



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

September 9, 2020

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# WELCOME & ANNOUNCEMENTS

THANKS TO YOU, WE SURPASSED OUR GOAL ON INTERNATIONAL OVERDOSE AWARENESS DAY!

# 1482 NARCAN KITS DISTRIBUTED!

- 13 cities and towns
- Over 100 volunteers
- 17 organizations

From the staff at Project Weber/RENEW, thank you to all of our community partners who collaborated to make this event happen! RICARES, AIDS Care Ocean State, Parent Support Network, Community Care Alliance, Brown University School of Public Health, PONI, Anchor Recovery, East Bay Recovery Center, West Warwick HEZ, CODAC, VICTA, Thrive, House of Hope, Sojourner House, URI CFRP



**INTERNATIONAL OVERDOSE  
AWARENESS DAY**





# Data Update: Accidental Drug Overdose Deaths in Rhode Island

**Governor Raimondo's Overdose Prevention and Intervention Task Force**

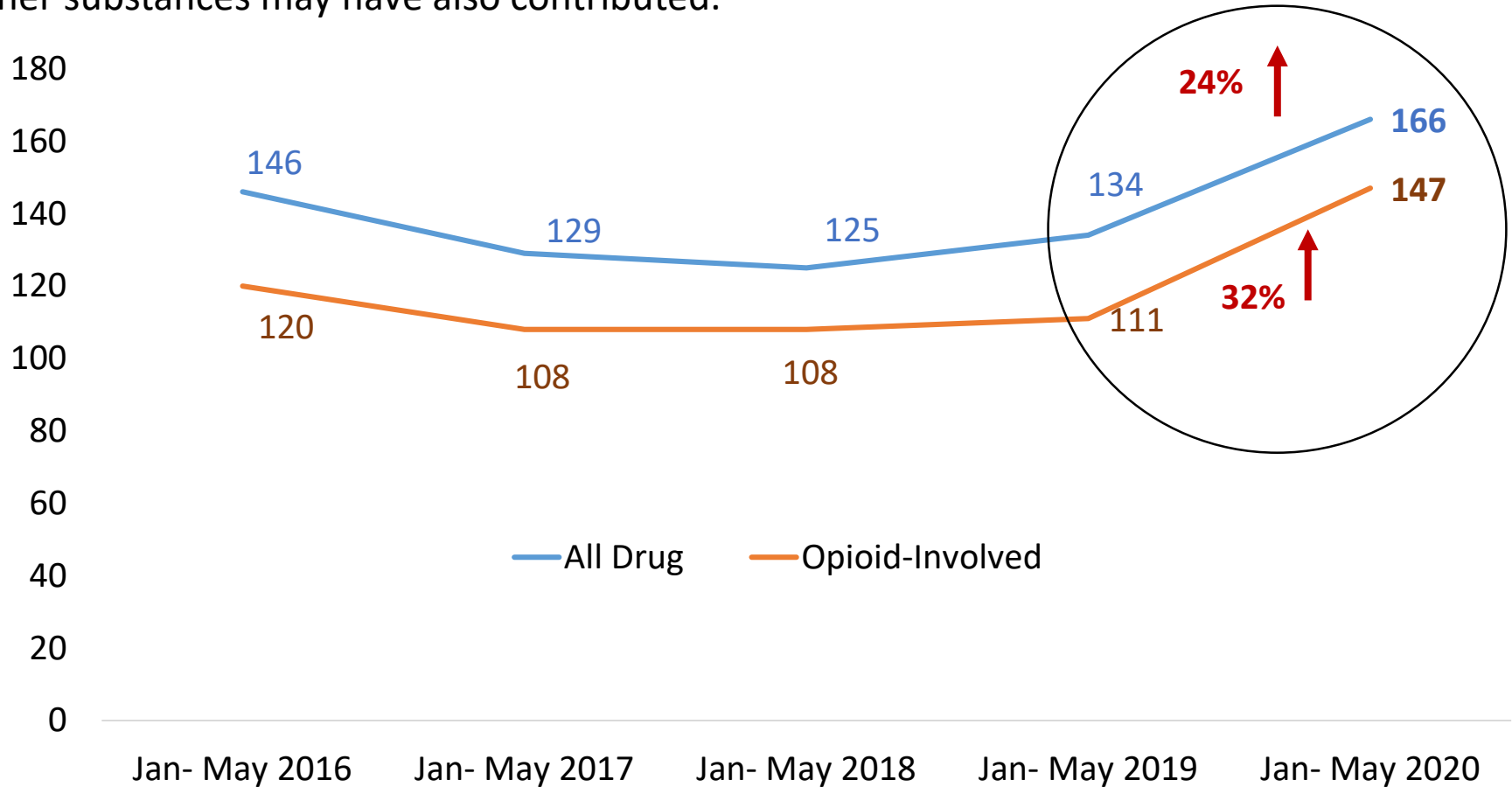
**September 9, 2020**

# Fatal Overdoses in Rhode Island Jan-May, 2016-2020



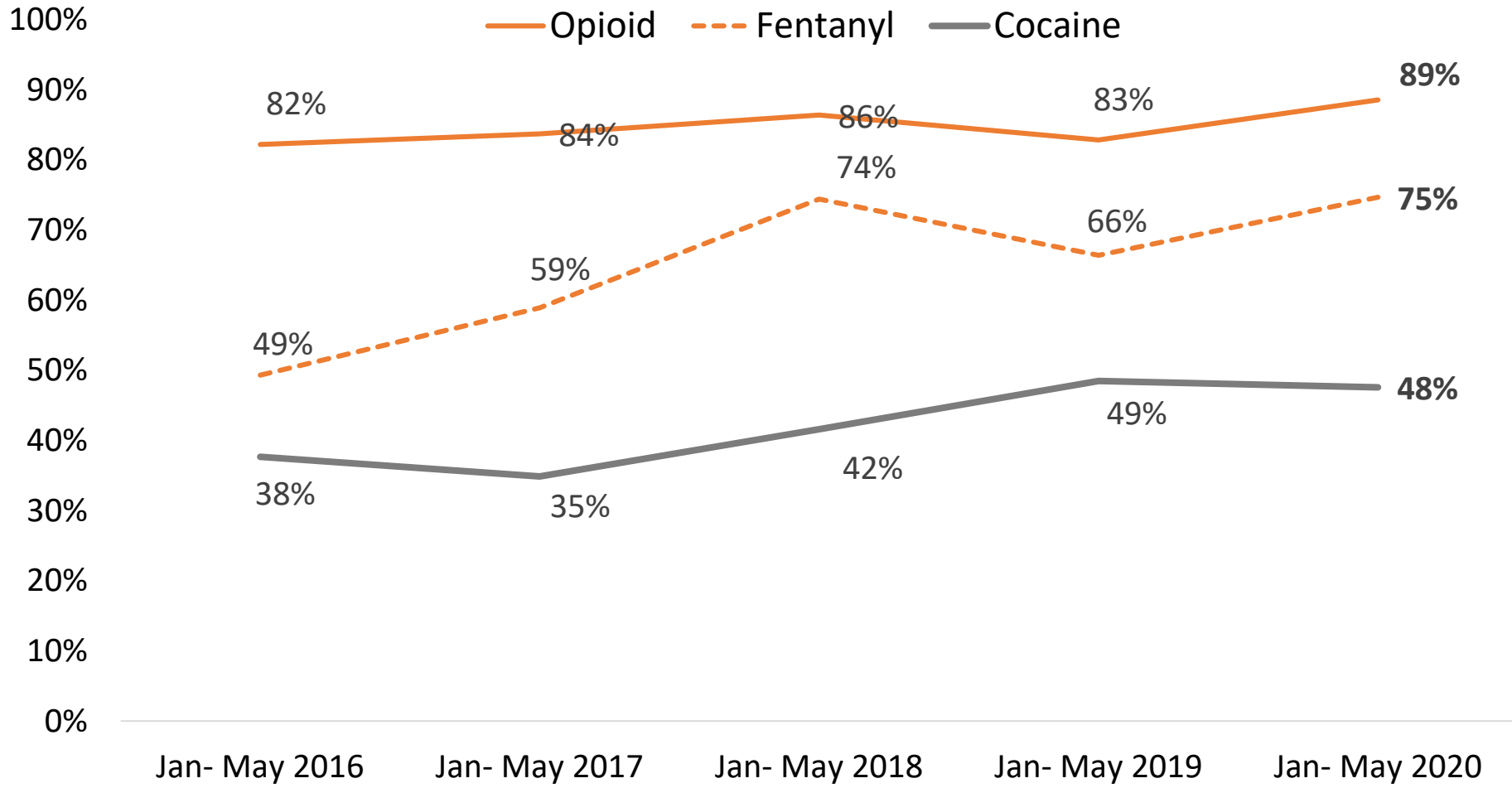
**All-Drug Fatal Overdoses:** At least one drug contributed to the death.

