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ADDITIONAL INFORMATION

This report was prepared by the Rhode Island Public Health Institute in collaboration with the City of Providence Healthy Communities Office. Authors include:

Amy Nunn, ScD
Yelena Malyuta, MPH
Matt Murphy, MD
Alexandra Collins, PhD

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EXECUTIVE SUMMARY

INTRODUCTION
Rhode Island is experiencing an unprecedented overdose crisis, ranking 11th in fatal overdoses in the country in 2018. Downtown Providence, the city’s urban center, is an area where the overdose crisis has been particularly evident. Downtown is unique: the area has among the fewest residents of any zip code in the city, yet the highest burden of opioid overdose-related Emergency Medical Service (EMS) runs. The unique characteristics associated with Downtown Providence’s overdose crisis require a locally tailored, multi-sector, public policy response.

PURPOSE
This project aims to characterize the Downtown Providence overdose crisis, identify factors influencing the overdose crisis in Downtown, solicit stakeholder input about factors contributing to overdose Downtown, and solicit normative policy recommendations from local experts and key opinion leaders about how best to respond to the overdose crisis.

METHODS
The City of Providence Healthy Communities Office contracted the Rhode Island Public Health Institute (RIPHI) to undertake a needs assessment of the overdose crisis in the 02903 zip code, which includes Downtown and nearby areas, funded by the Rhode Island Department of Health (RIDOH) and the Centers for Disease Control. The assessment utilized several sources of data to inform this report, including:
1. Key stakeholder interviews conducted by RIPHI
2. Overdose surveillance data and EMS data provided by RIDOH
3. Survey and observational data collected by community partners
Data was triangulated and recommendations were made based on results.
KEY FINDINGS

Providence had the highest percentage of opioid overdose-related Emergency Department visits (32%) and EMS runs (31%) in the State from 2016 to 2019. The city experienced a higher percentage of overdoses in public settings (e.g. streets, parks, parking lots) (41%) compared to Providence County (32%) and Rhode Island in general (31%). Most persons experiencing overdose Downtown were between the ages of 25-44. Geographic Information System data shows that the areas of Kennedy Plaza and Burnside Park overwhelmingly had the highest density of overdose-related EMS runs between 2016-2019, followed by the Providence Place Mall and lastly by peripheral areas surrounding Kennedy Plaza and I-95.

RECOMMENDATIONS

1. Overdose data reporting is inconsistent and presents barriers to geographic or population-based overdose prevention efforts;
2. There is an unmet need for health-related, including overdose prevention, services Downtown, particularly in Kennedy Plaza and Burnside Park;
3. Services need to be better coordinated at the neighborhood, city and state level;
4. Sustained financial support is needed to enhance overdose prevention efforts;
5. The Providence Place Mall should adopt harm reduction efforts in restrooms;
6. The Downtown Improvement District (DID) presents an opportunity to deliver harm reduction services unique to Downtown;
7. A Harm Reduction Center is needed to meet the health needs of people Downtown at high risk for overdose; and
8. A holistic approach is required to serve people at risk for or who experience overdose.
INTRODUCTION

Rhode Island is experiencing an unprecedented overdose crisis. As in many parts of the US, Rhode Island’s crisis is fueled by the proliferation of illicitly-manufactured fentanyl and related analogues that dramatically increase overdose risk.\(^1\)\(^,\)\(^2\) In 2019, nearly 85% of overdose deaths involved at least one of four illicit substances: illicitly-manufactured fentanyl, cocaine, heroin, or methamphetamine.\(^3\) The presence of fentanyl and related analogues have contributed to a surge in overdose deaths in Rhode Island since 2016.\(^4\)

In 2018, Rhode Island ranked 11\(^{th}\) in fatal overdoses in the country,\(^1\) the majority of fatal overdoses being fentanyl-involved.\(^4\) Select geographic areas across the state are disproportionately impacted; four geographic overdose hotspots experience high rates of fatal and nonfatal overdose events, including Cranston, Pawtucket, Woonsocket, and three neighborhoods in Providence. With approximately 178,000 residents, Providence is Rhode Island’s most diverse city and accounts for almost 20% of the state’s population. Providence experiences disproportionately high rates of overdose. From 2016-2018, there were 243 individuals who experienced a fatal overdose in Providence, 237 of whom were residents of Providence.\(^6\) Providence also accounted for the highest percentage of opioid overdose-related Emergency Department visits (32%) and EMS runs in the state (31%) from 2016 to 2018.\(^6\) While the majority of overdoses in Providence occurred in private settings (e.g. personal residences) (53%), a higher percentage of overdoses in Providence took place in public settings (e.g. streets, parks, parking lots) (41%) than in Providence County (32%) and Rhode Island in general (31%).\(^6\)

