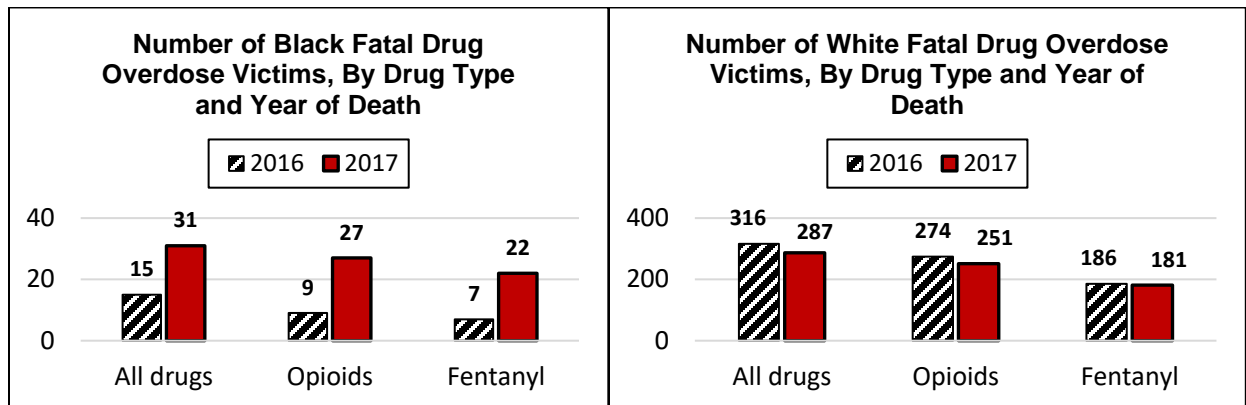




# Spring 2018 Report: Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team

## Trends: Quarters 3 and 4 (July 1, 2017 – December 31, 2017)

- In the third and fourth quarters of 2017, there were 165 unintentional drug overdose deaths in Rhode Island. This is a 5% increase from the same time period in 2016 (n=157 deaths in quarters 3 and 4 of 2016). Fentanyl continues to be a contributing agent in the majority of unintentional drug overdose deaths; 69% were attributed to fentanyl (114 out of 165).
- Proportionately more overdose decedents were non-White. Fourteen of 154 (9.1%) overdose decedents during the third and fourth quarters of 2017 were Black, Asian, or other race), whereas during the same period in 2016, eight of 147 (5.4%) overdose decedents were Black, Asian, or other race. (Note: Ethnicity is not available through the data source utilized here.)
  - Of the 14 non-white Rhode Island overdose decedents, overdoses involved cocaine (n=8 cases), fentanyl (n=10 cases), or both (n=6 cases), and two cases involved fentanyl with an amphetamine.
  - The figures below show the difference in drug overdose death counts among Rhode Island residents by race and by certain drugs for the full years 2016 and 2017. While the overall counts of deaths among Whites were substantially greater than that seen in Blacks, deaths among Whites declined slightly in 2017 compared to 2016. Overdose deaths among Blacks however, increased in 2017.



**Data sources:**

Rhode Island Department of Health. <http://www.health.ri.gov/data/drugoverdoses/>, Updated on 4/25/2018  
 Rhode Island Office of the State Medical Examiners, Prepared by Traci Green, PhD

### Emergent theme

- The number and overall proportion of unintentional drug overdose deaths that occurred among non-white Rhode Islanders appears to be increasing. Among the deaths in this population during the third and fourth quarters of 2017, 71% involved fentanyl and 57% involved cocaine.

## **Team Recommendations for Structural or Community Prevention**

### **Structural Recommendations**

- Develop and implement a statewide harm-reduction communications plan to educate active drug users on the emergence of new drugs or combinations of drugs that may be harmful, including counterfeit and contaminated drugs, and methods that can be used to reduce overdose risk.
- Develop and implement a health advisory for healthcare and treatment providers on cocaine, including risk of overdose, concerns about what the drug contains, effective treatment, the need to co-prescribe naloxone, and the importance of counseling cocaine-exposed patients about fentanyl, overdose risk, and safety planning.
- Reinforce school nurse services and the provision of more comprehensive healthcare in schools to reduce barriers to access of medical and behavioral healthcare services during adolescence.
- Explore the development of state regulations on prescribing benzodiazepine to reduce benzodiazepine dependence and overdose risk.

### **Community Recommendations**

- Develop and implement culturally appropriate overdose-prevention interventions in communities of color.
- Develop and disseminate overdose prevention messages, specific to cocaine users, for distribution through social media and/or other sources. Materials should include messaging about the risks of potential fentanyl contamination, not using alone, staggering drug use, and keeping naloxone on hand.
- Pilot the use of drug checking to inform drug users (i.e. cocaine users) about the presence or amount of fentanyl in their drugs and how to reduce risk of overdose death.
- Due to an increase in deaths from poly-substances, promote naloxone distribution and awareness among persons who use cocaine at known locations of drug use, by professionals working in substance use treatment, and at community outreach organizations.
- Provide overdose prevention education, training, and information about treatment resources at work sites, and to local organizations supporting workers, especially high-risk worksites (construction, laborers, etc.).
- Provide education to families to improve awareness of the signs of drug use and how to engage family members in prevention.
- Provide community supports, outreach, and risk-reduction materials to families whose relatives are recently incarcerated.
- Provide training to recovery specialists and others working in the field of substance use treatment about resiliency techniques.