**Opioid-Involved Fatal Overdoses:** Any opioid, including fentanyl, contributed to the death. Other substances may have also contributed.



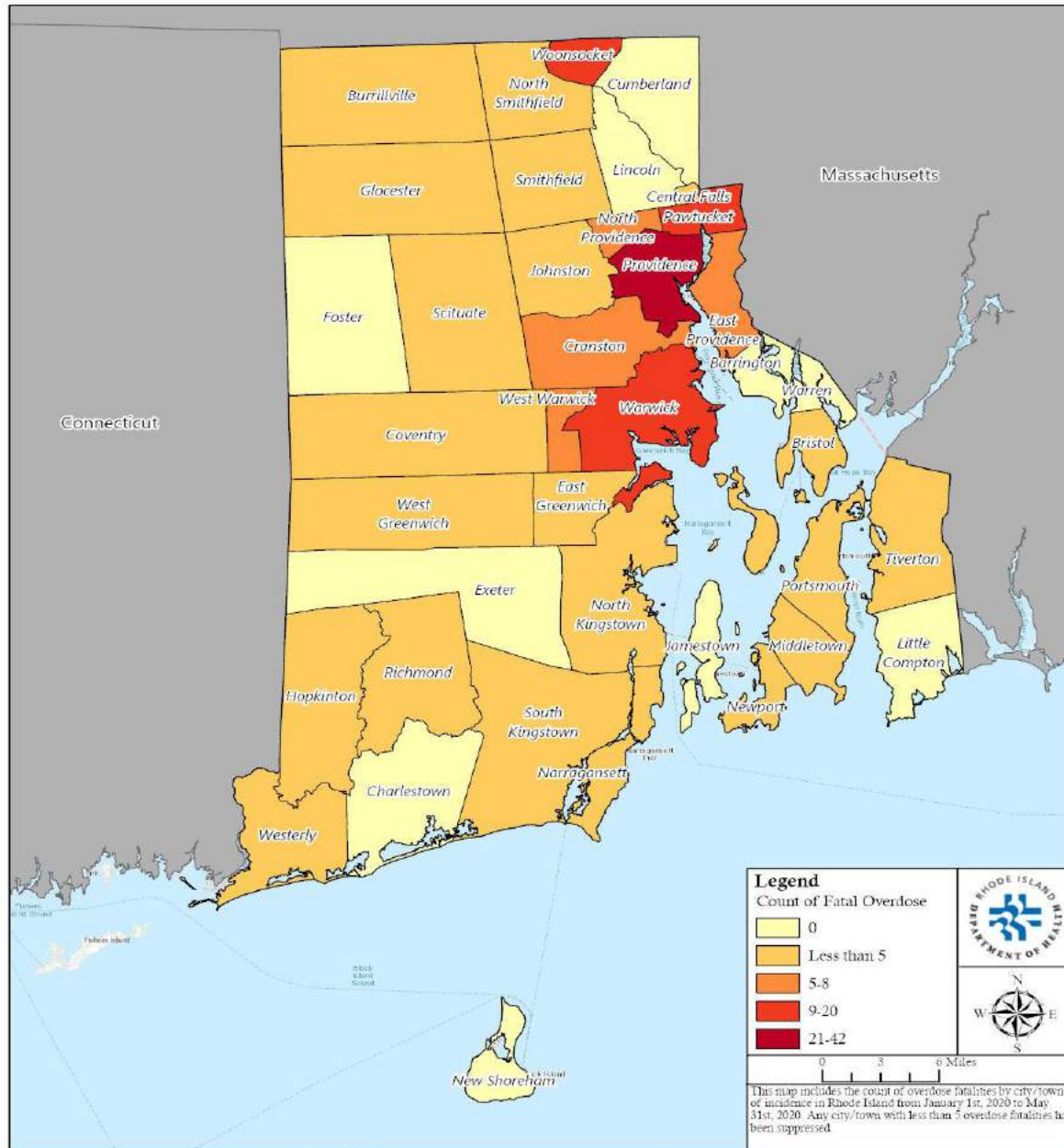
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of August 28, 2020. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

# Proportion of Fatal Overdoses by Select Substance, Jan-May 2016-2020



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of August 28, 2020. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

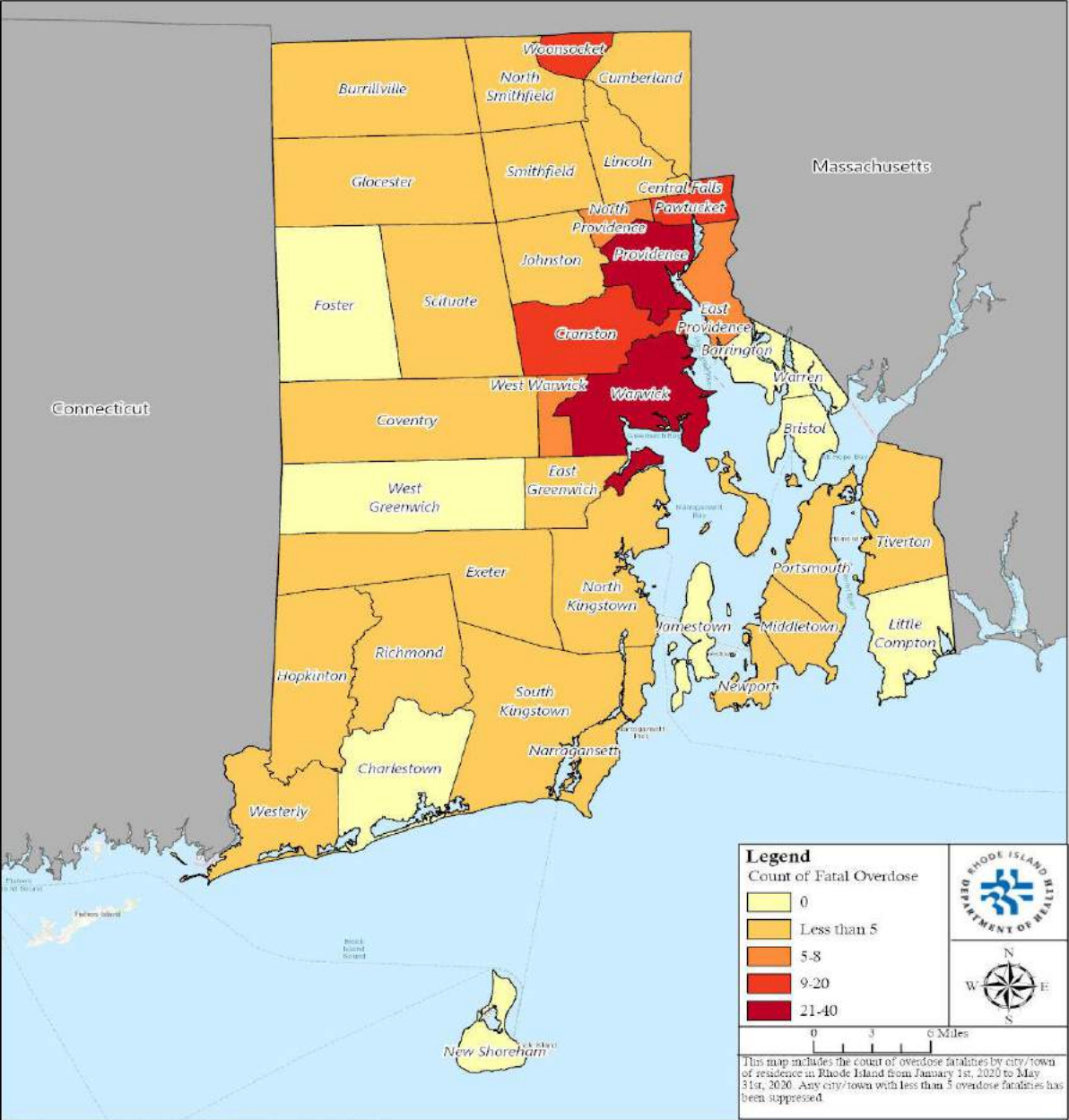
**Rhode Island Department of Health**  
 Count of Overdose Fatalities by City and Town of Incidence  
 from 01/01/2020-05/31/2020