Select neighborhoods within Providence bear a disproportionate share of the morbidity and mortality burden attributed to overdose. Three Providence neighborhoods have overdose hotspots, including Downtown, Olneyville, and the West End (see Figures 2 and 3). This report focuses on Downtown Providence, which typically includes Census Tract 8 in the 02903 zip code (see Figure 1).
The overdose crisis has been particularly evident in Downtown Providence, the city’s urban center. Downtown is a high-traffic area and has a high volume of human activity because of the Kennedy Plaza transportation hub, Providence Place Mall, restaurants, universities, social services, businesses and public buildings. Downtown Providence has among the fewest residents of any zip code in the city, but a high number of visitors, workers, and potentially hard-to-engage individuals. While Downtown experienced among the highest numbers of overdose-related EMS runs from 2016 to 2018, the area had among the lowest numbers of residents experiencing fatal overdose of any Providence neighborhood. Responding to Downtown’s overdose crisis will require a locally tailored, multi-sector, public policy response.

This work is timely; Rhode Island saw an approximately 22% increase in fatal overdoses between January and March 2020. Additionally, the COVID-19 pandemic has complicated the public policy response to the overdose crisis. Across the US, there have been spikes of fatal and nonfatal overdose since the start of the pandemic. Further, public health responses to addressing the COVID-19 pandemic, such as stay at home orders and medical and social service delivery limitations, have complicated overdose-related data collection activities across the state.
PURPOSE OF THIS REPORT

This project aims to characterize the Downtown Providence overdose crisis, identify factors influencing the overdose crisis in Downtown, solicit stakeholder input about factors contributing to overdose Downtown, and to solicit normative policy recommendations from local experts and key opinion leaders about how best to respond to the overdose crisis.

OVERVIEW AND APPROACH

To examine the ways in which the overdose crisis has impacted the Downtown Providence neighborhood, the City of Providence Healthy Communities Office (HCO) contracted the Rhode Island Public Health Institute (RIPHI) to undertake a needs assessment of the 02903 zip code area, funded by the Rhode Island Department of Health (RIDOH) and the Centers for Disease Control. This collaboration included biweekly meetings between the RIPHI team and the HCO to discuss ongoing progress of the project and preliminary findings. The HCO provided input on overall goals and direction of the project and made suggestions for key informants to interview. This assessment drew on several sources of data, including key stakeholder interviews, overdose surveillance data, EMS data, and data collected by community partners during outreach efforts to inform this report. This was an iterative process in which the HCO provided ongoing input during the process about interim findings.

DATA SOURCES

Several data sources were utilized to produce this report. First, the RIDOH provided HCO and RIPHI with EMS and fatal overdose data for Downtown Providence. This included: opioid overdose-related EMS runs from January 2016 - October 2019; accidental drug overdose death data from January 2016 - June 2019; and geographic data on fatal overdoses and EMS runs in Downtown Providence from 2016 - 2018 (see Figures 2, 3 and 4).
Second, original qualitative data was collected for this assessment. RIPHI interviewed 23 individual key informants and solicited feedback from the Mayor’s Substance Abuse Prevention Council. Key informants spanned the fields of harm reduction and addiction treatment, social service provision, public housing and shelters, private sector stakeholders Downtown, the police, and other first responders (Table 1). A snowball sampling method was used to complete the qualitative data collection. Initially, RIPHI developed a list of key stakeholders that included suggestions from HCO. Stakeholders included addiction and housing experts, first responders, and other community leaders. When key informants identified other informants, RIPHI then interviewed them. Several individuals that were approached for interviews chose not to participate but overall participation was high among people who were invited to participate.

