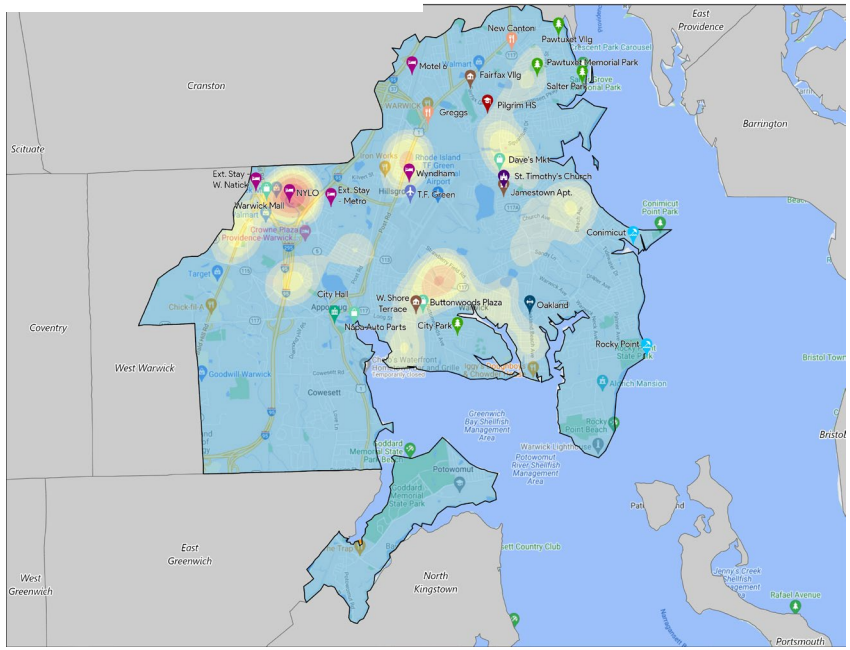
Statewide Mobile Outreach

West Warwick overdose heat maps

10/17/2021-02/06/2022



11/14/2021-03/06/2022



Legend

High

Low

Rhode Island Municipality

Source: Rhode Island Emergency Medical Services Information System (RI-EMSIS)

Statewide Mobile Outreach

Partners use data to:

- **Raise awareness** about the local drug overdose epidemic.

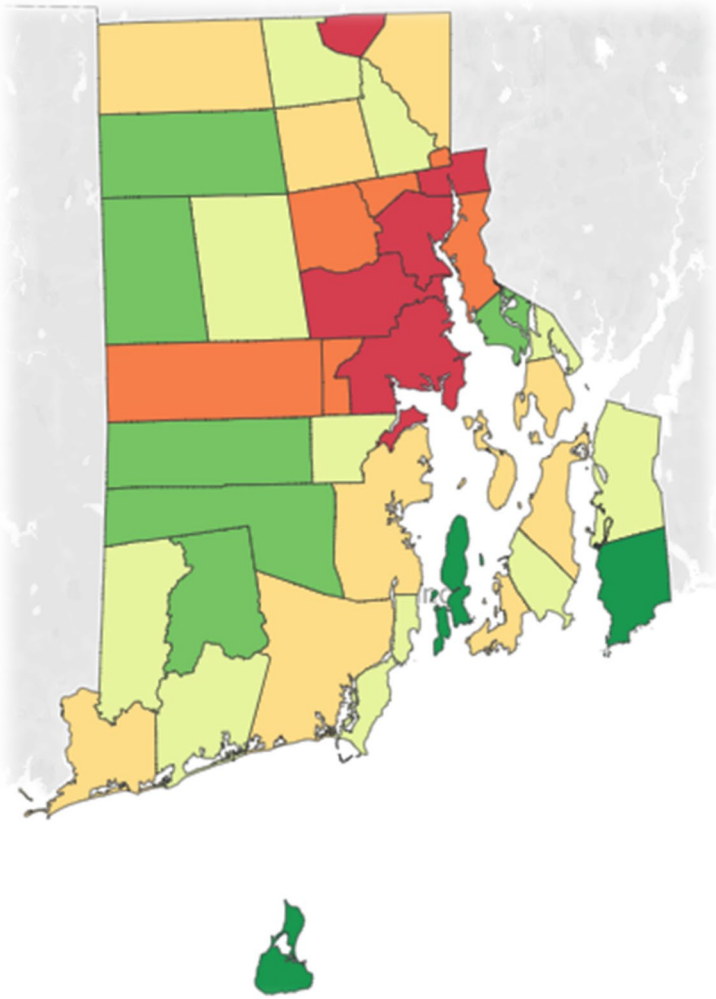
- **Target response to high-burden areas** throughout the state (i.e. public, semi-private, and residential locations).