# Fatal Overdoses Based on Location of Incident



**Rhode Island Department of Health**  
 Count of Overdose Fatalities by City and Town of Residence  
 from 01/01/2020-05/31/2020



**Fatal  
 Overdoses  
 Based on  
 Victims'  
 Home  
 Residences**

Data Source: Office of the State Medical Examiners (OSME)



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# Rally4Recovery Rhode Island

# Rally4Recovery

In Honor of National Recovery Month



INTERNATIONAL OVERDOSE  
AWARENESS DAY





# Merging Two Datasets: Controlled Substance Use Among Individuals Who Died of An Opioid Overdose January 2016-June 2020

**Governor's Overdose Prevention and Intervention Task Force**

**September 9, 2020**

# Presentation Overview



- Merging data with the **Office of the State Medical Examiners (OSME)** and the **Rhode Island Prescription Drug Monitoring Program (PDMP)**.
- Prior Opioid Prescribing Among Opioid-Related Overdose Deaths
- Prior Buprenorphine Prescribing Among Opioid Overdose Deaths
- Conclusions and Recommendations

# Merging Datasets



**OSME**

PDMP

# Dataset:

## The Office of State Medical Examiners



- The **Office of State Medical Examiners (OSME)** determines an individual's cause and manner of death based on clinical judgement, experience, and consideration of the following:
  - Autopsy results
  - Toxicology testing
  - Scene investigation
  - Medical history
- RIDOH uses these data to identify all drug overdose deaths that occur in Rhode Island.



# Merging Datasets



OSME

PDMP

# Dataset: Rhode Island PDMP



- The **Rhode Island PDMP** collects data on all controlled substance prescriptions dispensed in the state or to Rhode Island residents, including Schedules II-V, or opioid antagonists, into a centralized database.
- PDMP limitations:
  - Collects information only on drugs that were dispensed.
  - Does not indicate if medication was taken as prescribed.
  - Data are not complete prior to April 2016.

**Note:** This presentation includes PDMP data for dispensed prescriptions from January 2010 to June 2020.

# Merging Datasets



**OSME**

**PDMP**

# Why Merge These Two Datasets?



- Gather data on an individual's **controlled substance prescription history**.
- Answer important questions that can guide future prevention efforts, including:
  - Did the individual have any opioid prescriptions prior to or at the time of death?
  - Did the individual have a history of receiving buprenorphine?
  - Did the individual relapse?

# Overdose Deaths in Rhode Island



All Overdose  
Deaths  
(N=1,444)

Between January 2016 to June 2020, there have been **1,444 overdose deaths** in Rhode Island.\*



Opioid-  
Involved  
Deaths  
(N=1,246)

Between January 2016 to June 2020, there have been **1,246 opioid-involved overdose deaths**.

These **1,246 individuals** had **41,352 prescriptions** documented in the Rhode Island PDMP.

*\*May 2020 and June 2020 counts are preliminary and subject to increase.*

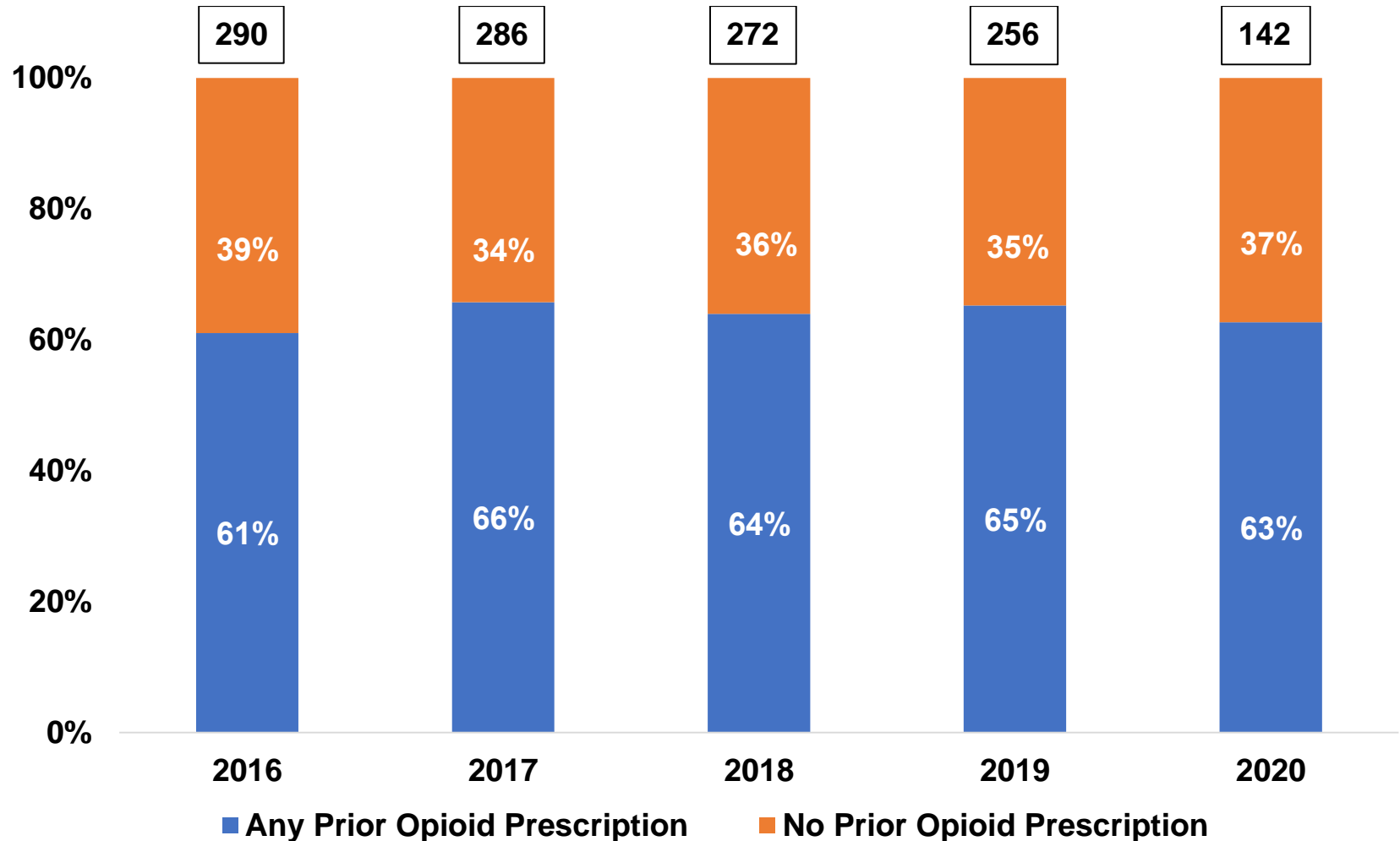
*Did any of these 1,246 individuals have a prior opioid prescription in the PDMP?\**

