

RHODE ISLAND OVERDOSE PREVENTION AND INTERVENTION TASK FORCE ACTION PLAN

Gina M. Raimondo
Governor



Drug overdoses represent a public health crisis that is as urgent as any we have ever confronted in Rhode Island. Over the last five years, we have lost more than 1,000 people to drug overdoses, and they have come from almost every community in the state.

As a parent, my heart breaks for the hundreds of Rhode Island families who have lost loved ones to addiction and overdose. **We must demand and make swift change** to address this crisis and promote treatment, prevention and recovery.

We have a single focus in this work: **Save lives.** 

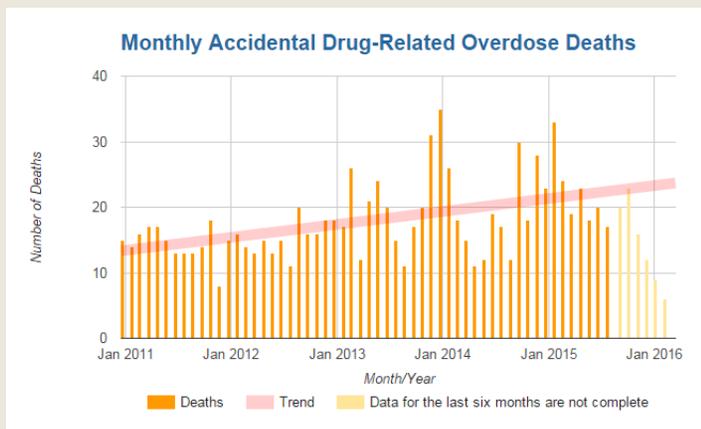
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AN IMMEDIATE CRISIS: UNDERSTANDING THE CHALLENGE

From 2011 to 2015, overdose deaths increased nearly 50 percent

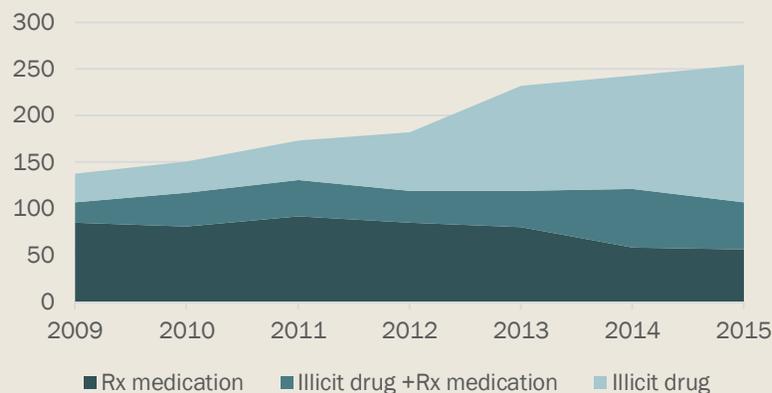


SOURCE: Rhode Island Department of Health

- In 2014, more than 240 Rhode Islanders lost their lives to overdose.
- Preliminary 2015 data shows as many as 257 overdose deaths.
- Through April 2016, Rhode Island has confirmed 46 overdose deaths.

Like many other states, Rhode Island's crisis **began with prescription drugs**

Deaths Caused by Prescription Drugs Have Levelled; Deaths from Illicit Drugs on the Rise



SOURCE: Rhode Island Department of Health

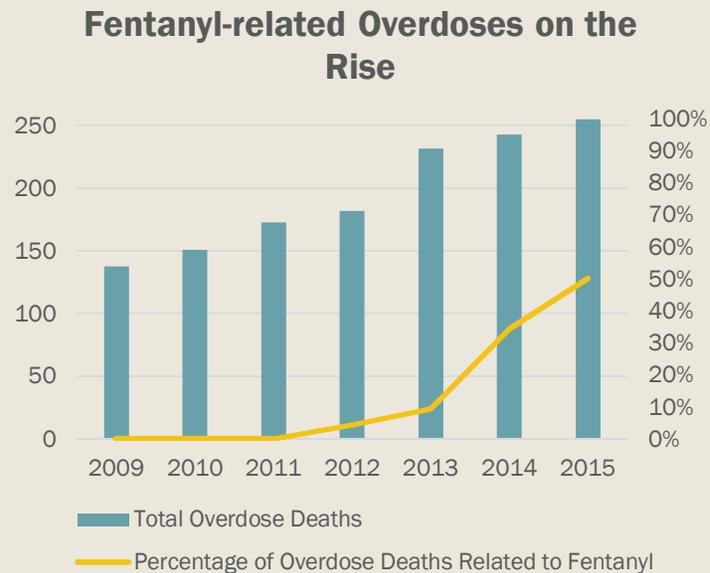
Building on a Strength

- Since 2011, the number of prescription-based overdose deaths has declined by nearly 40 percent.

