



# Governor Dan McKee's Overdose Task Force

## June 14, 2023

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# Welcome and Announcements

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# Data Update: Accidental Drug Overdose Deaths in Rhode Island January 1, 2022-December 31, 2022

**June 14, 2023**

**Governor Dan McKee's Overdose Task Force**

**Today and every day, we honor  
our fellow Rhode Islanders whose  
lives were lost to an overdose.**



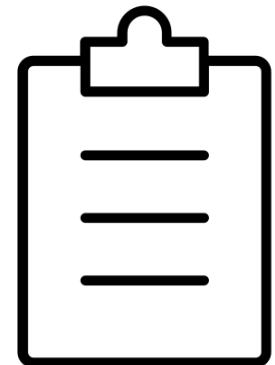
# Presentation Outline



## **Office of State Medical Examiners (OSME) Data:**

January 1, 2022 to December 31, 2022

- General Data Trends
- Decedent Demographics
- Overdose Setting
- Substances Contributing to the Cause of Death
- Conclusions



# OSME Data

# How Does RIDOH Report on Fatal Drug Overdoses?



- RIDOH reports on drug overdose deaths using data from the OSME.
- The cause and manner of death are based on clinical judgment, experience, and consideration of the following:
  - Autopsy results
  - Toxicology testing
  - Scene investigation
  - Medical history
- RIDOH reports on drug overdose deaths whereby the manner of death is “Accident,” and does not include manners such as suicides, homicides, or undetermined deaths.

# General Data Trends

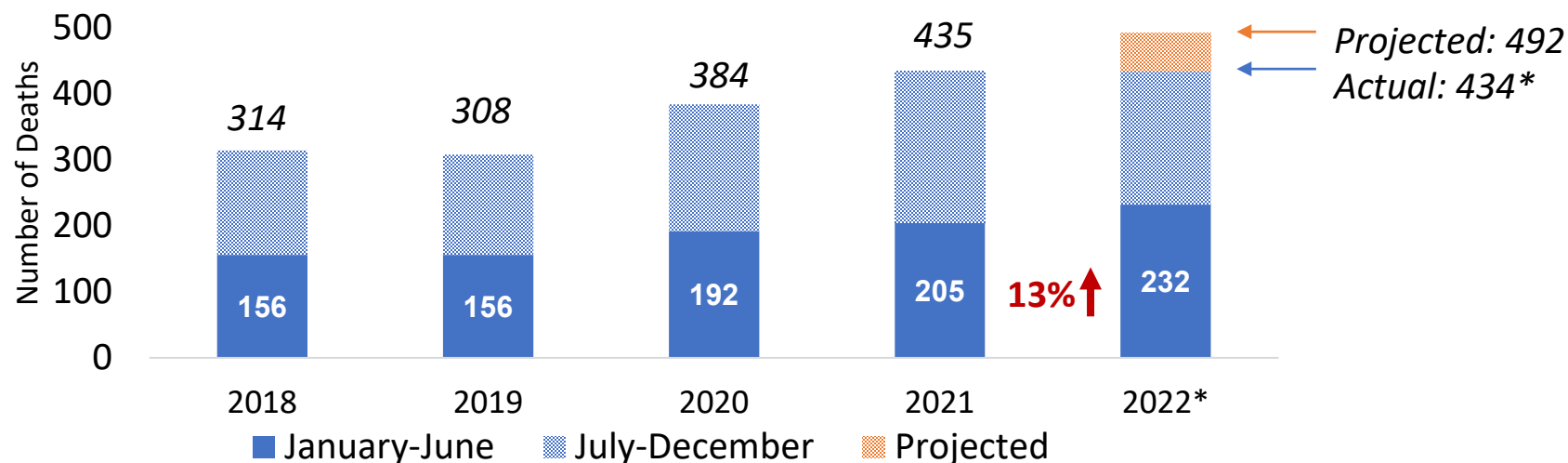


# Key Data Points: 2022 Fatal Overdoses



In 2022, **434\*** people lost their lives to an accidental drug overdose in Rhode Island.

In the **first six months of 2022** there was a **13% increase** in fatal overdoses compared to the same time period in 2021. Based on this trend, the total number of lives lost was **projected to be 492**.