*\*All opioids, excluding buprenorphine.*

# Percentage of People with a Prior Opioid Prescription, By Year of Death January 2016-June 2020



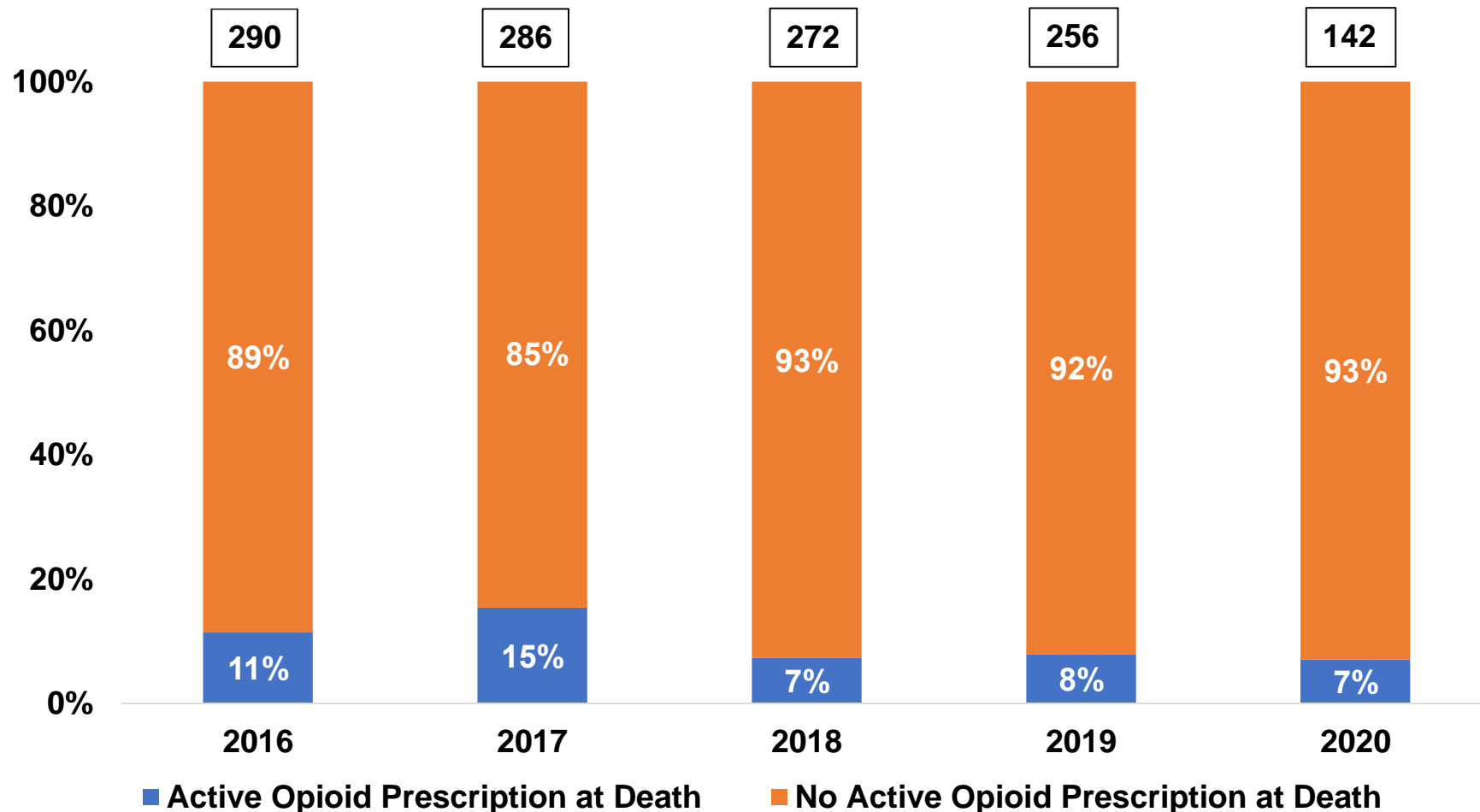
**Among individuals who died of an opioid-related overdose, 2 in 3 (64%) had received a prior opioid prescription.**



# Percentage of People with an Active Opioid Prescription at the Time of Death By Year of Death, January 2016-June 2020



**Among individuals who died of an opioid overdose, 1 in 10 had an active opioid prescription at the time of death.**





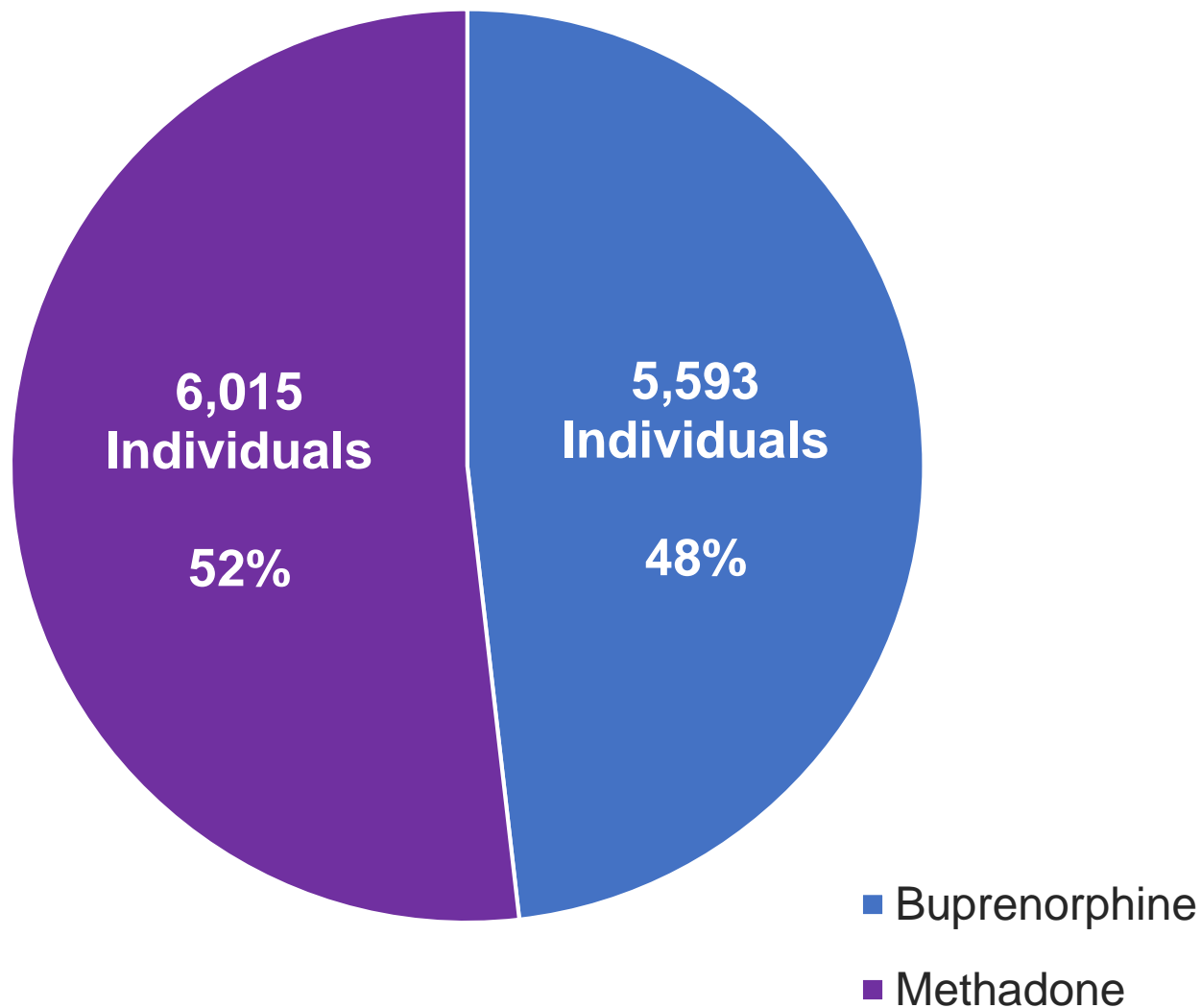
# Median Number of Months from Opioid Prescription to Time of Death