More Work to Do

- Illicit drug overdose deaths are up 250 percent since 2011.
- Overdose deaths caused by a combination of illicit drugs and prescription opioids are up nearly a third since 2011.

Fentanyl poses a greater threat and exacerbates our overdose crisis



SOURCE: Rhode Island Department of Health

- Illicit drugs mixed with fentanyl is a dangerous combination that is becoming more common across New England.
- The number of overdose deaths related to fentanyl has increased 15-fold since 2012.

STRATEGIC ACTION PLAN

Rhode Island Will **Reduce Overdose Deaths by One-Third** in Three Years

Governor Raimondo's Overdose Prevention and Intervention Action Plan focuses on four specific and complementary strategies designed to cut the number of lives lost to overdose by a third within three years:

- **Prevention:** Take aggressive measures to improve patient safety and better monitor opioid use through the Prescription Drug Monitoring Program.
- **Rescue:** Ensure access to naloxone.
- **Treatment:** Expand the quality and availability of medication-assisted treatment (MAT).
- **Recovery:** Expand access to peer-recovery services and MAT.

In addition, her action plan outlines a **public education and community outreach plan** to end the stigma of addiction.

Prevention: Safer Prescribing

Unsafe combinations of prescribed medications are linked to addiction and many overdoses. *The most dangerous of these combinations are opioids and benzodiazepines. More than 15 percent of Rhode Island prescribers have failed to enroll in the Prescription Drug Monitoring Program (PDMP), and fewer than 40 percent use it.*

Key Deliverables

- Rhode Island will **enroll 100 percent of prescribers in the PDMP** by June 2016.
- The Rhode Island Department of Health (RIDOH) will **issue clinical guidelines for co-prescribing opioids and benzodiazepines** by October 2016 and develop and offer continuing medical education (CME) on benzodiazepines by July 2016.
- Rhode Island will implement payment options to **support resources for non-opioid therapy.**

Key Metrics

- Number of individuals dispensed Schedule II and III drugs from more than four prescribers and pharmacies.
- Number of opioid+benzodiazepine prescriptions dispensed within 30 days for the same patient.
- Number of opioid treatment program patients also receiving prescribed benzodiazepines.
- Number and percentage of prescribers enrolled in and using the PDMP.

Investments Proposed, Actions Taken

- RIDOH will begin reporting prescribers who fail to enroll in the PDMP to their professional boards, in May 2016.
- RIDOH has secured federal grant funding to develop courses for physicians on safe prescribing and academic detailing with providers.
- RIDOH Director Alexander-Scott is co-leading a national effort calling on the FDA to require “black box” labels on opioids and benzodiazepines warning that concurrent use of these medications increases the risk of fatal overdose.

Prevention: Reducing the Supply (Rx)

Opioids should not always be the first prescribed medication for pain management, especially for patients with less traumatic pain. Avoiding opioid use in the first place is important in preventing addiction and dependence.

Key Deliverables

- Ensure opioid **prescriptions are targeted to the highest-need populations.**
 - Through insurance policy changes or statute, the state will **develop, implement and enforce regulations that limit most opioid dosing** to a contained period of time, with exceptions for high-need patients.
 - Support existing hospital policy to **restrict opioid prescriptions from emergency rooms to three days** or less.

- **Change the culture** around pain management.
 - Promote **non-opioid therapies** for chronic pain, such as chiropractic services, massage therapy, physical therapy and acupuncture.
 - Ask medical schools and residencies to include DATA waiver training in their curriculums to increase access to primary care providers who can prescribe buprenorphine.

Prevention: Reducing Demand (Illicit)

We cannot arrest our way out of this crisis, but we must build on partnerships with community organizations and law enforcement to reduce demand for heroin and other illicit drugs. Deaths associated with illicit drug use and fentanyl have increased exponentially in recent years. To address the illicit drug crisis, the Rhode Island Department of Health is working with the Fusion Center and participating in the **multi-state Heroin Response Strategy**.

The Fusion Center – Heroin Response Strategy

- The Fusion Center is funded through the Office of National Drug Control Policy and envisions a 15-state regional partnership to address heroin and opioid abuse and trafficking.
- The strategy strengthens the role of the Office of State Medical Examiners in reducing supply and demand for illicit drugs by locating and securing heroin stamp data with local law enforcement.
- Rhode Island will designate a Heroin Response Strategy Drug Intelligence Officer.

