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.
• **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.**
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
Machiste Rankin, RICARES
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 does not include other manners such as suicides, homicides, or undetermined deaths.
General Data Trends
Fatal overdoses, for which any drug contributed to cause of death, increased by 24%, compared to 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.
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.

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

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 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.
Similar to previous time periods, about **nine out of 10 fatal overdoses** from January 2020 to June 2020 occurred among the White population.

![Bar chart showing the proportion of fatal overdoses by race from Jan-Jun 2016 to Jan-Jun 2020.](chart.png)

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

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

Note: 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.

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

Note: 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.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020.
Similar to previous time periods, the majority (84%) of fatal overdoses occurred among non-Hispanics.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000 Residents</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jun 2016</td>
<td>31.1 (n=140)</td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2017</td>
<td>28.1 (n=126)</td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2018</td>
<td>24.3 (n=108)</td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2019</td>
<td>23.5 (n=104)</td>
<td></td>
</tr>
<tr>
<td>Jan-Jun 2020</td>
<td>34.1 (n=151)</td>
<td></td>
</tr>
</tbody>
</table>

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

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2020.*
Substances Contributing to Cause of Death
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

- **0**
- **Less than 5**
- **5-8**
- **9-13**
- **14-21**
- **22-50**

Municipalities Where Fatal Overdoses Occurred

Source: Office of the State Medical Examiners (OSME)

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

- **Over 25% Decrease**
- **Less than 25% Increase**
- **25% to 50% Increase**
- **Over 50% Increase**
- **Less than 5 Overdose Fatalities in either time period**

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

- Light yellow: 0
- Light orange: Less than 5
- Orange: 5-8
- Dark orange: 9-13
- Red: 14-21
- Dark red: 22-48

Municipalities Where the Victim Lived

Source: Office of the State Medical Examiners (OSME)
By Municipality of Residence

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

- Less than 25% Decrease
- Over 25% Decrease
- Less than 25% Increase
- 25% to 50% Increase
- Over 50% Increase
- Less than 5 Overdose Fatalities in either time period

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

Source: Office of the State Medical Examiners (OSME)
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
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 here.

• Next ROAD meeting: October 29, 2020.
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PUBLIC COMMENT