

Governor Raimondo's Task Force on Overdose Prevention and Intervention

October 14, 2020

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WELCOME & ANNOUNCEMENTS

CODE Meeting Action Steps: Response to Increases in Overdoses



In July, RIDOH and BHDDH hosted an emergency Community Overdose Engagement (CODE) meeting with state and local partners. In response, we are:

- Increasing funding for street outreach with certified peer recovery support specialists.
 - Deploying additional staff in overdose hot spots across the state.
 - Purchasing and distributing harm reduction supplies.
 - Providing wrap-around services and basic needs.
 - Identifying a point person to coordinate outreach efforts at both the state and local level.

CODE Meeting Action Steps: Response to Increases in Overdoses



• Increasing housing supports for vulnerable populations in Woonsocket and Providence.

 Increasing linkages to treatment by embedding certified peer recovery support specialists at Rhode Island Hospital and Landmark Hospital.

 Continuing to explore additional overdose prevention and intervention activities.



Recovery Friendly Workplace October Designees









The Recovery Friendly Workplace (RFW) Initiative gives business owners and managers the resources and support they need to foster a supportive environment that encourages the success of their employees in recovery. Learn more at **RecoveryFriendlyRI.com**



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Data Update: Accidental Drug Overdose Deaths January 2020-June 2020

October 14, 2020 Governor Gina M. Raimondo's Overdose Prevention and Intervention Task Force

How Does RIDOH Report on Fatal Drug Overdoses?



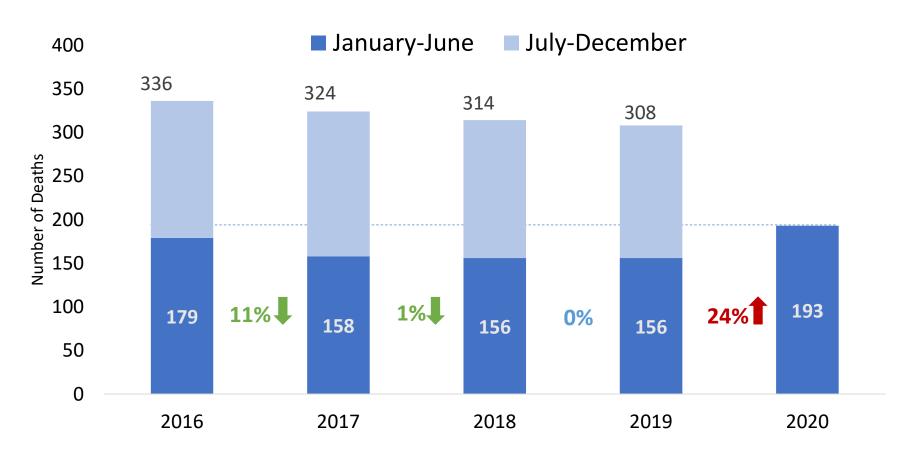
- RIDOH reports on drug overdose deaths using data from the Office of State Medical Examiners (OSME).
- It can take up to 90 days for the OSME to confirm a decedent's cause and manner of death.
- RIDOH reports on drug overdose deaths whereby the manner of death is "Accident," and <u>does not</u> include other manners such as suicides, homicides, or undetermined deaths.

General Data Trends

All Drug Fatal Overdoses January 2016-June 2020



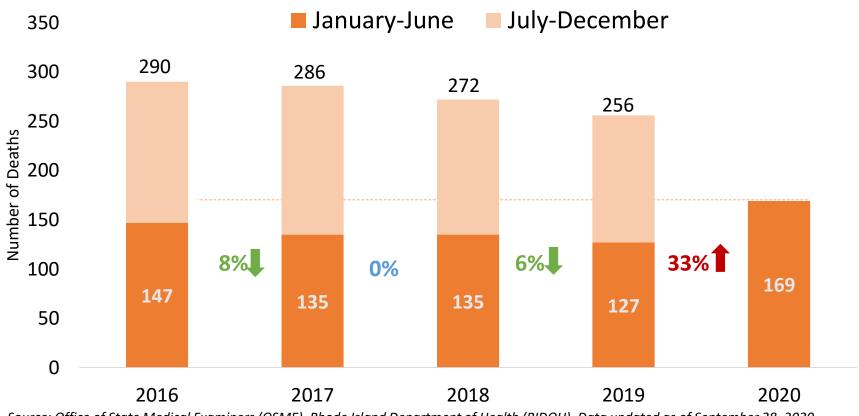
Fatal overdoses, for which **any drug** contributed to cause of death, **increased by 24%**, compared to the same time period in 2019.



