



# Governor Raimondo's Task Force on Overdose Prevention and Intervention

October 9, 2019

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# WELCOME & ANNOUNCEMENTS





# Data Trend Update: Accidental Overdose Deaths in Rhode Island

**Governor Gina M. Raimondo's Overdose  
Prevention and Intervention Task Force  
October 9, 2019**

# Presentation Overview



- How Rhode Island Department of Health (RIDOH) Reports on Fatal Overdoses
- Key Terms and Concepts
- Historical and Current Trends in Fatal Overdoses
- Trends in Substances Contributing to Cause of Death
- Brainstorming Next Steps

# How Does RIDOH Report on Fatal Drug Overdoses?



- The Office of State Medical Examiners (OSME) determines cause and manner of death based on clinical judgment, experience, and consideration of the following:
  - Autopsy results
  - Toxicology testing
  - Scene investigation
  - Medical history
- RIDOH reports on drug overdose deaths where the manner of death is “Accident,” and does not include other manners such as suicides, homicides, or undetermined deaths.

# Key Terms and Concepts



**All-Drug Overdose Deaths**: Any drug contributed to the death.

**Cocaine-involved**: Cocaine contributed to the death (other substances also may have contributed).

- Cocaine increases heart rate and blood pressure, which may result in heart failure and/or fatal seizures.

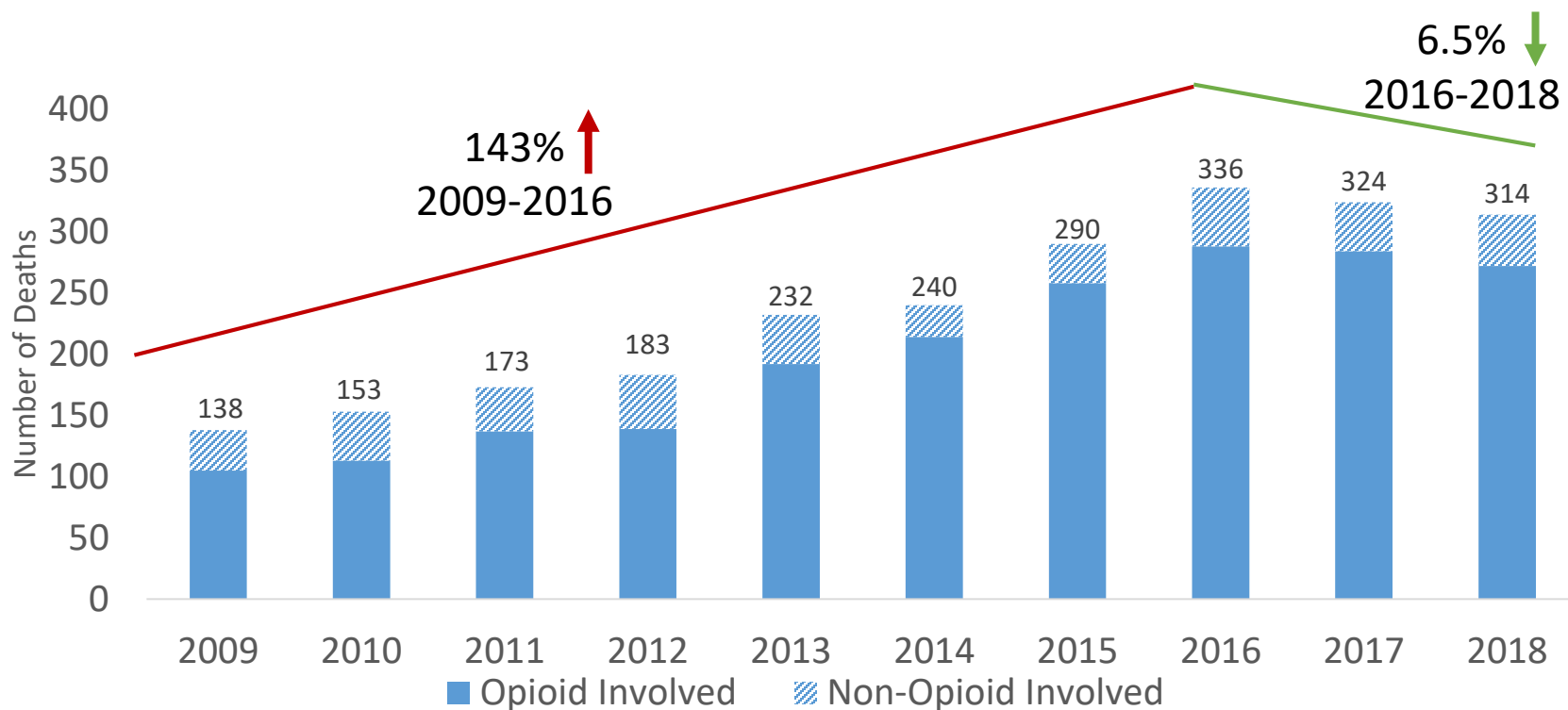
**Opioid-involved**: Any opioid, including fentanyl, contributed to the death (other substances also may have contributed).

- Opioids suppress respiration, and result in hypoxia.

