



Governor Daniel J. McKee's Task Force on Overdose Prevention and Intervention

April 14, 2021

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Governor Daniel J. McKee



2020 Fatal Overdoses in Rhode Island: Data Highlights

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

April 14, 2021

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.



General Data Trends

National and Regional Trends on Fatal Overdoses



Accidental drug overdose deaths increased nationally and regionally in 2020.

Overdose Deaths Have Risen In Mass. Amid Pandemic, State Data Show

Updated November 18, 2020

By [Martha Bebinger](#)



Increase in Fatal Drug Overdoses Across the United States Driven by Opioids Before and During



LOCAL NEWS

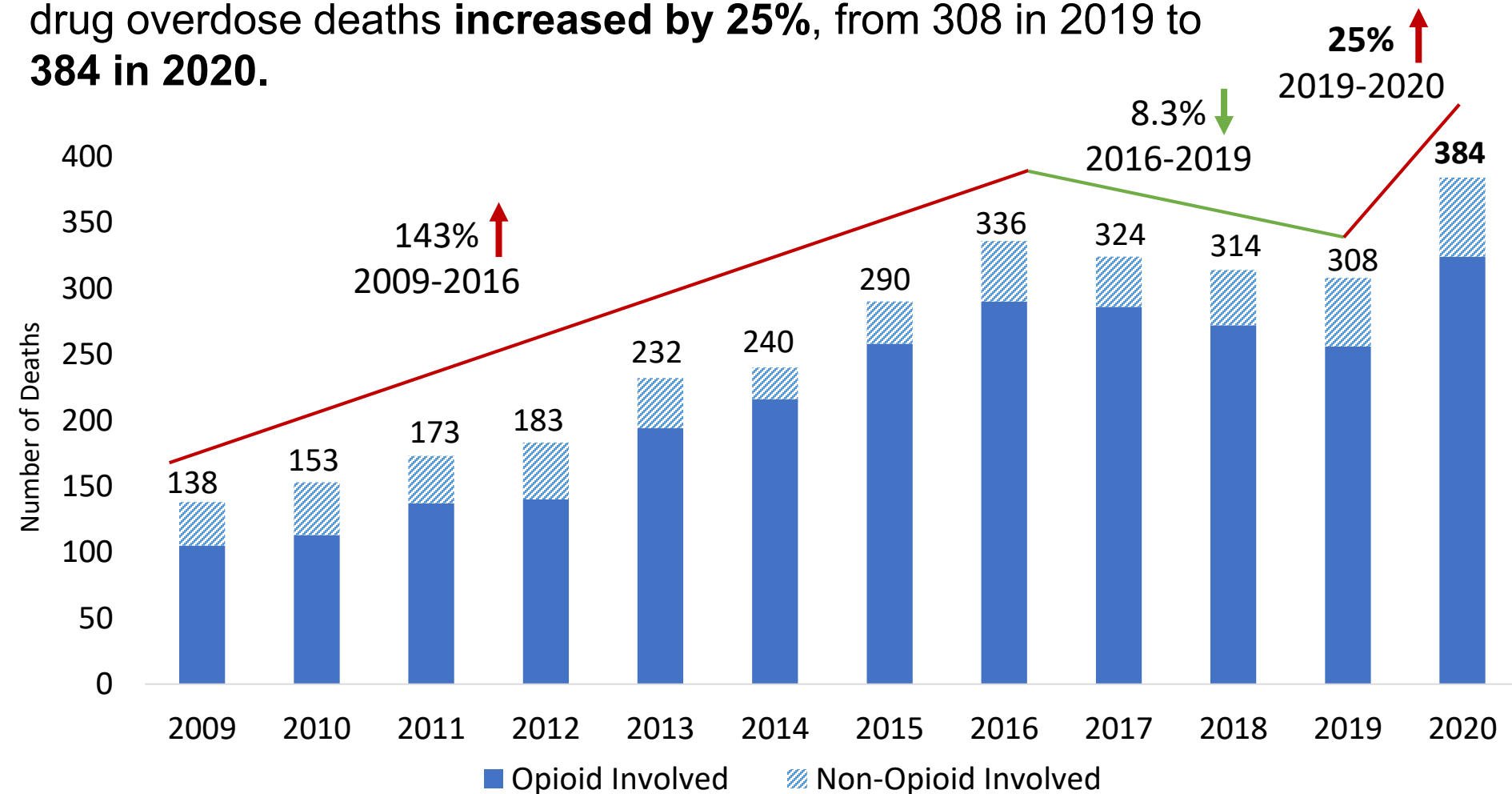
Vermont Health Department: Opioid deaths increased 38% in 2020



12-Year Look at Rhode Island's Overdose Epidemic



After seeing a decrease by 8.3% from 2016 to 2019, accidental drug overdose deaths **increased by 25%**, from 308 in 2019 to **384 in 2020**.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.



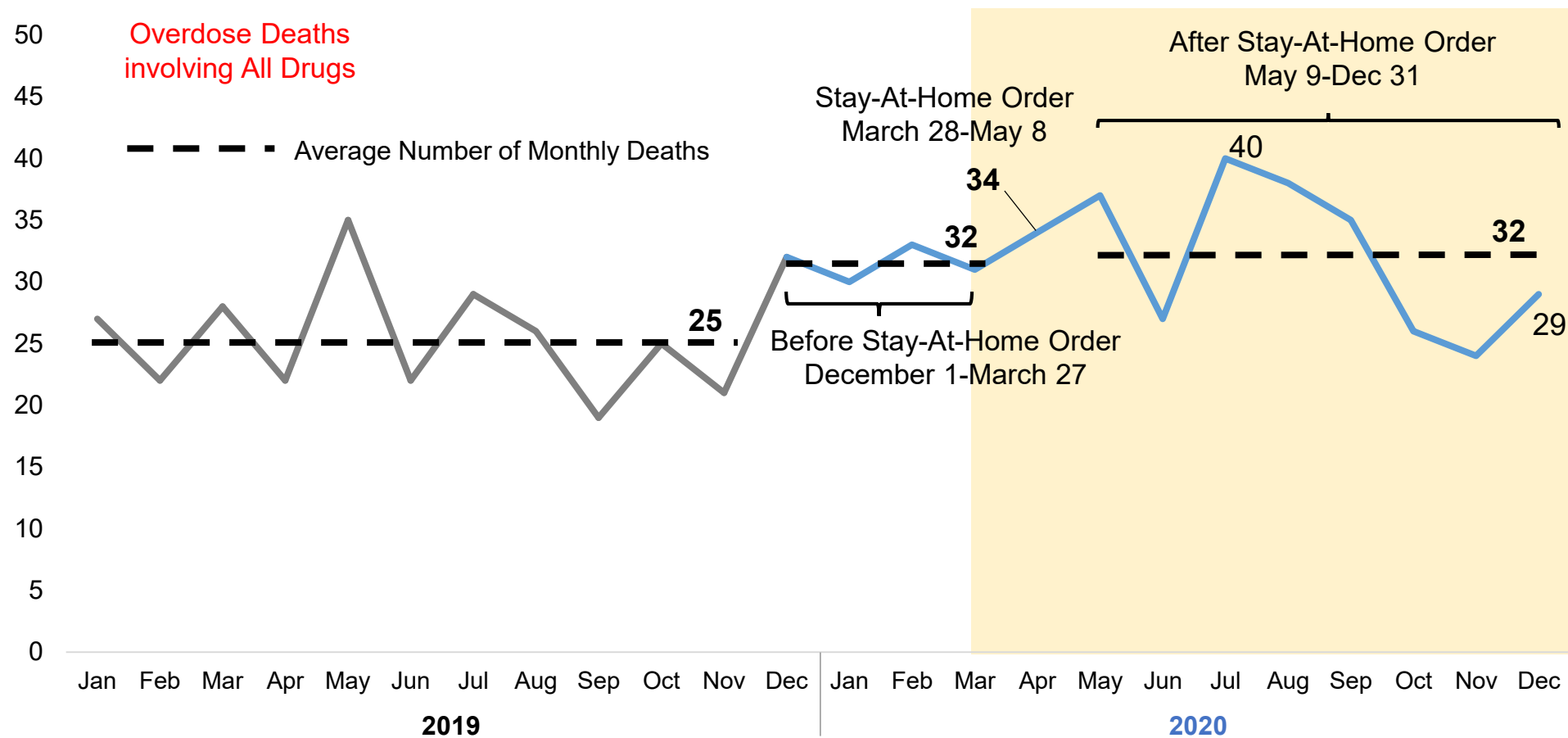
A Closer Look: Monthly Fatal Overdoses

Fatal Overdoses by Month, 2019-2020

The Impact of COVID-19



An increase in fatal overdoses first occurred in December 2019 and accelerated during the COVID-19 pandemic.



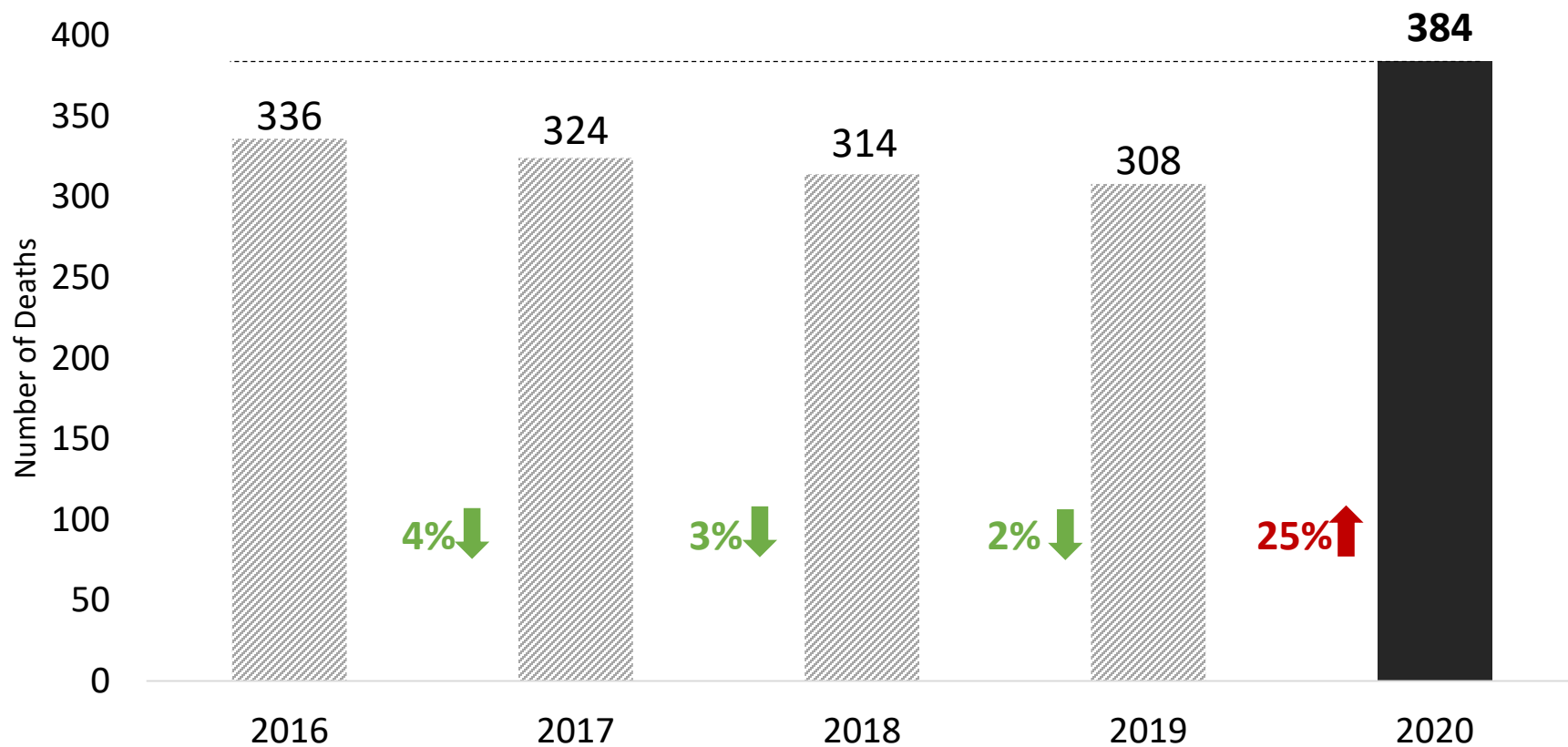
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

All Drug Fatal Overdoses 2016-2020



Fatal overdoses, for which **any drug** contributed to cause of death, **increased by 25%**, compared to 2019.



