



## February 2019 Report: Rhode Island Review of Overdose Accidental Deaths (ROAD) Team

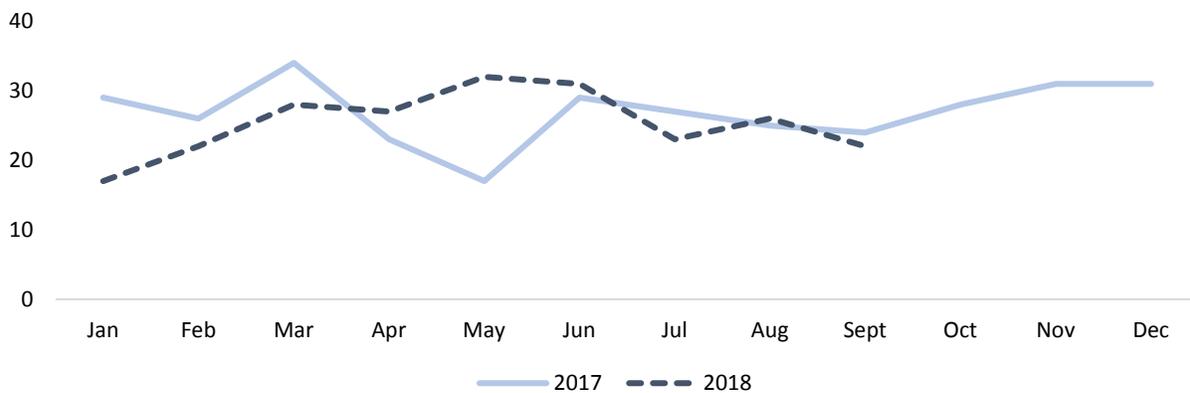
The ROAD Team at the Rhode Island Department of Health (RIDOH) convened in February 2019 to conduct its inaugural overdose death review process. The death review was coordinated by RIDOH staff members who are funded by the Centers for Disease Control and Prevention (CDC) Prescription Drug Overdose Prevention for States (PFS) and Enhanced State Opioid Overdose Surveillance (ESOOS) grants. Data findings from the National Violent Death Reporting System's (NVDRS) State Unintentional Drug Overdose Reporting System (SUDORS) module offered insight into emerging drug overdose death trends and themes.

In this February 2019 Report, the ROAD Team recommends several structural and community initiatives that can be implemented by community-based organizations to prevent the incidence of drug overdose in Rhode Island.

### Data Trends

- There were **228** accidental drug overdose deaths **from all drugs** in the **first nine months of 2018**.
- Compared to the same time in 2017, this is a **3% decrease** in accidental drug overdose deaths from **2017 to 2018**.

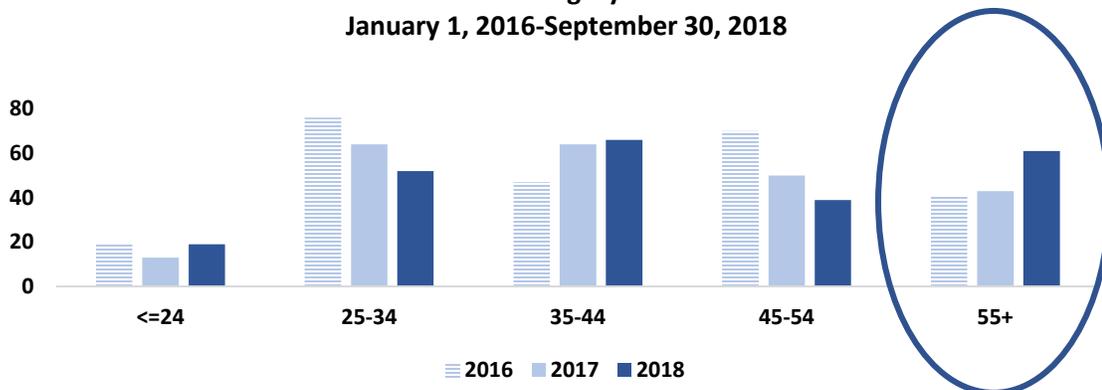
**Accidental Drug Overdose Deaths (All Drugs) in Rhode Island  
January 1, 2017 to September 30, 2018**