# Historical Trends in Fatal Overdoses in Rhode Island



From 2016 to 2018, there was a 6.5% decrease in all-drug overdose deaths (from 336 to 314) and a 5.9% decrease in opioid-involved overdose deaths (from 288 to 271).



Sources: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

Note: Percent decrease in all drug overdose was 3.6% between 2016 and 2017 and 3.1% between 2017 and 2018. Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

# Current Trends in Fatal Overdoses in Rhode Island



**Between January - June 2018 and January - June 2019:**

- All-drug overdose deaths **remained stable**
- Opioid-involved overdose deaths **decreased**

Month	All-Drug			Opioid-Involved		
	2018	2019	YTD Change	2018	2019	YTD Change
January	17	27	58.8%	15	23	53.3%
February	22	22	25.6%	18	19	27.3%
March	27	28	16.7%	25	22	10.3%
April	27	22	6.5%	22	18	2.5%
May	32	35	7.2%	28	27	0.9%
June	31	22	0.0%	27	16	-7.4%
<b>Jan to Jun TOTAL</b>	<b>156</b>	<b>156</b>	<b>0.0%</b>	<b>135</b>	<b>125</b>	<b>-7.4%</b>

Sources: OSME, RIDOH

Note: Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths. Rhode Island residents who are pronounced outside of Rhode Island are not included. Data updated as of 9/25/2019.

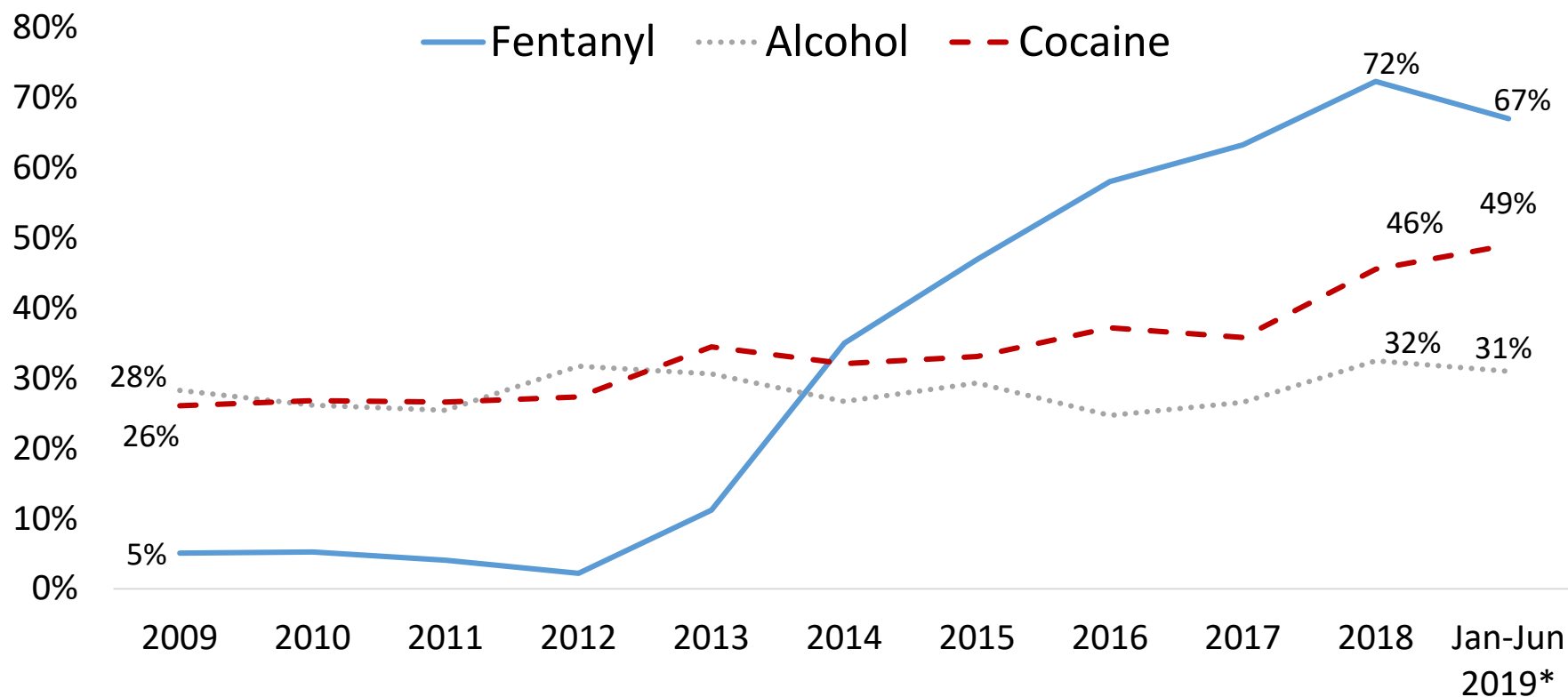


*Why is there a difference seen in  
**all-drug** versus **opioid-involved** trends?*

# Select Substances Contributing to Cause of Death



*Percent of Accidental Drug Overdose Deaths in Rhode Island from All Drugs by Select Substances Contributing to Cause of Death, 2017 – 2019\**