Heroin Response Strategy Goals

- Develop the Public Health and Public Safety Network.
- Develop strategies to reduce heroin and opioid abuse throughout the Heroin Response Strategy region.

Rescue: Naloxone as Standard of Care

Naloxone saves lives. Rhode Island needs to secure and maintain a sustainable source of naloxone, particularly for people at highest risk for illicit or prescription drug overdoses. Prescribing naloxone with certain opioid prescriptions could have prevented nearly 60 percent of overdose deaths between 2014 and 2015.

Key Deliverables

- Rhode Island will **increase naloxone prescriptions** through training and education for pharmacists and prescribers.
- Rhode Island will **establish a centralized and sustainable fund to maintain an adequate supply of naloxone.**
- Rhode Island will ensure that **every Rhode Island community has access to naloxone** and that **first responders are trained** to administer the life-saving drug.

Key Metrics

- Proportion of patients filling Schedule II opioid prescriptions with naloxone co-prescriptions.
- Proportion of patients filling opioid and benzodiazepine prescriptions with naloxone co-prescriptions.
- Number of pharmacy-based and community-based naloxone distributions.

Investments Proposed, Actions Taken

- Governor Raimondo signed the Good Samaritan Act in January, encouraging people to call 9-1-1 at the scene of an overdose.
- Invested \$40,000 in Google settlement funds in February to distribute more than 1,000 naloxone kits.
- Additional \$35,000 block grant to purchase naloxone in 2016.
- Four-year, \$940,000 federal grant to conduct trainings and create a pharmacy culture that recommends naloxone.

Treatment: Every Door is the Right Door

Medication-assisted treatment (MAT) reduces the risk of death, relapse and incarceration and is most effective as a long-term treatment. Rhode Island has a shortage of physicians trained and waived to prescribe some of the most effective treatments.

Key Deliverables

- Rhode Island will **train 420 providers** by 2018 and **expand access to medication-assisted treatment**.
- Rhode Island will **create and staff its first Center of Excellence** in 2016.
- Rhode Island will **offer medication-assisted treatment to the Department of Corrections**.

Key Metrics

- Number of individuals receiving medication-assisted treatment.
- Retention in medication-assisted treatment.
- Number of DATA-waivered physicians and the number actively prescribing.

Investments Proposed, Actions Taken

- Governor Raimondo proposed \$2.5 million in the FY17 budget for medication-assisted treatment in the state prisons.
- RIDOH and BHDDH hosted MAT training for 125 physicians in January 2016. Additional trainings are scheduled for this year.

Recovery: Expand Recovery Supports

Recovery is possible. *To support successful recovery for more Rhode Islanders, we need to expand peer recovery services and medication-assisted treatment, particularly at the moments when people are most at risk.*

Key Deliverables

- Rhode Island will **double the number of certified peer recovery specialists** to 168 by March 2017.
- Rhode Island will identify a funding source to **certify a network of recovery houses** across the state.
- State health agencies will **develop a model discharge and recovery plan** to promote recovery services for patients with substance use disorder.

Key Metrics

- Number of certified peer recovery specialists that are trained and certified.
- Number of peer recovery coach encounters in emergency departments, hospitals, prisons and in-street outreach sessions.
- Rate of referral and retention (one-month) to treatment, medication-assisted treatment, and recovery support.

Investments Proposed, Actions Taken

- \$1.5 million in proposed FY17 Medicaid budget to expand access to peer recovery coaches.
- Additional federal grant funds to relaunch the “Addiction is a Disease, Recovery is Possible” public media campaign.
- Ensure patients with substance use disorder receive a discharge and recovery plan.
- Demand that medical schools provide the necessary addiction training to their students to ensure individuals are referred to the most appropriate level of care.