**Figure 4:**

*02903 EMS Run Density Map*

**Legend**

- Providence Neighborhood
- Density of OD-related EMS Runs
  - High
  - Low

*Source: Rhode Island Emergency Medical Services Information Systems (RI-EMSIS)*
SECONDARY SURVEY DATA & ETHNOGRAPHIC DATA AMONG PEOPLE WHO USE DRUGS

While originally designed to include in-person facilitated town halls, ethnographic fieldwork, and in-person in-depth interviews with people who use drugs, the methods for this project had to rapidly evolve to effectively collect information while also meeting the institutional restrictions for in-person research amid mandatory stay at home orders due to the COVID-19 pandemic. To comply with stay at home orders and to reduce physical contact, this assessment was unable to include interviews with people with lived experiences. However, RIPHI solicited input from key informants who work at institutions that serve people who use drugs and may experience overdose. In an effort to elevate the perspectives of people with lived experience in this work, we partnered with Project Weber/RENEW and Protect Families First. They provided insights based their outreach work with people who use drugs in Kennedy Plaza and surrounding areas.

KEY INFORMANT INTERVIEW CONTENT & DATA ANALYSIS

Rhode Island Public Health Institute used semi-structured interview guides to guide conversations with stakeholders. This format allowed for structured conversations but allowed both the interviewer and the interviewee to introduce topics as the conversation flowed. Each interview guide was tailored to each informant, but generally explored what they knew about the overdose crisis, how it affected their work, and the evolution of the overdose crisis in Rhode Island. Importantly, input was solicited for normative policy responses about how the City of Providence and the State of Rhode Island could reduce overdoses in the Downtown neighborhood.

From March to July 2020, key informant stakeholder interviews were conducted remotely via Zoom and in person with Downtown Providence business and property owners, nonprofit organizations, policymakers, and service providers (see Table 1). Data were analyzed and triangulated with overdose surveillance data accessible through the RIDOH. Interviews were recorded and notes were taken in each interview. Immediately following each interview, findings were synthesized. This iterative process allowed for RIPHI to enhance subsequent interview guides to account for new information as it emerged. Analytical memos emerging from each interview ultimately informed the findings and recommendations presented in this report. Every effort was made to interview all individuals with important knowledge and opinions to share about the Downtown overdose phenomenon. Interviews were conducted until saturation was reached, when no new data were emerging.

Taken together, key stakeholder interviews, overdose surveillance data, EMS data, and data collected by community partners informed our key findings and recommendations.
<table>
<thead>
<tr>
<th>Stakeholder Name</th>
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<tr>
<td>Annajane Yolken</td>
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<td>Haley McKee</td>
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<td>Arnold B. Chase Jr</td>
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<td>Diego Arene-Morley</td>
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<td>The Providence Center</td>
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<td>Josh Miller</td>
<td>State Senator and Business Owner</td>
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<td>Laura Jaworski</td>
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<td>Sara Melucci</td>
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<td>Michelle Harter, George O’Toole, Rachel Ferrera, Megan Perry</td>
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<td>Michelle McKenzie</td>
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<td>Scott Avedesian</td>
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<td>Tim Hamlin</td>
<td>Downtown Improvement District</td>
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<td>Tom Codaire</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>Tom Verdi</td>
<td>Providence Police Department</td>
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<tr>
<td>Zach Kenyon</td>
<td>Providence Emergency Medical Services</td>
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KEY FINDINGS & RECOMMENDATIONS

KEY DATA FINDINGS

DESCRIPTIVE DATA

Providence had the highest percentage of opioid overdose-related Emergency Department visits (32%) and EMS runs (31%) in the state from 2016 to 2019. While the majority of overdoses in Providence occurred in private settings (e.g. personal residence) (53%), the city experienced a higher percentage of overdoses in public settings (e.g. streets, parks, parking lots) (41%) compared to Providence County (32%) and Rhode Island in general (31%). More specifically, 85% of opioid overdose-related EMS runs in the 02903 zip code, occurred in public settings. (See figure 5)

![Figure 5: Percent of Opioid Overdose-related EMS Runs Occurring in Downtown Providence by Setting, January 1, 2016 - October 31, 2019](image)

In 2016-2019, demographic data for opioid overdose-related EMS runs for the state, city and 02903 neighborhood were comparable. Men experiencing overdose comprised 76% of the EMS runs Downtown, as compared to 68% for Rhode Island. Most persons experiencing overdose Downtown were between the ages of 25-44. Race and ethnicity data were only provided in a very small subset of EMS runs, therefore are unreliable.