Sources: OSME, RIDOH

\* January to June 2019

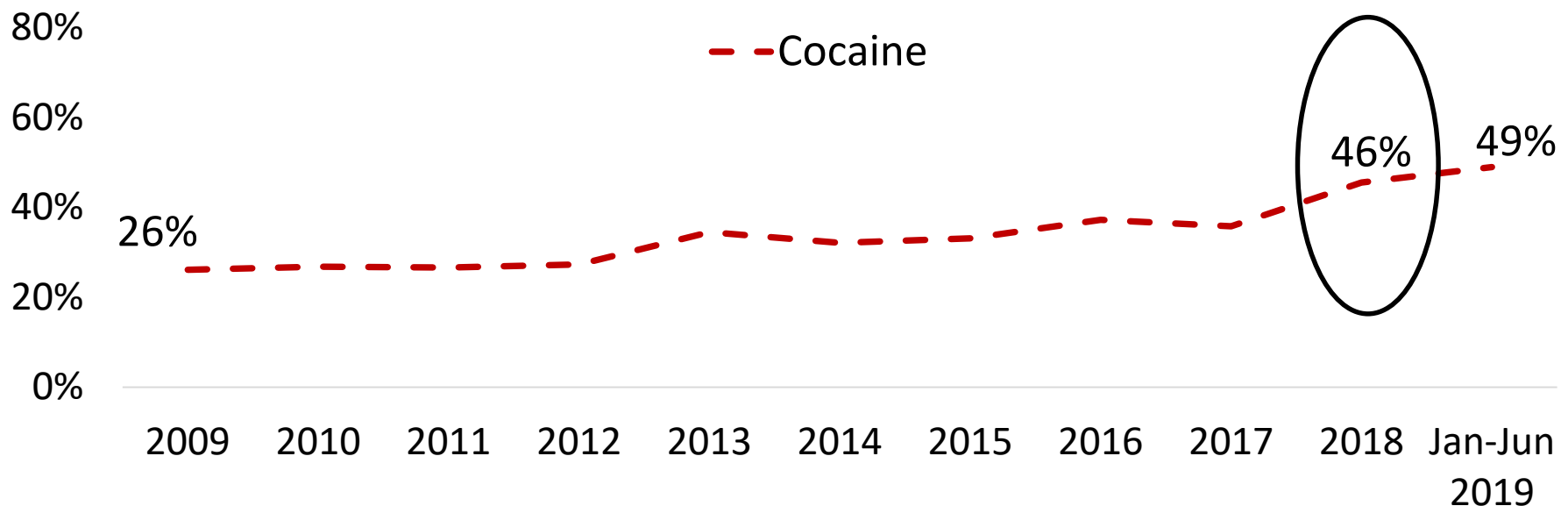
Note: Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths. Rhode Island residents who are pronounced outside of Rhode Island are not included. Drug Categories not mutually exclusive.

# A Closer Look at Cocaine Trends



**The proportion of overdose deaths with cocaine as a contributing cause of death increased from 1 in 4 (26%) in 2009 to approximately 1 in 2 in 2018 (46%). This trend has continued in 2019 (49% from January - June 2019).**

*Percent of Accidental Drug Overdose Deaths in Rhode Island from All Drugs by Select Substances Contributing to Cause of Death, 2017 – 2019\**



Sources: OSME, RIDOH

\* January to June 2019

Note: Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths. Rhode Island residents who are pronounced outside of Rhode Island are not included. Drug Categories not mutually exclusive.

# 46%

of overdose deaths in 2018  
involved cocaine (143 of 314)

## Of these cocaine-involved overdose deaths:

**95.5%** involved cocaine AND at least  
one other substance

Fentanyl 71%



Alcohol 27%



Benzodiazepines 7%



Sources: OSME, RIDOH

Note: Does not indicate substances were mixed or used at the same time. Substance categories are not mutually exclusive or exhaustive. Drug category percentages are out of all cocaine-involved overdose deaths. Data reflect January to December 2018. Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths.

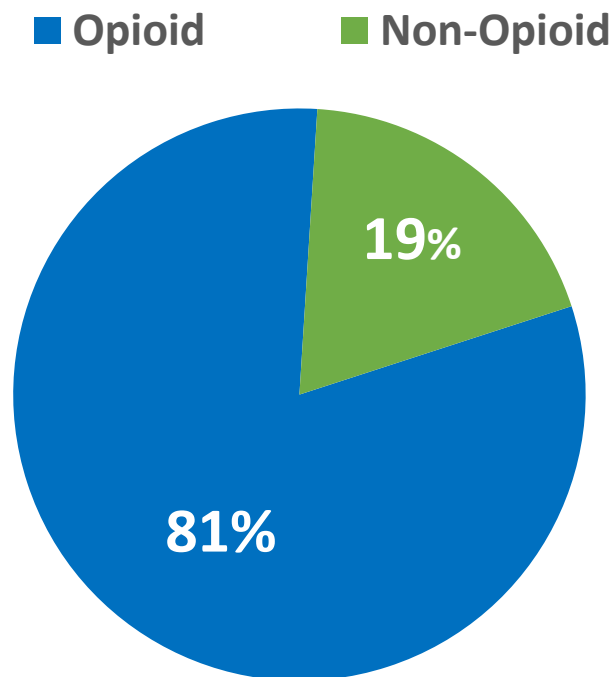
*Where do **opioids** fit  
into these trends?*