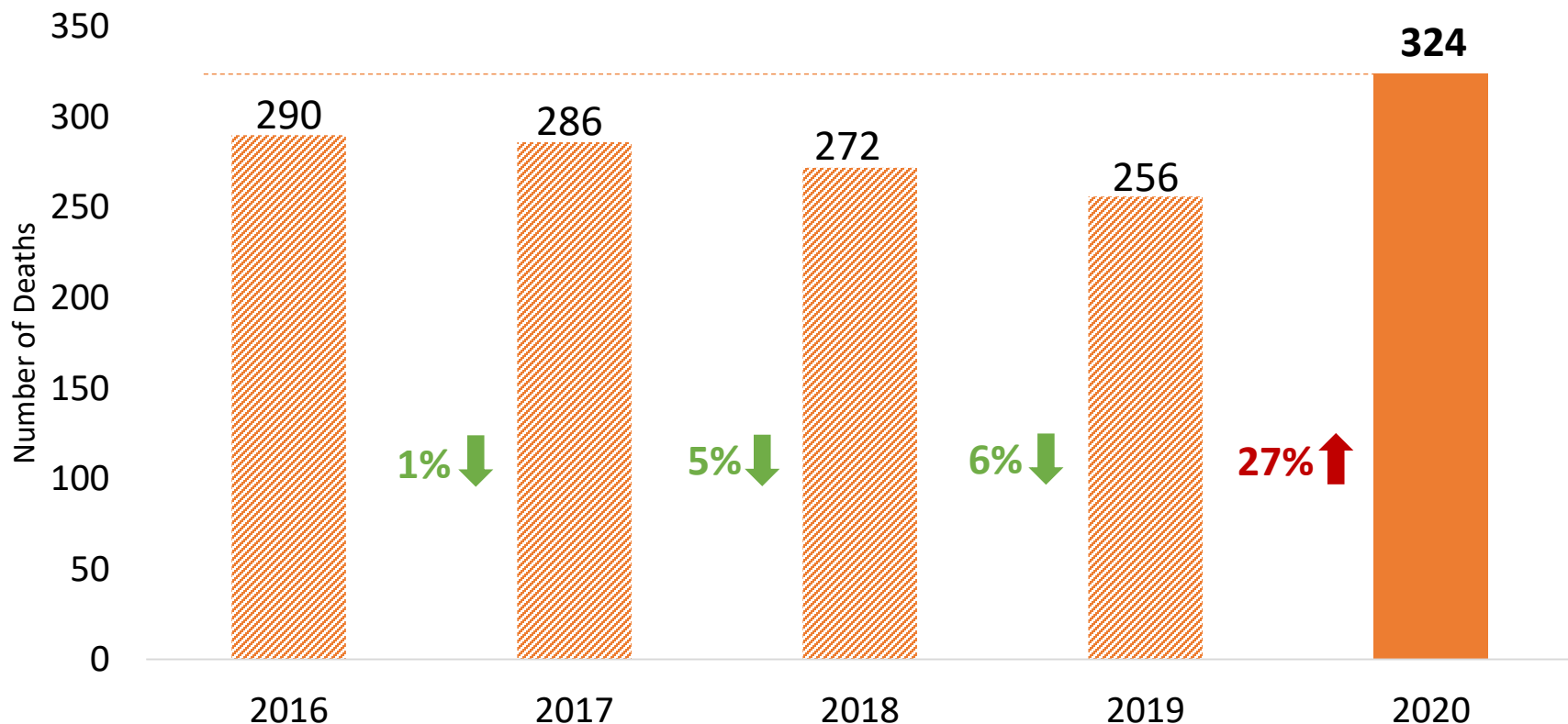
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Opioid-Involved Fatal Overdoses 2016-2020



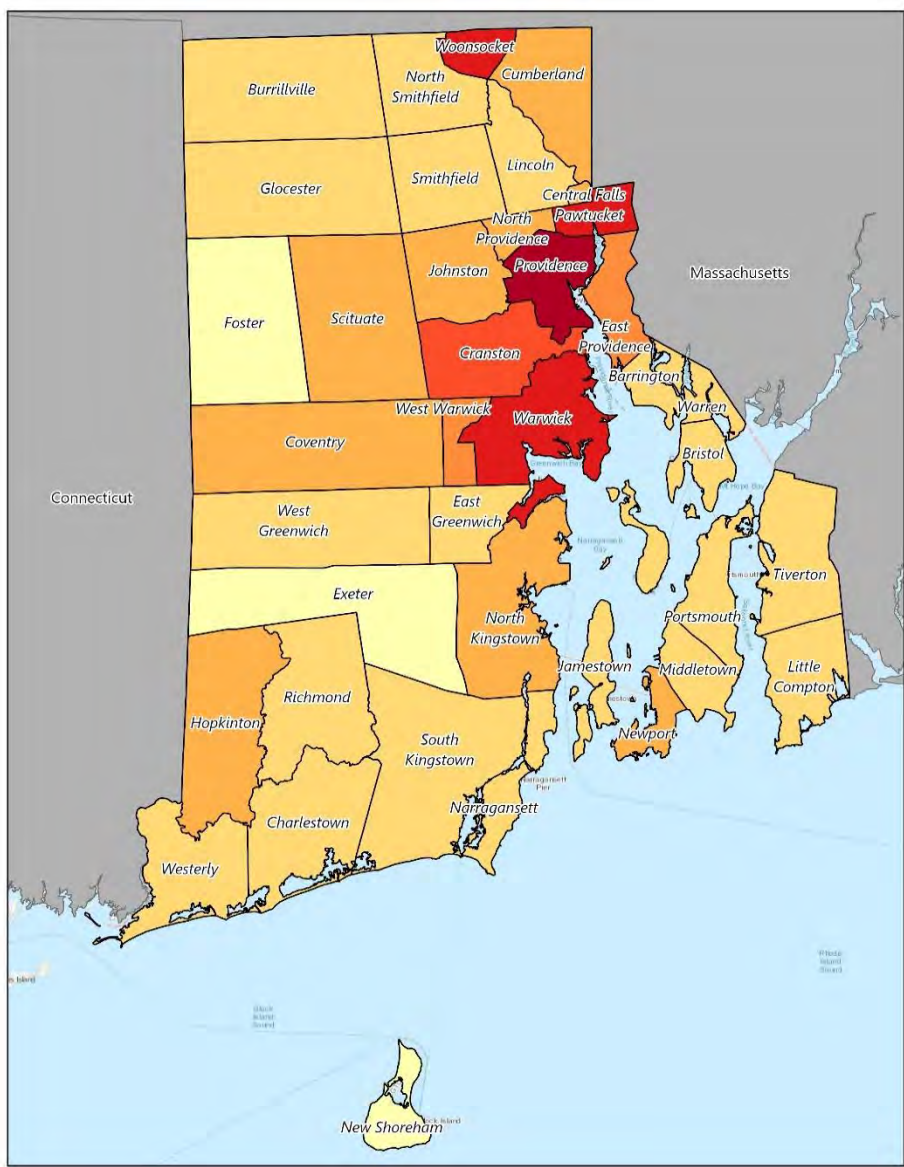
Fatal overdoses, for which **any opioid**, including fentanyl, contributed to the cause of death, **increased by 27%**, compared to 2019.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

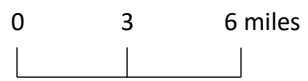
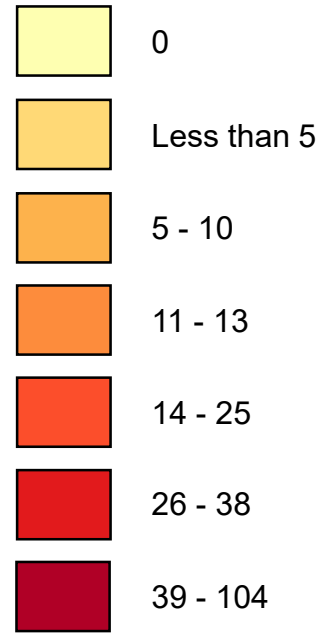
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Counts of Overdose Fatalities by Municipality of Incidence, 2020

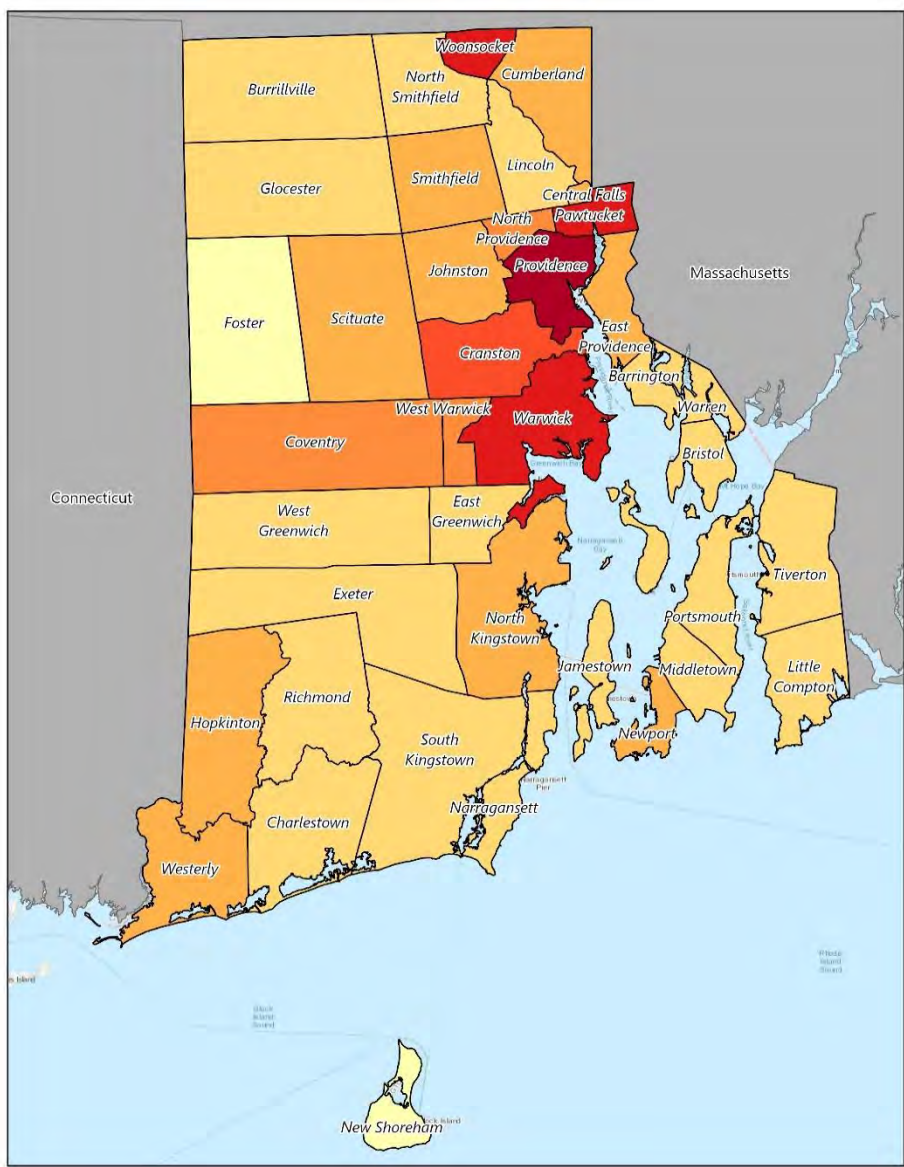


Legend

Counts of Overdose Fatalities by Municipality of Incidence

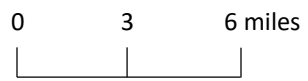
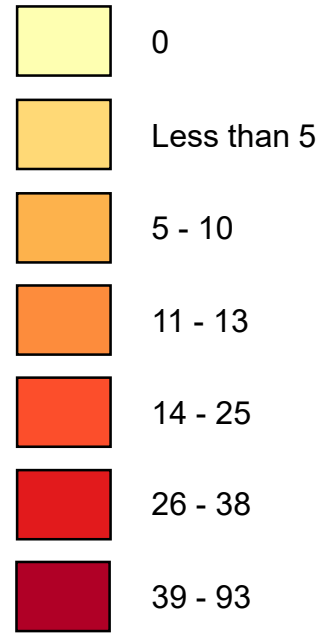


Counts of Overdose Fatalities by Municipality of Residence, 2020



Legend

Counts of Overdose Fatalities by Municipality of Residence



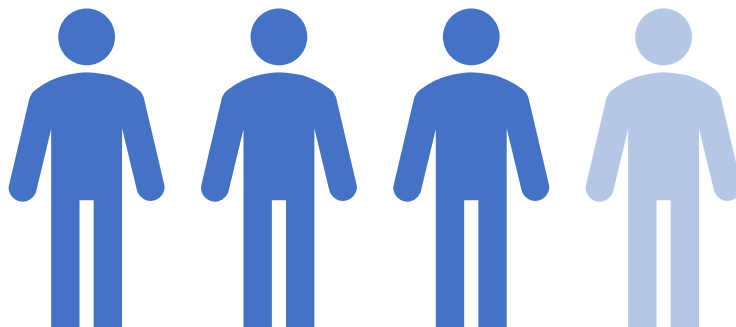


Demographics

Proportion of Fatal Overdoses by Sex in 2020



Three out of four (75%) overdose deaths occurred among **males** as categorized by the OSME.