Opioid-Involved Fatal Overdoses January 2016-June 2020



Fatal overdoses, for which **any opioid**, including fentanyl, contributed to the cause of death, **increased by 33%**, compared to the same time period in 2019.

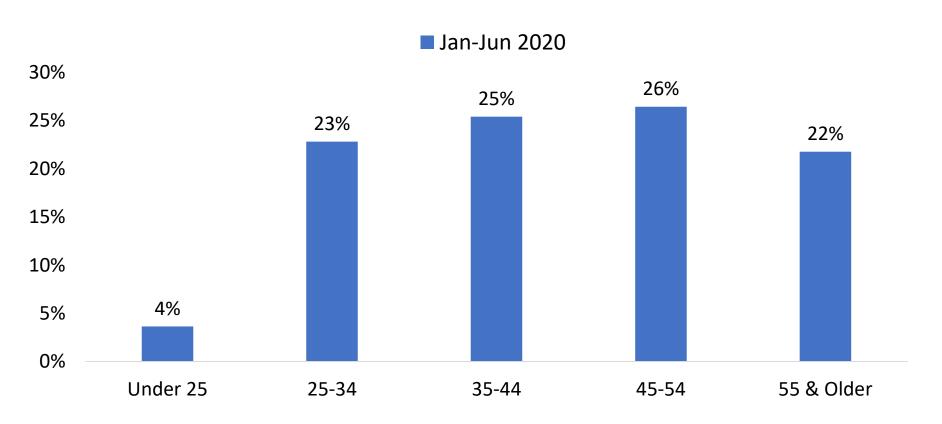


Demographics

Proportion of Fatal Overdoses by Age Category, January 2020-June 2020



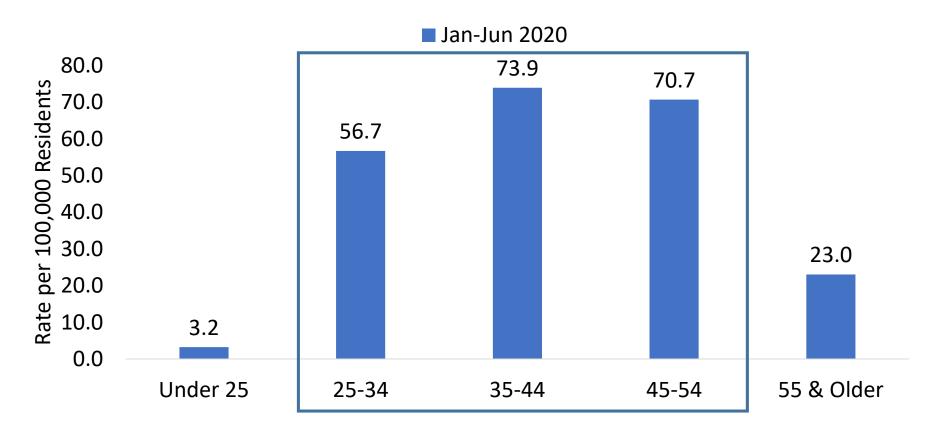
People **25 years of age and older** make up the highest proportion of fatal overdoses. These data are similar to the same time period in previous years.



Rate of Fatal Overdoses per 100,00 Residents by Age Category, January 2020-June 2020



People between the **ages of 25 and 54** experience the greatest burden of fatal overdose.



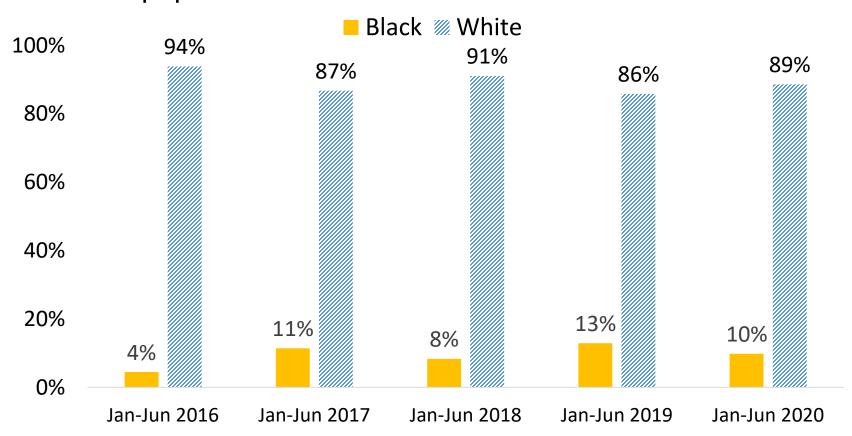
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020.