# Opioid and Non-Opioid Involved Fatal Overdoses



**The majority of drug overdose deaths involve opioids (81% from January 2009 to June 2019).**



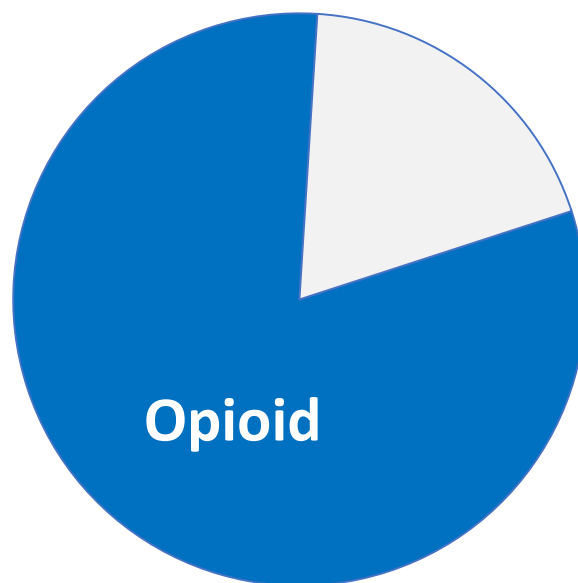
Sources: OSME, RIDOH  
\* January to June 2019

Note: Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths. Rhode Island residents who are pronounced outside of Rhode Island are not included. Drug Categories not mutually exclusive.

# Opioid-Involved Fatal Overdoses



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Sources: OSME, RIDOH

\* January to June 2019

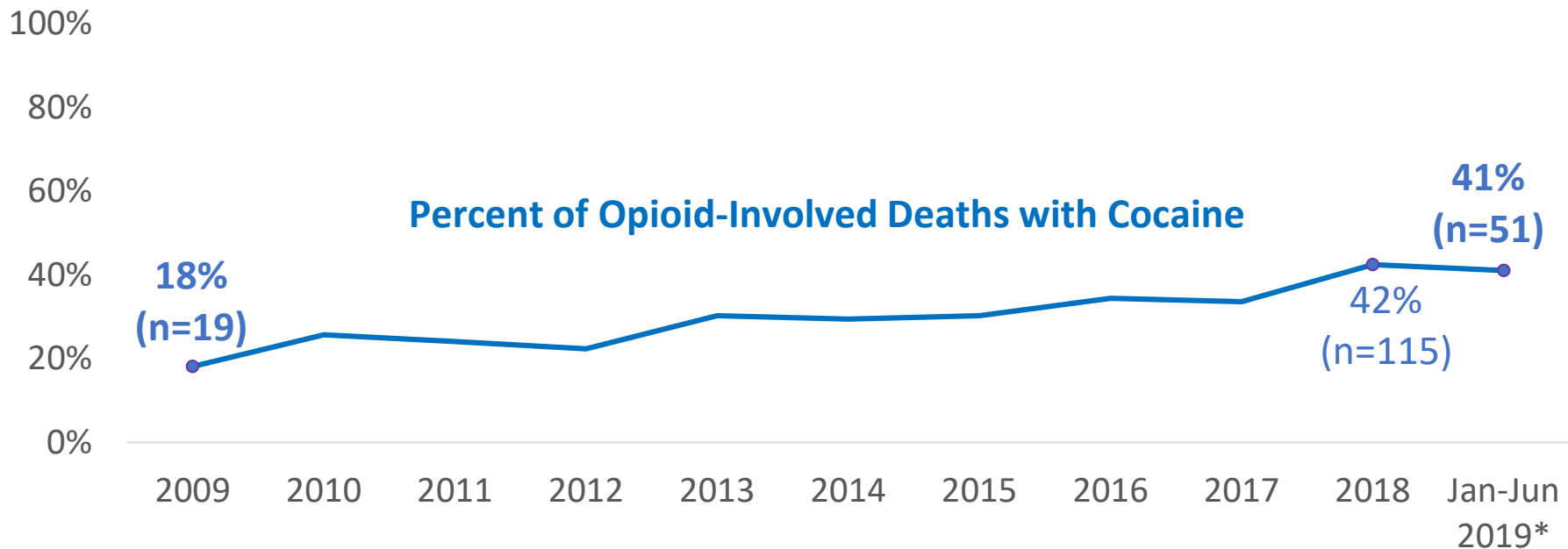
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# Opioid-Involved Trends: Cocaine



**Among opioid-involved deaths, we have seen an increase in deaths that also involve cocaine.**

*Percent of Accidental Drug Overdose Deaths in Rhode Island that Have Cocaine as a Contributing Cause of Death, Among Opioid and Non-Opioid Deaths, by Year of Death*