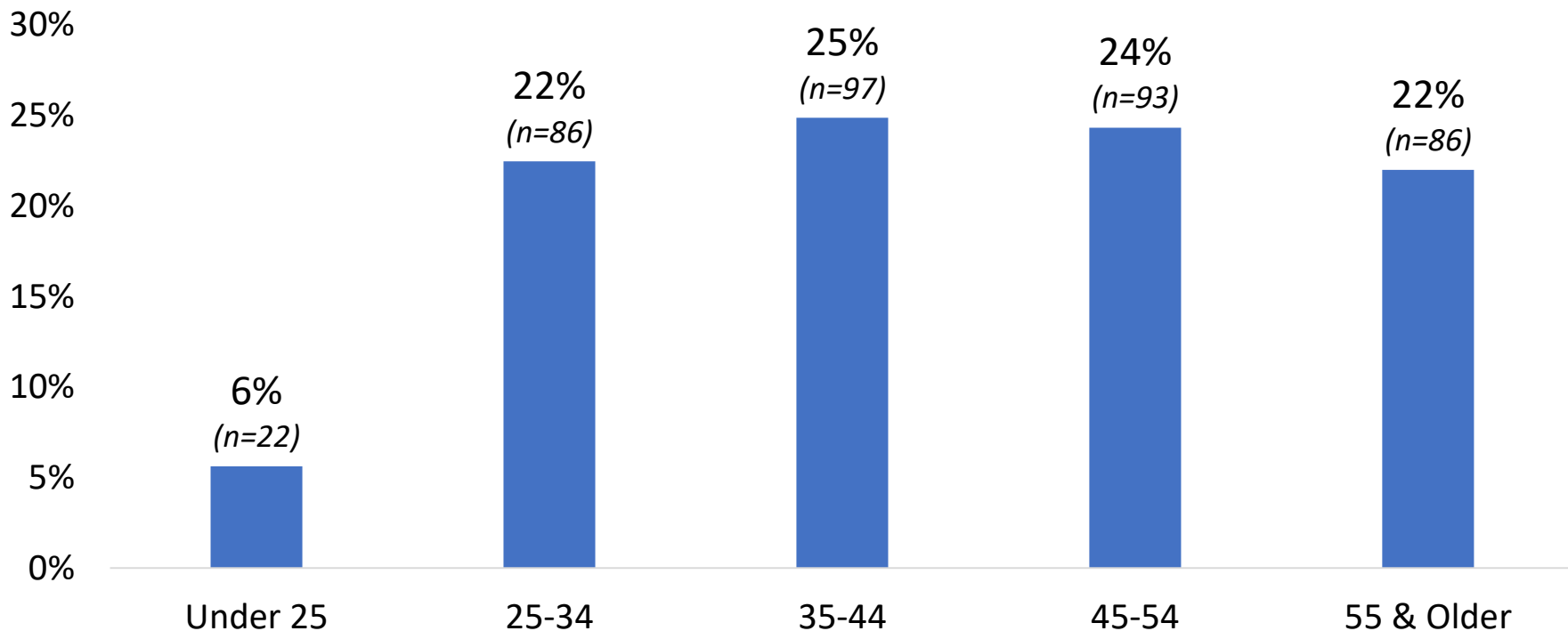
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Proportion of Fatal Overdoses by Age Category in 2020



People **25 years of age and older** make up the highest proportion of fatal overdoses. These data are similar to previous years. People who experienced a fatal drug overdose ranged in age from 17 to 76.



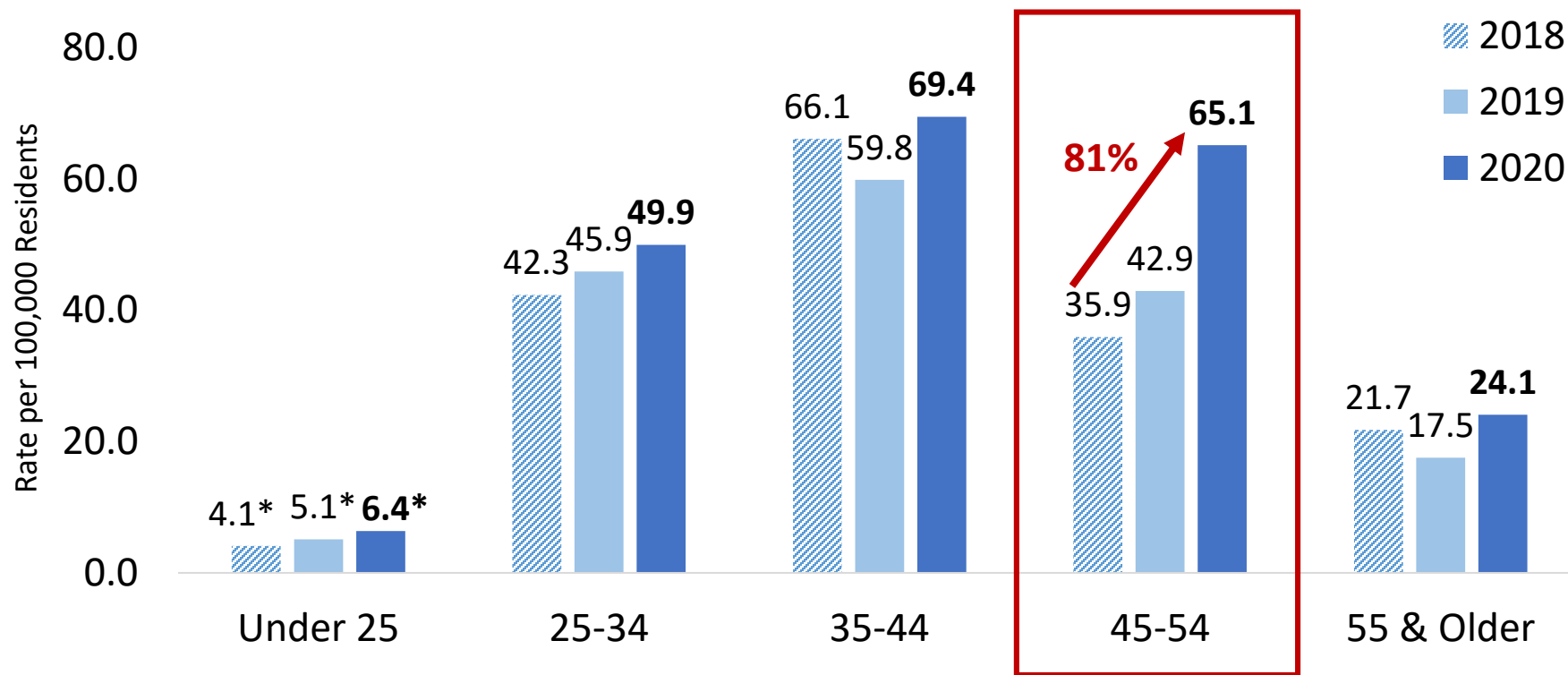
Note: Percentages may not add up to 100% due to rounding.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Rate of Fatal Overdoses per 100,000 Residents by Age Category, 2018-2020



2020 saw an increase in the rate of fatal overdoses in every age group. People between the ages of 45 and 54 suffered the greatest increase of burden.



Note: Population denominator based on CDC WONDER single-race population estimates for each year; 2019 estimate applied for 2020 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.



A Closer Look: Race and Ethnicity

Race and Ethnicity Groups

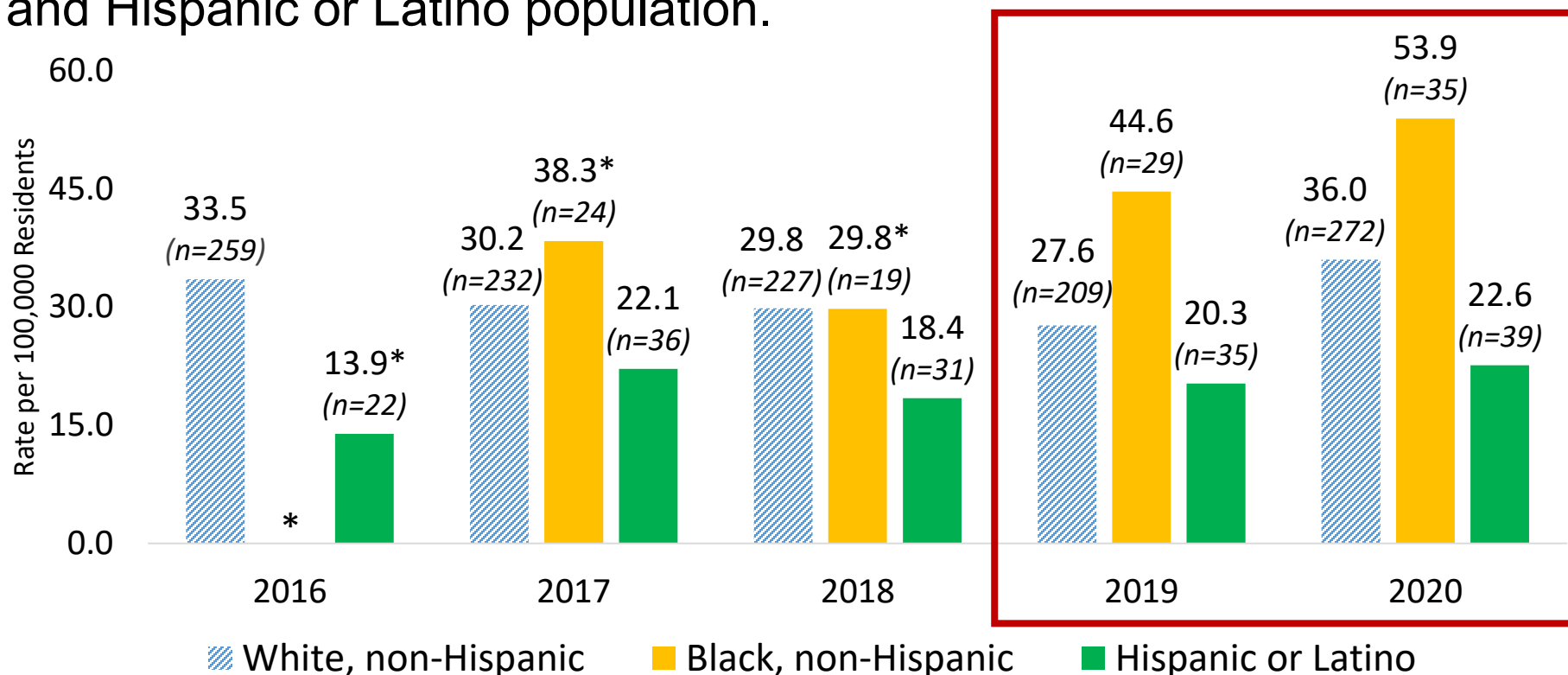


Ethnicity	Race	Combined Race and Ethnicity
Hispanic	Asian	Hispanic or Latino (of any race)
	Black or African American	
	White	
	Unknown	
Non-Hispanic or Unknown	Asian	Asian, non-Hispanic or unknown ethnicity
	Black or African American	Black, non-Hispanic or unknown ethnicity
	White	White, non-Hispanic or unknown ethnicity
	Unknown	Unknown

Rate of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2016-2020



In 2019 and 2020, the Black, non-Hispanic population had higher rates of fatal overdose when compared to the white, non-Hispanic and Hispanic or Latino population.