Note: Population denominator based on ACS one-year estimates for each year divided by half; 2019 estimate applied for 2020 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents.

Proportion of Fatal Overdoses by Race



Similar to previous time periods, about **nine out of 10 fatal overdoses** from January 2020 to June 2020 occurred among the White population.

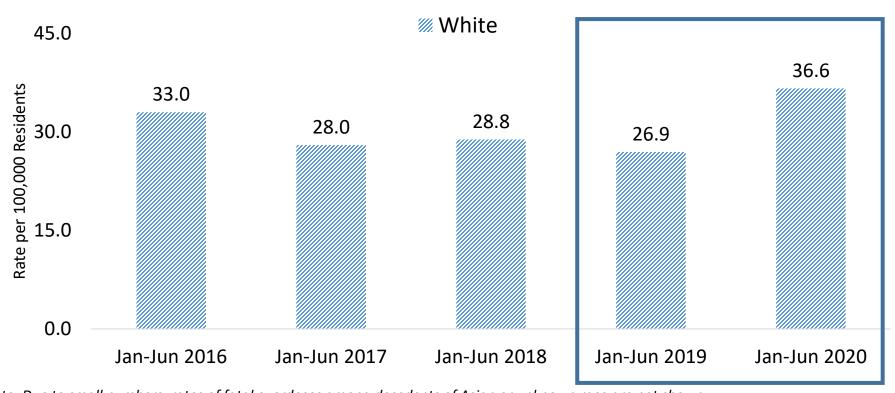


<u>Note</u>: Due to small numbers, proportion of fatal overdoses among decedents of Asian or unknown race are not shown.

Rate of Fatal Overdoses per 100,000 Residents by Race



From 2016 to 2019, the rate of fatal overdose among the White population decreased. However, from January 2020 to June 2020, the rate of fatal overdose among the White population increased.



<u>Note</u>: Due to small numbers, rates of fatal overdoses among decedents of Asian or unknown race are not shown.

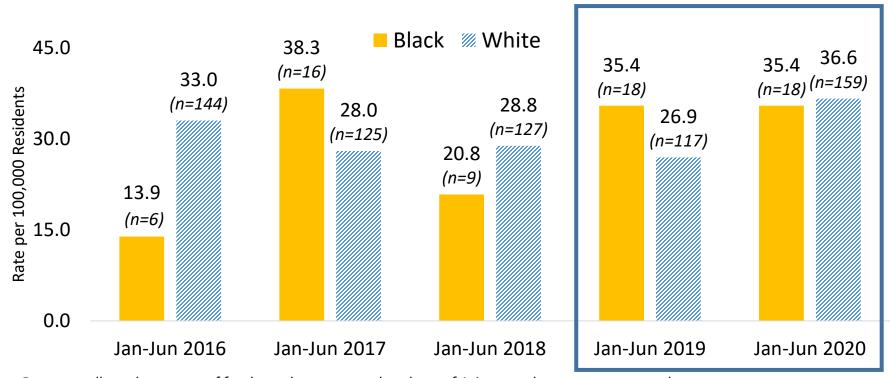
Population denominator based on ACS one-year estimates for each year divided by half; 2019 estimate applied for 2020 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents.

Rate of Fatal Overdoses per 100,000 Residents by Race



2019 saw higher rates of fatal overdose among the Black population compared to the White population.

From January 2020 to June 2020, the rate of fatal overdose among the Black population was similar to that of the White population.