### Emergent Theme: Increase in Drug Overdose Deaths in Three Age Categories

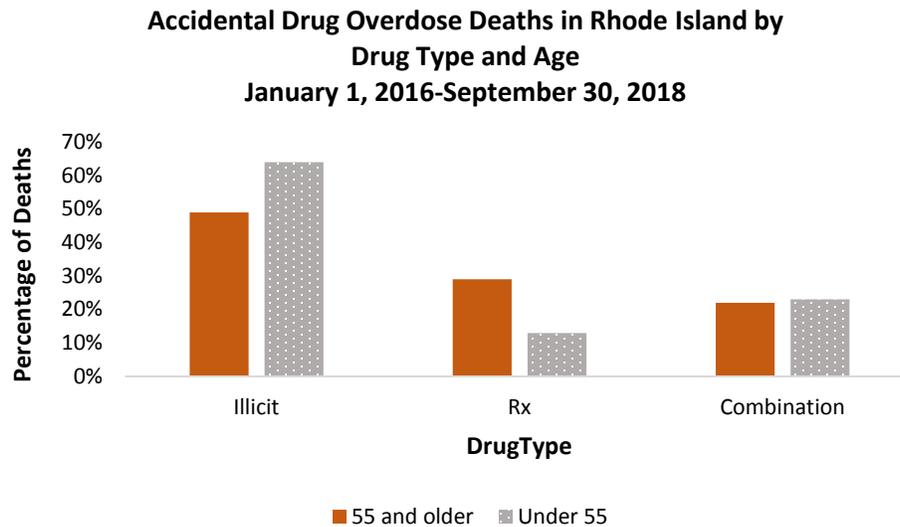
- Compared to the **same time period** in 2016 and 2017, accidental drug overdose deaths increased among people in three age categories: Age 24 and younger, ages 35-44, and age 55 and older. Drug overdose deaths increased the most among people age 55 and older.

**Accidental Drug Overdose Deaths (All Drugs) in Rhode Island by Age Category  
January 1, 2016-September 30, 2018**



## Emergent Theme: Prescription Drug Involvement in Accidental Drug Overdose Deaths for People Age 55 and Older

- Between January 1, 2016 and September 30, 2018, accidental drug overdose deaths among people **age 55 and older were statistically significantly more likely to involve prescription drug(s)** than in people younger than age 55 (29% compared to 13%) and less likely to involve illicit drug(s) (49% compared to 64% among people younger than 55).



**Data source:** RIDOH's Office of State Medical Examiners, [Drug Overdose Deaths](#); updated 3/27/2019.

Data reflect accidental drug overdose deaths from all drugs occurring within Rhode Island and does not necessarily reflect all Rhode Island residents.

## ROAD Team Recommendations for Community Overdose Prevention

### Structural Recommendations

- Provide training to substance use treatment providers on adherence to the [American Society of Addiction Medicine \(ASAM\) Levels of Care Certification](#).
- Provide training to healthcare providers on the importance of an integrated, whole-person approach to treating a patient rather than treating a patient's single diagnosis.
- Contact life insurance companies to propose that existing policies be modified to accept individual policy holders who have been prescribed/dispensed life-saving naloxone.

### Community Recommendations

- Address the physical, mental, and emotional consequences of social isolation for individuals who are 50 or older. (The existence of social isolation was identified in several decedents within this age group.)
- Encourage public and private social clubs to develop and promote recovery-friendly social activities and programming for club members.
- Develop and deploy recovery support services teams for individuals age 50 or older.
- Encourage trade and construction unions to develop and promote recovery-friendly activities and programming for employees and retirees.
- Educate patients, loved ones, and/or caregivers on the serious risks of taking opioid prescription pain medications, including the risk of overdose. Increase awareness on the importance of co-prescribing naloxone in case of an opioid overdose emergency.
- Increase counseling services for individuals with complex health conditions and co-morbidities, especially regarding decisions about end-of-life treatment and care.
- Provide resources, training, and support for individuals who have been diagnosed with chronic pain. Promote participation in RIDOH's [Chronic Pain Self-Management](#) workshops.