

Rhode Island Harm Reduction Center overview

Background

On July 7, 2021, Rhode Island became the first state in the nation to enact a law authorizing a two-year pilot program for harm reduction centers to help save lives from drug-related overdose and death¹. Harm Reduction Centers (HRC), also known as overdose prevention sites or supervised injection facilities, connect people who use drugs to resources and evidence-based harm reduction strategies and programs. Rhode Island defines the HRC as follows:

“Harm Reduction Center means a community-based resource for health screening, disease prevention, and recovery assistance where persons may consume pre-obtained controlled substances in a non-judgmental, supportive environment.”²

HRCs also help ensure that if an individual unintentionally overdoses, trained personnel will be on hand to administer life-saving support. Reviews and analysis of these facilities show that they help reduce overdose, improve access to treatment, and do not increase crime.³

AMA policy supports the development and implementation of pilot HRCs in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of HRCs in reducing harms and health care costs related to injection drug use. The AMA supported enactment of the Rhode Island HRC law.⁴

Since enactment of the Rhode Island HRC law and subsequent regulations, stakeholders (including state/county government; public health experts; medical community; law enforcement) have worked closely together to identify what is needed to safely open a center. The first state facility is scheduled to open in March 2024. The AMA has characterized seven key features of the Rhode Island effort:

1. The Rhode Harm Reduction Center pilot program is part of the statewide strategy to prevent overdose and death

Enactment of the Rhode Island law was the product of multiple state legislative sessions and extensive regulatory development. Implementing the pilot HRC is one component of a wide array of initiatives outlined in the statewide governor’s strategy to reduce overdose death and increase access to treatment.

¹ “Harm Reduction center pilot program to combat overdose deaths becomes law.”

<https://www.rilegislature.gov/pressrelease/layouts/RIL.PressRelease.ListStructure/Forms/DisplayForm.aspx?List=c8baae31-3c10-431c-8dcd-9dbbe21ce3e9&ID=371925#> July 7, 2021.

² 216-RICR-40-10-25.2 Definitions.

³ “Overdose Prevention Centers.” U.S. Department of Health and Human Services. National Institutes of Health. National Institute on Drug Abuse. Available at <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>

⁴ AMA letter to Senator Joshua Miller, Chair, Senate Committee on Health and Human Services. State of Rhode Island. January 25, 2021. Available at <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-1-25-Letter-in-Support-of-RI-OPS-FINAL.pdf>

“Harm Reduction Centers in Rhode Island are a vital part of the state’s strategy to reduce overdose deaths, save lives, and connect people to essential treatment and recovery support services. These community-based resources allow people to safely consume pre-obtained controlled substances in a supportive environment without legal repercussions.”⁵

2. Rhode Island established a 2-year pilot program to evaluate the center

The original legislation proposed a 2-year pilot program set to commence on March 1, 2022. However, due to prolonged discussions with key stakeholders, the state decided that it was more important to proceed carefully and deliberately than rush ahead. This required further legislation to extend the 2-year pilot period.⁶ And once the pilot program is complete, the legislature will once again review all of the facts when considering whether to continue the pilot:

“On or before January 31, 2026, the director of the department of health and the attorney general shall submit to the governor, the speaker of the house and the president of the senate, recommendations as to continuation of the provisions of this chapter, and unless extended by the general assembly, the provisions of this chapter shall sunset and expire on March 1, 2026.”

Evaluation of the HRC will be aided by a recently-announced grant from National Institutes on Health to study the HRC in Rhode Island when it opens. According to news reports⁷, researchers will investigate whether participants in Rhode Island who use the HRC “experience lower rates of fatal or non-fatal overdoses, drug-related health problems and emergency department visits, and whether they are more likely to enter treatment for substance use disorders compared to people who use drugs but do not visit [HRCs].” Investigators also will review costs, crime, and other potential impacts in the community, such as litter, noise and arrests.

3. Legislators ensured that municipal approval is required to operate a site

RI law⁸ specifically provides for local control through an explicit requirement for approval by the municipality where the HRC would be located:

- (1) Any harm reduction center proposed to be operated pursuant to the provisions of this chapter shall require municipal authorization and approval prior to opening or operating in any community within this state.
- (2) As used in this chapter, the term "municipal authorization and approval" means an express affirmative vote by the city or town council, or the equivalent governing body, of any municipality where a harm reduction center is proposed to be located, which affirmative vote approves:
 - (i) The opening and operation of the proposed harm reduction center;
 - (ii) The exact location of the proposed harm reduction center, which shall include street address and plat and lot number or other applicable number as used by the municipality's tax assessor; and

⁵ Fact Sheet. Rhode Island’s Harm Reduction Center Pilot Program. Available at <https://health.ri.gov/publications/factsheets/Harm-Reduction-Center-Pilot-Program.pdf>

⁶ House bill 5044 was enacted in 2023 and signed by the governor on April 7, 2023, to extend the 2-year pilot program period from March 1, 2024-March 1, 2026. See, <http://webserver.rilegislature.gov/BillText/BillText23/HouseText23/H5044.pdf>

⁷ “Brown researchers to study ability of Rhode Island’s first overdose prevention center to counter overdose crisis.” <https://www.brown.edu/news/2023-05-08/opc-evaluation> May 8, 2023

⁸ R.I. Gen. Laws § 23-12.10-1.