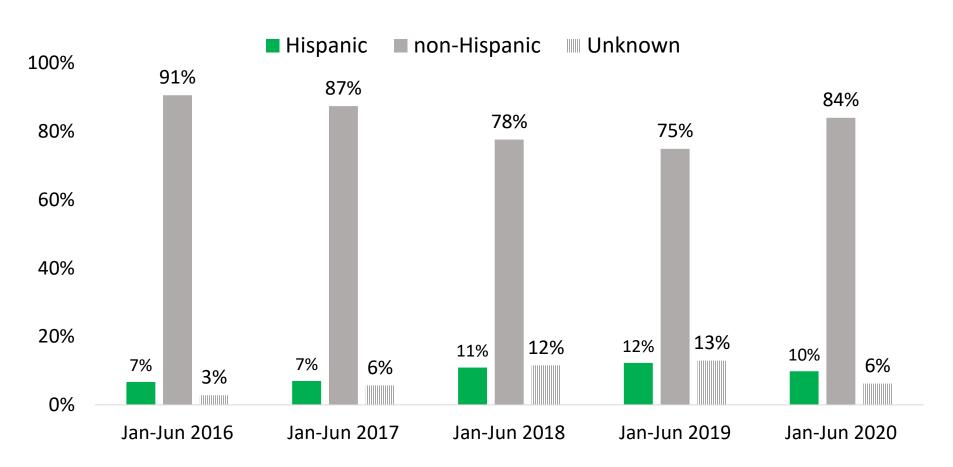
<u>Note</u>: Due to small numbers, rates of fatal overdoses among decedents of Asian or unknown race are not shown.

Population denominator based on ACS one-year estimates for each year divided by half; 2019 estimate applied for 2020 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents.

Proportion of Fatal Overdoses by Ethnicity



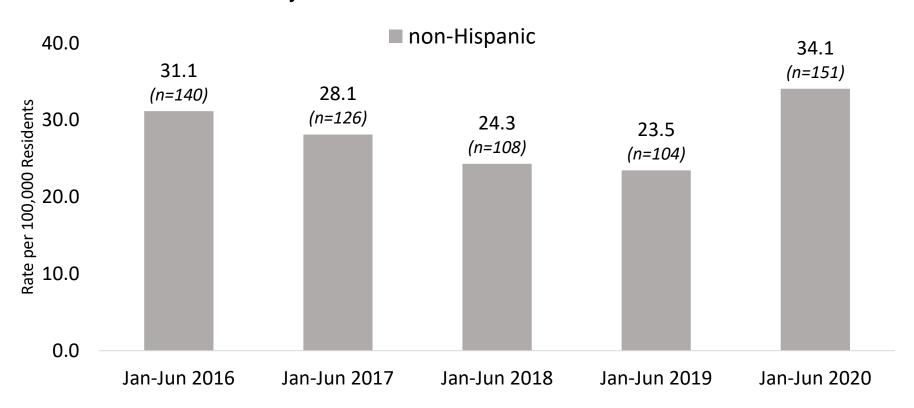
Similar to previous time periods, the majority (84%) of fatal overdoses occurred among non-Hispanics.



Rate of Fatal Overdoses per 100,000 Residents by Ethnicity



From 2016 to 2019, the rate of fatal overdose among non-Hispanics decreased. However, the rate of fatal overdose among non-Hispanics increased from January to June 2020.



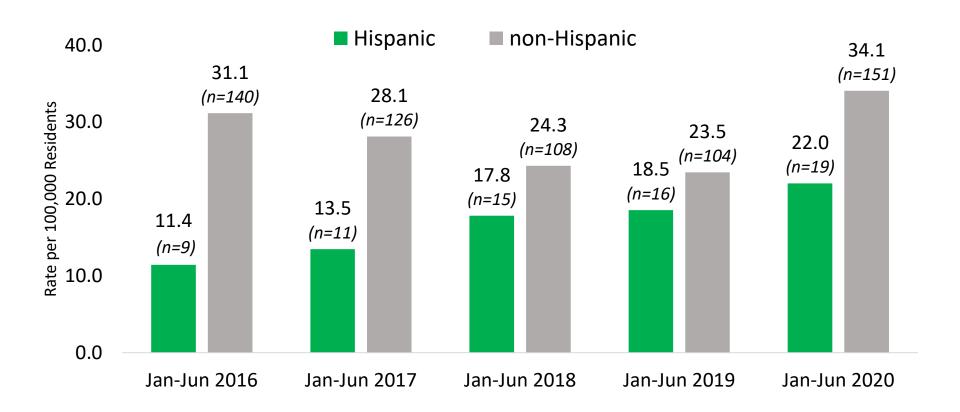
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020.

Note: Population denominator based on ACS one-year estimates for each year divided by half; 2019 estimate applied for 2020 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents.

Rate of Fatal Overdoses per 100,000 Residents by Ethnicity



Over time, the rate of fatal overdose among Hispanics has increased; however, it remains lower than the rate among non-Hispanics.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020.