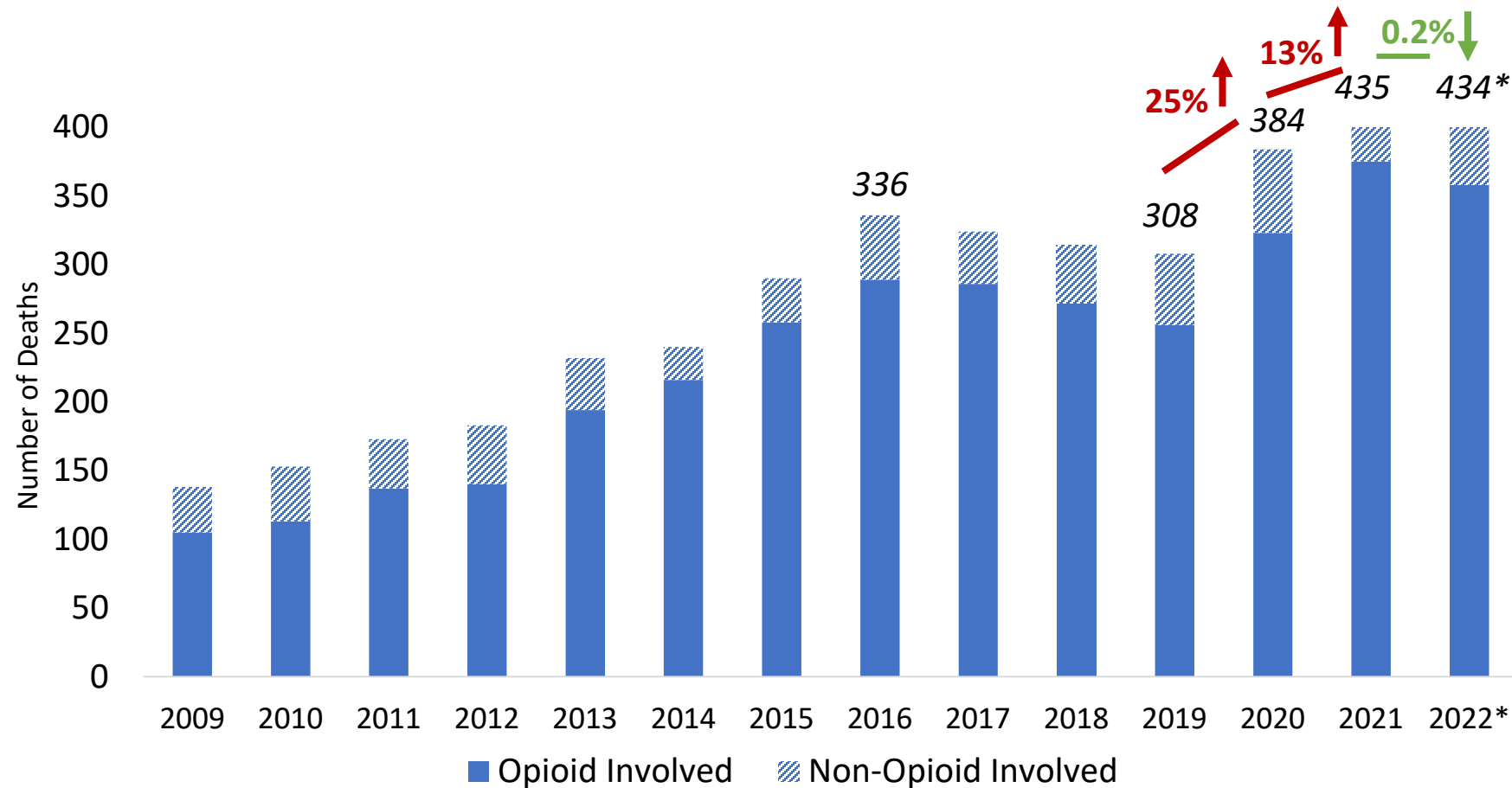


*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \* Indicates preliminary counts. Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

# Fatal Overdoses in Rhode Island by Year 2009 to 2022

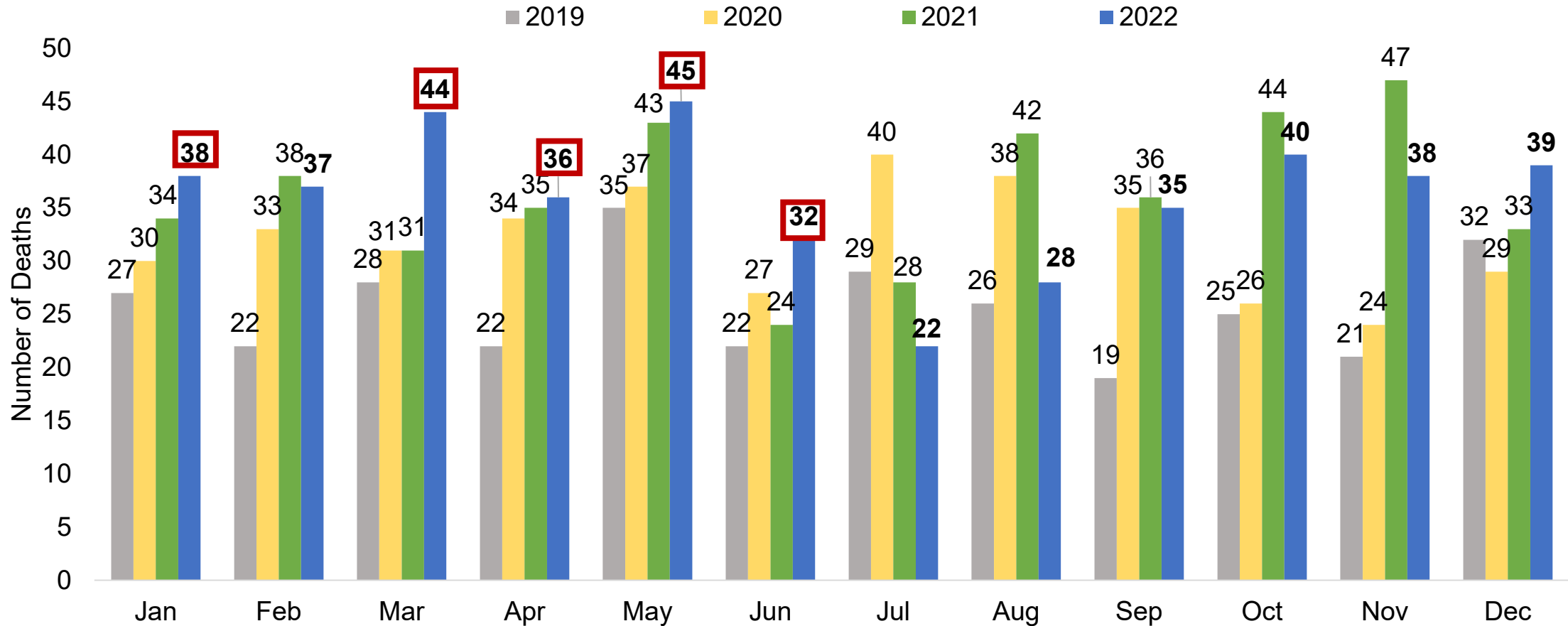


The current count of 2022 fatalities is **<1% lower** than 2021.



*Note:* Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \* Indicates preliminary counts.  
*Source:* Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.

# Fatal Overdoses in Rhode Island by Month 2019 to 2022



*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \* Indicates preliminary counts.  
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

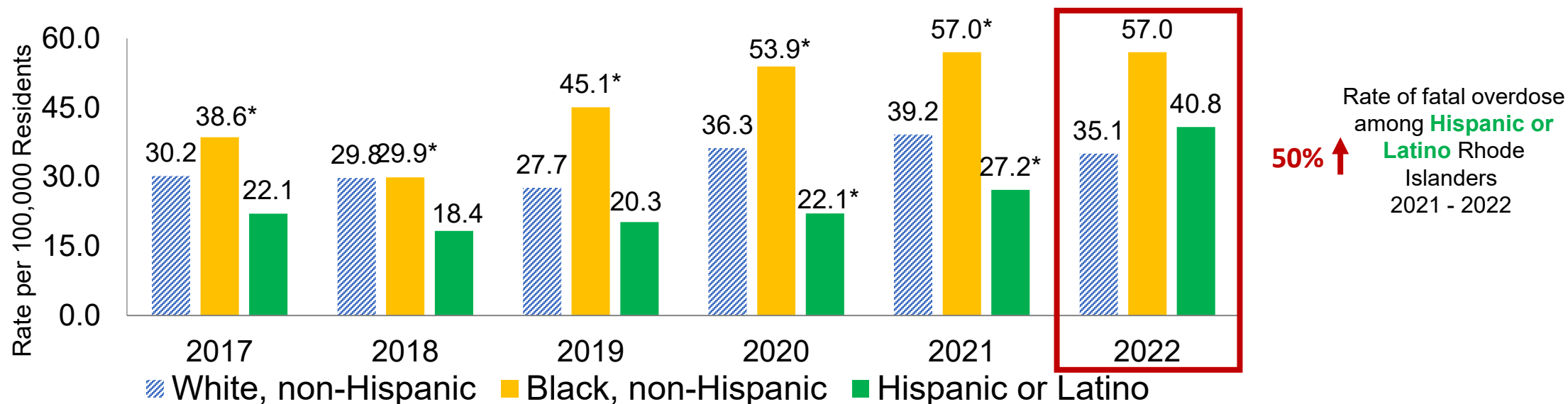
# Decedent Demographics

# Rates of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2018-2022



**Non-Hispanic Black** individuals continue to experience the highest rate of fatal overdoses per population.

The rate of fatal overdose among **Hispanic or Latino** Rhode Islanders **increased significantly** in 2022.