Strategic Action Plan Metrics

	Metric Type	Measure	Source(s)	Frequency Reported	Benchmark	Target (2018)
Overarching Outcomes: Change the Epidemic						
	Primary	Number of unintentional drug overdose deaths	OCME	Annually	255 (2015)	170
	Primary	Number of ED visits for overdose	RIDOH (48-hour reporting system)	Monthly	78 (2016 average)	51
Treatment: Every door is the right door						
	Primary	Cumulative number of persons receiving medication-assisted treatment	PDMP (bup.) & BHDDH (methadone)	Annual	Methadone: 4,623 (2015)	Methadone: 6,152
	Secondary	Retention in medication-assisted treatment	PDMP (bup.) & BHDDH (methadone)	Biannually	Methadone: 15% non-retention ('15)	Continued decrease
	Secondary	Number of data-waivered physicians and number actively prescribing	RIDOH	Monthly	TBD	TBD
	Secondary	Number of persons enrolled in substance abuse treatment programs	BHDDH	Annual	15,029 (SFY 2014)	16,906
Rescue: Naloxone as standard of care						
	Primary	Number of naloxone kits distributed by type of distributor (community-based organizations, pharmacies, etc.)	RIDOH, pharmacy chains & PDMP*	Annually	2,661 (2015)	5,000
	Secondary	Proportion of patients filling schedule II opioid and opioid+benzodiazepine prescriptions with naloxone co-prescription	PDMP*	Monthly	TBD	TBD
	Secondary	Number of administrations of naloxone by first responders	EMS	Monthly	144 (2015 average)	
Prevention: Safer prescribing						
	Primary	Number of opioid and benzodiazepine prescriptions dispensed within 30 days to the same patient	PDMP	Monthly	5,083 (2015)	3,355
	Secondary	Number of individuals dispensed Schedule 2, 3 drugs from more than four prescribers and pharmacies	PDMP	Annually	798 (2015)	527
Recovery: Expand peer recovery services						
	Primary	Number of certified peer recovery coaches, and the number of encounters by type (i.e., Anchor ED, Street Outreach, etc.)	ANCHOR	Monthly	TBD	TBD
	Secondary	Rate of referral for treatment (by type) and 90-day retention in recovery services among patients receiving recovery coach services	ANCHOR	Biannually	TBD	TBD

Public Education Campaign

***Rhode Island's overdose crisis has touched every community in the state.** To save lives, we need to educate everyone – including physicians, prescribers, teachers, employers and parents – about the dangers of opioids.*

*At Governor Raimondo's direction, EOHHS, RIDOH, BHDDH and a network of community partners will develop and implement an aggressive public education and communication plan to **end the stigma** of addiction; **promote prevention, treatment, recovery and rescue**; and **save lives**.*

Key Initiatives

- Relaunch RIDOH's "Addiction is a Disease, Recovery is Possible" PSA campaign with support from \$100,000 in CDC funding.
- Develop and launch, with corporate and community support, a public education campaign to promote prevention and destigmatize the crisis.
- Launch website with public dashboards based on the Rhode Island Overdose Prevention and Intervention Action Plan.
- Launch a "warm line" telephone line staffed with recovery coaches.
- Build a unique partnership with the American Medical Association and the Rhode Island Medical Society to educate prescribers about the dangers of opioids and the benefits of alternative pain management.
- Implement an aggressive earned-media strategy that takes full advantage of the public profiles of the Governor and the state's Director of Health and the personal stories of those impacted most intimately by the crisis to raise awareness.

Legislation

Leadership from the General Assembly has been essential to addressing this crisis. Governor Raimondo applauds the work of House and Senate leaders in creating a comprehensive response to the epidemic. **The Governor's proposed FY17 budget includes \$4 million** in new funding to address the opioid epidemic through Centers of Excellence, peer recovery coaches, and medication-assisted treatment.

Bills

- Signed legislation in January extending **Good Samaritan laws** to remove barriers to calling emergency services in overdose situations. (H7003/S2002)
- Supports **changes to opioid prescribing practices**, including limits on prescriptions from emergency rooms and on first-time prescriptions, to help prevent addiction. (S2823)
- Supports legislation **ensuring Rhode Islanders can purchase naloxone** and abuse-deterrent opioids through their health insurance plans. (H7710/S2460 & H7617/S2461)
- Strongly supports **comprehensive discharge planning** for patients treated for substance use disorders. (H7616/S2356)
- Supportive of **alternative pain management techniques**, such as acupuncture, as an alternative to opioids.
- Introduced legislation to **expand PDMP usage** to cover schedule V drugs & allow integration of PDMP data with existing electronic health records. (H7849/S2874 & H7847/S2897)
- Supports **new certification standards for recovery houses**. (H7117/S2579)

“ [Rhode Island’s plan] ... could serve as a model for the nation.

Rhode Island is focused on stronger prescription tracking, expanded use of withdrawal and overdose-reversal drugs, and increased efforts to ensure that hospitals connect overdose patients with treatment services.

“It’s a very clear and comprehensive plan,” said Joshua Sharfstein, M.D., associate dean of Johns Hopkins University’s School of Public Health.

The Washington Post

April 3, 2016



Governor Gina M. Raimondo

Governor's Overdose Prevention and Intervention Task Force
Spring 2016