Teams provide and connect people to:

- Basic needs, harm reduction resources, and treatment and recovery support services.

Track outreach data and report trends over time.

Community Overdose Engagement (CODE) Initiative



- Every community in Rhode Island has been impacted by the overdose crisis
- RIDOH works with cities and towns to support community-led, data-informed solutions.
- **35 out of 39** Rhode Island municipalities have developed local Community Overdose Engagement (CODE) plans

Community Overdose Engagement (CODE) Initiative

Piloting large-scale, **community-driven** projects in:

- Providence
- Pawtucket/Central Falls
- Woonsocket

Strategies informed by **needs assessment** comprised of:

- RIDOH surveillance data
- Local-level data
- Community engagement

RIDOH regularly provides updated **data**

Rapid response to emerging trends

Program planning

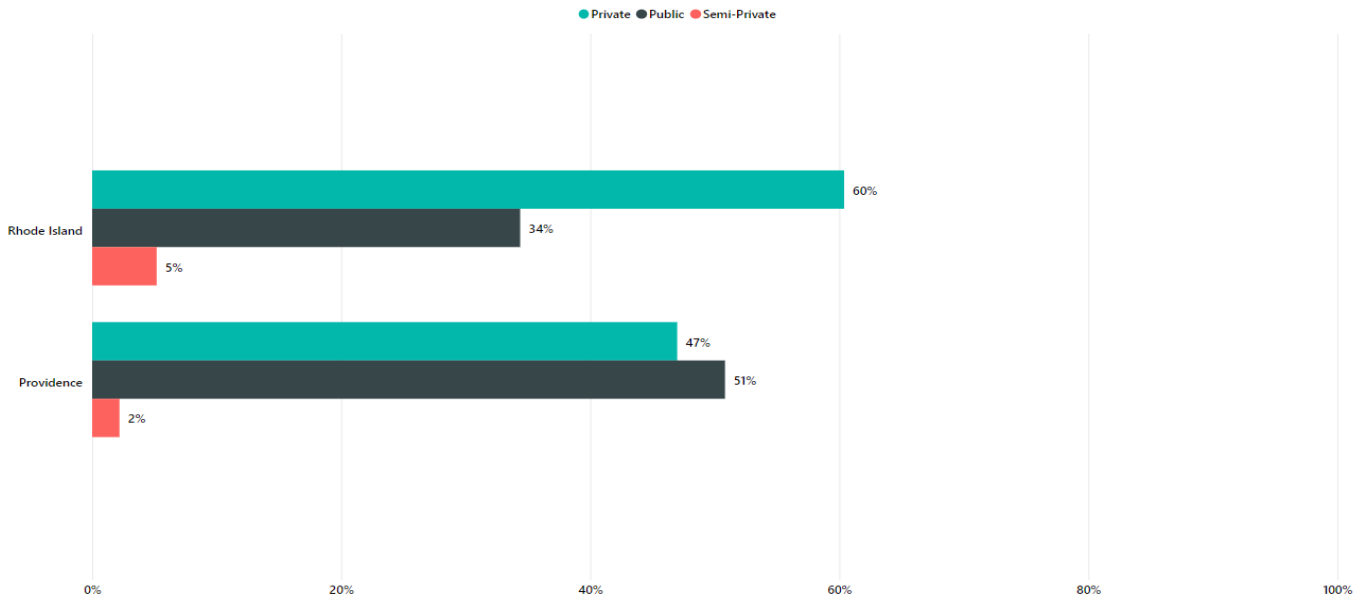
Community engagement

Outreach

Canvass to Save Lives

More Rhode Islanders lost their lives to overdose in 2021 than any other year on record.

The majority of these overdoses have occurred in **private locations.**



Source: https://ridoh-drug-overdose-surveillance-emsdashboard-rihealth.hub.arcgis.com/

Canvass to Save Lives

- CODE partners in the 02907 neighborhood of Providence recognized a **critical gap** in reaching those who are overdosing at home (and their loved ones).