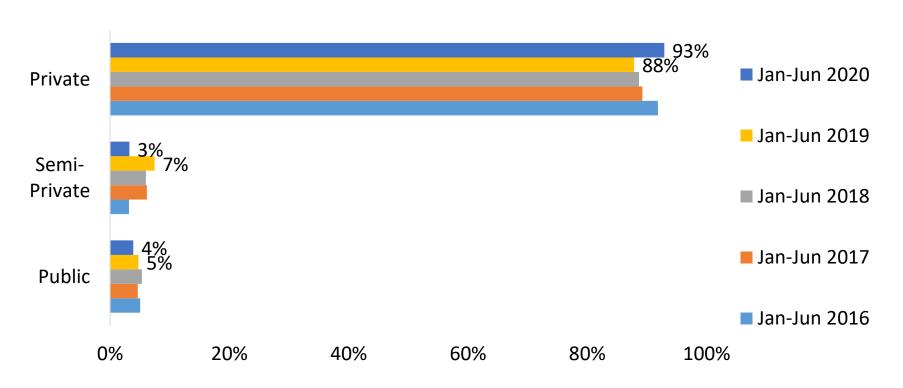
Note: Population denominator based on ACS one-year estimates for each year divided by half; 2019 estimate applied for 2020 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents.

Type of Setting Where the Overdose Occurred

Proportion of Fatal Overdoses by Type of Settings



The majority of fatal overdoses continue to occur in **private settings**. From January 2020 to June of 2020, 93% of fatal overdoses occurred in a private setting compared to 88% in the same time period in 2019.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020.

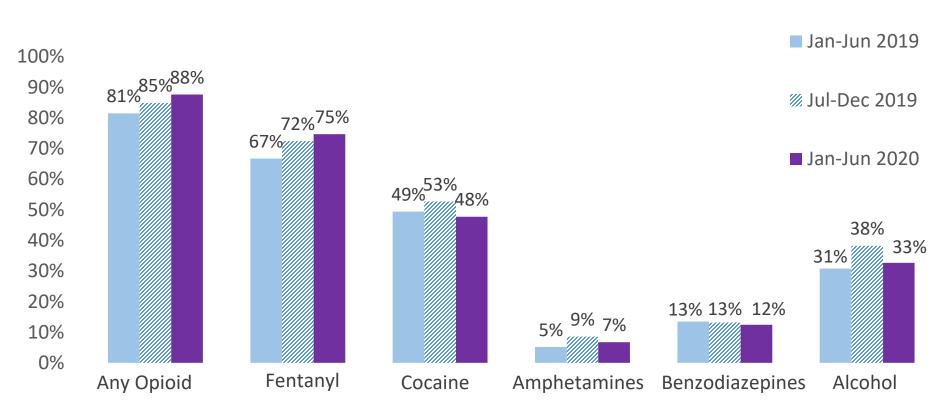
Note: Private settings include places such as apartments and homes, semi-private settings include places such as treatment facilities, hospitals, and prisons, and public settings include places such as abandoned property, businesses, and sidewalks, and parks.

Substances Contributing to Cause of Death

Substances Contributing to Cause of Death January 2016-June 2020



Three out of four fatal overdoses involved fentanyl. About one in two fatal overdoses involved cocaine.



Source: OSME, RIDOH. Data updated as of 9/28/2020.

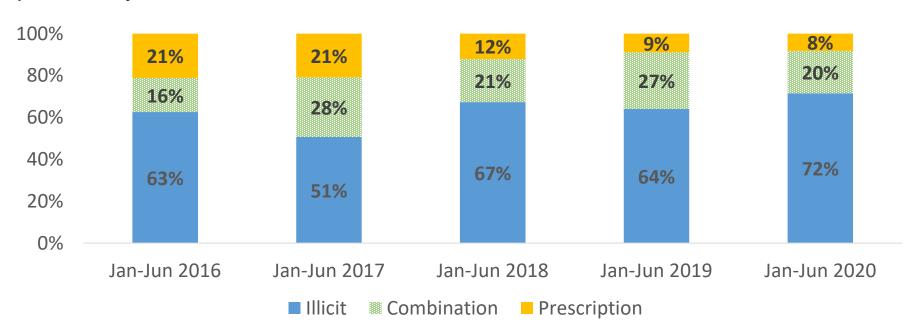
Notes: Substance categories are not mutually exclusive. More than one substance may have contributed to cause of death.