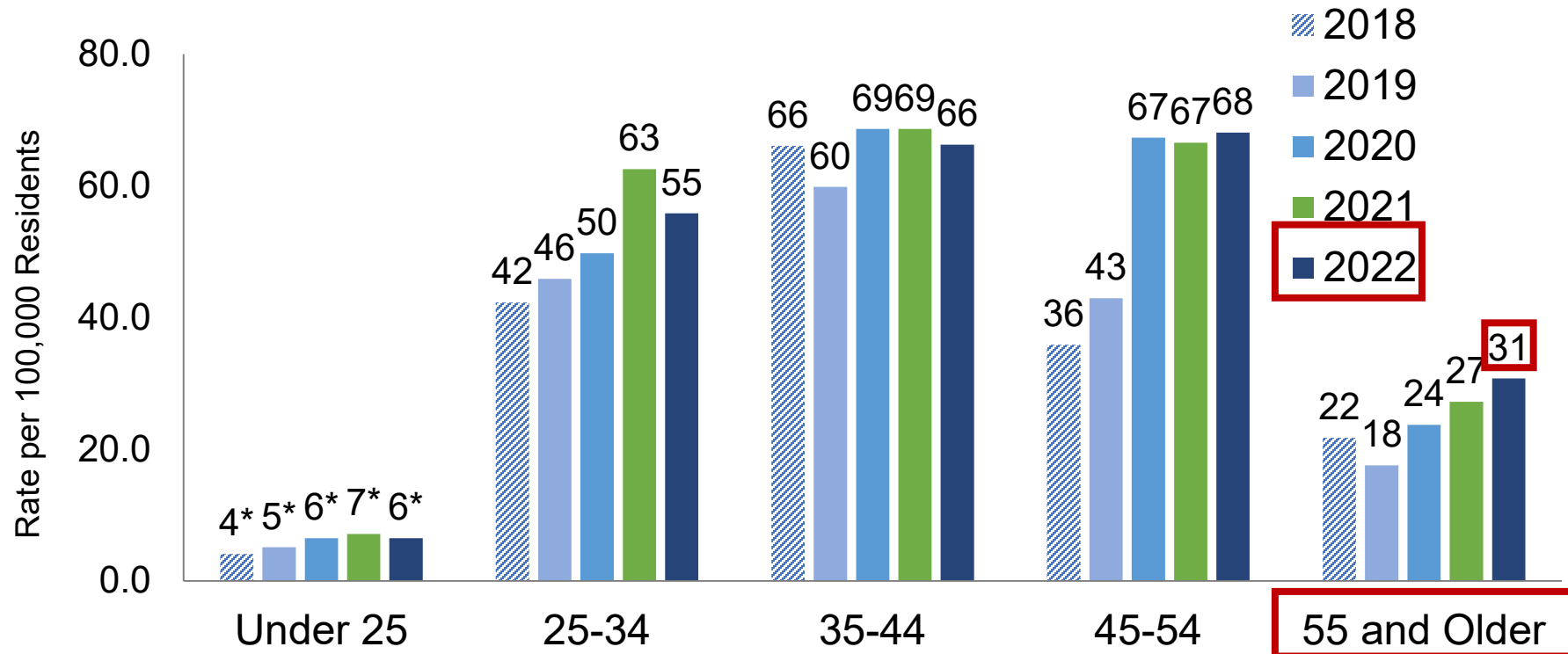
*Note: Due to RIDOH's Small Numbers Reporting Policy, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 8% of deaths from 2018 to 2022 missing ethnicity or race, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 and 2022 rates. Data are 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 June 1, 2023.

# Rate of Fatal Overdoses per 100,000 Residents by Age Category, 2018-2022



In **2022**, the overdose rates continue to **increase** among individuals **age 55 and older**. The rate of fatal overdose was **highest** among Rhode Islanders **age 45 to 54**.



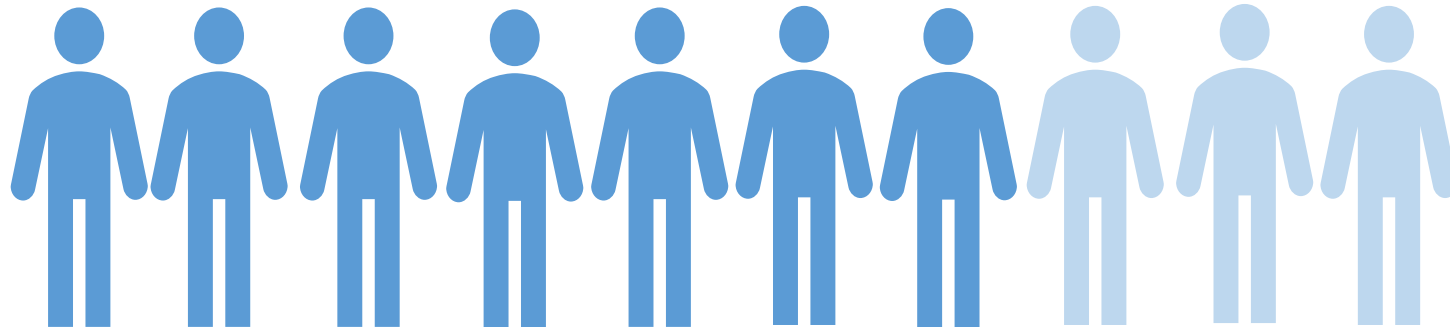
*Note: Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 and 2022 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

# Proportion of Fatal Overdoses by Sex January 1, 2022-December 31, 2022



Most individuals who died from a drug overdose were **male (72%, n=312\*)**, as categorized by the OSME.