While the 02903 area has the highest rates of overdose-related EMS runs, Downtown residents experience among the lowest rates of accidental drug overdose deaths (see Figures 2 and 3). Between 2016 and June 2019, 15 accidental drug overdose deaths occurred in Downtown Providence; 67% of these deaths were men (see figure 6) and 53% were at least 45 years of age. Fentanyl contributed to 60% of these fatalities, while alcohol contributed to 33%.

Geographic Information System (GIS) data compiled by the Rhode Island Department of Health demonstrates that the areas of Kennedy Plaza and Burnside Park overwhelmingly had the highest density of overdose-related EMS runs between 2016-2019, followed by the Providence Place Mall and lastly peripheral areas surrounding Kennedy Plaza and I-95 (see Figure 4).
SECONDARY SURVEY DATA &
ETHNOGRAPHIC DATA AMONG PEOPLE WHO USE DRUGS

Protect Families First (PFF), a local non-profit agency, was contracted to provide information about the lived experiences of individuals who may be using substances Downtown. Protect Families First conducts street outreach to link people who use drugs and alcohol Downtown with harm reduction and other resources. During the COVID-19 pandemic, PFF received a grant from RIDOH to conduct a needs assessment about people who use substances in Kennedy Plaza. Through their outreach work, PFF provided valuable qualitative insights regarding the experiences of people who may be using substances Downtown.

PFF reported that there is an unmet need for distributing naloxone (Narcan) in Kennedy Plaza and the surrounding area. Individuals who report using drugs in Kennedy Plaza noted that wait time for Emergency Medical Technicians (EMT) to arrive and provide assistance can be long in the Downtown area. While conducting outreach, one individual Downtown recounted that "if I had gotten this Narcan last year, my friend would still be alive. He overdosed in the Providence Place Mall bathroom and by the time they got to him, he was already blue." Some individuals frequenting Kennedy Plaza also asked PFF for several doses of naloxone. In PFF’s experience, several doses of naloxone can be required to resuscitate some people, given the potency of the drug supply (including an increasing presence of fentanyl and carfentanil), as well as the reduced availability of naloxone and other services during COVID-19. Many people who use substances Downtown report having saved numerous lives by administering naloxone.

Meeting basic needs was of great concern for many individuals with whom PFF made contact Downtown. The most common unmet need for individuals frequenting Kennedy Plaza was housing. Access to food and water was another prominent concern for individuals Downtown. Some remarked that there is a significant lack of food available to them in comparison to "two years ago, we were offered hot meals down here and now there is nothing to eat." Meal services in several locations have been suspended due to COVID-19 safety concerns. Syringe disposal is also of concern for many people in the Downtown area who reported finding needles in public spaces. People noted that a safe place to put sharps disposal boxes could help alleviate this issue, especially during COVID-19 when fewer other spaces are open.
"If I had gotten this Narcan last year, my friend would still be alive. He overdosed in the Providence Place Mall bathroom and by the time they got to him, he was already blue."
Notably, PFF reported a noticeable reduction in the number of people who frequent Kennedy Plaza since the onset of the COVID-19 pandemic. This was likely because, as a response to the COVID-19 pandemic, hotels in Warwick were repurposed to accommodate individuals experiencing homelessness—people who might have otherwise been in Kennedy Plaza after being released from nearby shelters. Additionally, several police officers reflected that “about 70% of the homeless regulars have gone missing” since March. However, as people began losing temporary shelters in July during re-opening, parks began filling again with people who are unstably housed.

Lastly, public restrooms have been inaccessible to people Downtown who may be housing insecure or to those taking public transportation. Bathrooms that were typically publicly accessible were shut down as a precaution in an effort to reduce the incidence of COVID-19 cases, which poses a sanitation issue. The smell of urine and human feces is prevalent in this area. Early in the COVID-19 efforts, the City of Providence attempted to address this issue by contracting a vendor to provide portable restrooms and handwashing stations in areas that are heavily used by the public. However, the vendor removed the portable restrooms located in Kennedy Plaza after a few weeks, due to health and liability concerns around drug use inside the portable bathrooms.