Sources: OSME, RIDOH

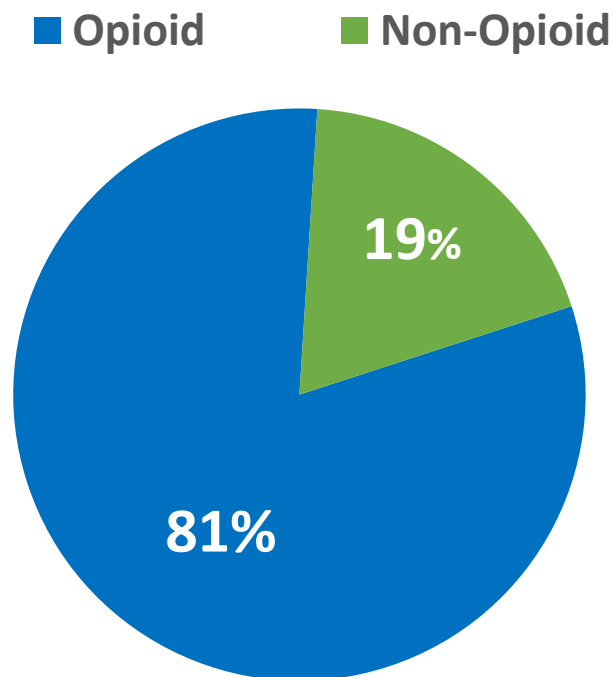
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# Opioid and Non-Opioid Involved Fatal Overdoses



**The majority of drug overdose deaths involve opioids (81% from January 2009 to June 2019).**



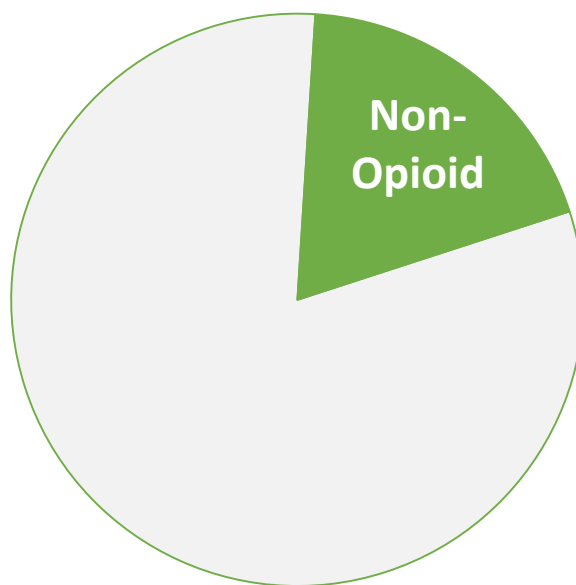
Sources: OSME, RIDOH

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Note: Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths. Rhode Island residents who are pronounced outside of Rhode Island are not included. Drug Categories not mutually exclusive.

# Non-Opioid Involved Fatal Overdoses

**The majority of drug overdose deaths involve opioids (81% from January 2009 to June 2019).**



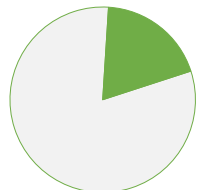
Sources: OSME, RIDOH

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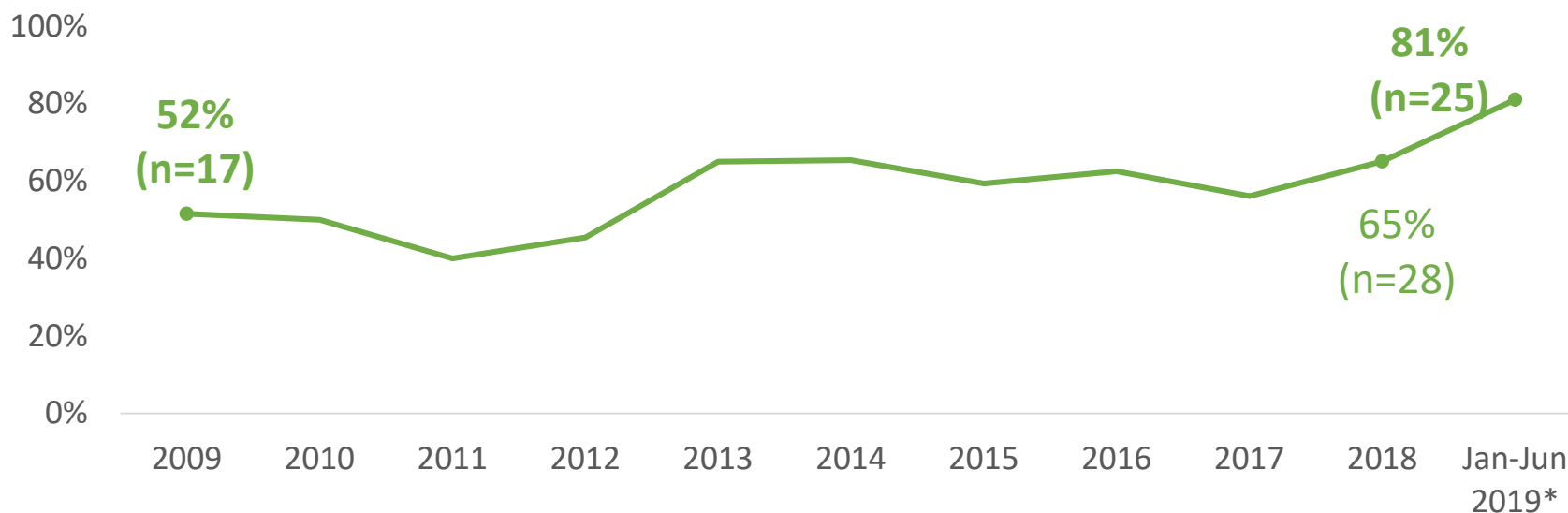