- Overall, the median number of months from the last day of an individual's opioid prescription to the time of their death was **10.7 months**.
- In 2019, the median was **19.3 months**.
- From January 2020-June 2020, the median was **22.4 months**.

*Did individuals who died of an opioid-related overdose have any prior buprenorphine prescriptions?*

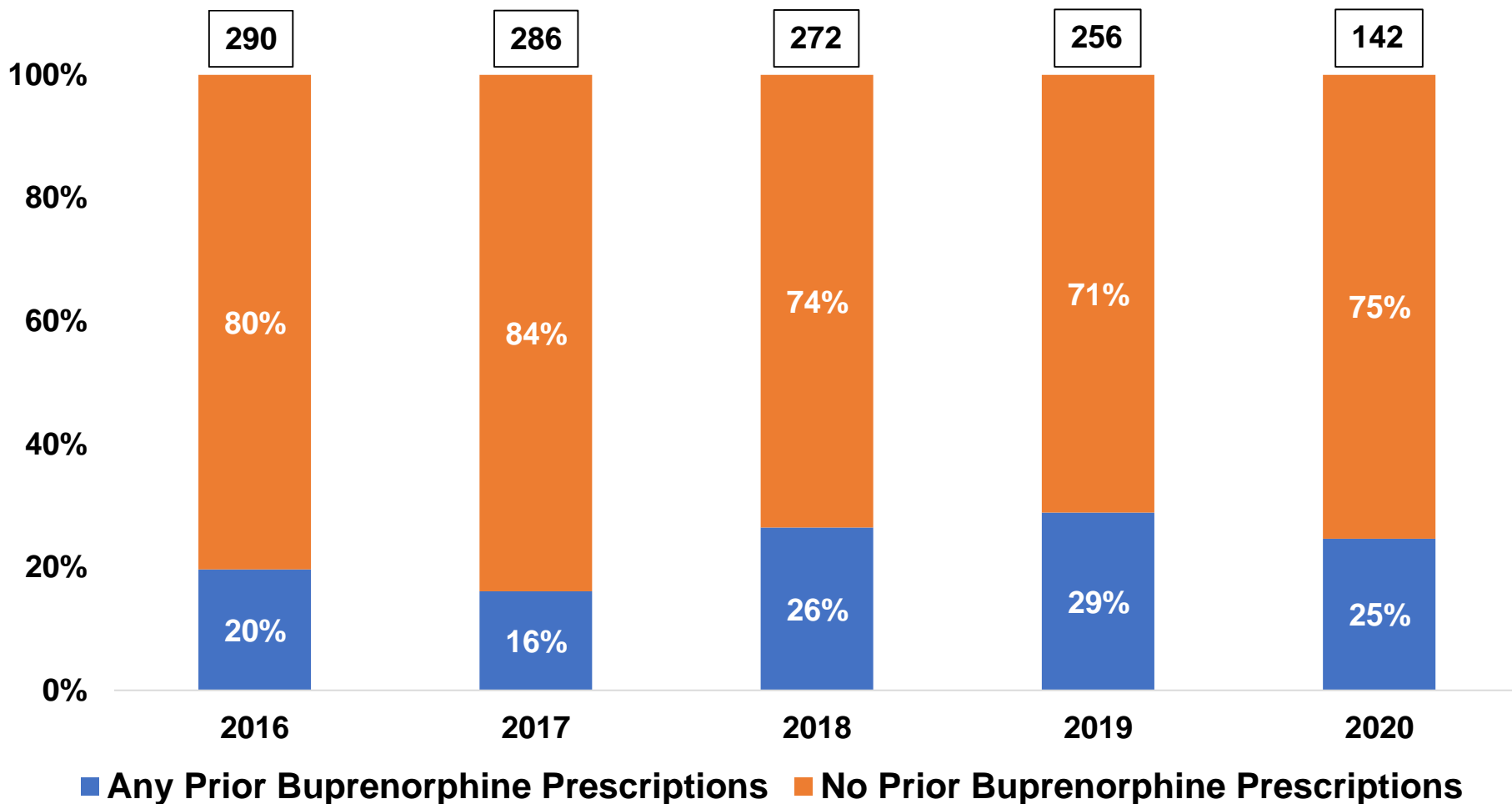
# Buprenorphine and Methadone Prescribing in Rhode Island, June 2020



# Percent of Individuals with Any Prior Buprenorphine Prescriptions January 2016-June 2020



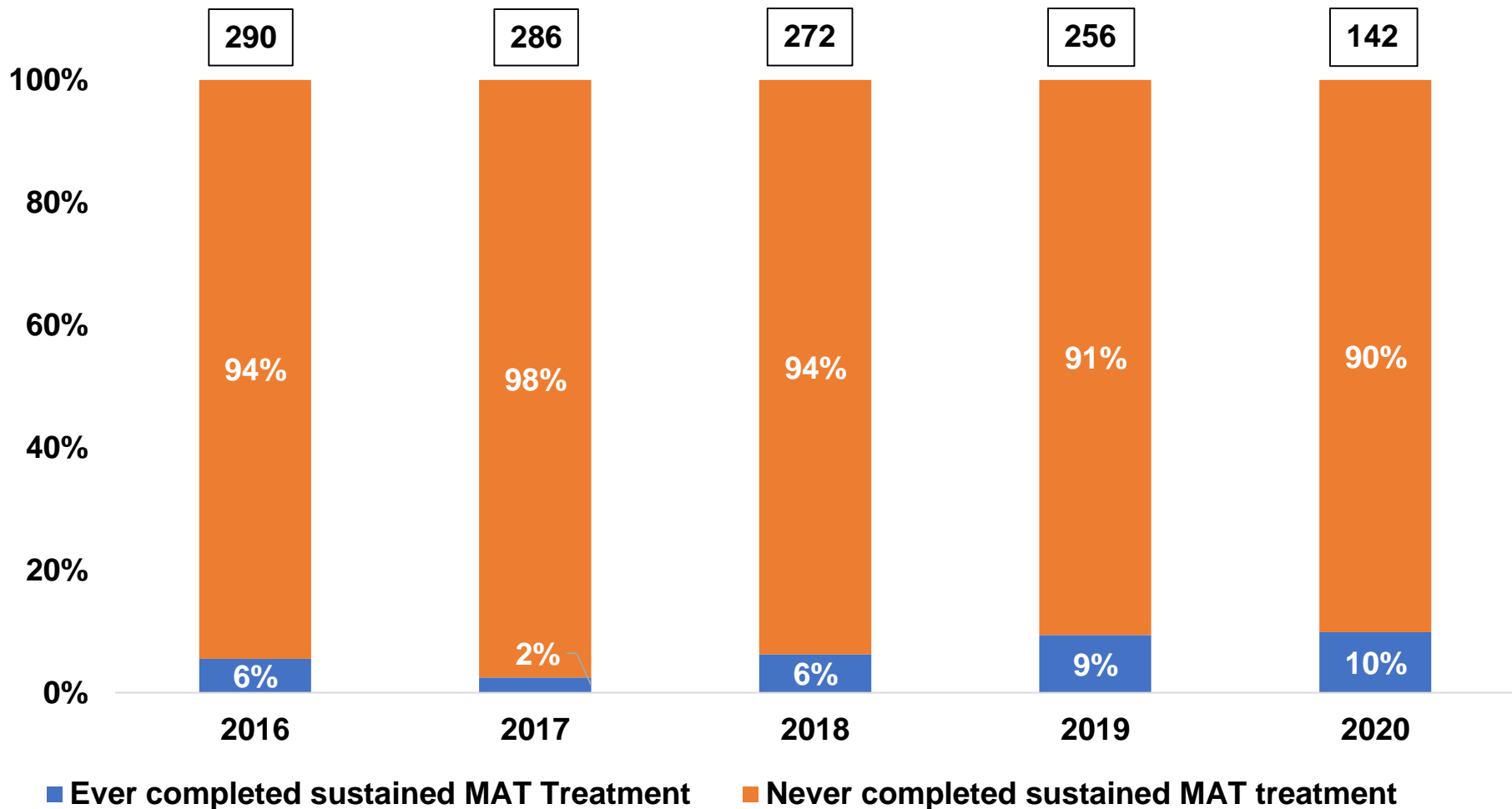
**Among individuals who died of an opioid overdose, about 1 in 4 (23%) had received any prior buprenorphine.**