# Overdose Setting

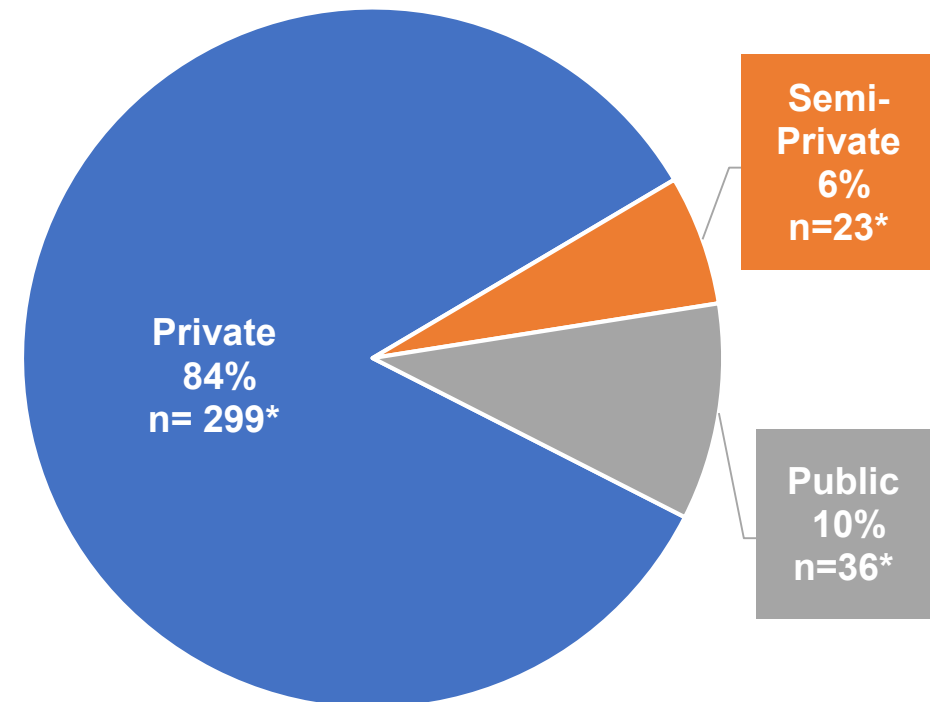


# Types of Overdose Locations



The OSME collects information about the locations of fatal overdoses. These locations are classified as **Private**, **Semi-Private**, or **Public**. In 2022, **84%** of fatal overdoses occurred in **private settings**.

<b>Private</b>	Private residence, garage, camper
<b>Semi-Private</b>	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
<b>Public</b>	Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks

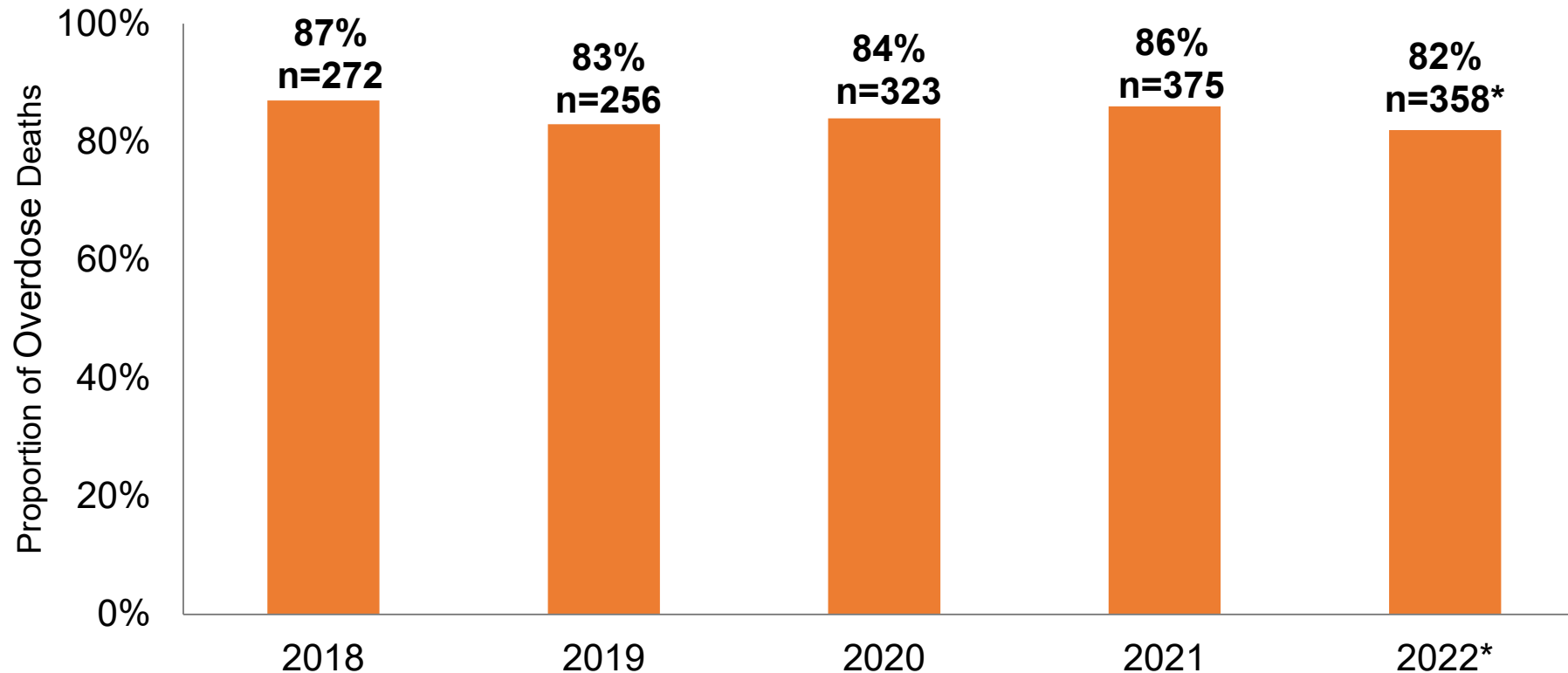


# Substances Contributing to the Cause of Death

# Opioid-Involved Fatal Overdoses January 2018-December 2022



In 2022, **any opioid** (including fentanyl) contributed to approximately **8 out of 10** fatal overdoses.