# Non-Opioid Involved Trends: Cocaine



**Among deaths that did not involve opioids, we have seen *an even greater increase* in cocaine involvement.**

*Percent of Accidental Drug Overdose Deaths in Rhode Island that Have Cocaine as a Contributing Cause of Death, Among Opioid and Non-Opioid Deaths, by Year of Death*



Sources: OSME, RIDOH

\* January to June 2019

Note: Data reflect accidental drug overdose deaths occurring in Rhode Island and do not include suicides, homicides, or undetermined deaths. Rhode Island residents who are pronounced outside of Rhode Island are not included. Drug Categories not mutually exclusive.

# Summary



Between January-June 2018 and January-June 2019:

- All-drug overdose deaths **remained stable**.
- Opioid-involved overdose deaths **decreased**.
- The proportion of **cocaine-involved** deaths increased from 1 in 4 in 2009 (26%) to nearly 1 in 2 in 2018 (46%). This trend has continued January–June 2019 (49%).
- In 2018, 46% of fatal overdoses involved **cocaine**.
  - The majority (95.5%) involved **cocaine** and *at least one other substance*.
- The increasing trend in **cocaine-involved** fatal overdoses is seen in both *opioid-involved and non-opioid involved deaths*.

# Brainstorming Next Steps



## **Gather more information:**

- Host focus groups and interviews with people who use drugs to understand drug use patterns.
- Share data to better understand the “who” (treatment history, incarceration history, child welfare involvement).
- Partner with community organizations to understand what is happening at the local level (Prevention Coalitions, Health Equity Zones).

# Brainstorming Next Steps



- Develop strategies for reaching people who use cocaine:
  - Communication strategies
  - Rescue strategies
  - Treatment strategies
- Leverage Task Force workgroups to continue data collection and determine interventions.
- Identify unspent grant dollars to implement identified interventions.
- Increase focus on polysubstance use, cocaine use, and other drug use patterns as a part of the *Strategic Plan Update*.

*How can we best respond  
to this increasing trend in  
cocaine-involved  
overdoses?*





# ***RHODE ISLAND OVERDOSE RESPONSE STRATEGY***

## ***OVERVIEW OF SEIZED DRUGS***

***New England High Intensity Drug Trafficking Area (HIDTA) Program  
October 9, 2019***



# Background Information

- Seized drugs in Rhode Island are submitted for testing to the RIDOH State Health Laboratories, Drug Chemistry Laboratory.
- Submitted evidence (multiple items “exhibits” in a case) is tested using Gas chromatography–mass spectrometry (GC-MS) to identify the drugs.
- GC-MS is capable of separating and identifying multiple chemicals/drugs.
- Seized drug identifications are compiled weekly in the *Seized Drug Surveillance* report.





# 2018 Seized Drug Report

Three aspects reviewed:

- We reviewed all cases involving cocaine, fentanyl, heroin, or any of these combinations.
- We took a deeper look at the case reports, which show the drug relationships.
- We reviewed the GC-MS test results.



# Connecting Cases and Identifications

## Weekly NFLIS Report

### Cocaine

LAB #	DEPARTMENT NAME	DATE COMPLETED	OFFENSE DATE
FC 15-4258	Coventry Police	11/22/2015	01/16/2015
FC 15-4384	Coventry Police	11/26/2015	01/15/2015
FC 15-4367	Coventry Police	11/22/2015	01/14/2015
FC 15-4388	Coventry Police	11/29/2015	01/15/2015
FC 15-4390	Coventry Police	11/30/2015	01/15/2015
FC 15-4392	Coventry Police	12/01/2015	01/16/2015
FC 15-4393	Coventry Police	12/01/2015	01/16/2015
FC 15-4394	Coventry Police	12/02/2015	01/16/2015
FC 15-4395	Coventry Police	12/03/2015	01/16/2015
FC 15-4396	Coventry Police	12/04/2015	01/16/2015
FC 15-4398	Coventry Police	12/04/2015	01/16/2015
FC 15-4400	Coventry Police	12/05/2015	01/16/2015
FC 15-4401	Coventry Police	12/05/2015	01/16/2015
FC 15-4403	Coventry Police	11/07/2015	01/16/2015
FC 15-4405	Coventry Police	11/30/2015	01/16/2015
FC 15-4411	Coventry Police	11/17/2015	01/16/2015
FC 15-4426	Coventry Police	12/09/2015	01/15/2015
FC 15-4444	Coventry Police	09/23/2015	01/15/2015
FC 15-4466	Coventry Police	11/30/2015	01/14/2015
Total	19 Cocaine		