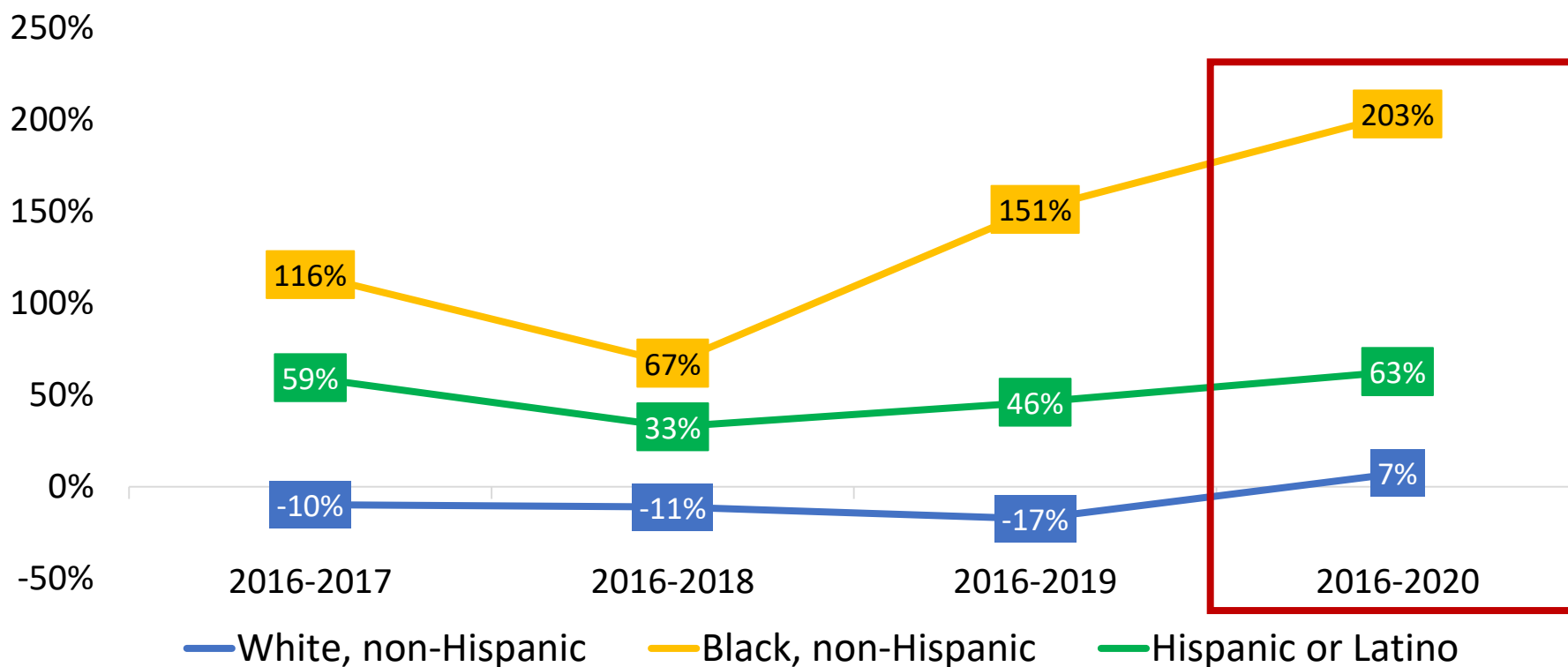
Note: Due to small numbers, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 7% of deaths from 2016 to 2020 missing ethnicity, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-race population estimates for each year; 2019 estimate applied for 2020 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Rate for Black, non-Hispanic or unknown ethnicity population in 2016 is suppressed in line with RIDOH's Small Numbers Policy related to rate calculations. Please use caution when interpreting rates marked by an asterisk.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Cumulative Percent Change in Rate of Fatal Overdoses, 2016-2020



The Black, non-Hispanic population saw the highest increase in the rate of fatal overdoses from 2016 to 2020.



Note: Due to small numbers, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 7% of deaths from 2016 to 2020 missing ethnicity, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-race population estimates for each year; 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 April 7, 2021.



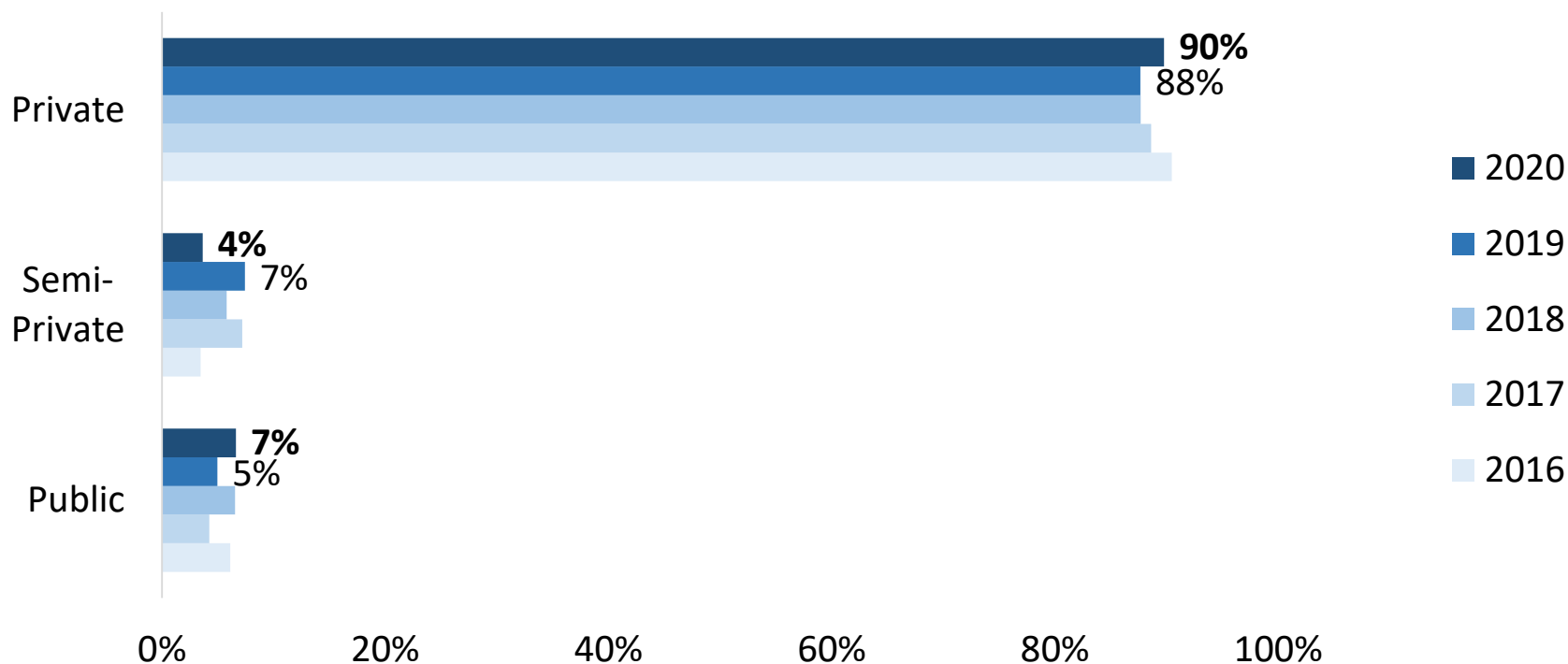
Type of Setting:

Did the Setting Change Due to the COVID-19 Pandemic?

Proportion of Fatal Overdoses by Type of Settings, 2016-2020



The majority of fatal overdoses continue to occur in **private settings**. In 2020, **90%** of fatal overdoses occurred in a private setting compared to 88% in 2019.



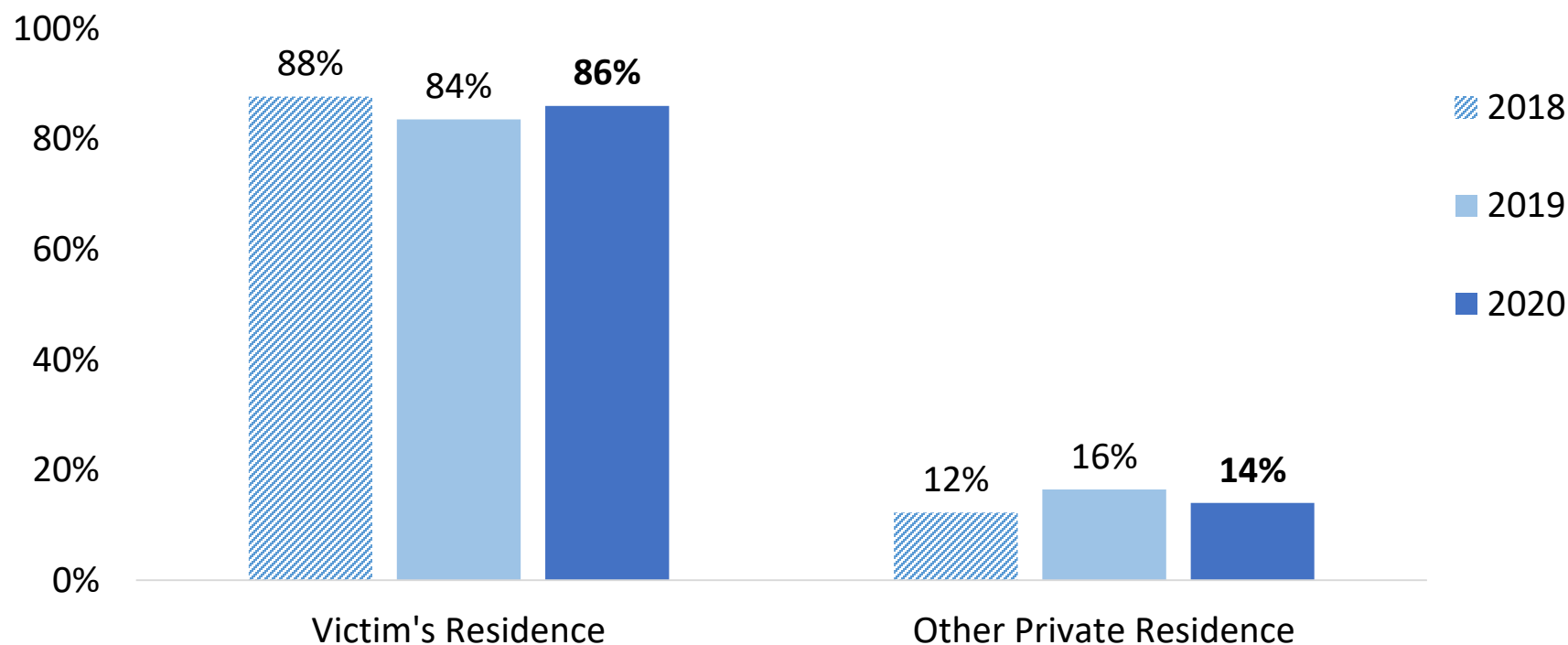
Note: Private settings include places such as apartments and homes, semi-private settings include places such as treatment facilities, hospitals, and prisons, and public settings include places such as abandoned property, businesses, and sidewalks, and parks. Data limited to accidental drug overdose deaths with known incident location type. Percentage of accidental drug overdose deaths with unknown type of setting range from 17% to 27% between 2016 and 2020. Percentages may not add up to 100% due to rounding.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Proportion of Fatal Overdoses Occurring in Private Setting: Victims' Homes versus Other Private Residence, 2018-2020



In 2020, **86%** of fatal overdoses occurring in private settings happened in victims' homes compared to 84% in 2019.



Note: Private settings include places such as apartments and homes. Data include accidental drug overdose deaths occurred in a private setting.
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.



Substances Contributing to the Cause of Death

Key Terms and Concepts



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.

Fentanyl-Involved: Fentanyl, including fentanyl analogs, contributed to the death (other substances also may have contributed).

