



March 2017 Report: Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation Team (MODE) Team

Quarterly Trends¹

- For quarters 2 and 3 of 2016* (April 1 through September 30), there were 166 unintentional drug overdose deaths in Rhode Island, compared with 155 the prior two quarters.
- **Fentanyl continues to be a causal agent in the majority of unintentional drug overdose deaths.** During quarters 2 and 3 of 2016, 61% of unintentional drug overdoses are attributed to fentanyl (102 out of 166).
- **Fentanyl is implicated in an increasing number of deaths occurring among people who died of overdose involving buprenorphine and methadone.** Methadone can be used for treating pain and for treating opioid use disorder.
 - During quarters 2 and 3 of 2016, six of eight (75%) buprenorphine-involved overdoses also involved fentanyl, compared to only one of the two (50%) buprenorphine-involved overdoses that also involved fentanyl during quarters 2 and 3 of 2015.
 - Methadone-involved overdoses during quarters 2 and 3 of 2015 numbered 10, and none (0%) also involved fentanyl, whereas in quarters 2 and 3 of 2016, there were 15 total methadone-involved overdose deaths, six (40%) of which also involved fentanyl. Importantly, two of the six cases (33%) matched to the state prescription monitoring program as being prescribed methadone for pain, suggesting transitions between prescription pain medication use to illicit drug use, two of the six cases (33%) were clients enrolled in an opioid treatment program, and the source was unknown for two of the six cases (33%), suggesting diversion.
 - Average age of buprenorphine-fentanyl involved overdose decedents was 39 years during quarters 2 and 3 2016 and all were male; the average age of methadone-fentanyl involved overdose decedents was 51 years and two of six (33%) were female. All decedents were white.
 - For all of 2016, nine of the 23 methadone-involved overdose cases (39%) were actively enrolled in an opioid treatment program (OTP); another nine (39%) had formerly been enrolled in an OTP but were not active at the time of death; and five (22%) had no record of OTP enrollment. However, three methadone involved decedents (13%) were prescribed methadone for pain at the time of death, according to the state prescription monitoring program. Overall, non-OTP/non-prescribed (i.e., diverted) methadone is suggested in 11 of 23 (48%) methadone-involved overdose deaths.
- **Paralleling national trends, there is an increasing involvement of cocaine in unintentional drug overdose deaths.** In quarters 2 and 3 of 2015, cocaine was involved in 49 overdose fatalities; during the same period for 2016, 62 overdose deaths involved cocaine.
- **In 2015, over one in four unintentional drug overdoses in Rhode Island were among young adults 25-34 years old (28%; n = 80).** The proportion of the unintentional drug overdose deaths in RI in this population rose from 16% in 2009 to 28% in 2015.
- For quarters 2 and 3 of 2016, 93% of the unintentional drug overdose deaths were among whites, 4.8% among blacks.

Emergent Themes

- The number and proportion of unintentional drug overdoses involving both fentanyl with methadone or buprenorphine are increasing. Both prescribed and street-obtained methadone and buprenorphine users are at risk. The MODE team recommends tracking this finding in the next few quarters and improving methods for identification of the sources of these agents, as able.
- Cocaine involvement in unintentional drug overdoses is increasing and may be related to decedents unknowingly using opioids contaminated with cocaine or vice versa. The MODE team recommends enhancing messaging to users about this issue.

Team Recommendations for Structural or Community Prevention

Structural

- Improve screening and management for adverse childhood events and other trauma within treatment settings.
- Provide Spanish language patient and outreach materials on overdose prevention and treatment resources for healthcare and drug treatment settings
- Improve primary care practitioners' screening, management and referrals for patients with untreated or undertreated mental health and addiction diagnoses.
- Improve drug screening in the emergency department setting for patients being treated for repeat trauma.
- Examine existing information and data regarding prescribed and dispensed methadone diversion.
- Increase the number of recovery houses as a step down for treatment transitions.
- Explore the feasibility of and methods for changing the data collected by the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals in order to facilitate comparison and evaluation with other data sets.

Community

- Explore partnerships with faith-based providers as a method to engage individuals with addiction and/or their families in overdose prevention and evidence based treatment efforts.
- Encourage families dealing with addiction to forge connections with similar families.
- Support the recruitment of younger peer recovery coaches.
- Improve public awareness of ongoing fentanyl presence and dangers in illicitly obtained drugs.
- Continue efforts to reduce the stigma of addiction.

Rapid Response Recommendations

The MODE Team recommends community-based rapid response projects focused in three areas: (1) providing Spanish language patient and outreach materials on overdose prevention and treatment resources for healthcare and drug treatment settings, (2) supporting partnerships with faith-based providers as a method to engage individuals with addiction and/or their families in overdose prevention and evidence based treatment efforts, and (3) improving public awareness of ongoing fentanyl presence and dangers in illicitly obtained drugs.

Summary: Rhode Island continues to see high counts of fatal unintentional opioid overdoses, with fentanyl associated with more than 60% of these deaths in Quarters 2 and 3 of 2016. Younger (under 34 years) people who use drugs appear to be most affected. During Quarters 2 and 3 of 2016, a concerning number of overdoses involved fentanyl and methadone or buprenorphine. Individuals prescribed or dispensed these medications or who obtain them illicitly may be at increased risk of fentanyl exposure and should take caution. Cocaine-related unintentional overdoses also increased, compared with the same time period in 2015. Opportunities for rapid response projects focused on these populations and settings are indicated.