### Fentanyl

LAB #	DEPARTMENT	DATE COMPLETED	OFFENSE DATE
FC 15-4258	Coventry Police	11/22/2015	01/16/2015
FC 15-4346	Coventry Police	11/29/2015	01/17/2015
FC 15-4359	Coventry Police	12/02/2015	01/14/2015
FC 15-4370	Coventry Police	11/21/2015	01/14/2015
FC 15-4390	Coventry Police	11/30/2015	01/15/2015
FC 15-4391	Coventry Police	12/01/2015	01/15/2015
FC 15-4405	Coventry Police	11/30/2015	01/16/2015
FC 15-4466	Coventry Police	11/30/2015	01/14/2015
Total	8 Fentanyl		

### Heroin

LAB #	DEPARTMENT NAME	DATE COMPLETED	OFFENSE DATE
FC 15-4258	Coventry Police	11/22/2015	01/16/2015
FC 15-4346	Coventry Police	11/29/2015	01/17/2015
FC 15-4388	Coventry Police	11/29/2015	01/15/2015
FC 15-4398	Coventry Police	12/04/2015	01/16/2015

Total Items: 4 Heroin

Case number FC 15-4258 has Cocaine, Fentanyl, and Heroin identifications.

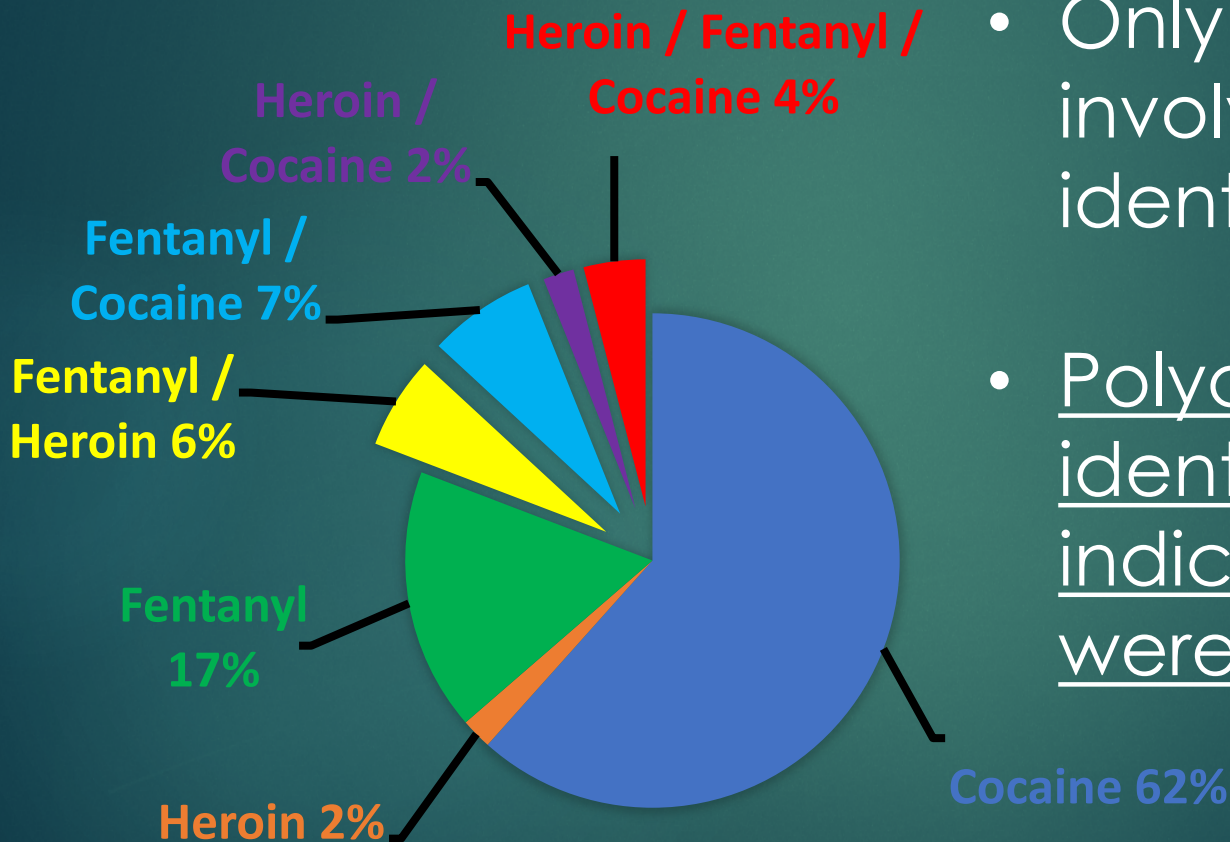
Case number FC 15-4398 has Cocaine and Fentanyl Identifications.

There are 31 Identifications but only 23 cases.





# Initial Findings (1,733 Cases)



- Only 19% of all cases involved polydrug identifications.
- Polydrug identifications do not indicate mixed drugs were seized.