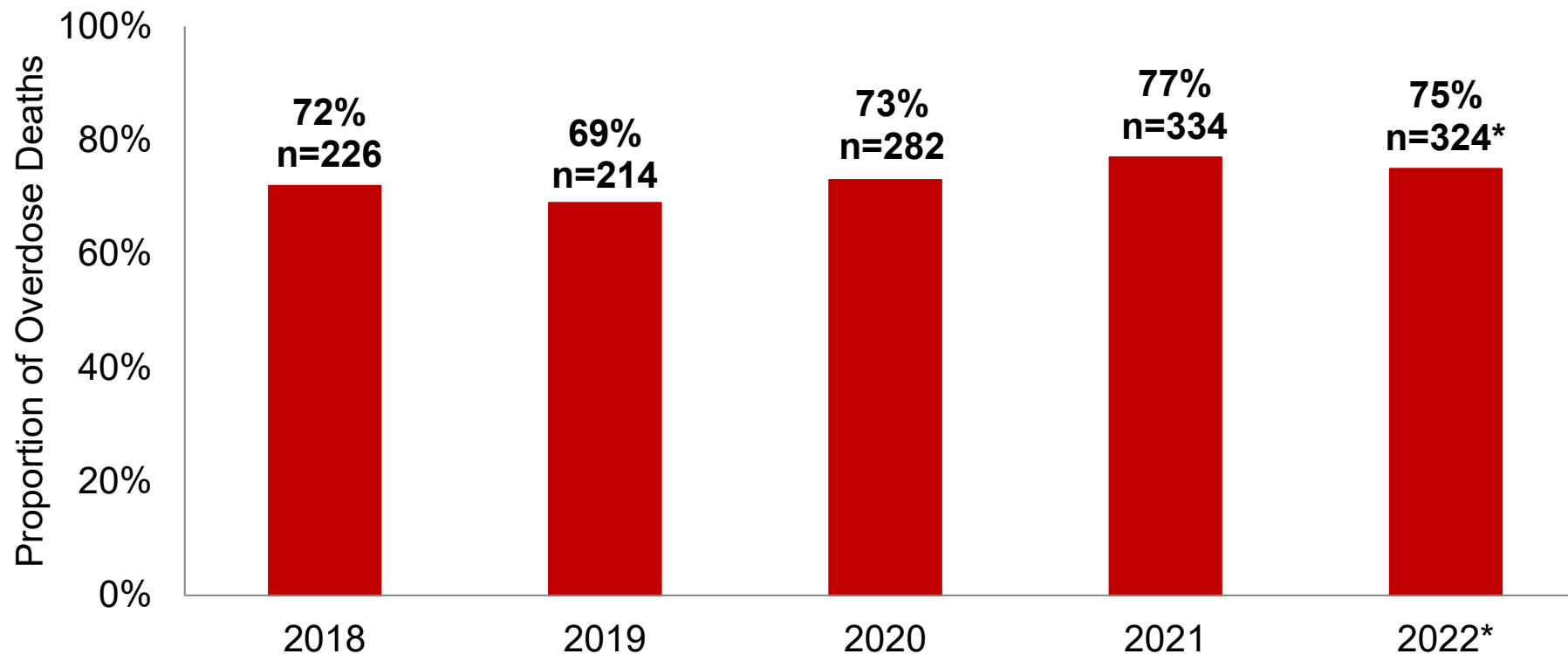


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023. Substance categories are not mutually exclusive, more than one substance may have contributed.  
\*Indicates preliminary counts.

# Fentanyl-Involved Fatal Overdoses January 2018-December 2022



**Fentanyl** continues to drive fatal overdoses.  
In 2022, **fentanyl** contributed to **3 out of 4** fatal overdoses.

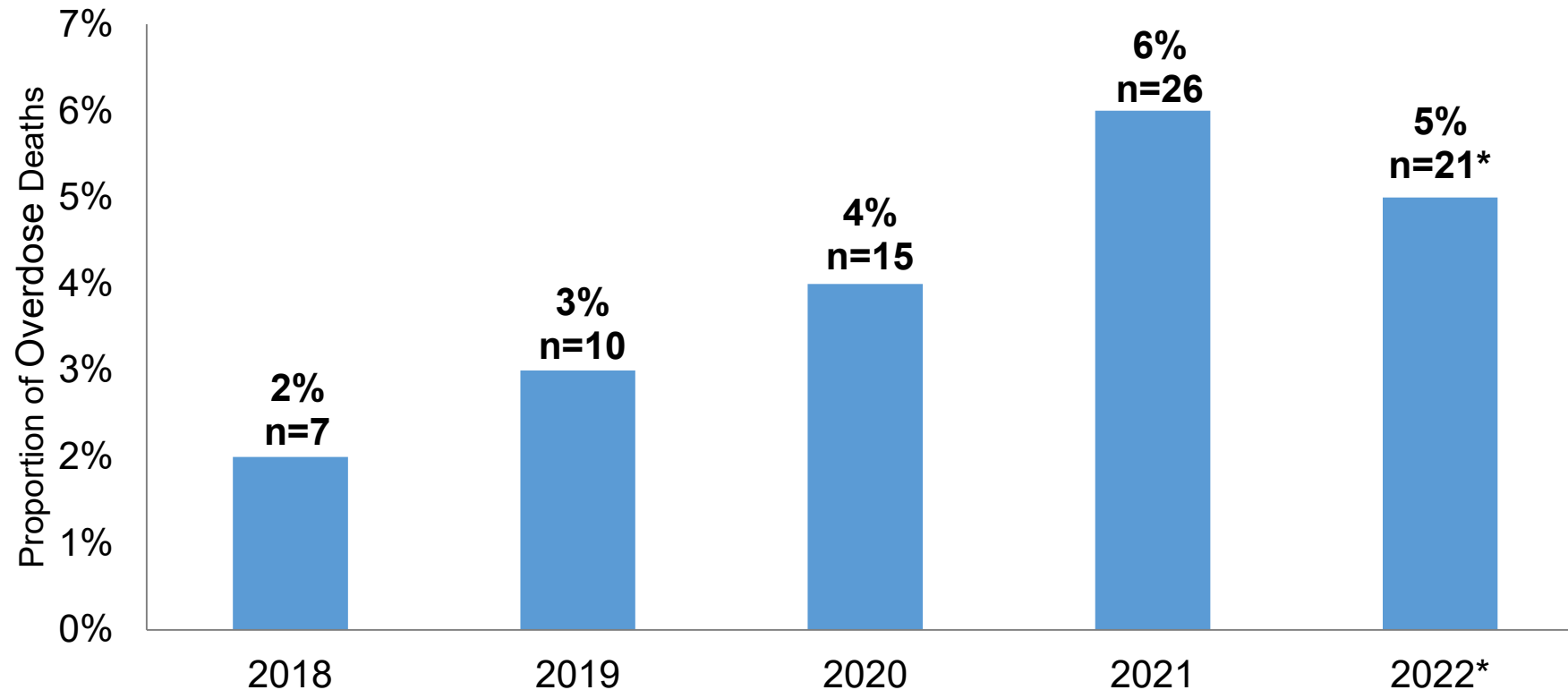


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023. Substance categories are not mutually exclusive, more than one substance may have contributed.  
\*Indicates preliminary counts.