# Percent of Individuals Who Completed Sustained Buprenorphine Treatment January 2016-June 2020



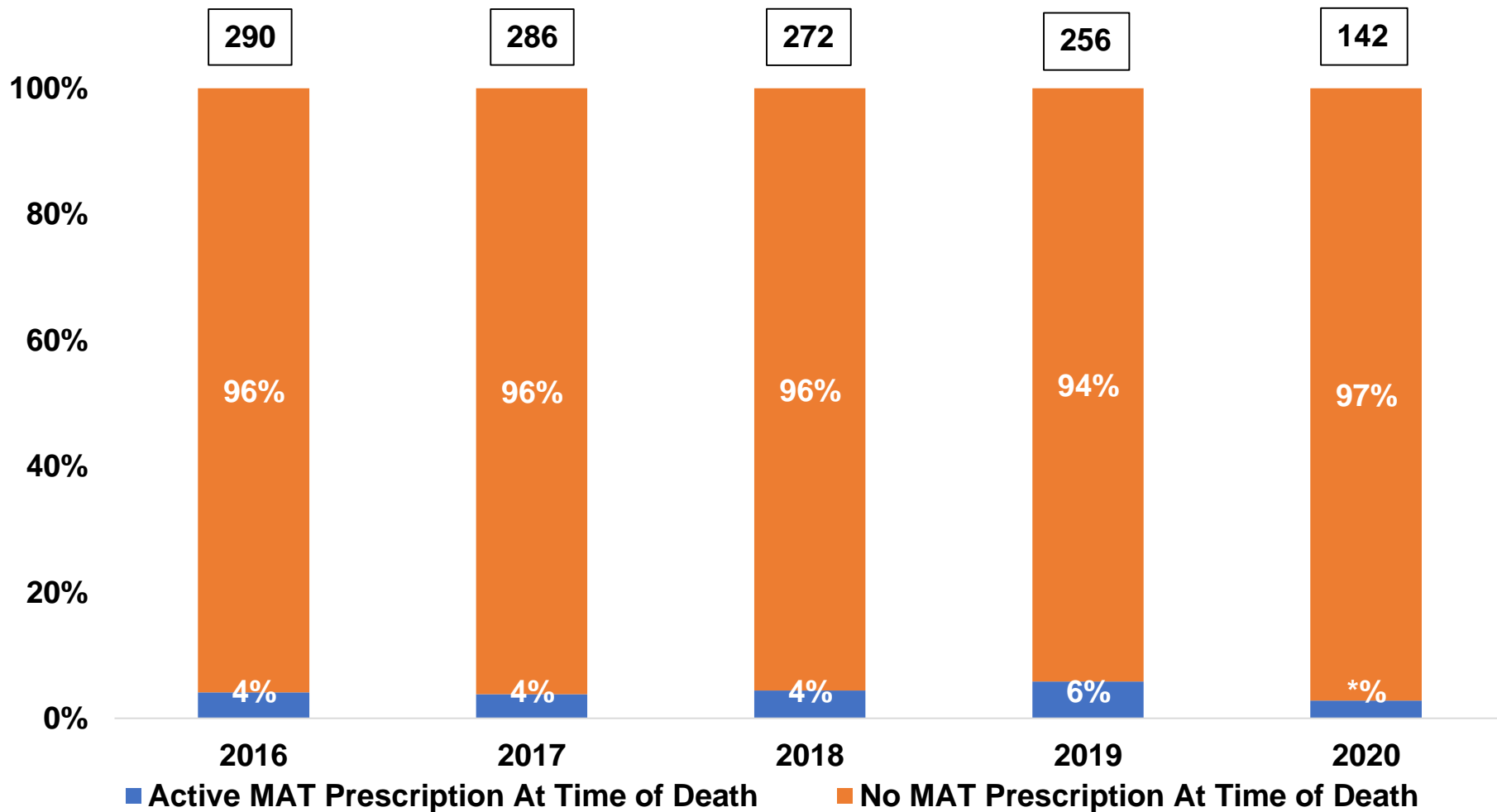
**Among individuals who died of an opioid overdose, 1 in 20 (6%) had ever completed sustained (six months) of treatment with buprenorphine.**



# Percent of Individuals Who Had an Active Buprenorphine Prescription at Time of Death January 2016-June 2020



**Among individuals who died of an opioid overdose, 1 in 20 (4%) had an active buprenorphine prescription at time of death.**



# Time from Last Buprenorphine Prescription to the Time of Death



- Overall, the **median number of months** from the last day of an individual's buprenorphine prescription to their time of death was **4.7 months**.
  - These data have not changed in 2020.

# Conclusions and Recommendations



- Most (64%) of those who died of an opioid-related overdose had been prescribed an opioid in the past.
  - Efforts should continue to be directed at further reducing the number of initiate opioid pain medications prescribed.
  - Examples: Prescriber education through academic detailing and reimbursement for alternative pain management.
- Only 10% had an active prescription at time of death. On average, the time of death is more than a year after the end of the last prescription.
  - Efforts should continue to be directed toward linking people to care within that year or longer timeframe.



# Conclusions and Recommendations



- Most (77%) individuals who died of an opioid-related overdose never received a buprenorphine prescription.
  - Efforts should continue to link individuals with MAT, especially if a person disengages from treatment.
  - Example: Promotion of the 24/7 Buprenorphine Hotline (401-606-5456) and BH-Link (401-414-5465).
- Few individuals (4%) were able to complete long-term MAT.
  - Efforts should continue to keep individuals engaged in long-term treatment and recovery support services.
  - Example: Connect with patients who have been discharged from the emergency department or treatment. Leverage support services and resources at local recovery centers.

# Conclusions and Recommendations



- From the time a person takes their last dose of buprenorphine to the time of their time of death, about **five months** have passed.
  - This is a **window of opportunity** to connect people to treatment and recovery support services and reintegrate them into care.
  - Example: Expand the capacity for certified peer recovery support specialists and community health workers to connect with patients after they have engaged in treatment.