Project Weber/RENEW (PWR) is currently conducting a survey among people who actively use drugs Downtown; these results will be available in fall 2020. Anecdotally, PWR notes that the lived experiences of people who use drugs is somewhat divergent. Some clients have reported increases in drug use during the COVID-19 pandemic. However, others have had decreased opiate use because supply of heroin and other drugs has been more limited during the COVID-19 pandemic. In responding to the findings of this needs assessment, the City of Providence intends to partner with PWR and any other organizations that are conducting needs assessments or delivering related programs in other city neighborhoods.
1. Overdose data reporting is inconsistent and presents barriers to geographic or population-based overdose prevention efforts

Many key informants cited difficulties accessing accurate, real-time overdose data. This poses an overwhelming challenge and complicates interpretation of overdose data, and more importantly, presents challenges to geographically tailored responses to the overdose crisis. Some organizations that provide substance use disorder treatment, stable housing and harm reduction services indicate willingness to provide services in real time as information about hotspots grow and evolve. However, they felt they needed more complete and far more timely information to provide more informed and tailored social and addiction services in emerging hotspots. Some key stakeholders even reported soliciting Rhode Island overdose data from national sources that have better synthesized geographic data, so that they can appropriately tailor their outreach efforts.
Several stakeholders noted discrepancies between RIDOH data and EMS data that complicated interpretation of data regarding fatal and non-fatal overdose. For example, stakeholders report EMS data from overdose-related EMS runs from January to June 2020 are approximately three times higher than all overdose data reported by the RI Department of Health in 2019, suggesting incongruence in reporting. EMS officials suggested standardizing data collection measures for “first impressions and second impressions” to include quantitative measures (yes or no questions) rather than the current qualitative field entry only, in IMAGETREND, the State and City’s reporting software.

Several stakeholders also noted inaccuracies in 48-hour emergency department (ED) data, noting that ED patients who survive overdose often worry about law enforcement and deny they have overdosed soon after recovering in the ED. This may culminate in undercounting of overdoses reported.

In summary, many stakeholders agreed that delayed reporting and lack of precision in data undermined their ability to provide services to people experiencing overdose. Standardizing and refining data collection instruments and adopting protocols to report more real-time information on overdose could enhance service provision in Downtown Providence and beyond.

2. There is an unmet need for overdose prevention services
Downtown, particularly in Kennedy Plaza and Burnside Park

Stakeholders had varying feedback about what services are currently available for individuals who use drugs. Many organizations provide outreach services to persons who use drugs and are at risk for experiencing an overdose. These included, but are not limited to: Project Weber/RENEW, The Providence Center, Anchor MORE, RICARES, Amos House, Crossroads and House of Hope.

Despite the number of service organizations providing resources to individuals who use drugs, nearly all stakeholders across all sectors believe that more health and social services are needed Downtown for people who use substances.

Many stakeholders noted that several homeless shelters near or in Downtown close early in the morning, forcing many vulnerable populations to vacate the premises; this also includes Harrington Hall in Cranston. Many of these unhoused individuals congregate in Downtown to pass the day or to feel they are part of a community. Furthermore, Kennedy Plaza is a public transportation hub, which makes Kennedy Plaza and Burnside Park high-traffic areas. Most buses serving the state stop in Kennedy Plaza, which is the central location for bus route changes for nearly all Rhode Island bus riders.
While some stakeholders believed transportation should be re-routed to reduce crowding and substance use in the park, others believed this would not address the root causes of the overdose crisis Downtown. Most stakeholders agreed about the importance of providing services in and around the Kennedy Plaza and Burnside Park area, including harm reduction services and outreach from social service agencies. Several social service agencies noted a paucity of financial support for geographically tailored overdose services, noting that services had previously been provided in Kennedy Plaza and Burnside Park, but are no longer provided. Many stakeholders attributed this paucity of services to inconsistent city, state, and federal funding streams to support direct service provision Downtown. Notably, the Director of RIPTA mentioned that a portion of his security budget could be re-directed towards social service provision to address the needs of individuals who may be using substances.

Several stakeholders alluded to prior successful outreach and direct service provision activities in Kennedy Plaza led by The Providence Center, but noted that these had ended in recent years. The Providence Center confirmed that they had previously provided services, but that the grant funding for this program had ended and was not renewed, leading to important termination of services in Kennedy Plaza and Burnside Park. That program previously overseen by The Providence Center served people using substances in Downtown, and encouraged them to be transported to a clinic within Emmanuel House, which was a safe space for people who may have been under the influence of drugs or alcohol to come and be supervised by a nurse, while having shelter. This program combined culturally tailored community outreach with linkage to medical services and shelter, and was lauded by many stakeholders as successful, but ended because of lack of resources. Several stakeholders alluded to similar efforts to coordinate services across agencies in prior years involving other housing agencies and the Providence Community Health Centers, which were ultimately discontinued because of challenges with data sharing and health information privacy regulations and lack of reliable and sustained funding.