# Methamphetamine-Involved Fatal Overdoses January 2018-December 2022



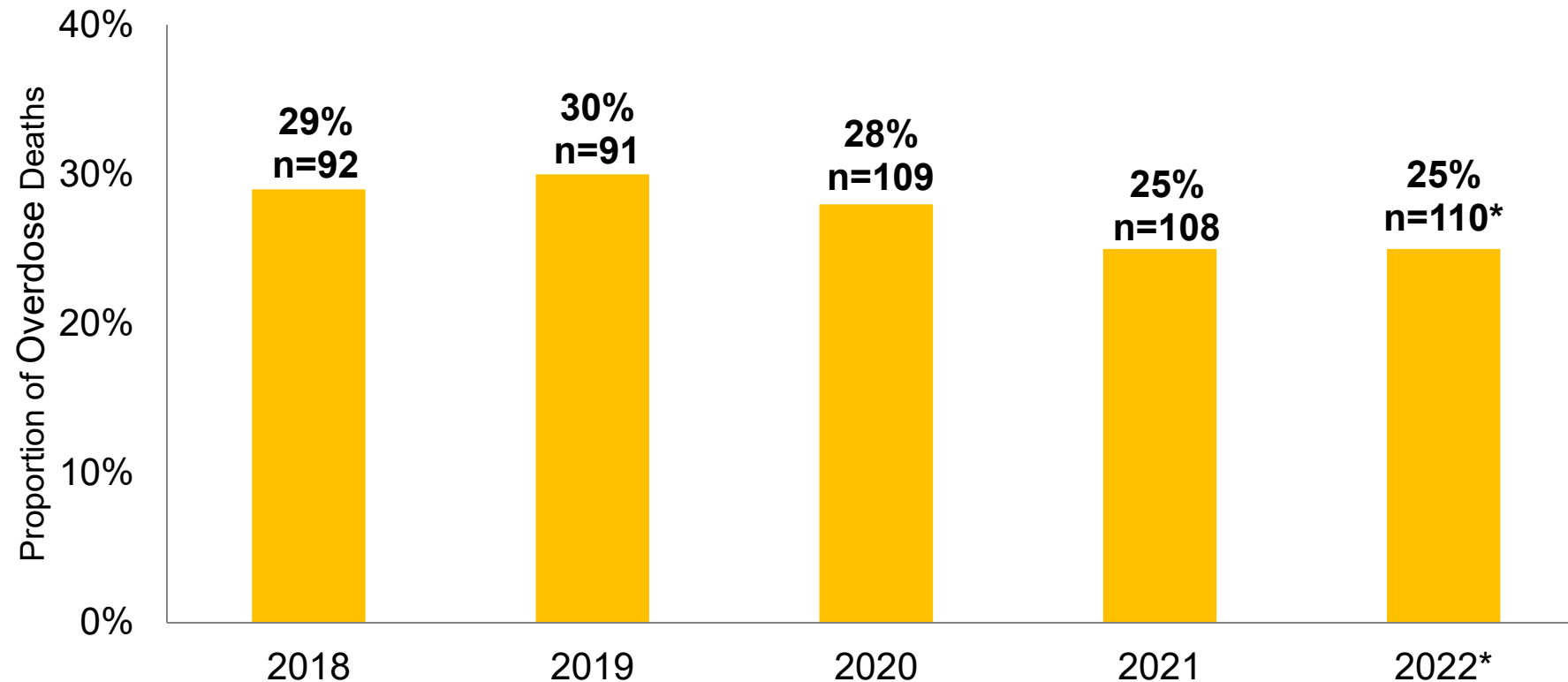
In 2022, **methamphetamine** contributed to **1 in 20** fatal overdoses.



# Alcohol-Involved Fatal Overdoses January 2018-December 2022



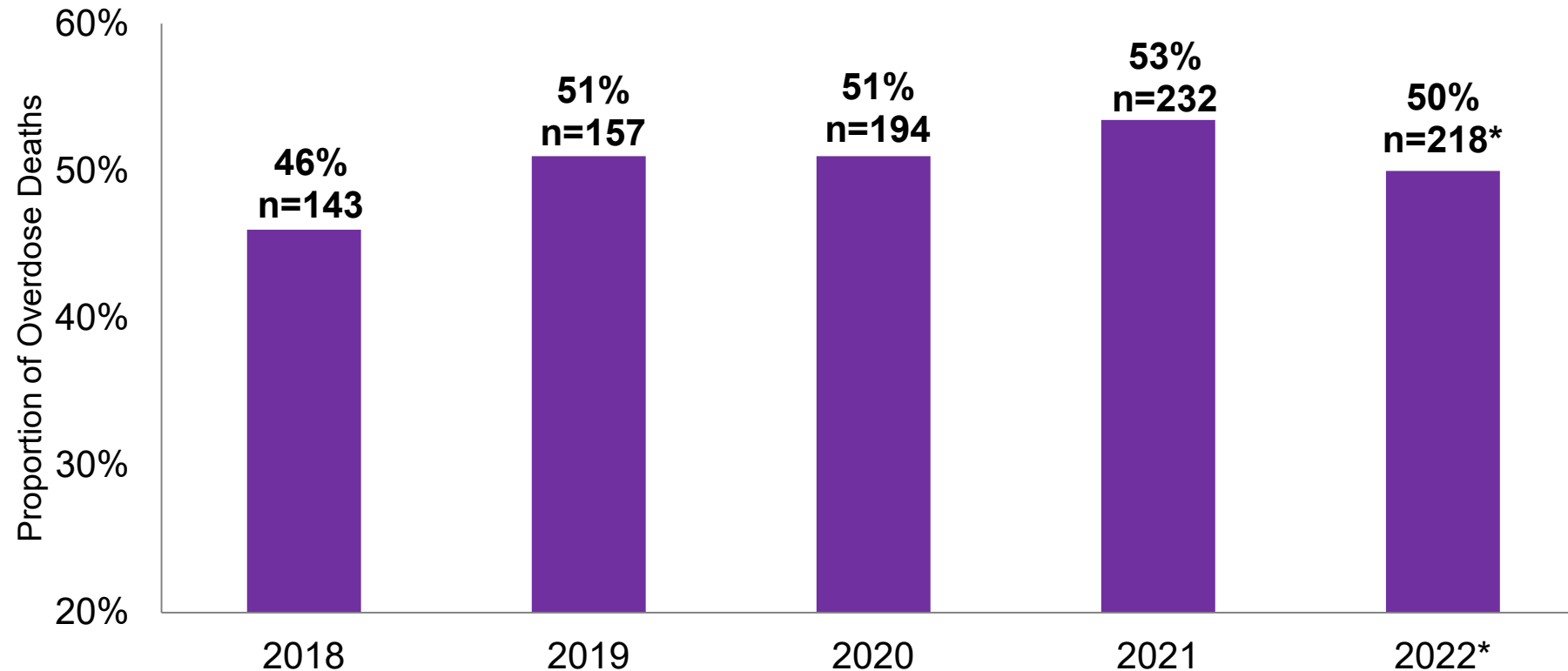
In 2022, **alcohol** contributed to **1 in 4** fatal overdoses.



# Cocaine-Involved Fatal Overdoses January 2018-December 2022



In 2022, **cocaine** contributed to **1 in 2** fatal overdoses.

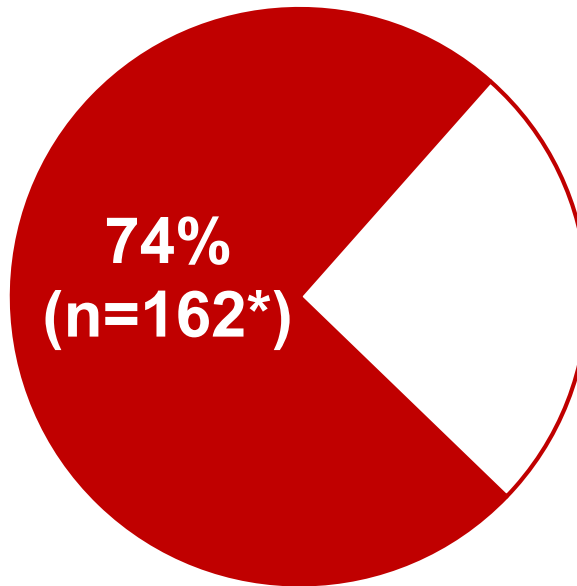


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023. Substance categories are not mutually exclusive, more than one substance may have contributed.  
\*Indicates preliminary counts.