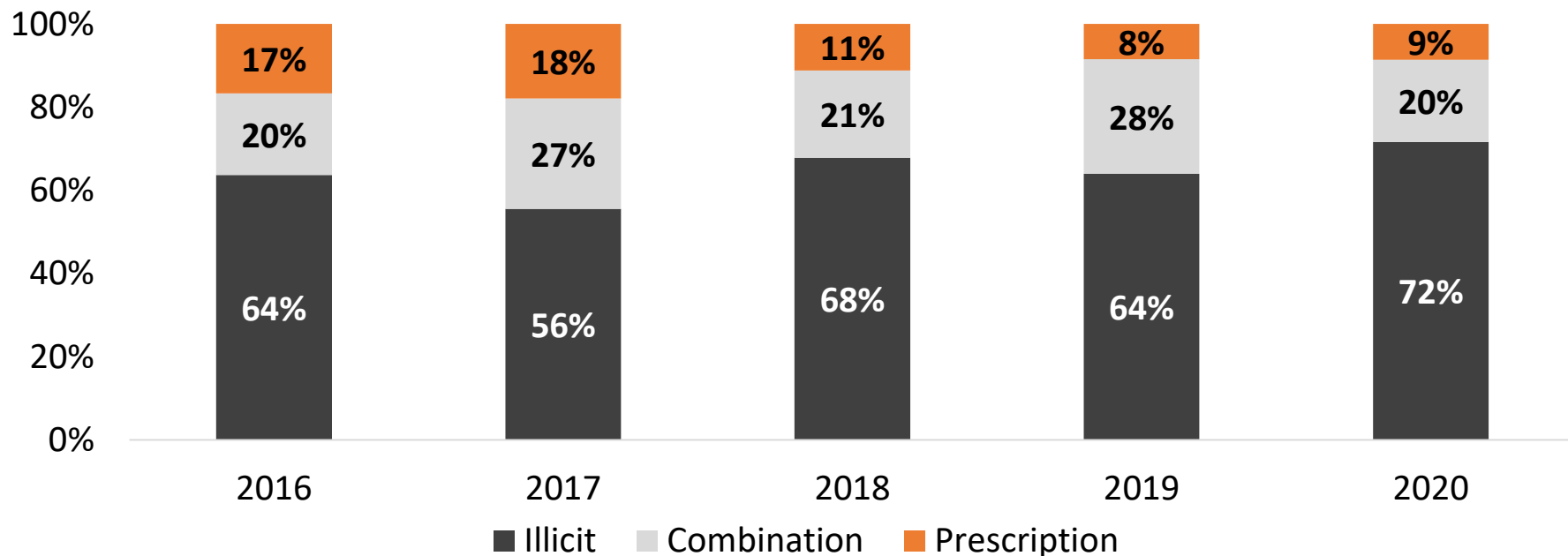
- Fentanyl suppress respiration and result in hypoxia.

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



Illicit drugs are driving fatal overdoses in 2020. The majority (**72%**) of fatal overdoses involved **illicit drugs only**. This proportion is higher in 2020 compared to previous years.

The proportion of fatal overdoses involving only **prescription medication** has decreased over time.



Note: Percentages may not add up to 100% due to rounding.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

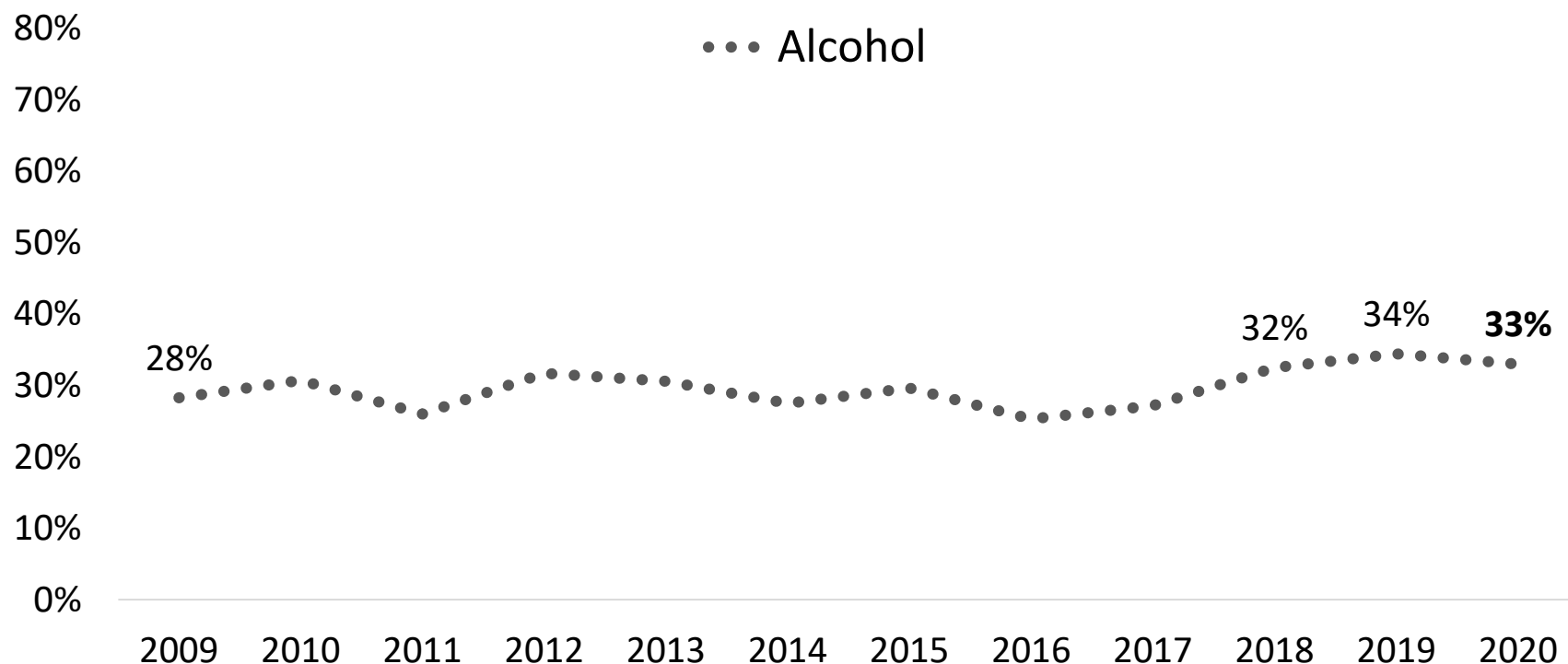


Were There New Trends of
Substances Contributing to the
Cause of Death?

Alcohol Contributing to the Cause of Death, 2009-2020



The proportion of fatal overdoses in which **alcohol** also contributed to the death remained relatively **stable** over time, and has increased in recent years.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

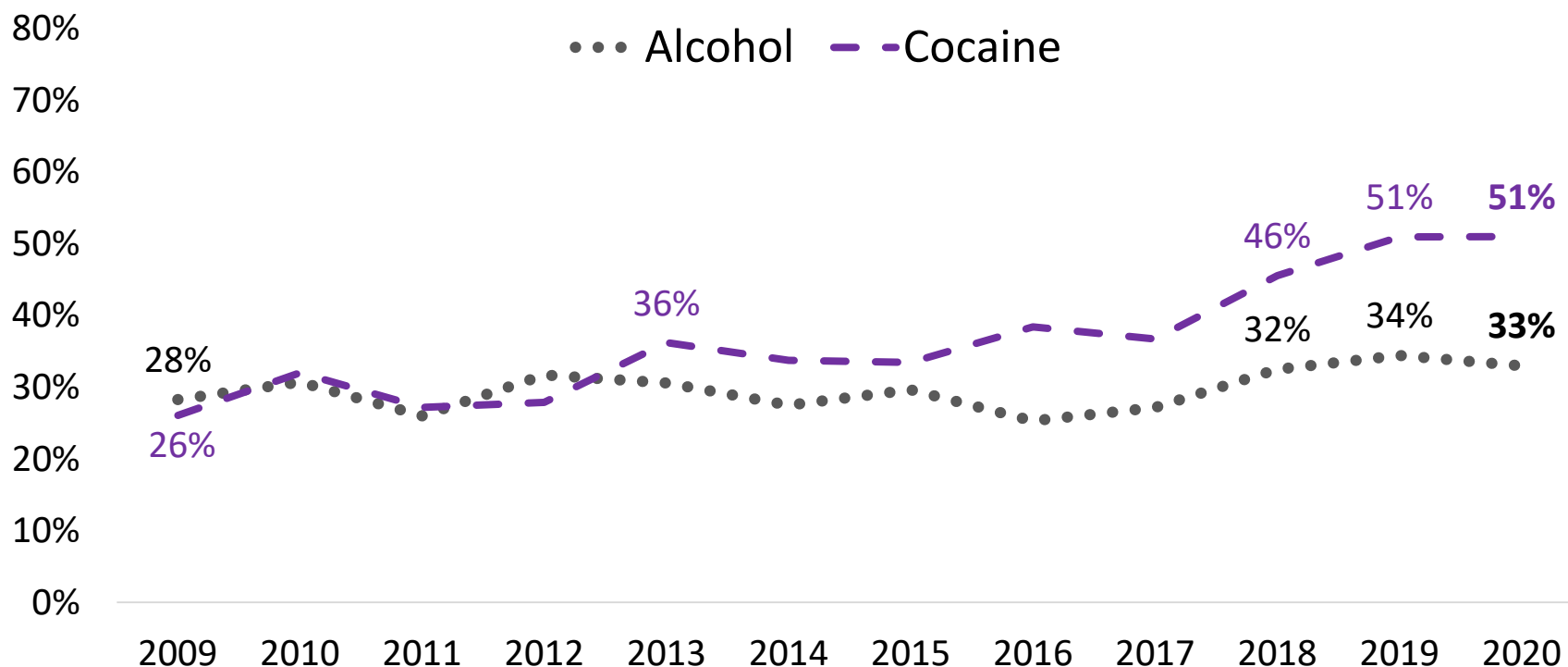
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Cocaine Contributing to the Cause of Death, 2009-2020



1 in 2 fatal overdoses in 2020 involved cocaine.

This is an increase from 1 in 4 in 2009.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

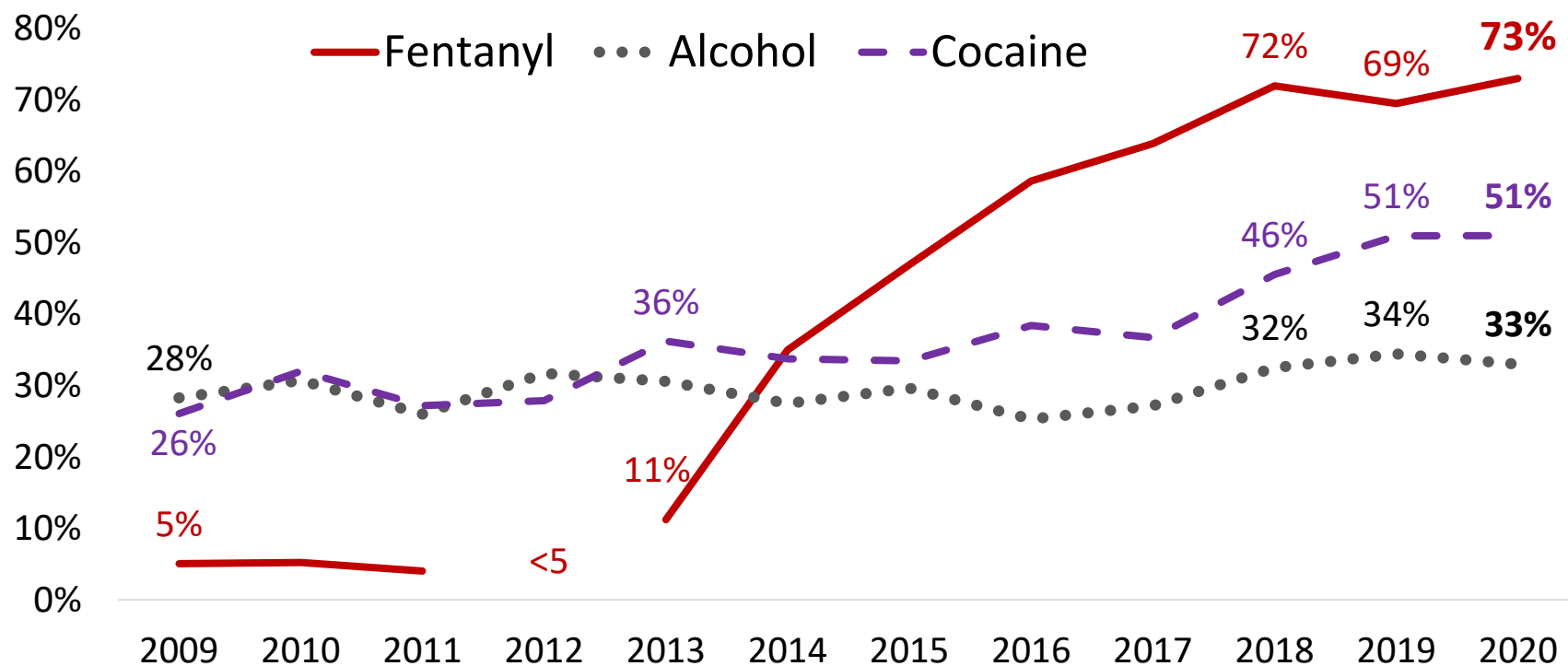
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Fentanyl Contributing to the Cause of Death, 2009-2020



3 out of 4 fatal overdoses in 2020 involved fentanyl.

