

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

April 13, 2016, Department of Administration

### **Task Force Members Present or represented:**

A.T. Wall, DOC  
Anya Wallack, Medicaid  
Barbara Goldner, LIPSW  
Brian Sullivan, RI Police Chief Association  
Dr. Gary Bubly, Emergency Department representative  
Dr. James McDonald, RI Board of Medical Licensure and Discipline  
Dr. Kathleen Hittner, OHIC  
Dr. Matthew Collins, BCBS  
Dr. Nicole Alexander-Scott, DOH  
Ed D'Arezzo, RIDOH Medical Examiner Office  
Erin McDonough, MRC/DMAT  
George O'Tool, The Providence Center  
Jane Howard, RI Health Center Association  
Jason Rhodes, DOH Emergency Medical Services  
Jef Bratberg, URI College of Pharmacy  
Maria Montanaro, BHDDH  
Michelle McKenzie, RICARES  
Mike Rizzi, CODAC, Harm Reduction Representative  
Nancy DeNuccio, Substance Abuse Prevention  
Steven O'Donnell, RI State Police  
Susan Jacobsen, Thundermist  
The Honorable Peter Kilmartin, Attorney General

Director Alexander Scott welcomed the group. She asked if the standing monthly meeting time could be changed from 10:00 AM- 11:30 AM to 11:00 AM to 12:30 PM on the second Wednesday of the month. The group agreed. She announced that RIDOH and BHDDH will be relaunching the "Addiction is a Disease, Recovery is Possible" campaign. This version of the campaign will promote a new "recovery support" phone number. Funding has been identified for a recovery "warm line" staffed by peer coaches. The Task Force is asking for a funding match of \$42,000 which was originally offered by the DelPrete Family Foundation. The goal is to make the "warm line" into a 24 hour day, seven day a week hotline. If interested in donating please feel free to reach out to one of the Directors or contact Linda Mahoney @ 401-462-3056 or via e-mail at Linda.Mahoney@bhddh.ri.gov.

Dr. Priya Banerjee presented an overview of the RI Medical Examiner's (ME) Office. In RI, Physicians certify all deaths (not true across the country). RI has 24 hour a day, seven days a week coverage by a medical examiner. When a ME arrives at potential drug overdose scene they look for any signs that might demonstrate substance abuse. They do collect medications at the scene. Dr. Banerjee shared several pictures of drug paraphilia from death scenes. She reviewed the toxicology testing performed on decedents to identify and quantitate drugs in their system. She highlighted how the ME determines the cause of death (why someone dies) and the manner of death, (circumstances of death; where the investigation comes into play).

Dr. Patricia Ogera (ME Office) presented five drug overdose death cases to illustrate the types of deaths and themes they encounter. For example, decedents that have been seen in the ED for an overdose prior to their death are often found with the needle sometimes found still in their hand (usually fentanyl-involved). Other themes are a history of substance abuse (prescription and illicit), multiple medications, and recent release from ACI and drug rehabilitation facilities (decreased tolerance). Dr. Ogera shared drug overdose death data trends. From 2009-2014, there has been a decline in prescription drug overdose deaths, but an increase in illicit drug deaths. There has been an overall increase in drug-related deaths and two spikes in fentanyl deaths: early 2014 and later part of 2015. The majority of deaths are opioid-related. Demographics (2015), 94% white, 74% males, average age is 42 years old, 50% fentanyl-involved, and 42% evidence of injection drug use. She noted that toxicology testing can take several months. She highlighted that scene investigation, PDMP data, autopsy, and coordination/collaboration with partners is critical. It was asked if there is a scene investigation completed if patient dies in hospital? There answer is no, but sometimes law enforcement will go back if necessary.

Dr. Collins commented that we will not prevent all these deaths with naloxone. Should we consider expanding access to a drug that reverses a benzo overdose? Dr. Hittner shared that a side effect of fentanyl is muscle rigidity. Perhaps this is why people are dying with needles in hands.

Lt. Bill Accardi presented an overview of the Rhode Island State Fusion Center, which was founded to counter terrorism (after 9/11). Their goal to improve communication between state and federal agencies by gathering, analyzing, and sharing intelligence. They are co-located in the federal FBI space, which allows better sharing of data. The Center provides expertise to and supports local municipalities. He emphasized that they do not just work with law enforcement; they want to connect with as many partners as possible. He introduced Bryan Volpe and Tom Chadronet, who were hired in January 2016 to focus on the Heroin Response Strategy. This project started in NY and NJ; now every New England state has been provided two new staff. Their strategy has evolved from enforcement to public health (education, resources, and prevention). Their strategy is to collect and analyze data and compile/make connections to disseminate to partners in a useful format (I.E. trends in drug types, predictions of what drugs will make their way to New England). Their overall mission is to assist public health and public safety partners. They opened it up for questions. Dr. Rich asked how the Drug Overdose Dashboard, (both private and public facing interfaces) will be useful? The Fusion Center have been involved in the Dashboard meetings and are eager to use and potentially contribute data to it.

Sam Masiello presented from the Providence Drug Enforcement Agency (DEA). He shared that there is an increase in poppy growth in Mexico, an increase in synthetic fentanyl from China, and Mexican cartel connections are located in Rhode Island. The DEA has a three-pronged approach. They focus on demand reduction (i.e. primary prevention/education in schools). They are in constant communication with DEA offices in Mexico and Columbia to target the farms/fields that are growing the actual drug sources. Lastly, they are focused on stopping the drugs coming into the country across the border by targeting the highest level of drug trafficking organizations to dismantle and disrupt drug trafficking networks.

Dr. Collins asked to what degree does the DEA investigate diversion of pills. They have moved from targeting internet sales to prescription rings that range from very small to very sophisticated that often cross multiple states. Access to PDMP by DEA varies by state; both heroin and prescription drugs are a

priority for the DEA. Barbara Golder asked what happens to the big cartel when they are arrested. Significant distributors are recommend the mandatory minimum sentencing of five to ten years. Anyone involved with the cartel is considered a violent drug offender. Nancy Denuccio asked what happens to seized money. The answer was 20% goes to US Marshalls Service and 80% goes to state and local law enforcement partners. Dr. Rich asked what percent of investigations are prescription vs. illicit? The answer was that it is common to see fentanyl, heroin, and prescription drugs.

Dr. Alexander-Scott thanked the presenters and thanked everyone for coming. She reminded the group that the next meeting is scheduled for May 11, 2016 from 11:00-12:30.