# Cocaine-Involved Fatal Overdoses January 2022-December 2022



Last year, approximately **3 out of 4** people who died from a **cocaine-involved** overdose also had **fentanyl** contributing to their cause of death.



*Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. 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 June 1, 2023. \*Indicates preliminary counts.*

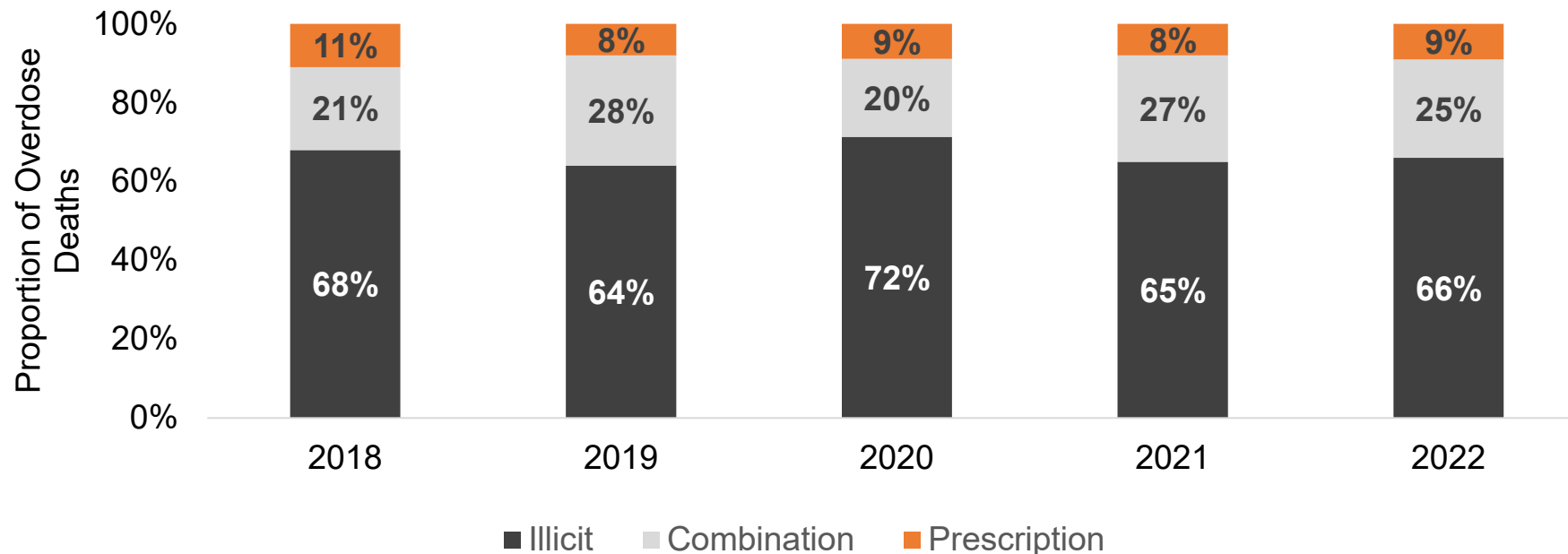


# Substances Contributing to the Cause of Death January 2018-December 2022



**Illicit drugs continued to drive fatal overdoses in 2022. The majority (66%) of fatal overdoses involved illicit drugs only.**

The proportion of fatal overdoses involving only **prescription medications** has remained relatively stable since 2019.



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

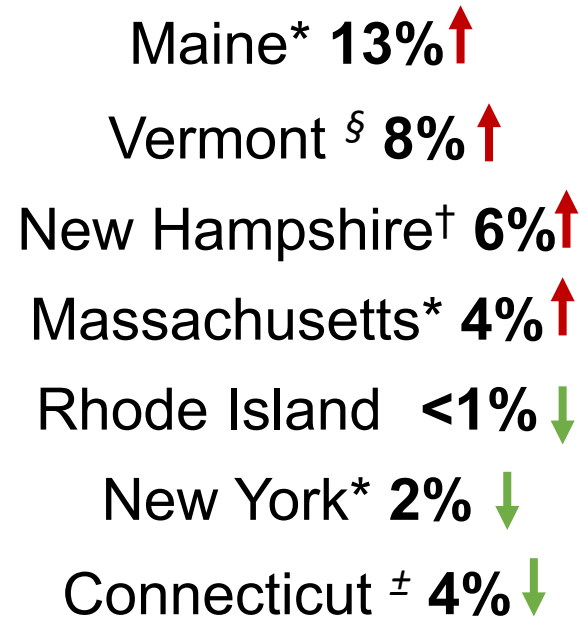
*Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

# Conclusions

# Regional Comparisons 2021-2022



From 2021 to 2022, the change in fatal overdose counts (involving any drug) has varied among states in the Northeast region.



Sources:

\* Centers for Disease Control and Prevention (CDC). Note: Numbers reflect projected increases in fatal overdoses reported to CDC. Counts may include deaths with all manners of death, including undetermined or intentional deaths.

§ Vermont Monthly Opioid Morbidity and Mortality Report

†New Hampshire 2022 Overdose Deaths Report

± Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2023

# Data Highlights: January 2022-December 2022



- Fatal overdoses in Rhode Island involving any drug decreased by less than 1% compared to 2021.
- Individuals most impacted were:
  - Males
  - Rhode Islanders age 45 and older
  - Non-Hispanic Black Rhode Islanders
- There was a notable increase in the rate of fatal overdoses among Hispanic or Latino Rhode Islanders and Rhode Islanders age 55 and older.
- Most overdoses continued to occur in private settings (84%).
- Fentanyl continued to be involved in most fatal overdoses (75%).

# RIDOH Drug Overdose Surveillance Data Hub



For more information, visit RIDOH's Drug Overdose Surveillance Data Hub at [health.ri.gov/od-datahub](https://health.ri.gov/od-datahub)

- Fatal Overdose Information
- Data for Download
- Overdose Heat Maps
- Data Requests
- Other Substance Use Epidemiology Program Surveillance Systems



Biosurveillance



Emergency Department Visits



Emergency Medical Service Runs



Integrated Surveillance System



Naloxone Distribution



Overdose Fatalities



Prescription Drug Monitoring Program

For even more data and request naloxone, visit [PreventOverdoseRI.org](https://PreventOverdoseRI.org).

Questions?