Substances Contributing to Cause of Death By Drug Type, January-June 2016-2020



The majority (72%) of fatal overdoses involved **illicit drugs**. This proportion is higher in 2020 compared to the same time period in previous years.

The proportion of fatal overdoses involving only prescription medication has decreased over time, when comparing the same time period in previous years.

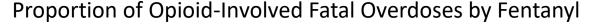


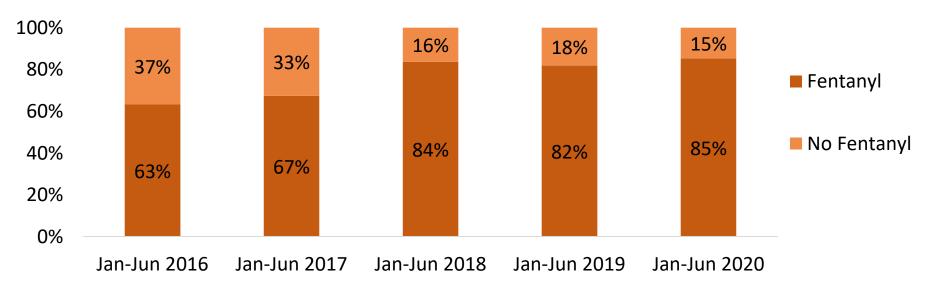
Substances Contributing to Cause of Death Solving Opioids and Fentanyl



The majority (88%) of fatal overdoses continue to involve any opioid.

From January 2020 to June 2020, the majority of opioid-involved fatal overdoses are due to illicit opioids, such as fentanyl. Eighty-five percent of opioid-involved fatal overdoses involved fentanyl, compared to 63% during the same time period in 2016.



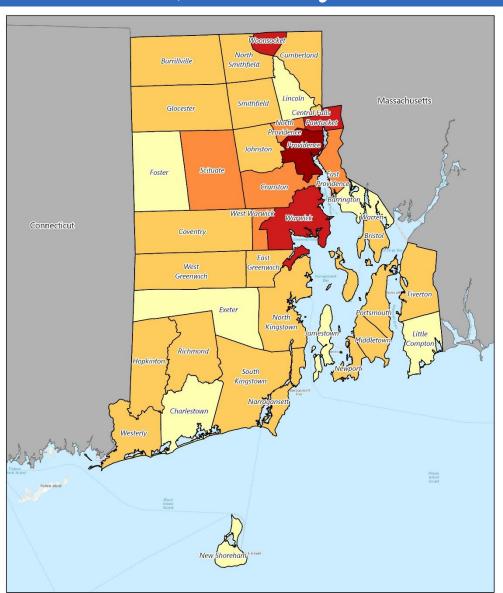


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020. Note: Substance categories are not mutually exclusive. More than one substance may have contributed to cause of death.

Geographic Patterns

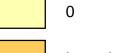
Count of Overdose Fatalities by Municipality of Incidence, January 2020 to June 2020

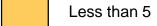




Legend

Count of Overdose Fatalities by City/Town of Incidence













Municipalities Where Fatal Overdoses Occurred

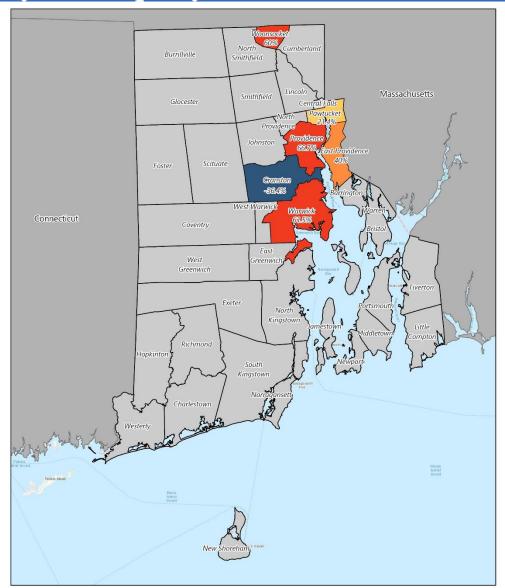




Source: Office of the State Medical Examiners (OSME)

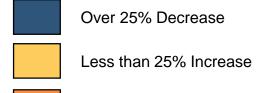
Percent Change of Overdose Fatalities: Comparing January 2019-June 2019 to January 2020-June 2020 By Municipality of Incidence

