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

Quarterly Trends

- For quarters 3 and 4 of 2016 (July 1 through December 31), there were 157 unintentional drug overdose deaths in Rhode Island, compared with 179 during quarters one and two of 2016, and 136 during quarters three and four of 2015.
- Fentanyl continues to be a causal agent in the majority of unintentional drug overdose deaths. During quarters 3 and 4 of 2016, 65.6% of unintentional drug overdoses were attributed to fentanyl (103 out of 157).
- Prescription drugs alone accounted for 16.7% of the unintentional drug overdose deaths in Rhode Island in 2016 and 83.3% involved one or more illicit drugs (alone or in combination with a prescription drug). Note that the definition of prescription drugs includes *any* prescription drug, including opioid agonist and partial agonist medications used for the treatment of opioid use disorder.
- The majority (72.9%) of unintentional drug overdose deaths in 2016 were among males. The highest numbers of unintentional drug overdoses in Rhode Island during 2016 were among adults aged 25-34 and 45-54 years (n = 96 and 97, respectively). The proportion of the unintentional drug overdose deaths in Rhode Island among young adults aged 25-34 years rose from 15.9% in 2009 to 28.6% in 2016.
- For quarters 3 and 4 of 2016, 94.3% of the unintentional drug overdose deaths were among whites, 4.4% among blacks.
- In quarters 3 and 4 of 2016*, there were 10 overdose deaths in public places (e.g., roadway, wooded area, sidewalk) and five overdose deaths in semi-public places (e.g., institutional nursing home, treatment facility, shelter), compared to less than five public and eight semi-public overdose deaths for the same time period in 2015. In 2016, there was more variation in the types of public locations of overdose deaths.
- In quarters 3 and 4 of 2016, there were eight overdose deaths that occurred in a location where another overdose death had also occurred, totaling four separate locations. Two of these deaths occurred in the same location and time. In quarters 3 and 4 of 2015, there were no overdose deaths that occurred at the same location.

Emergent Themes

- There has been an increase in the number of overdose deaths in public locations linked to fentanyl exposure.
- There has been an increase in the number of overdose deaths in locations where a previous overdose death had occurred. It is unknown if this correlation also exists for occurrence of nonfatal overdose.
- Rapid detoxification protocols are in place and can put patients at high risk of death by overdose. Discharge from such programs without providing relapse prevention and overdose prevention education with take-home naloxone endangers patients.

Sources:

RI Department of Health. http://www.health.ri.gov/data/drugoverdoses/. Accessed on 05/08/2017.

RI Office of the State Medical Examiner file. Prepared by Traci Green and Brown University.

*2016 data for type of location is preliminary and incomplete.

Recommendations for Structural or Community Prevention

Structural

- Develop and implement an enforcement plan for the existing policy requiring physicians to check the PDMP with all new opioid prescriptions.
- Encourage medical examiners to report suspicious prescribing activity, if uncovered during their investigations of decedents who overdose, to the Rhode Island Department of Health (RIDOH) licensing unit.
- Encourage detoxification facilities to provide treatment options to all clients prior to admission, including options for induction onto methadone or buprenorphine. Prior to discharge from medical detoxification, where sufficient length of stay, encourage facilities to promote initiation of injectable naltrexone, or, where insufficient length of stay, promote referrals to Centers of Excellence for initiation. Provide all clients with recovery supports including peer support services. Receipt of overdose prevention education and naloxone distribution to the client prior to discharge, as required by Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) regulations, should be documented.
- Explore the feasibility of opening a medically supervised consumption space for persons who use drugs, specifically looking to locales with greater density of overdose deaths, especially public overdose deaths.
- Improve overdose prevention strategies within homeless shelters, sober housing units, and public housing, including access to naloxone and training in its use by staff, implementation of policies aimed at overdose prevention, and ensuring best practice screening and treatment for substance use disorder for residents.

Community

- Encourage naloxone training for employees and personnel in semi-public locations and surrounding public spaces where an overdose has or may occur.
- Implement organizational protocols for using naloxone in public and semi-public locations to prevent and respond to overdoses.
- Support the distribution of naloxone, overdose prevention messaging, informational resources, and services to *places* providing housing where there is known drug use or a prior overdose (e.g., shelters, residential treatment, sober housing); support the distribution of naloxone, overdose prevention messaging, informational resources, and services to *people* residing at locations where there is known drug use or a prior overdose.
- Offer grief counseling supports for locations where a fatal overdose has occurred.
- Encourage collaboration between harm reduction, peer recovery groups, and/or other trained healthcare professionals with first responders (i.e., police, fire, Emergency Medical Services) to facilitate more timely identification and outreach where an overdose has or may occur.
- Encourage collaboration between programs involved in overdose prevention and agencies/organizations providing services and outreach to individuals with traumatic brain injury.
- Support the dissemination of harm reduction messaging that encourages drug users to not use alone and to not use simultaneously (i.e., take turns, wait two to three minutes before using to avoid overdosing at the same time).
- Encourage pharmacies to offer naloxone at every syringe purchase.

Summary: *Rhode Island continues to see high counts of fatal, unintentional opioid overdoses, with 103 of the 157 deaths in Quarters 3 and 4 of 2016 associated with fentanyl. In the last two quarters of 2016, there was an increase in the number of public overdose deaths, compared to the same time frame in 2015. Several deaths occurred in a location where another overdose death had also occurred. Opportunities for rapid response projects focused on these populations and settings.*

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RI Department of Health. http://www.health.ri.gov/data/drugoverdoses/. Accessed on 05/08/2017.

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