- (iii) An express authorization as to the hours of operation of the proposed harm reduction center.

The Rhode Island HRC will be operated by Project Weber/RENEW, in partnership with CODAC Behavioral Healthcare.⁹ Project Weber/RENEW is a peer-led harm reduction and recovery support organization that provides services including naloxone, case management, harm reduction supply distribution, support groups, basic needs, linkage to treatment and housing, and HIV/Hepatitis C testing and linkage to care. Project Weber/RENEW and clinical partners CODAC were selected for the project by the state's Executive Office of Health and Human Services.

4. Multidisciplinary advisory committees will provide ongoing input

Rhode Island law required establishment of a harm reduction advisory committee¹⁰ to help ensure that the center's development and ongoing implementation receives timely and appropriate medical, legal and lived-experience input. By statute, the advisory committee is chaired by the RI Department of Health and has nine members:

- The state attorney general
- Rhode Island Medical Society
- Hospital Association of Rhode Island
- Rhode Island chapter of the American Society of Addiction Medicine
- Five members appointed by the governor, including a person with a substance use disorder; a person working in overdose prevention; a current or former law enforcement official; a representative of the Rhode Island League of Cities and Towns; and a person who has suffered a drug overdose or a family member of a person who suffered a fatal drug overdose.

5. An extensive regulatory framework will implement the center as a health care facility

Rhode Island is regulating the HRC much as it does many other different types of health care facilities. Among the requirements are those for a medical director and day-to-day manager¹¹:

1. A Medical Director who is responsible for overseeing clinical practices and services and for achieving and maintaining quality services; and
2. A Harm Reduction Center Director who is responsible for the day-to-day administrative management of the Center.

The implementing regulations also provide for basic qualifications of staff, including¹²:

1. Cardiopulmonary resuscitation from a recognized program such as the American Heart Association or the Red Cross;
2. Overdose response;

⁹ Project Weber/RENEW. <https://weberrenew.org/advocacy/project-weber-renew-to-open-the-countrys-first-state-regulated-overdose-prevention-center/> Last visited August 18, 2023.

¹⁰ 23-12.10-2. "Establishment of advisory committee."

<http://websrvr.rilin.state.ri.us/PublicLaws/law21/law21185.htm>

¹¹ 216-RICR-40-10-25.4.1 "Governing Body and Management." The full regulatory requirements for the medical director and center director are spelled out in 216-RICR-40-10-25.4.3, "Medical Director" and 216-RICR-40-10-25.4.4, "Harm Reduction Center Director"

¹² 216-RICR-40-10-25, 4.2 "Personnel."

3. Opioid antagonist administration;
4. Disposal and transportation of sharps and hazardous medical waste; and
5. Confidentiality of medical information and anonymity for Harm Reduction Center clients.

In addition to being required to provide referrals for counseling, medical or other treatment, the HRC also may provide drug checking/testing supplies to identify whether substances brought into the HRC contain fentanyl or other adulterants. The HRC also is required to provide drug consumption supplies, harm reduction education/training, and needle exchange services.¹³ The HRC also must establish infection control policies and procedures¹⁴, consistent with other health care facilities in the state:

- A. A mechanism shall be established by the Medical Director for the development of infection control policies and procedures which shall pertain to no less than:
 1. Infection surveillance activities;
 2. Sanitation and disinfection of all client areas;
 3. Handling and disposal of medical waste and contaminants;
 4. Reporting, recording, and evaluating occurrences of infections.

6. Ongoing data collection at the center will help officials evaluate its effectiveness

Data collection is an essential component of the evaluation process of the HRC. Provisions within the regulations include:

- Requirements for the development and implementation of policies and procedures to report nonfatal overdose and death within the HRC¹⁵
- Daily records of de-identified total and unique client visits; types of services used; whether naloxone or another resuscitation method was used¹⁶

7. The state department of health has authority to conduct investigations

The implementing regulations also are what one might expect to regulate any other health care facility. This includes general requirements for licensure; inspections; conditions under which a license may be suspended, curtailed or revoked, and requirements for staff qualifications and safety. If any of the provisions governing operating the site are not met, the implementing regulations provide for a thorough process to address deficiencies and require plans of correction.¹⁷

For more information

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¹³ 216-RICR-40-10-25.5.3 "Services & Referrals." The regulations also provide for an extensive list of required medical and safety supplies "needed to initiate emergency procedures in life threatening events," including: self-inflating bag valve mask; mouth barriers for rescue breathing; oral glucose; oxygen and AMBU-bags; automated External Defibrillator (AED); opioid antagonists; sharps containers; and fire extinguishers. See, 216-RICR-40-10-25.7.3 "Equipment and Supplies."

¹⁴ 216-RICR-40-10-25.5.6 "Infection Control."

¹⁵ 216-RICR-40-10-25.4.7 "Reporting of Client Deaths & Overdoses within the Center."

¹⁶ 216-RICR-40-10-25.4.8 "Administrative Records and Reporting."

¹⁷ 216-RICR-40-10-25.8.2 "Deficiencies and Plans of Correction."