



# Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team March 2018 Report

## Quarterly trends: April 1, 2017 – September 30, 2017

- There were 145 unintentional drug overdose deaths in Rhode Island in quarters 2 and 3 of 2017. This is a 12.7% decrease from the same period in 2016 (n= 166 deaths in quarters 2 and 3).
- Of all unintentional drug overdoses during quarters 2 and 3 of 2017, 89 of 145 deaths (61.4%) were attributed to fentanyl.
- There were more unintentional drug overdose deaths among females in quarters 2 and 3 of 2017 compared with the same period in 2016 (28% vs. 22% of total unintentional drug overdose deaths, respectively).
  - Female decedents were on average three years older than male counterparts at the time of overdose death (male median age = 41; female median age = 44).
  - The proportion of female decedents who are of childbearing age (15-44 years old) increased from 45% and 44% in 2015 and 2016, respectively, to 53% for quarters 1-3 of 2017.
  - The majority of overdoses among both sexes involved illicit drugs. Heroin involvement was more common among female decedents (12% female vs. 8% male). In contrast, fentanyl involvement (51% female vs. 65% male) and cocaine involvement (29% female vs. 37% male) were more common among male decedents.
  - Female overdose decedents tended to experience greater involvement with opioid pain medications (20% female vs. 15% male), benzodiazepines (33% female vs. 20% male), and/or antidepressants (29% female vs. 12% male).
  - According to the Rhode Island Department of Health (RIDOH) Prescription Drug Monitoring Program, 58.5% of prescriptions for opioids (excluding buprenorphine) to individuals 15-44 years of age- were to a female. A higher percentage of buprenorphine prescriptions were prescribed to males 15-44 years of age (55.5%).
- There were 886 opioid overdoses reported to RIDOH by Rhode Island Emergency Departments (EDs) and hospitals, of which 868 (98%) were nonfatal. This compares with 917 opioid overdose reports in the same quarters of 2016, of which 883 (96%) were nonfatal.
  - Females represented 28.5% of nonfatal overdose reports compared to 30% in 2016.
  - 78% of all female nonfatal overdoses were among individuals under 45 years of age compared to 71% during the same period in 2016.

## Emergent Themes

- During quarters 2 and 3 of 2017 (April 1 through September 30) there was a 12.7% decrease in unintentional drug overdose deaths in Rhode Island compared with the same period one year earlier.
- There is an increasing involvement of women in fatal overdoses compared to the same time last year. The majority of women who die of overdose are of childbearing age (15-44 years), and some women overdose within one year of pregnancy.
- While illicit drugs are contributing agents in the majority of overdose deaths for both genders in 2017, female decedents had greater involvement of prescription drugs (opioid pain medications, antidepressants, and/or benzodiazepines), in fatal overdoses compared with male counterparts.

## Recommendations for Structural and Community Prevention

### Structural:

- Create and implement discharge planning standards for postpartum women with substance use disorder at birthing hospitals to include access to Medication Assisted Treatment (MAT), family plans of safe care, and referrals for post-partum home visits by a clinician.
- Offer peer recovery support services for postpartum women with substance use disorder to assist with the development of family plans of safe care.
- Improve MAT-consultation services at hospitals that provide obstetrical care to increase patient knowledge of MAT.
- Expand Rhode Island Centers of Excellence standards of care for patient populations under the age of 18.

### Community:

- Strengthen substance use disorder screening, treatment referral processes, overdose prevention services, and naloxone provision efforts at women's reproductive health organizations.
- Collect feedback from women of reproductive age and people with substance use disorder to understand the barriers to accessing treatment and recovery support services within emergency departments, hospitals, and other healthcare settings.
- Provide training to OB/GYN physicians/nurses, Neo-Natal Intensive Care Unit (NICU) staff, and other clinical staff within organizations providing services for women of childbearing age to improve substance use disorder screening and reduce the stigma of substance use, substance use disorder, and MAT.
- Increase the number of peer recovery specialists and supports for women with substance use disorder throughout the birthing process.
- Increase awareness of peer recovery support resources and family plans of safe care among clinicians (within private practices and organizationally-based settings) who care for pregnant women who have substance use disorder.
- Deliver training to mental health professionals/paraprofessionals, first responders, and leaders within schools and community-based organizations to enhance evidence-based trauma support services and trauma-informed care for children who witness fatal or near fatal overdoses.
- Disseminate informational materials on bereavement and trauma support services to funeral home directors, faith-based organizations, and social support organizations for families experiencing a recent loss due to an overdose.
- Develop arts-based (e.g., visual arts, music, drama, and dance) therapy programs to enhance existing behavioral health services offered to children and families who have experienced trauma or loss due to an overdose.

#### **Sources:**

Rhode Island Department of Health. <http://www.health.ri.gov/data/drugoverdoses/> Updated 2/14/2018

Rhode Island Office of the State Medical Examiner and prepared by Traci Green, PhD

[PreventOverdoseRI.org](http://PreventOverdoseRI.org). Accessed 2/20/18

48-hour Opioid Overdose Reporting System, Rhode Island Department of Health

Rhode Island Department of Health Prescription Drug Monitoring Program