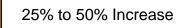




Legend

Percent Change from 01/01/2019-06/30/2019 to 01/01/2020-06/30/2020







Less than 5 Overdose Fatalities in either time period

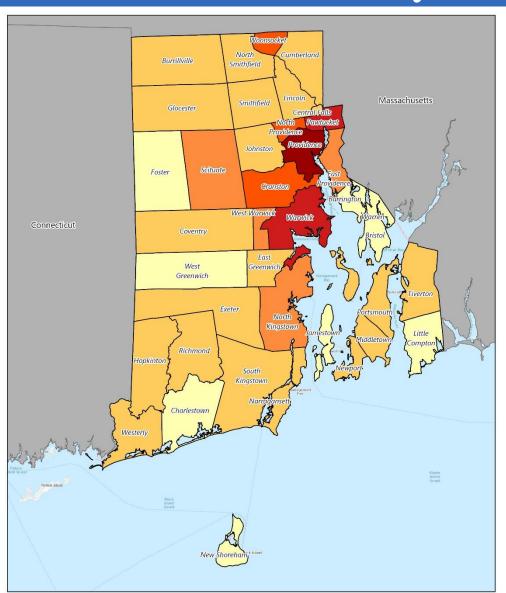
0 3 6 miles



Source: Office of the State Medical Examiners (OSME)

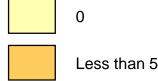
Count of Overdose Fatalities by Municipality of Residence from January 2020-June 2020





Legend

Count of Overdose Fatalities by City/Town of Residence



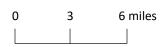








Municipalities Where the Victim Lived

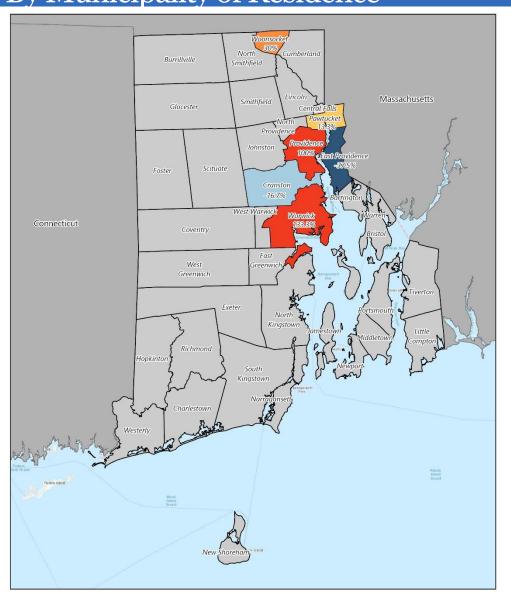




Source: Office of the State Medical Examiners (OSME)

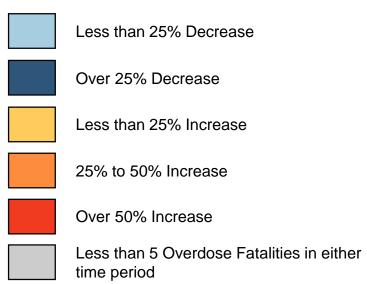
Percent Change of Overdose Fatalities: Comparing January 2019-June 2019 to January 2020-June 2020 By Municipality of Residence





Legend

Percent Change from 01/01/2019-06/30/2019 to 01/01/2020-06/30/2020



Compared to 2019, Providence and Warwick have doubled their count of fatal overdoses among their residents.

0 3 6 miles



Conclusions



Demographics

- People between the ages of 25 and 54 suffer the greatest burden of fatal overdose.
- In 2019, the rate of fatal overdoses were higher among the Black population compared to the White population.
- From January 2020 to June 2020, the burden of fatal overdoses among the Black population has not changed; however, the burden among the White population has increased. Both populations are experiencing an equal burden in 2020.
- Over time, the rate of fatal overdose among Hispanics increased; however, it remains lower than the rate among non-Hispanics.

Conclusions



Setting

 The majority of fatal overdoses in 2020 continue to occur in private settings.

Substances Contributing to Cause of Death

- The majority of fatal overdoses involve illicit drugs only. The proportion of fatal overdoses involving prescription-only drugs has decreased over time.
- The majority (88%) of fatal overdoses continue to involve any opioid. The majority of opioid-involved fatal overdoses are due to illicit opioids, such as fentanyl, and not prescription opioids.
- About half of the fatal overdoses from January 2020 to June 2020 involved cocaine. These findings are similar to the same time period 2019.