2020 saw the highest proportion of deaths involving fentanyl after a slight decline from 2018 to 2019.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

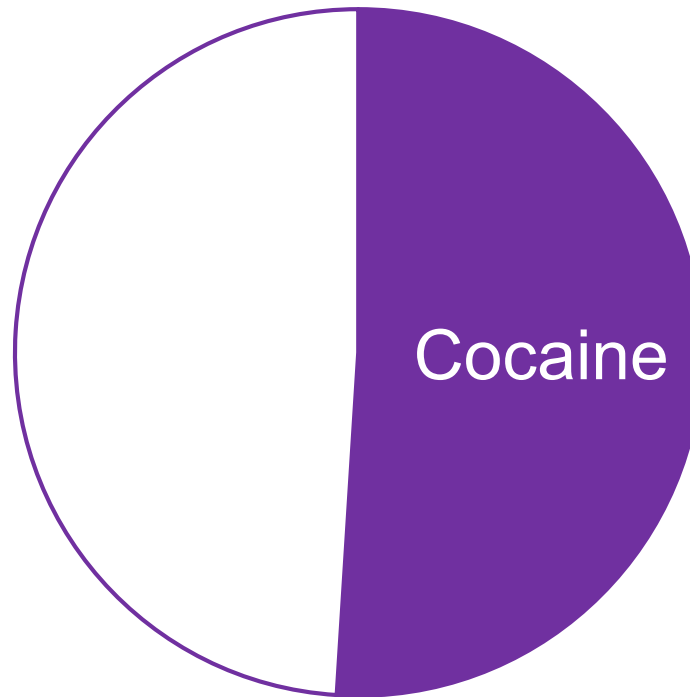


A Closer Look: Fatal Overdoses Involving Cocaine

A Closer Look at Cocaine-Involved Deaths, 2020



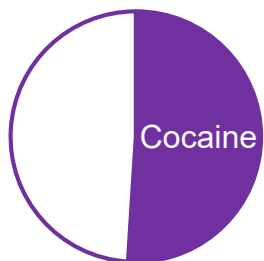
About half (51%) of deaths involved cocaine.



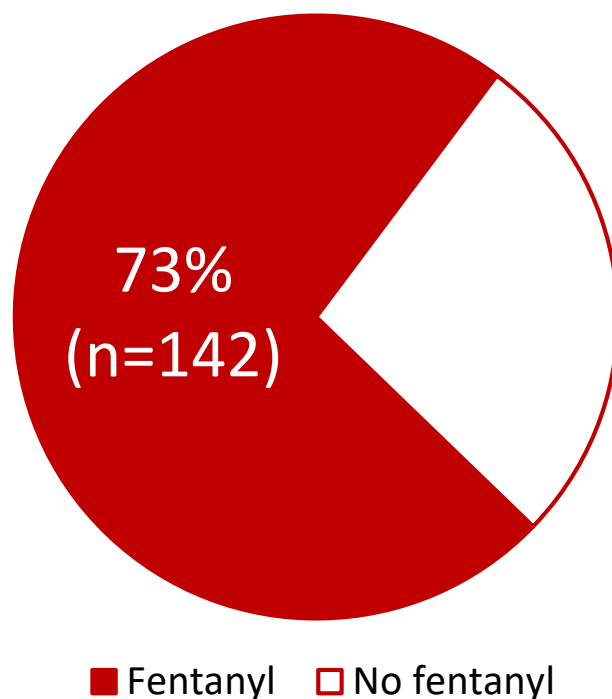
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

A Closer Look at Cocaine-Involved Deaths, 2020



Among cocaine-involved deaths, 3 out of 4 deaths also involved fentanyl.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

Find More Overdose-Related Data



This presentation and a summary of highlights are available on Rhode Island's overdose information website:

[Prevent Overdose RI.](#)

Community-Level Overdose Data



Quarterly community-level data reports provide a current view of the impact of the drug overdose epidemic in Rhode Island's municipalities.

Rhode Island Community-Level Overdose Surveillance Reports can be found on health.ri.gov.



WEST WARWICK





Questions?



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Appendix

Conclusions



General Trends

- Accidental drug overdose deaths increased nationally and regionally in 2020. Almost every city and town in Rhode Island were impacted by fatal overdoses in 2020.
- After seeing a decrease by 8.3% from 2016 to 2019, accidental drug overdose deaths increased by 25%, from 308 in 2019 to 384 in 2020.
- An increase in fatal overdoses first occurred in December 2019 and accelerated during the COVID-19 pandemic.
- Fatal overdoses, for which any drug contributed to cause of death, increased by 25%, compared to 2019.
- Fatal overdoses, for which any opioid, including fentanyl, contributed to the cause of death, increased by 27%, compared to 2019.

Conclusions



Demographics

- Three out of four (75%) overdose deaths occurred among males as categorized by the OSME.
- 2020 saw an increase in the rate of fatal overdoses in every age group. People between the ages of 45 and 54 suffered the greatest increase of burden.
- The Black, non-Hispanic population saw the highest increase in the rate of fatal overdoses from 2016 to 2020. In 2019 and 2020, the Black, non-Hispanic population had higher rates of fatal overdose when compared to the white, non-Hispanic and Hispanic or Latino population.
- The rate of fatal overdose among the Hispanic or Latino population increased from 2016 to 2020.

Conclusions



Type of Setting

- The majority of fatal overdoses in 2020 continue to occur in private settings (in victims' homes).

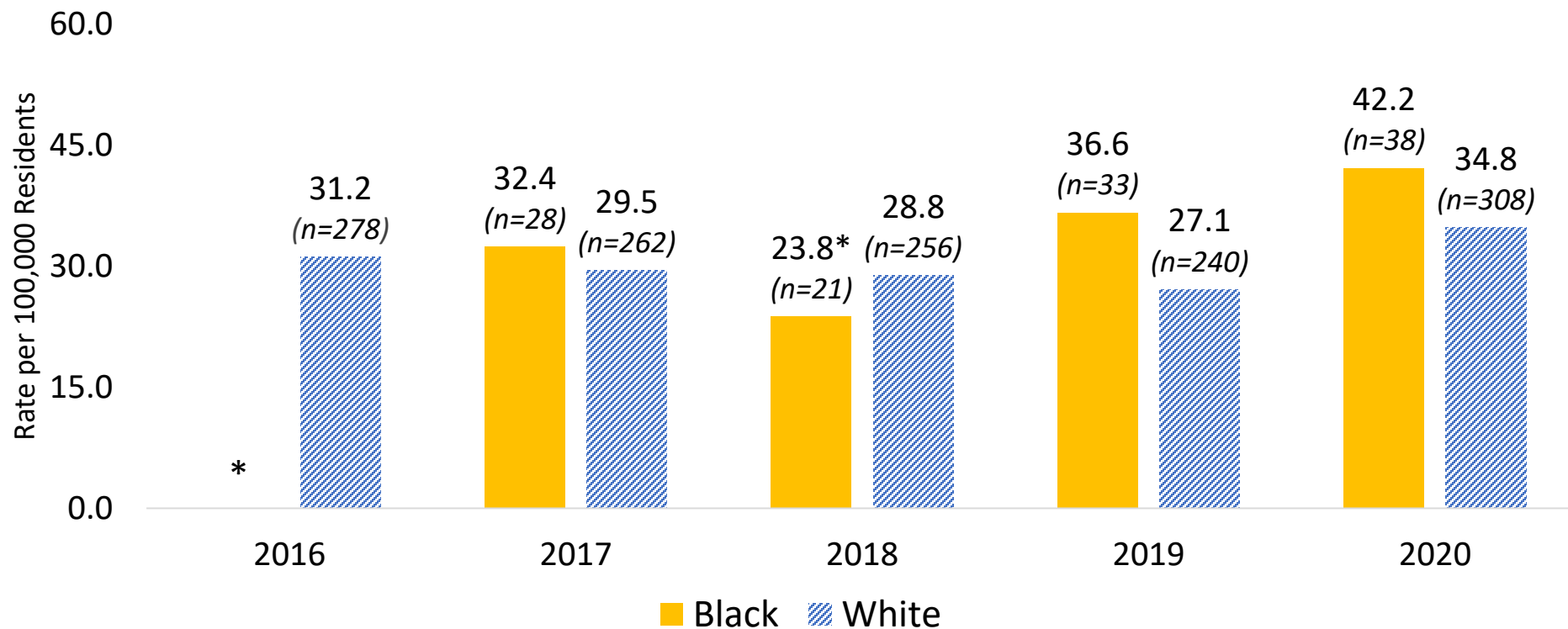
Substances Contributing to Cause of Death

- Illicit drugs are driving fatal overdoses in 2020. The proportion of fatal overdoses involving only prescription medication has decreased over time.
- The proportion of fatal overdoses in which alcohol also contributed to the death remained relatively stable over time, but has increased in recent years.
- 1 in 2 fatal overdoses in 2020 involved cocaine. This is an increase from 1 in 4 in 2009.
- 3 out of 4 fatal overdoses in 2020 involved fentanyl. 2020 saw the highest proportion of deaths involving fentanyl after a slight decline from 2018 to 2019.
- Among cocaine-involved deaths, 3 out of 4 deaths also involved fentanyl.

Rate of Fatal Overdoses per 100,000 Residents by Race, 2016-2020



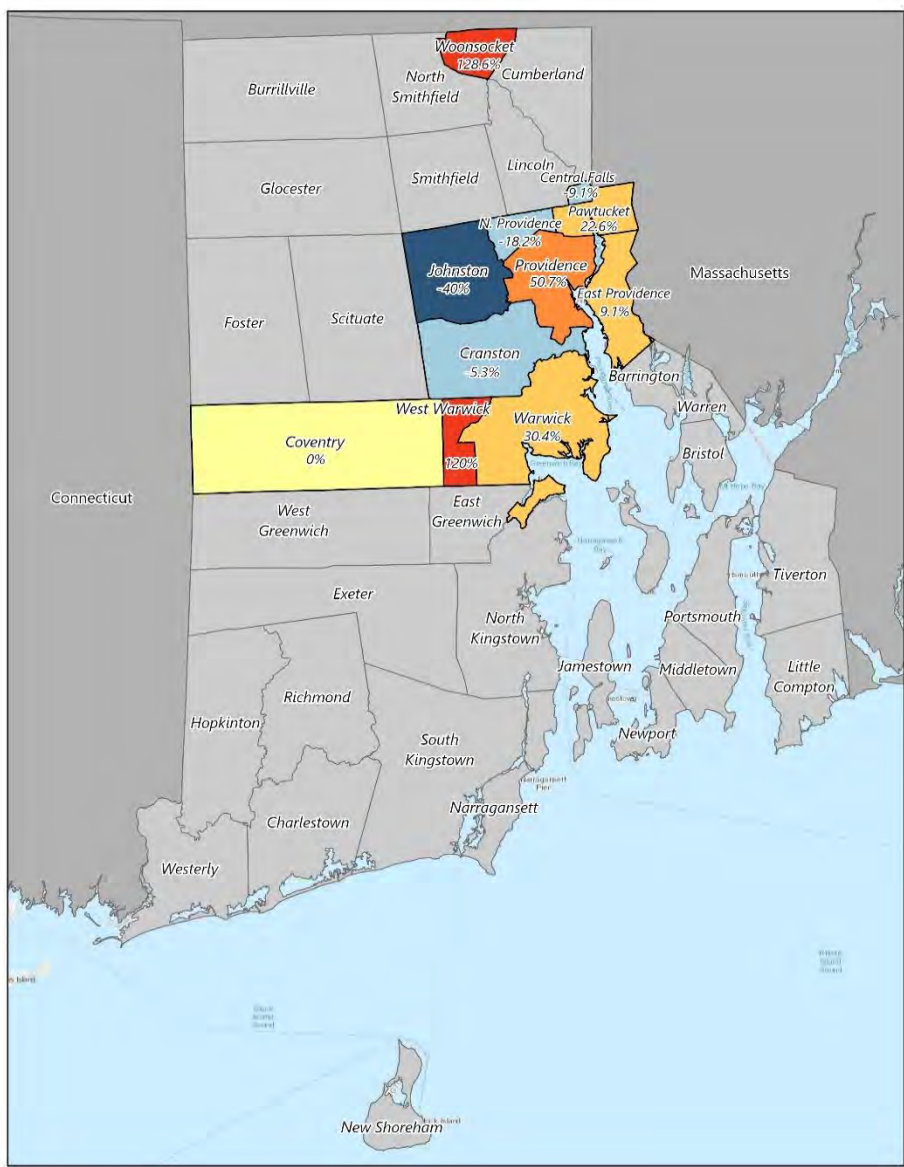
Health disparities in the rate of experiencing a fatal overdose remain independent of Hispanic ethnicity status, when comparing Black and white individuals.