# Questions and Discussion



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# Rhode Island Harm Reduction and Syringe Services Access Program Needle Exchange Program and ENCORE

**September 9, 2020**

**Governor's Overdose Prevention and Intervention Task Force**

**Thomas Bertrand, MPH, MA**

# Discussion Question



*How do we maximize the Harm Reduction and Syringe Services Access Program in Rhode Island?*

# Historical Overview of Needle Exchange Programs

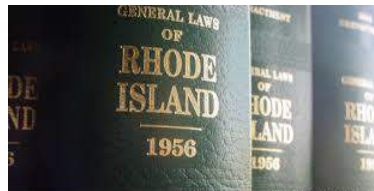
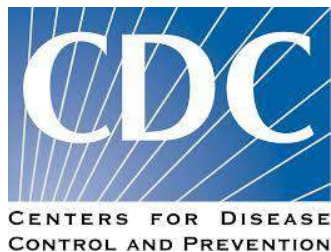


Photo Courtesy of Holly Hilschen



Here's what you need to know about the HIV cluster in Lawrence and Lowell



THE U.S. Centers for Disease Control and Prevention is investigating after the 2019 HIV cluster in Lawrence and Lowell among people who inject drugs.

- Established as a Rhode Island statute in 1994.
- CDC evidenced-based intervention:
  - Facilitates entry into treatment/care
  - Reduces infectious diseases
  - Reduces needles in communities
  - Does not increase illegal drug use
- Scott County, Indiana HIV persons who inject drugs (PWID) outbreak, 2015
- HIV PWID clusters in Boston, Lawrence, and Lowell, Massachusetts, 2019

# The VILLAGE Project, 2018



## Vulnerability Investigation of underLying Local risk And Geographic Events

We used multiple datasets to identify both towns and neighborhoods in Rhode Island that may be at risk for a future outbreak of HIV infection or other drug-related harms. Using Rhode Island's own detailed geographic data, we were able to answer **our big question:**



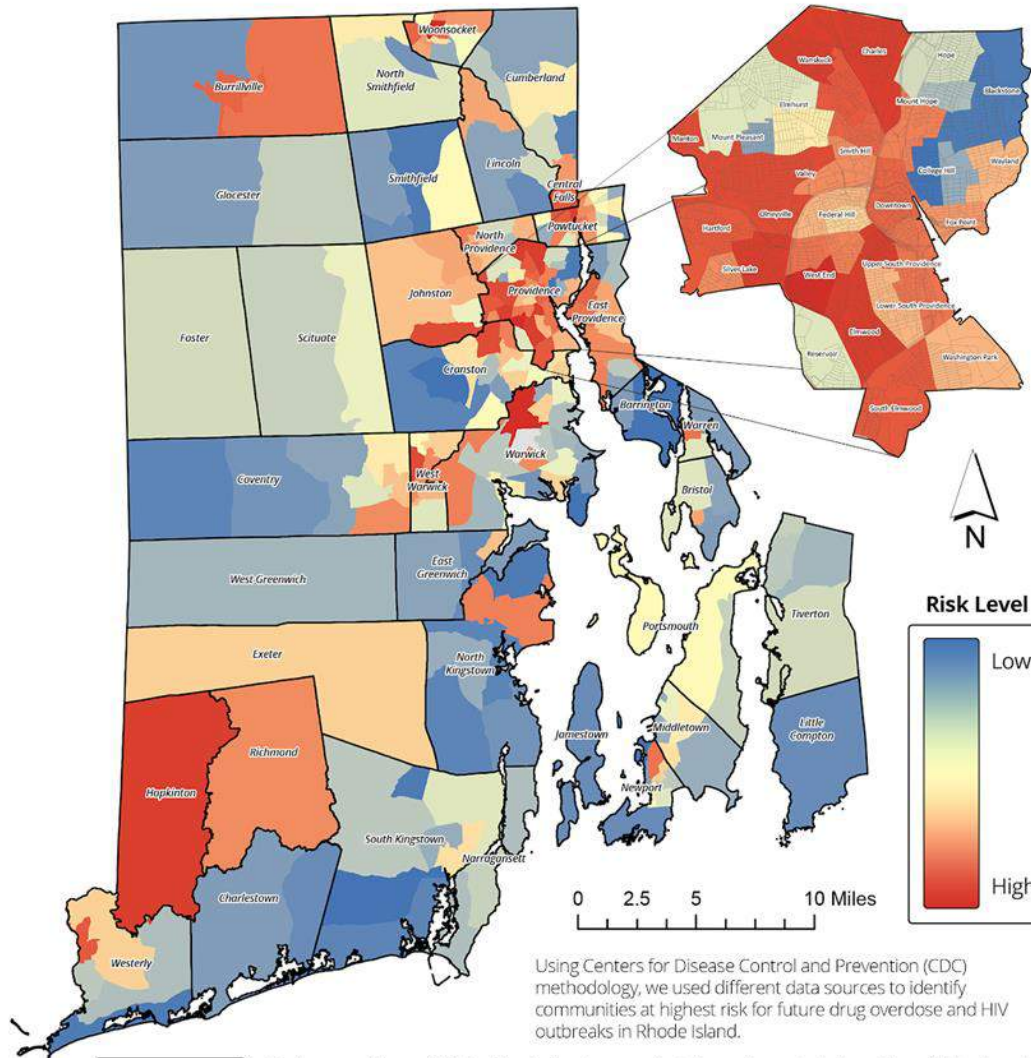
**BROWN**  
School of Public Health

**What areas in Rhode Island are at greatest risk for future overdoses and other drug-related harms?**



# Community Level Risks for Potential Drug-Related HIV Infections and Overdose

by census tracts within municipalities (Rhode Island, 2018)



Red areas – those of high risk – indicate areas that share characteristics with neighborhoods that have seen high levels of overdose.

The risk level does not necessarily mean that these communities have seen or will see high levels of overdose, but this map can be used to help deploy resources appropriately to prevent harms in communities that may face the biggest risk.

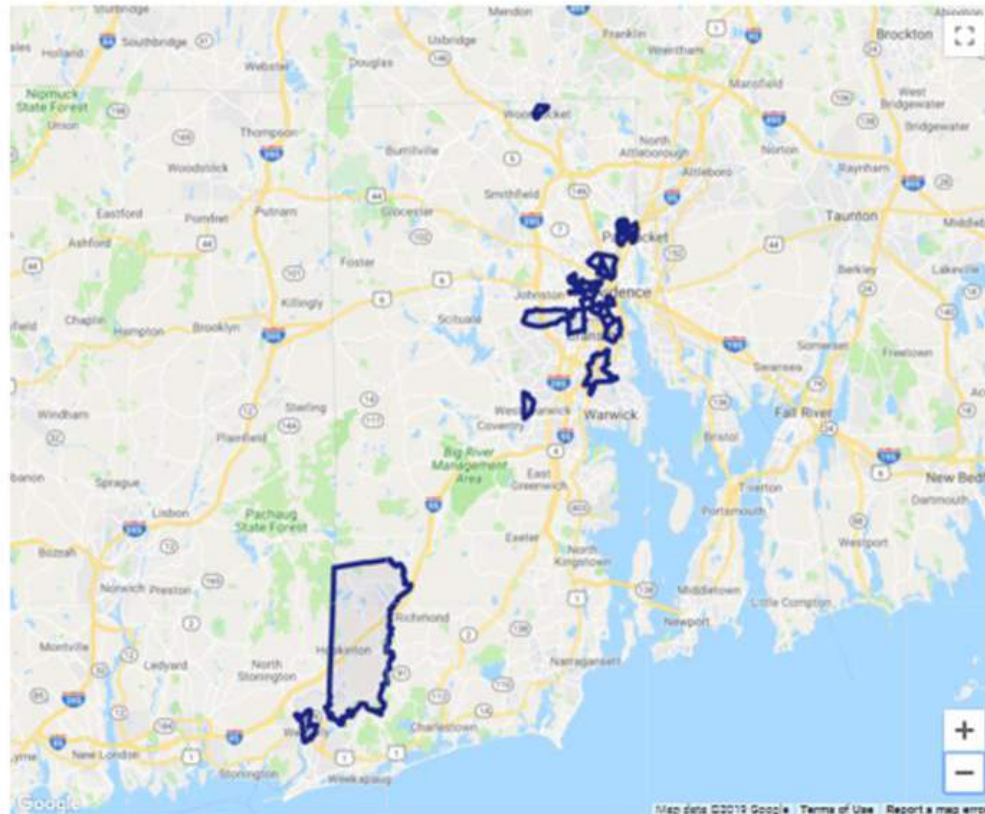
Please visit [preventoverdoseri.org/rfpmap](http://preventoverdoseri.org/rfpmap) to view an online version of this map.