Conclusions



Geographic Patterns

- During the first six months of 2020, almost every municipality in Rhode Island has been impacted by an increase in fatal overdoses.
- The number of Warwick and Providence residents suffering a fatal overdose has doubled in the first six months of 2020, compared to the same time period in 2019.
- In North Kingstown and Scituate, the total number of fatal overdoses that occurred among residents in the first six months of 2020 has exceeded the total number of fatal overdoses for all of 2019.



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Rhode Island's Review of Overdose Accidental Deaths (ROAD): August 2020 Findings

October 14, 2020 Governor's Task Force on Overdose Prevention and Intervention

Background Information



Goals of ROAD Meetings:

- Examine emerging trends in the overdose epidemic.
- Identify demographic, geographic, and structural points for prevention.

RIDOH's Role:

- Organize and facilitate the meetings.
- Convene a diverse, multidisciplinary group of stakeholders to inform the recommendations of the meetings.
- Publish recommendations emerging from meetings.

ROAD Background



- First ROAD meeting took place in 2016, with limited membership.
- Legislation passed in July 2018 (2018-S 2577), providing protections and allowing the broadening of ROAD membership.
 - Legislation sunsets on December 31, 2020. We will continue to work to remove the sunset date in early 2021.
- Conduct three to four ROAD meetings per year with a specific meeting theme determined.

Data Sources Utilized



RIDOH Fatal Overdose Data

- Office of State Medical Examiners (OSME), and/or
- State Unintentional Drug Overdose Reporting System (SUDORS)

BHDDH

Prescription Drug Monitoring Program (PDMP)

Emergency Medical Services (EMS)

Law Enforcement

- Heroin Opioid Prevention Effort (HOPE) Initiative
- Police reports within OSME data
- Court Connect

August 2020 Meeting



Precipitated by:

- Concerns about the increase in overdose deaths in 2020.
- Concerns if the individuals experiencing a fatal overdose in 2020 may have had a history of substance use treatment.
- Questions about the interaction between the COVID-19 pandemic and the drug overdose epidemic.

Reviewed 12 cases of deaths:

- Occurring in March or April 2020.
- Cases include deaths of individuals with a history of substance use and/or mental health treatment.

Community Recommendations



 Consider temporal financial factors when developing plans for strategic naloxone distribution.

 Increase awareness about the health risks associated with cocaine and polysubstance use; promote local resources for treatment and recovery support for polysubstance use.

Community Recommendations



 Continue to partner with faith-based organizations to disseminate treatment and recovery resource materials. Encourage faith communities to offer recovery support services to members.

 Continue to connect parents and caregivers who have a history of opioid use disorder to treatment and recovery support services, particularly during child custody transitions.

Community Recommendations



 Increase outreach to individuals or family members who have lost a loved one to overdose. Provide outreach to individuals or family members who may be living with a substance use disorder and experienced the loss of a loved one due to overdose.

 Increase awareness about the availability of comprehensive, whole-person treatment services across the state.

Structural Recommendations



 Expand buprenorphine access to people who are uninsured and have opioid use disorder.

 Expand low-threshold buprenorphine treatment options for people with opioid use disorder.

 Amend Rhode Island regulations to include the tracking of all prescription medications in the Rhode Island PDMP database.

Structural Recommendations



- Consider including data from the Rhode Island Department of Labor and Training (DLT) to inform ROAD case reviews.
- Utilize the Rhode Island DLT Unemployment Insurance Division to distribute treatment and recovery resources to people receiving unemployment benefits.
- Consider amending the Rhode Island Good Samaritan Law to protect people who have active arrest warrants.

Structural Recommendations



 Address or develop policies to decriminalize the possession of Medication Assisted Treatment (MAT), specifically buprenorphine.

 Conduct a comprehensive evaluation of patient outcomes associated with the expansion of methadone take-home treatment, particularly during the activation of Rhode Island's COVID-19 Stay-At-Home Order.

Post Meeting Action Steps



- Surveyed ROAD participants to receive general feedback and feedback on the virtual version of the meeting.
- Presented ROAD findings at various meetings, including:
 - Weekly STOP call
 - RIDOH Peer Recovery Support Specialist Outreach Call
 - Harm Reduction Work Group
- View the August 2020 ROAD Report <u>here</u>.
- Next ROAD meeting: October 29, 2020.



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PUBLIC COMMENT