Note: Due to small numbers, rates of fatal overdoses among decedents of Asian or unknown race are not shown. Population denominator based on CDC WONDER single-race population estimates for each year; 2019 estimate applied for 2020 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Rate for Black or African American population in 2016 is suppressed due to unstable rates. Please use caution when interpreting rates marked by an asterisk.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of April 7, 2021.

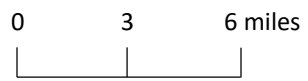
Percent Change of Overdose Fatalities from 01/01/2019-12/31/2019 to 01/01/2020-12/31/2020 by Municipality of Incidence



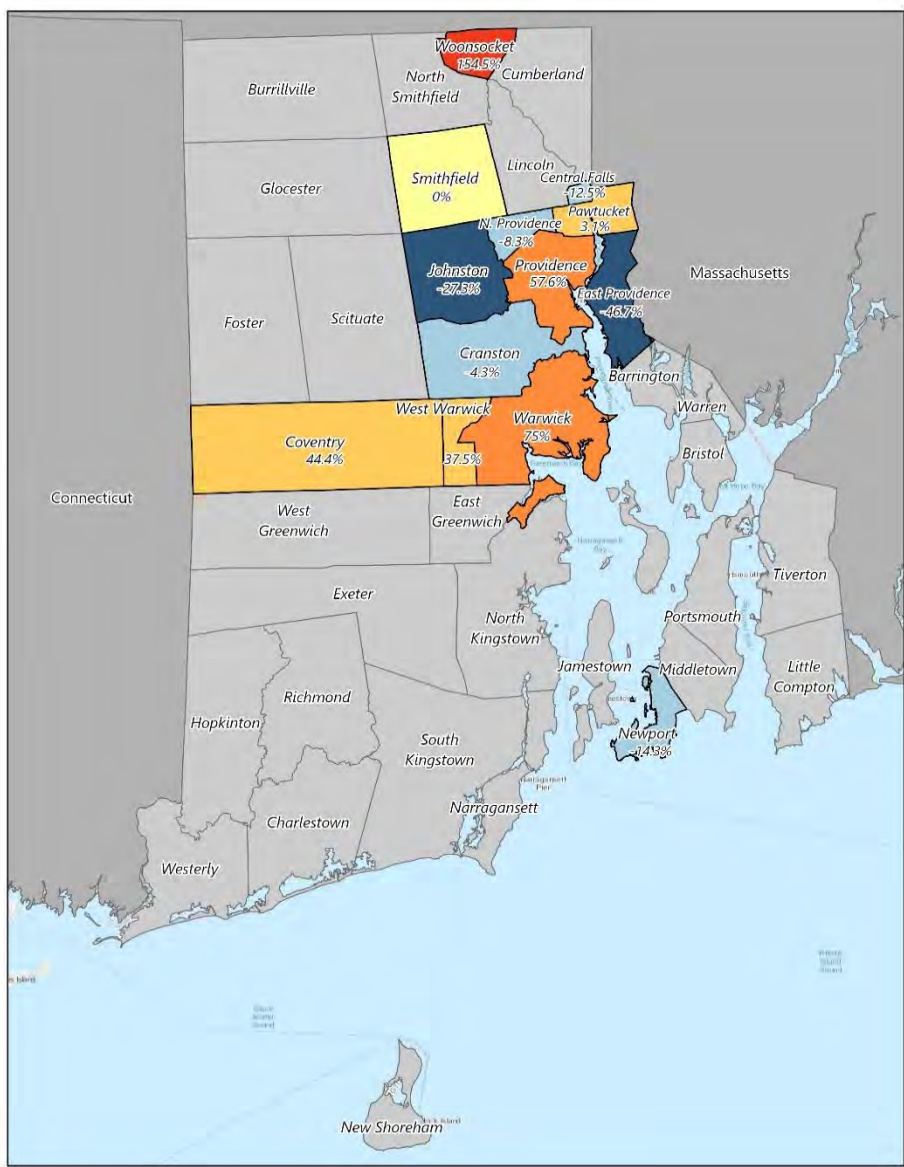
Legend

Percent Change from 01/01/2019-12/31/2019 to 01/01/2020-12/31/2020

- Less than 25% Decrease
- Over 25% Decrease
- No Change
- Less than 50% Increase
- 50% to 100% Increase
- Over 100% Increase
- Less than 5 Overdose Fatalities in either time period



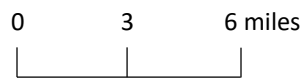
Percent Change of Overdose Fatalities from 01/01/2019-12/31/2019 to 01/01/2020-12/31/2020 by Municipality of Residence



Legend

Percent Change from 01/01/2019-12/31/2019 to 01/01/2020-12/31/2020

- Less than 25% Decrease
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- No Change
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- Less than 5 Overdose Fatalities in either time period





Overdose Data to Action: Targeted Outreach Initiative

**Governor Daniel J. McKee's Overdose Prevention
and Intervention Task Force**

April 14, 2021

Targeted Outreach: Background



2019

- RIDOH secured a federal grant from the Centers for Disease Control (CDC).
- RIDOH issued Request for Proposals (RFPs) for data-driven outreach work.
- Parent Support Network (PSN) and Project Weber/RENEW (PWR) were awarded contracts.
 - AIDS Care Ocean State had a current RIDOH contract.

2020

- Contracts began in March and were expanded in September.

Targeted Outreach: Goals



- Use data to target outreach efforts (e.g., geographic areas and high-risk populations).
- Respond to communities after Rhode Island Overdose Action Area Response (ROAAR) alerts are issued.
- Provide and connect people to:
 - Basic needs
 - Harm reduction resources
 - Treatment and recovery support services
- Raise awareness about the local overdose epidemic.

Project Weber/RENEW



Parent Support Network



AIDS Care Ocean State

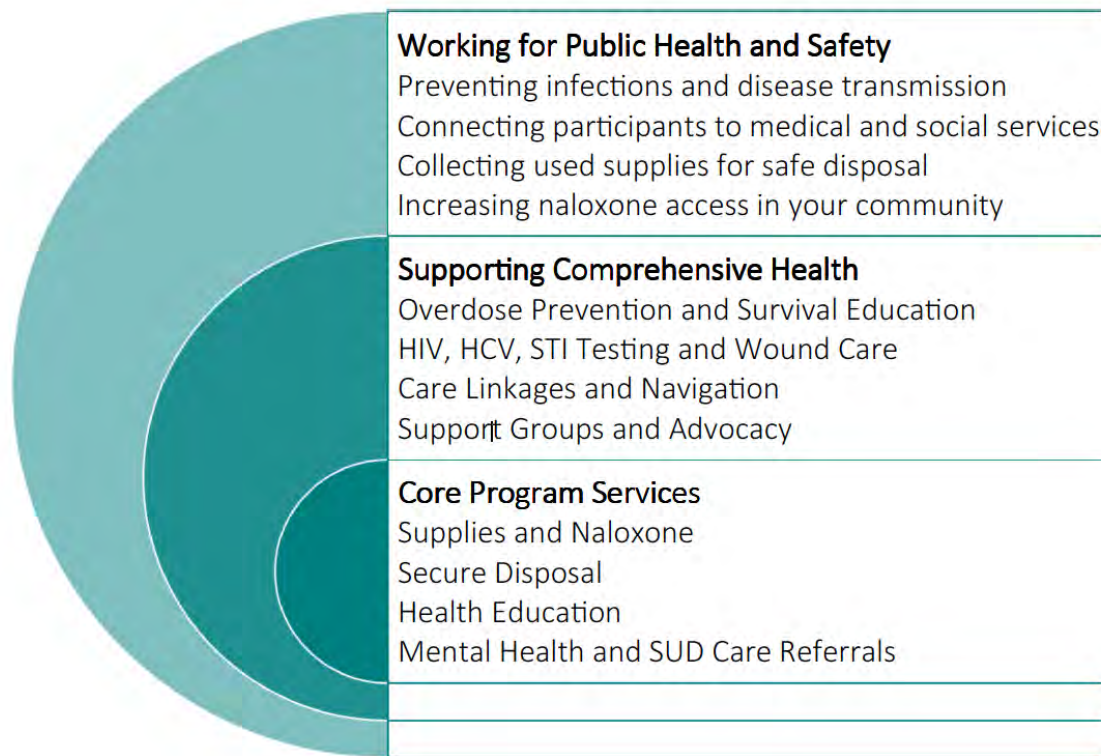


Harm Reduction



Free, anonymous, and client-centered services built upon trust.

Recognizes that structural racism and other social inequalities impact a person's vulnerability to and capacity for effectively dealing with drug-related harm.



Ways to Reach High-Risk Populations



- **Drop-in centers**
 - Harm reduction services and supplies
 - Connection to basic needs.
- **Mobile outreach**
 - Community presence in high-traffic locations.
- **Home-delivered services**
 - Harm reduction supplies delivered to any address within 24-48 hours of the request.
- **Community partnerships**

Services Provided

- Basic needs supplies and referrals
- Harm reduction supplies and referrals
- Rapid HIV/HCV testing
- Risk-reduction counseling
- Linkages to treatment/recovery support services



How Do We Use Data to Drive Action?

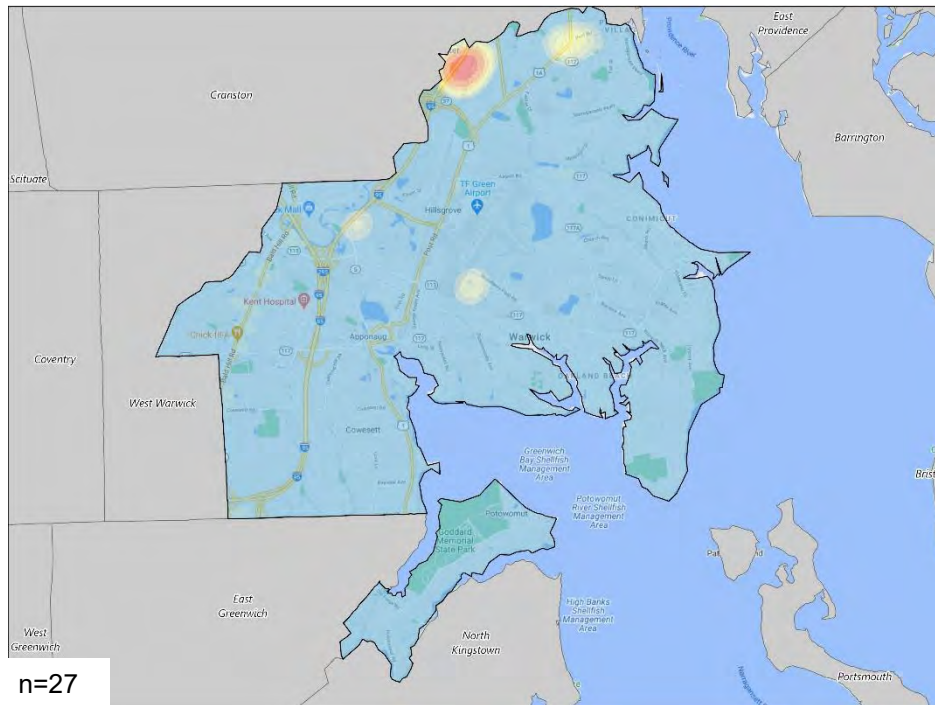


- **RIDOH's weekly data-sharing sessions with outreach teams:**
 - Review overdose data.
 - Coordinate and strategize across agencies.
 - Share community perspectives and report back to the Surveillance, Response, Intervention (SRI) call.
- **RIDOH's monthly community-level overdose data sharing:**
 - Overdose heat maps and comprehensive reports with non-fatal and fatal overdose data.