During the COVID-19 pandemic, services that meet the basic needs of people who use drugs have become increasingly difficult to access. Many stakeholders expressed concern about increasing unmet needs for overdose services and basic health and shelter in this area. Restroom facilities and food access were especially called out as basic needs that are unmet Downtown.
3. Services need to be better coordinated at the neighborhood, city and state level

There was widespread agreement among many stakeholders that there is no centralized, coordinated effort to respond to the overdose crisis in Downtown Providence. While many social service agencies provide addiction treatment, recovery, housing and other social services, data suggests that there currently is no coordinated effort to harmonize services in response to the overdose crisis. This has culminated in piecemeal rather than holistic approaches to addressing the overdose crisis in geographic hotspots, including Downtown. In spite of the concentrated overdose disease burden in Kennedy Plaza, Burnside Park, the Providence Place Mall, and the City Hall bathroom, there is a dearth of services provided to people who use substances in that geographic catchment area.

While stakeholders disagreed about how best to coordinate services, most stakeholders supported a more centralized, coordinated effort to address overdose-related needs Downtown. Several stakeholders suggested a model that brings together housing agencies, social service agencies, clinical services, and substance use disorder treatment in one unified approach to serving clients who use drugs. There was strong belief by many stakeholders that this may be the most appropriate means to reducing overdose morbidity and mortality Downtown.

4. Sustained financial support is needed to enhance overdose prevention efforts

Importantly, several stakeholders noted a lack of sustained financial support for harm reduction and overdose services Downtown. Most impactful activities have been sustained by time-limited grant support, usually from federal resources. Lack of sustained, long-term funding commitments have contributed to interruption of successful and highly impactful services. Moreover, when there have been sustained funding commitments, such as the Rhode Island’s State Opioid Response grants, frequent and abrupt shifts in funding allocations and programmatic priorities have destabilized existing programs and overdose prevention organizations.

Many stakeholders concurred that a longer term strategic plan and dedicated funding stream is needed to enhance and bolster efforts to promote harm reduction activities Downtown and across the State; and would likely help reduce associated and preventable morbidity and mortality. In short, Downtown overdose prevention programs would be enhanced by 1) better management of existing funding, and 2) new funding streams to support the recommendations outlined in this document. Both state legislative appropriations and new federal resources might help achieve these financial and sustainability goals. As noted above, willingness of RIPTA to redirect security funds to social service efforts presents a new opportunity for sustained support of services in Kennedy Plaza and other areas along bus routes.
5. The Providence Place Mall should adopt harm reduction efforts in restrooms

Interview data from stakeholders, secondary data from outreach efforts with people who may be using drugs and surveillance data from the RI Department of Health all highlighted Providence Place Mall- particularly the mall restrooms- as overdose hotspots. A common theme among service providers and people with lived experiences with overdose is that many people overdose in the mall restrooms. Importantly, numerous stakeholders and organizations reported reaching out to the mall on multiple occasions to address these issues; most reported the Providence Place Mall management and security staff were unresponsive.

Several stakeholders also noted that the mall restrooms may be more difficult to access because of their internal location in the building; restrooms are difficult for EMS to quickly reach during overdose events. Providing naloxone in restrooms and training mall staff how to administer naloxone might reduce overdose-related morbidity and mortality.

6. The Downtown Improvement District (DID) presents an opportunity to deliver harm reduction services unique to Downtown

The private business owners interviewed were more concerned about homelessness and loitering than overdose, but recognized that mental health and use of substances play a large role in disruptions to their business. Several interviewees noted that employees of the Downtown Improvement District (DID) are more responsive to their calls for safety and loitering issues than the Providence police. Private business owners noted that the DID is a useful first point of contact for business owners concerned about disturbances in their business (as opposed to police or private security). The DID teams were overall perceived to be effective, friendly and personable, but not trained to serve people who use drugs or exhibiting violent tendencies.