# Community Level Risks for Future Drug-Related HIV Infections and Overdose

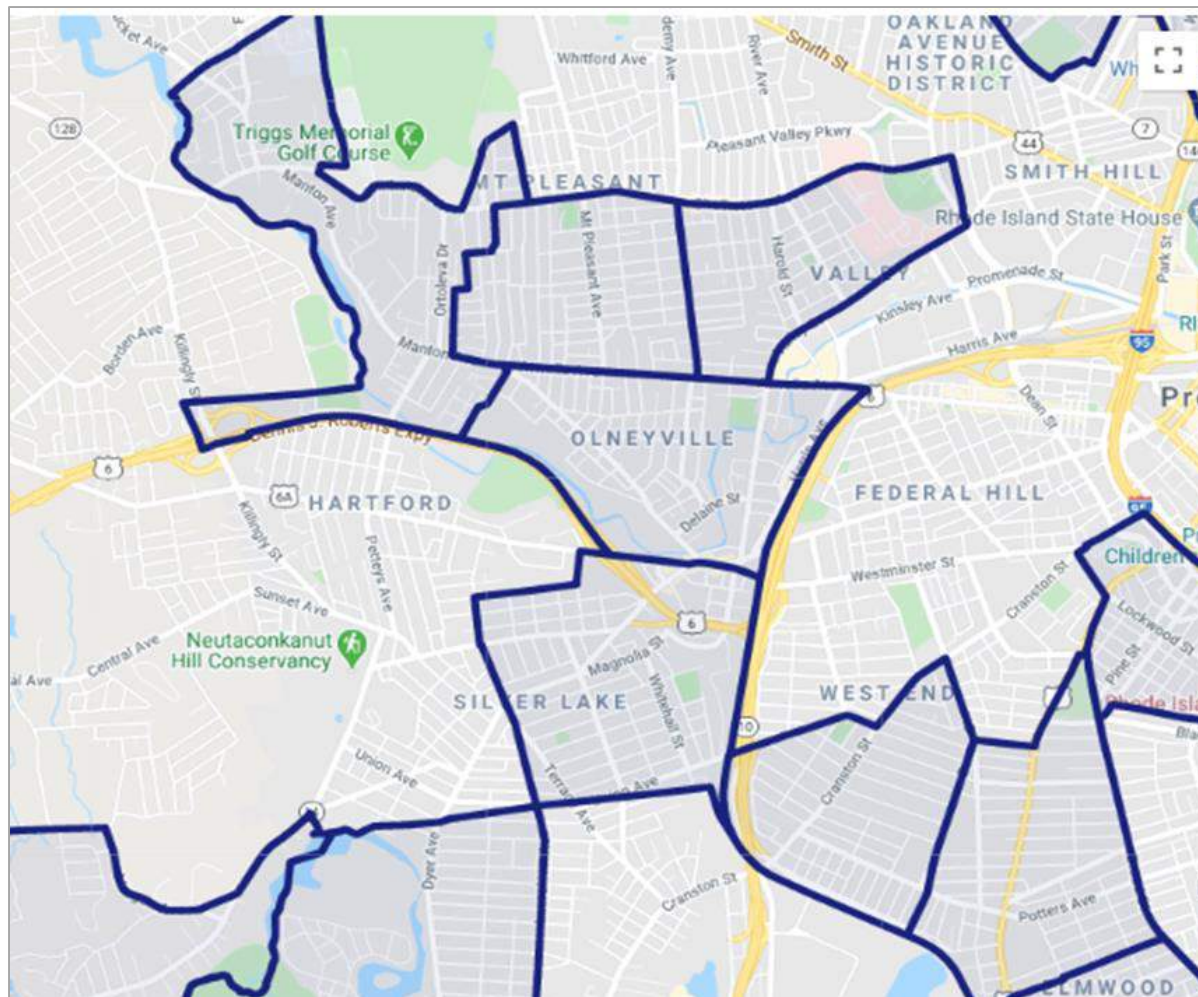
We developed a map to illustrate the estimated risk for future drug overdose and HIV outbreaks in Rhode Island. Using the Centers for Disease Control and Prevention (CDC) methodology, we used different data sources to identify communities at highest risk. The risk level does not necessarily mean that these communities have seen or will see high levels of overdoses or HIV infections. However, these communities share characteristics with places that have experienced addiction and drug overdose in recent years.

**While the overdose and addiction crisis impacts the entire state, this map highlights those communities that would be considered by the CDC most "vulnerable" to future drug-related HIV infections and overdose.**

**A more detailed analytic map is available for download.**



# Street-Level Detail



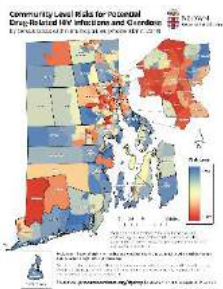
# RIDOH Harm Reduction RFP

## February 2019 Scope of Services



### 1) Provide Harm Reduction and Health Services

- Naloxone and overdose counseling
- Clean needles (IV and IM) distribution
- Injection materials, condoms, toiletry items
- Disposal of used needles
- Counseling/referral to drug treatment services
- Rapid HIV and hepatitis C testing



# RIDOH Harm Reduction RFP

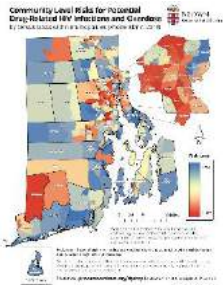
## February 2019 Scope of Services



## 2) Target High-risk Census Tracts on VILLAGE MAP



- Establish at least three needle exchange sites focusing in VILLAGE Project communities with risk.
- Provide outreach focusing in areas of high community risk.





# Key Elements: ENCORE Needle Exchange



- Peer-delivered services
- No cost
- Anonymous
- Client centered
- Trust



# Program Metrics and Outcomes

## July 1, 2019–December 31, 2019



### Client Interactions



- Total client encounters: 802
- Unique clients served: 401

### Overdose Prevention



- Total naloxone kits distributed: 134
- Estimated utilization of naloxone in overdose situations:  $32/134 = 24\%$



### Needle Distribution/Disposal

- Total needles distributed: 38,745
- Total needles returned: 24,718





# Key Staff and Community Partners



## AIDS Care Ocean State

- Ray Joseph



## Project Weber/Renew

- Colleen Daley Ndoye



## RIDOH

- Katharine Howe, MPH



# Discussion Question



*How do we maximize the Harm Reduction and Syringe Services Program in Rhode Island?*



## **Thomas Bertrand**

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# PUBLIC COMMENT