# Finding The Drug Relationships

Laboratory Case:

Report Date:

Department:

Case Number:

Case Officer:

Suspect(s):

DOB:

Submitted:

## ITEM #01

The following evidence was submitted: Evidence for Analysis

**Exhibit 1** Two (2) plastic bags containing material. Material from one (1) plastic bag analyzed.

### Results and Observations

Positive Cocaine and/or its salts (Schedule II)

Evidence was analyzed by the following analytical methods: Scott color test and Gas Chromatography/Mass Spectrometry.

Evidence is ready for return to department.

**Exhibit 2** Three (3) plastic bags containing powder. Powder from one (1) plastic bag analyzed.

### Results and Observations

Positive Fentanyl (Schedule II)

Positive Methoxyacetyl Fentanyl

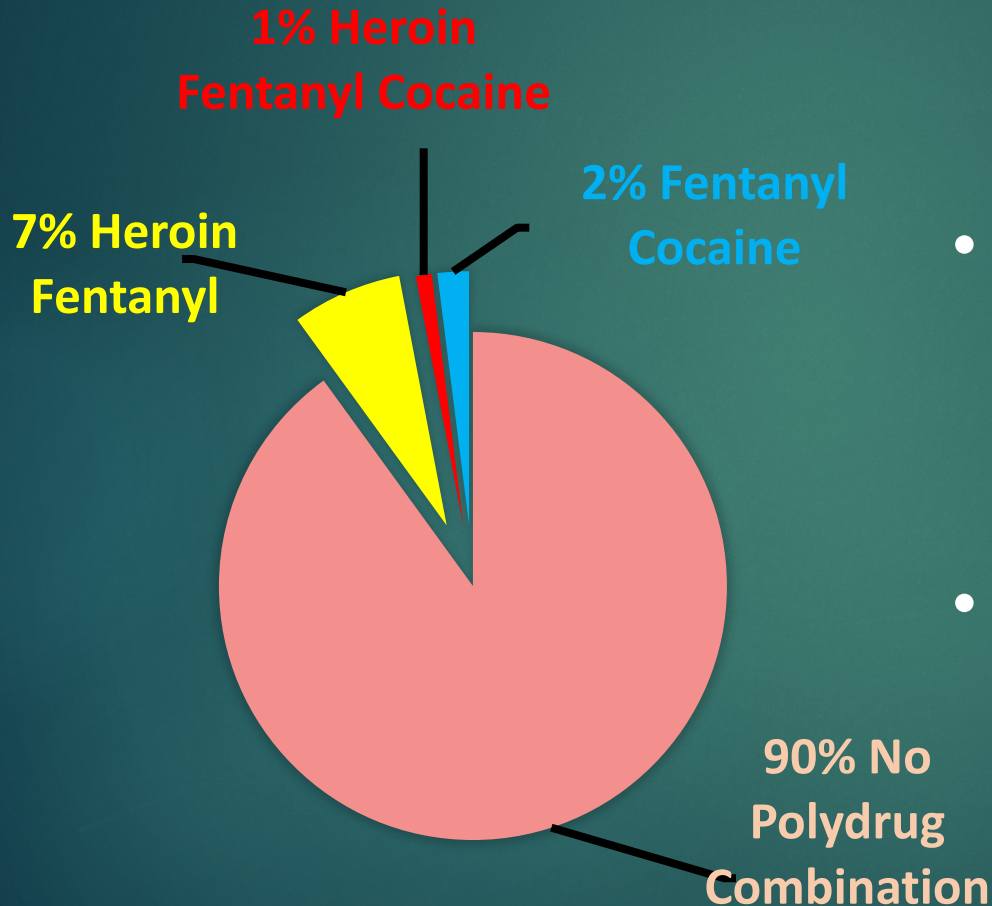
Evidence was analyzed by the following analytical methods: Marquis color test and Gas Chromatography/Mass Spectrometry.

Evidence is ready for return to department.

Exhibit-level findings are found in the case report.



# Results From Case Reports



- Clearer picture of relationships.
- Heroin and fentanyl most prominent mixture.
- Exhibit color and testing significance.





# Carfentanil Threat

- From May 2019 – present, there were 19 confirmed cases involving carfentanil in pill or powder form.
- During this timeframe, carfentanil was involved in three fatal overdose events.



# Counterfeit Carfentanil Tablets





# Emerging Threats: Stimulants

- Cocaine seizures in both crack and powder form continue to rise.
- Methamphetamine seizures in both tablet and crystal form have increased exponentially over the past three years.



# Methamphetamine Pills





# Considerations

- There is sometimes an assumption that drugs might have been distributed as mixtures (e.g., in “fentanyl-laced cocaine”) when fatal or non-fatal toxicology reports show the presence of multiple drugs.
- Seized drug reports from RIDOH’s Forensic Drug Chemistry Laboratory data show that the distribution of drugs as mixtures is generally not the case.
- However, fatal and non-fatal overdose toxicology data show that people might be using multiple substances, either at the same time or within a short period of time.



# Next Steps

- Continue to closely monitor emerging drug trends with cocaine, heroin, fentanyl, and methamphetamine.
- Continue to work closely with RIDOH's Forensic Drug Chemistry Laboratory to investigate case reports and drug relationships.





# Questions?

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# Colonel James M. Manni

## Rhode Island State Police





# PUBLIC COMMENT