Through interviews, DID leadership and staff demonstrated understanding of the dynamic needs of the Downtown area. DID leadership and teams are already equipped to provide resource information to individuals who need social services or assistance. DID staff currently use a “pocket guide” for local resources, which was provided to them in 2016 by Crossroads (author unknown). There is a need to keep this very important resource tool up to date and readily available for both DID members and individuals who may need assistance Downtown.
Most notably, DID representatives understand and acknowledge the overdose crisis and its impact on Downtown. They expressed support for becoming trained in how to administer and naloxone. Given the current discussions about redirecting public safety expenditures away from policing towards social service provision, there may be important public health opportunities in leveraging the DID to respond to acute substance use crises Downtown.

7. A harm reduction center is needed to meet the health needs of people Downtown at high risk for overdose

Stakeholders expressed interest and support for a harm reduction center, also known as an Overdose Prevention Site (OPS), in Downtown. Harm reduction centers are "sites where individuals may safely consume pre-obtained controlled substances."\(^9\) Overdose Prevention Sites have been proven to reduce the rates of overdoses, enhance access to primary health care, and are associated with reduced levels of public drug injections and dropped syringes.\(^{10}\) Sites like this have been successfully operating in 11 countries, including Canada. A recent evaluation of an unsanctioned site in an undisclosed city in the U.S. saw 10,514 injections and 33 opioid-involved overdoses over 5 years. There have been no fatal overdoses during its operation; all of the overdoses were reversed by use of naloxone administered by trained staff.\(^{11}\) Overdose Prevention Sites have been shown to facilitate access to social services and health resources for hard to reach populations, reduce the risk of infectious diseases, and reduce drug use and overdose mortality.\(^{11}\) Notably, a 30% increase in detoxification service use, and increased rates of long-term addiction treatment initiation were seen after the opening of an OPS in Vancouver, Canada.\(^{12}\)

A harm reduction center in Downtown could be staffed by health care professionals to prevent overdose, provide educational resources, and provide referrals for mental health and medical treatment for persons utilizing the harm reduction center. Due to the overwhelming burden of the overdose crisis in Downtown as compared to the rest of the county and state of RI, this would be one of the optimal locations for a harm reduction center.

Numerous stakeholders expressed support for a physical space to be established in Downtown Providence, and several organizations who serve individuals who experience or are at risk for overdose view this as a vital component of addressing the needs of individuals who use drugs Downtown.
8. A holistic approach is required to serve people at risk for, or who experience, overdose

Most stakeholders agreed about the need for a holistic approach to combating overdose in Rhode Island that addresses housing, basic needs, addiction needs and medical needs of individuals who overdose. Historically, philosophical differences in how best to reduce overdose, fueled by scarcity of funds and need for strong advocacy for sustained support for each sector, have undermined institutional partnerships across these types of organizations in Providence and the State. For example, many housing agencies endorse a “Housing First” model in which they approach all service provision by first providing housing. Organizations serving the health needs of those with substance use disorders commonly endorse a “harm reduction” philosophy in which they provide services by first reducing drug and alcohol-related health harms.

These philosophical differences have undermined attempts at collaborations to address the “whole individual,” but when interviewed, most stakeholders noted that they would be willing to participate in interdisciplinary teams to reduce overdose Downtown. Initiatives such as Central City Concern in Portland, Oregon could be considered as useful frameworks for holistic approaches to addressing addiction, poverty and homelessness. There is also public health opportunity to revitalize previous efforts to coordinate services across agencies; many stakeholders recommended developing more holistic approaches to meeting the needs of people who use drugs.
LIMITATIONS

Surveillance data on overdose were found to be inconsistent, and often difficult to interpret. Additionally, the COVID-19 pandemic created some significant challenges and required adaptation of the originally proposed methodology. Due to the pandemic we were unable to talk directly with people who use drugs or to host in person community forums to discuss our findings and solicit community feedback. Additionally, the pandemic changed the dynamics Downtown, including a significant decrease in the number of individuals Downtown.

CONCLUSION

The high prevalence of preventable overdose make Downtown Providence is an optimal location for overdose prevention resources. Holistic, coordinated efforts are needed Downtown to address the needs of people who use substances in the 02903 zip code. This multi-sector analysis of the overdose crisis Downtown presents timely, collaborative recommendations for collaborative action to reduce the incidence of overdoses in Downtown Providence.
REFERENCES