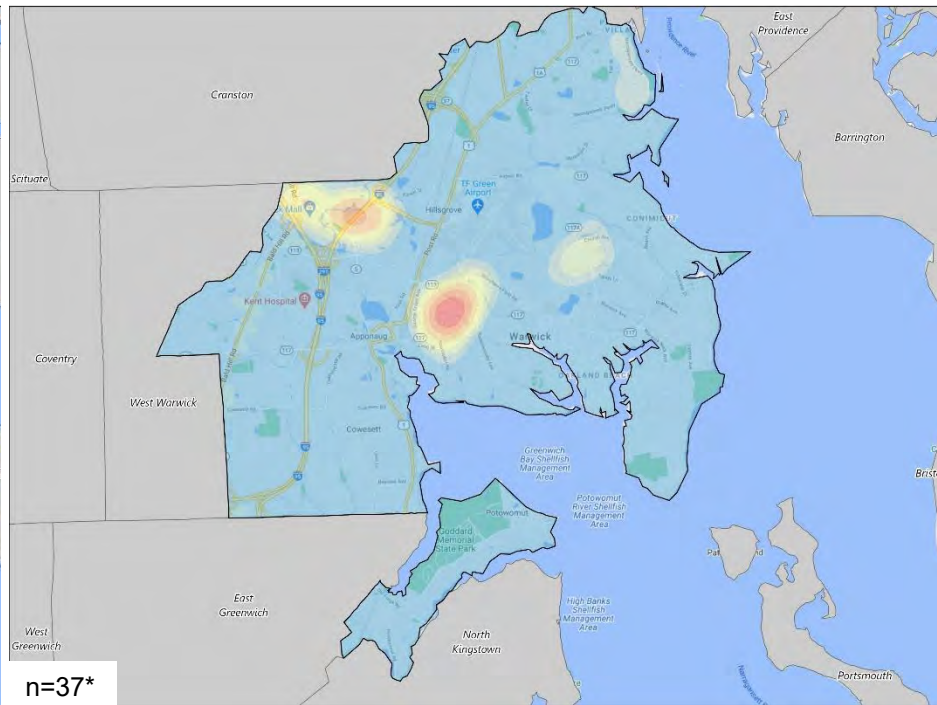
Sample: Warwick Overdose Heat Maps



10/20/2020-02/09/2021



11/16/2020-03/08/2021



Legend



High

Low



Rhode Island
Municipality



Source: Rhode Island Emergency Medical Services Information System (RI-EMSIS) *Data Notes: In order to provide the most current data possible, data from 3/2 to 3/8 should include 95% of cases but may be incomplete due to late reporting.

How Does COVID-19 Impact Outreach?



- COVID-19 safety protocols (i.e., outreach pods)
- [New COVID-19 harm reduction resources](#)
- Creative outreach strategies
- Increased demand for home-delivered services
- Prioritization of harm reduction workers receiving access to vaccine
- Access to rapid COVID-19 testing for staff and clients

COVID-19 Response



In this
uncertain time,
we're here
for you.

We know how important it
is to stay connected, and we're
working to keep you close
to the services you need.

Find a full list of resources at
preventoverdoseri.org/covid-19



Rhode Island's 10,000 Chances Project



- Statewide distribution of more than 10,000 intranasal naloxone kits to address increase in overdose deaths during COVID-19 pandemic.
- More than 30 agencies participated.
- Outreach infrastructure allowed for quick distribution to highest-risk populations.
- Strong partnerships and engagement with Rescue Work Group.
- RIDOH collaboration with BHDDH, Brown University School of Public Health, EOHHS, RIDMAT/MRC, and URI's Community First Responder Program.

Rhode Island's 10,000 Chances Project



Funded Rhode Island community-based organizations (500-kit recipients):



The Providence
CENTER



Gateway Healthcare
Lifespan. Delivering health with



Rhode Island Hospital
Lifespan. Delivering health with care.®

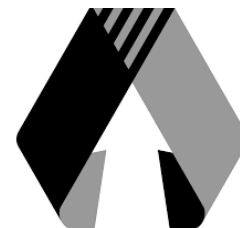
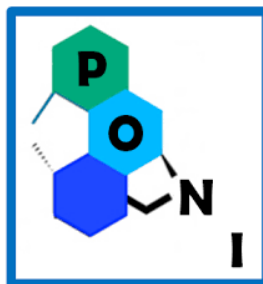
AIDS Care Ocean State



www.aidscaresos.org



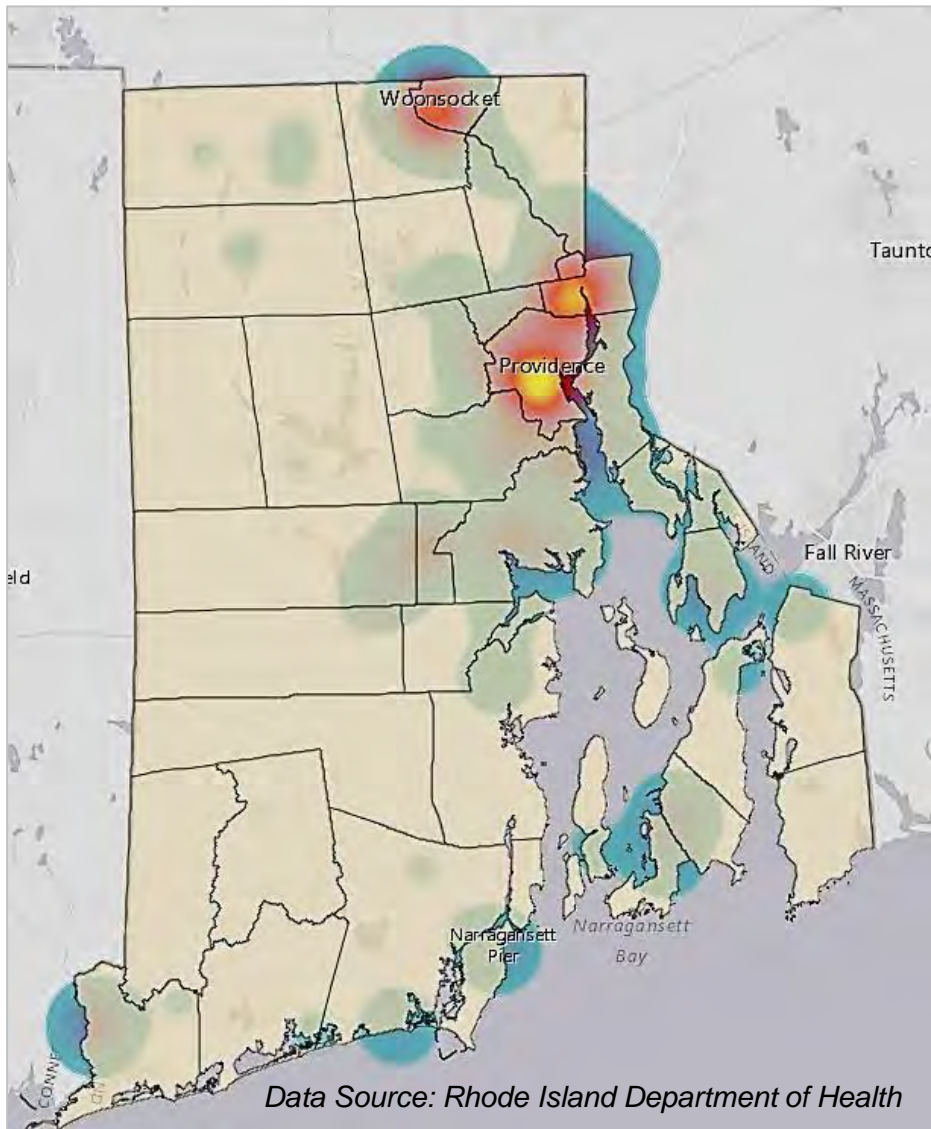
east bay community
action program



WEBER*RENEW

amos
HOUSE

10,000 Chances Naloxone Distribution December 2020-April 2021



- Heat map represents about 60% of the Project's total naloxone distribution.
- Data show naloxone kits distributed by recipient ZIP code.
- Top municipalities:
 - Pawtucket
 - Providence
 - Woonsocket
 - Warwick

Next Steps



- **Outreach education and systems enhancement**
 - Training guide for street outreach organizations
 - Virtual platform for real-time communication
 - Outreach systems to align with unstably housed individuals
- **Data and evaluation**
 - Collect data on overdose when 9-1-1 was not called
 - Align evaluation metrics to measure success
- **Public awareness**
 - Collect and share outreach stories
 - Promote awareness of services
- **Funding**
 - Identify sustainable funding sources

Thank You





Jennifer Koziol, MPH

Drug Overdose Prevention Program
Administrator

Division of Community Health and Equity

Jennifer.Koziol@health.ri.gov

Appendix: Data Collected



- Date
- Confidential ID
- ZIP code of encounter
- ZIP code of client
- Race and Ethnicity
- Gender
- Trans status
- Supplies
 - # doses naloxone, y/n refill
 - # needles turned in, # in exchange group
 - # clean smoking tips
 - # safe snorting kits
 - # safe injection kits
 - # condoms
 - # fentanyl test strips
 - Y/N basic needs supplies
- HIV test completed
- HCV tests completed
- Case management completed
- Referrals
 - SUD referral (inpatient)
 - SUD referral (outpatient)
 - Referrals to housing/shelter
 - Referrals to peer support
 - Referrals to basic needs
 - Referrals for HIV testing
 - Referrals for HCV testing
- Housing status (unstably housed)
- Overdose situation in past 30 days where 9-1-1 wasn't called (yes/no)
 - Why wasn't 911 called
 - Approx. date
 - ZIP code



Senator Joshua Miller
Representative John G. Edwards

Legislative Update

Briefing on Substance Use Disorder (SUD)-Related Legislation in 2021



Senator Joshua Miller

Chairman of the Committee on Health and Human Services

How to Testify During the Pandemic

- The process to testify at Senate hearings in 2021 has changed due to the pandemic.
- Hearing postings, found on the General Assembly website, give instructions on how to testify.
- Verbal testimony is only taken by phone at this time.
- Written testimony can be submitted via email.

2021 Priority Bills that Passed the Senate

- **SB 3** - Ends the discriminatory practice of gender rating.
- **SB 4Aaa** - Expands access to telemedicine services.
- **SB 5A** - Codifies portions of the federal Affordable Care Act (ACA) into Rhode Island state law.
- **SB 16A** - Creates a harm reduction center advisory committee and pilot program.

2021 Priority SUD-Related Bills

- **SB 48** - Expands drug awareness programs to high schools and clarifies funding for these programs.
- **SB 65** - Excludes the possession of buprenorphine from those controlled substances that can result in criminal penalties.
- **SB 188** - Reclassifies simple possession of 10 grams or less of certain controlled substances as a misdemeanor rather than a felony.
- **SB 305** - Requires BHDDH to coordinate with RIDOH to propose revisions to the “Alcoholism” and the “Emergency Commitment for Drug Intoxication” chapters of RI current law.

2021 Priority SUD-Related Bills

- **SB 371** - Establishes a Pay for Success project that will connect 125 Permanent Supportive Housing vouchers with chronically homeless Rhode Islanders.
- **SB 590** - Requires coverage for at minimum 90 days of residential or inpatient services for mental health and/or substance-use disorders.
- **SB 591** - Increases reimbursement rates for behavioral health providers.
- **SB 678** - Creates a "Mental Health Treatment Calendar" offering treatment and sentencing alternatives to eligible defendants with serious and persistent mental illness.

2021 Priority SUD-Related Bills

- **SB 712** - Prohibits health insurance annual and lifetime limits in state law.
- **SB 769** - Requires coverage for inpatient treatment of SUD during the health insurance review process.
- **HB 5397** - Expands the Good Samaritan law and protects people against drug possession arrests when they call 9-1-1 for medical assistance.
- **A 2021 version of 2020's SB 2069 will be introduced soon**
 - increases access to medication assisted treatment for individuals with substance use disorders.

Thank you!





PUBLIC COMMENT