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## **Written Testimony of Nicole Alexander-Scott, MD, MPH to the Senate Caucus on International Narcotics Control July 20, 2021**

Thank you for the opportunity to participate in this hearing of the Senate Caucus on International Narcotics Control. Thank you as well to Caucus Chair Senator Sheldon Whitehouse, for his strong leadership nationally and in Rhode Island in ensuring that our response to the addiction and overdose crisis remains rooted in public health.

### **Rhode Island Background**

For the past six years, Rhode Island has been experiencing an addiction epidemic. Our overdose deaths increased from 290 in 2015 to 336 in 2016, and then, with decisive action from our cross-agency overdose response team in Rhode Island, decreased 8.3% to 308 in 2019. However, as COVID-19 began to ravage our state, overdose deaths rose again, back up to 384 in 2020 with a 25% increase compared to 2019, resulting in a syndemic – a pandemic and an epidemic being experienced by our simultaneously, each exacerbated by the other.

At the end of 2020, we carried out an Evidence Update and Strategic Program Review and determined that the rising number of deaths was driven by increases in the use of illicit, potent fentanyl, from COVID-19 social isolation, and from untreated behavioral health conditions, and by structural racism.

These deaths are not just numbers. Each one represents a beloved Rhode Islander – a parent, a child, a brother, sister, or friend. And so, our drive to address the addiction and drug overdose crisis is personal to us. We have a commitment to do whatever we can to enhance existing prevention, treatment, recovery, and harm reduction strategies with the aim of preventing overdoses and saving lives.

Our commitment is based on the data. We track all the components of the addiction and overdose crisis using multiple surveillance systems. These data inform the development of all of our policies, as does our use of a race equity lens, to ensure that our work addresses structural racism and health disparities.

We rely on subject matter experts throughout the state, from our academic partners at Brown University and other institutes of higher education, to our physicians and behavioral health providers, to the professionals who carry out street outreach, talking to the people grappling with the addiction crisis in homeless shelters, bus stops, and other locations in the community. And most importantly, we talk to Rhode Islanders with lived experience – people who are using drugs, and their family members, who can give us the most insight on how to address the syndemic. We have evolved our strategic

plans as the crisis has changed, and we're very pleased to be able to share this information with your Senate Caucus today.

### **Governor's Overdose Prevention and Intervention Task Force**

Governor McKee's Overdose Prevention and Intervention Task Force is a coalition of professionals and community members statewide with the goal of preventing overdoses and saving lives. The Governor's Task Force was developed in 2015. The group of diverse stakeholders is the driving force behind Rhode Island's life-saving efforts. In July 2017, then-Governor Gina M. Raimondo signed an Executive Order that enhanced the existing core strategies of prevention, treatment, rescue, and recovery within the Task Force's Action Plan.

The structure of the Task Force is a key component of its success. It is an interagency body, with participation from throughout State government. Co-Chaired by the Directors of the Rhode Island Department of Health (RIDOH) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), its membership includes representation from other agencies throughout the Rhode Island Executive Office of Health and Human Services (including the Office of Veterans Affairs) as well as the Rhode Island Department of Labor and Training and the Rhode Island Department of Corrections. Each of the Task Force Work Groups includes both public and private members, and focuses on recruiting diverse memberships. Work Groups are led by two chairs a community member and a State agency leader. We also encourage the recruitment of family and community members for the Work Groups and a broad range of experts, as noted above.

### **Task Force's Accomplishments**

#### **Prevention:**

- One key focus for the Task Force's Prevention Work Group has been changing prescribing practices to decrease the number of Rhode Islanders receiving opioid prescription pain medications and benzodiazepines. For example, the number of people receiving new opioid prescriptions reduced from 41,820 in the first quarter of 2017 to 26,025 in the first quarter of 2021 and the number of overall opioid prescriptions prescribed in the same time period was reduced from 153,025 to 103,228, a reduction of 33%. The ability to track these data came from Rhode Island's implementation of our Prescription Drug Monitoring Program, supported by Congressional funds.
- Rhode Island also pursues prevention programs within our Recovery-Friendly Workplace Initiative activities. Led by Governor Dan McKee, Rhode Island's "Recovery Friendly Workplace Initiative" promotes individual wellness for Ocean Staters by empowering workplaces to provide support for people recovering from substance use disorder.
- Our Regional Prevention Coalitions and our Health Equity Zones (HEZ) Initiative bring prevention activities to local communities. [Rhode Island Regional Coalitions](#) strive to create a community that encourages healthy lifestyle choices and a deeper understanding of the complexities of mental health and substance use. [HEZs](#) encourage and equip neighbors and community partners to collaborate to create healthy places for people to live, learn, work, and play. By addressing these social determinants of health, HEZs help families prevention addiction. Both the Rhode Island Regional Prevention

Coalitions and HEZs lead statewide efforts to educate the public about the importance of safely storing and disposing of all medicines, especially opioid prescription pain medications.

- And our Community Overdose Engagement (CODE) project uses overdose-related data to help local communities address dangerous increases in overdoses at the local level. RIDOH and BHDDH use 48-Hour Opioid Overdose Reporting System data to alert stakeholders of increased overdose activity within a region and send “Public Health Advisories” to educate stakeholders about overdose prevention and harm reduction resources across the state so that they are empowered to reach out and help prevent additional overdoses.

### **Treatment:**

- One major treatment focus has been to increase the number of people receiving Medication Assisted Treatment (MAT). Medication Assisted Treatment is an evidence-based approach for opioid addiction that reduces the risk of death, relapse, and incarceration and is most effective as a long-term treatment.
- Rhode Island’s goal was to increase the number of physicians trained and waived to prescribe some of the most effective treatments, and we have been successful. Buprenorphine treatment capacity in Rhode Island has more than doubled since 2014. In the first quarter of 2017, we had 308 trained and DATA-waivered practitioners and in the first quarter of 2021, we now have 635.
- In April 2020, during COVID-19, Rhode Island launched a new 24/7 telehealth buprenorphine hotline to connect individuals to healthcare providers who can conduct a health evaluation and prescribe buprenorphine over the phone.
- Rhode Island believes that it is critical to meet people where they are at and find ways to engage individuals we have not engaged before. To that end, BHDDH is also working to duplicate Connecticut’s successful Imani Breakthrough Recovery Project, to collaborate with faith-based communities and enhance connections with more diverse populations. This faith-based recovery initiative takes place in houses of worship and is designed to be culturally, spiritually, and trauma-informed, to assist individuals recovering from opioid use and other substance use conditions.

### **Harm Reduction:**

- Rhode Island understands that there are some people who are not yet ready for treatment, and so we believe it is critical that we help provide services and supports to help save their lives.
- In December 2020, Rhode Island launched the 10,000 Chances Project, a statewide initiative to get more than 10,000 intranasal naloxone kits into the hands of Rhode Islanders at risk of overdose, as well as their loved ones. Eligible non-profit organizations received \$5,000 grants to support naloxone distribution efforts. Priority was given to applicants that distributed naloxone kits to individuals at high risk of overdose and families and friends of people who are at risk. A multi-channel public awareness campaign in English and Spanish was launched in parallel to this statewide initiative, leveraging social media, television, radio, and community-level messaging to deliver harm reduction messaging.

AIDS Care Ocean State's [ENCORE Needle Exchange Program](#) is the state's long-standing, harm reduction organization and only needle exchange program. ENCORE's goal is to reduce the risk of HIV transmission among injecting drug users (IDUs), through counseling, HIV prevention and education, and referrals to substance use treatment and