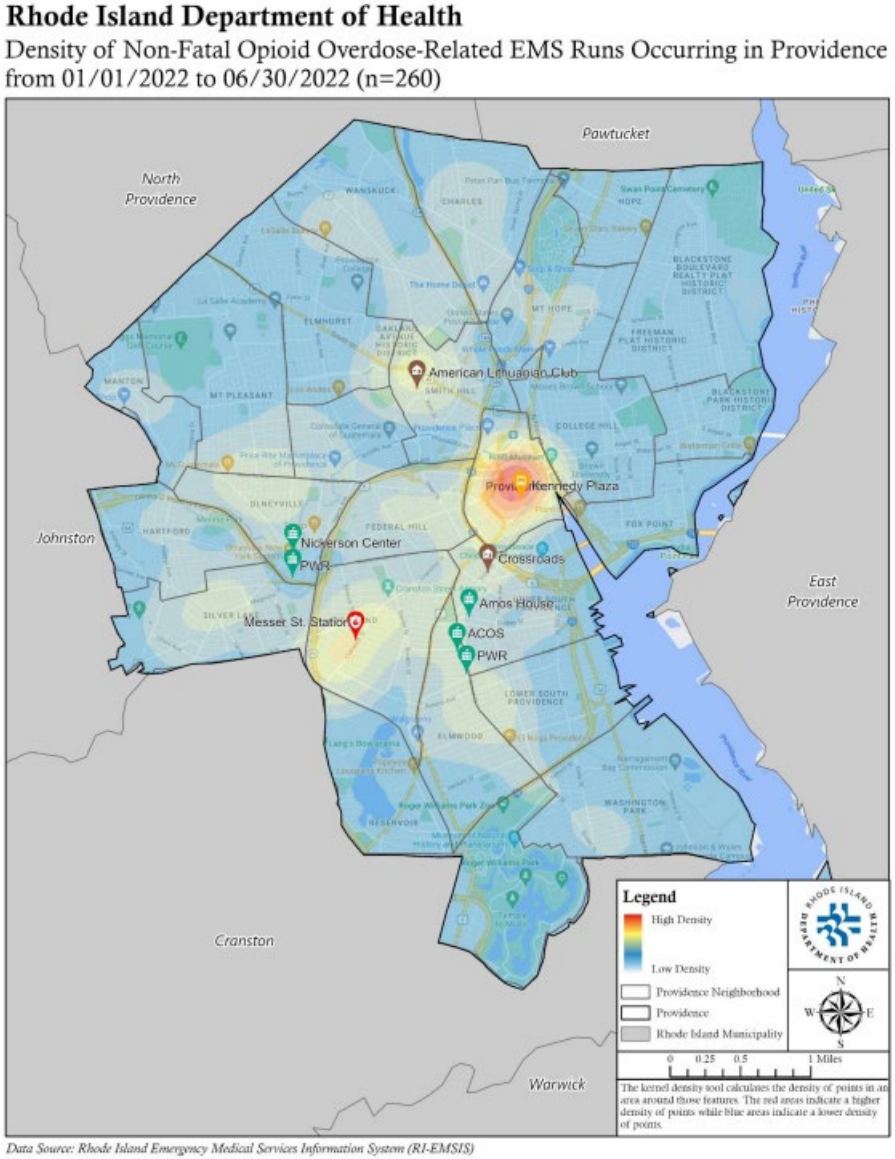
- Partners leveraged data, expertise, and relationships to develop an innovative solution to meet people where they are.

Canvass to Save Lives

Teams of Peer Recovery Specialists go **door-to-door** to provide:

- Education about how to recognize and respond to an overdose
- Connections to local harm reduction and recovery resources
- Meaningful conversations that help reduce stigma
- Nasal Narcan, if interested

Kennedy Plaza Outreach



- Consistent hotspot in Downtown Providence (Kennedy Plaza)
- Stable outreach 5 hours per day, 5 days per week
- Provide harm reduction supplies, basic needs, referrals
- Facilitates connection with other service providers

Discussion & Next Steps

For more information

Statewide Opioid Settlement:

Attorney General's Office

Adi Goldstein: AGoldstein@riag.ri.gov
Kate Sabatini: KSabatini@riag.ri.gov

EOHHS

James Rajotte: James.C.Rajotte@ohhs.ri.gov

RIDOH Surveillance/Data:

Ben Hallowell: Benjamin.Hallowell@health.ri.gov

RIDOH Community Overdose Engagement:

Lauren Conkey: Lauren.Conkey@health.ri.gov

SAVE THE DATE!

Stigma and Its Impact
Thursday, September 29; 1:00 p.m.– 2:30 p.m

Zoom information to follow

Thank you!