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 OVERTDOSE 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
Data Update: Accidental Drug Overdose Deaths in Rhode Island

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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

Data Source: Office of the State Medical Examiners (OSME)
Fatal Overdoses Based on Victims’ Home Residences
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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
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

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

**All Overdose Deaths**
(N=1,444)

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

- **6,015 Individuals (52%)** were prescribed Buprenorphine.
- **5,593 Individuals (48%)** were prescribed Methadone.
Among individuals who died of an opioid overdose, about 1 in 4 (23%) had received any prior buprenorphine.
Among individuals who died of an opioid overdose, 1 in 20 (6%) had ever completed sustained (six months) of treatment with buprenorphine.
Among individuals who died of an opioid overdose, 1 in 20 (4%) had an active buprenorphine prescription at time of death.

<table>
<thead>
<tr>
<th>Year</th>
<th>Active MAT Prescription At Time of Death</th>
<th>No MAT Prescription At Time of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>290</td>
<td>96%</td>
</tr>
<tr>
<td>2017</td>
<td>286</td>
<td>96%</td>
</tr>
<tr>
<td>2018</td>
<td>272</td>
<td>96%</td>
</tr>
<tr>
<td>2019</td>
<td>256</td>
<td>94%</td>
</tr>
<tr>
<td>2020</td>
<td>142</td>
<td>97%</td>
</tr>
</tbody>
</table>
• 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
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

- 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
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:

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)

Using Centers for Disease Control and Prevention (CDC) methodology, we used different data sources to identify communities at highest risk for future drug overdose and HIV outbreaks in Rhode Island.

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/rfpmmap to view an online version of this map.

Last revised: February 27, 2019
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.
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
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.
Selected Agencies: AIDS Care Ocean State and Project Weber/RENEW

Approach

• Two fixed locations in South Providence.

• Mobile sites and street outreach in five cities (i.e., Providence, Newport, Woonsocket, Pawtucket, Central Falls).

• Home-delivery service to any residence or location in Rhode Island, including rural communities.
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: $\frac{32}{134} = 24\%$

**Needle Distribution/Disposal**
- Total needles distributed: 38,745
- Total needles returned: 24,718
Highlights: Fiscal Year 2021

- **New and Continued Funding**
  - New: SOR, TRUTH, CDC OD2A
  - Continued: State, Federal CDC, Medicaid match.
  - Overall, 200% Increase from $106k (FY ’17) to $333k (FY ’21).

- **Impact of COVID-19**
  - Services continued with modifications (i.e., food truck model).
  - Missed appointments, relapse from recovery, lack of basic needs/housing, and unemployment.

- **Other Observations**
  - Starting in January 2020, observed an increase (+50%) in the number of sterile needles requested and naloxone distributed.
  - HIV diagnoses remain low.
  - Participate in weekly RIDOH conference calls with other community partners to discuss ongoing street outreach efforts.
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?
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PUBLIC COMMENT