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Substance Use Epidemiology Program

Rhode Island Department of Health

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# Overdose Fatality Review (OFR): Highlights from May 2023 Case Review Meeting

**June 14, 2023**

**Governor Dan McKee's Overdose Task Force**



# Background Information



## **Goals of OFR:**

- Examine emerging trends in the overdose epidemic.
- Identify points for prevention and gaps in current policies, systems, and operations

## **May 2023 Meeting:**

- Theme: housing insecurity
- Four individuals' cases reviewed

# May Case Review Highlights



## **Recommendations Related to Housing:**

- Increase availability
- Create low-barrier options
- Utilize existing models (e.g., Medical Respite Care and Housing First)
- Provide more intensive case management
- Co-placement of harm reduction supplies
- Overdose prevention education
- Monitoring

# Next Steps



- Formalize recommendations
- Publish full quarterly report
- Disseminate and track recommendations



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# **Overdose Data to Action: Targeted Text Messaging Campaign in Response to Increased Overdose Activity**

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**June 14, 2023**

**Governor Dan McKee's Overdose Task Force**

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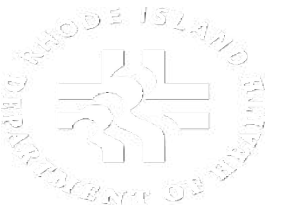
# Statewide Text Messaging Initiative

Connecting Rhode Islanders to  
Naloxone and Naloxone Training



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# Small Amount: Fentanyl Risks Campaign

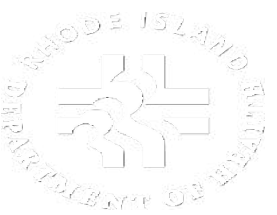


Expands Rhode Island's *Small Amount* public awareness campaign with a **targeted text messaging initiative** (English and Spanish) to reach Rhode Islanders who are living in overdose hotspots.



# Objectives: Text Messaging

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- **Rapidly notify people of increased overdose activity** happening within their geographic region.
- **Increase awareness of fentanyl-contaminated substances**, including non-opioids like cocaine and crack cocaine.
- **Connect to free naloxone and naloxone training (English and Spanish)** at [PreventOverdoseRI.org](https://PreventOverdoseRI.org).


# Text Messaging Driven by RIDOH Non-Fatal Overdose Data





## Small Amount Public Awareness Campaign

**¿Hay fentanilo en su cocaína? piedra? metanfetamina? oxicodona? "percs"? "addies"?**

Esto es suficiente fentanilo para matarte.



 Aprenda cómo estar seguro cuando use drogas en [PreventOverdoseRI.org](http://PreventOverdoseRI.org)

**PREVENT OVERDOSE RI** 

**Is there fentanyl in your coke? crack? meth? oxys? percs? addies?**

This is enough fentanyl to kill you.



 Learn about safer drug use at [PreventOverdoseRI.org](http://PreventOverdoseRI.org)

**PREVENT OVERDOSE RI** 

## RIDOH Opioid Overdose Integrated Surveillance

System: [health.ri.gov/od-datahub](http://health.ri.gov/od-datahub)



Emergency Medical  
Service Runs



Emergency  
Department Visits

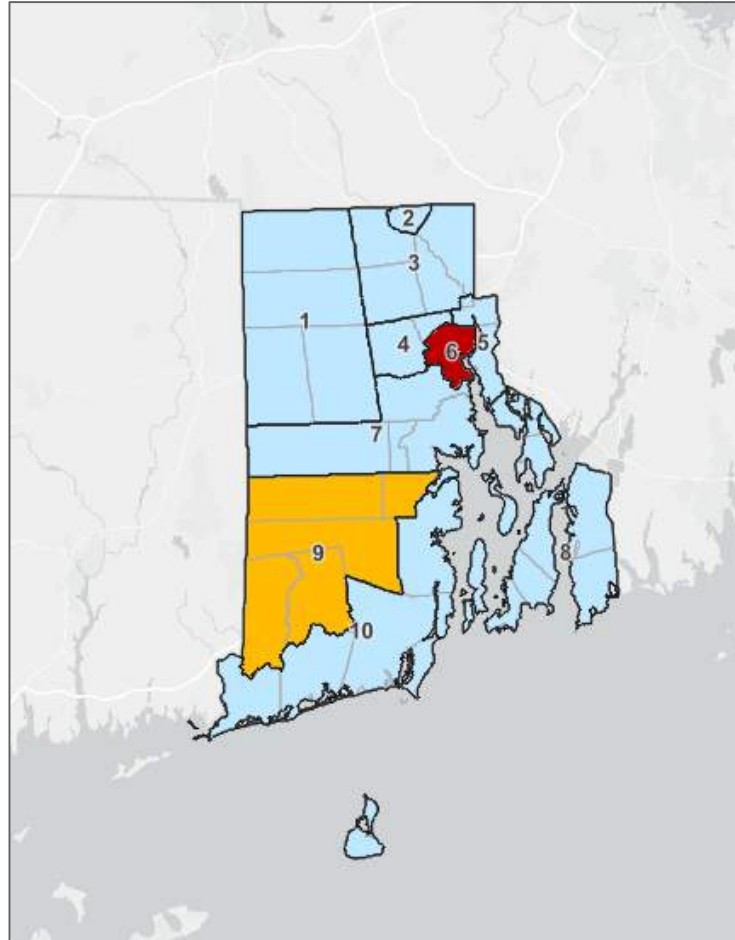
# Rhode Island Overdose Action Area Response (ROAAR)



Emergency Medical  
Service Runs



Emergency  
Department Visits



June 6, 2023

## Public Health Alert: Rhode Island Overdose Action Area Response (ROAAR) Providence

The Rhode Island Department of Health (RIDOH) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals issue this ROAAR Alert due to increased non-fatal opioid overdose activity in Providence.

**From May 28 to June 3, 2023, Providence exceeded its weekly, pre-established opioid overdose threshold.**

- There were 24 reports of individuals receiving care from an emergency department (ED) for a suspected opioid overdose. The weekly threshold is 22 ED visits.

**During the same timeframe, East Greenwich, West Greenwich, Exeter, Richmond, and Hopkinton (Region 9) reached its weekly, pre-established overdose threshold for emergency medical services (EMS) runs due to suspected opioid overdoses.**

**Data Questions?** Visit RIDOH's Drug Overdose Surveillance Data Hub to [learn more](#) about Rhode Island's Overdose Action Areas and how RIDOH tracks weekly, non-fatal overdose data.

### Share these Alerts

If someone you know would like to receive these ROAAR Public Health Alerts, please share [this link](#).

# Amplify Existing Statewide Mobile Outreach Efforts



- **RIDOH partners with four local harm reduction organizations (AIDS Care Ocean State, Community Care Alliance, Parent Support Network, and Project Weber/RENEW) to deploy teams of peer recovery support specialists to neighborhoods experiencing increased overdose activity.**
- **Peers connect people who use drugs to harm reduction tools (fentanyl test strips, naloxone, safer smoking kits, wound care kits), basic needs, and treatment and recovery services.**

# Direct Mailers and Text Messaging



Hi Lisa,

This is Lauren from the Rhode Island Department of Health.

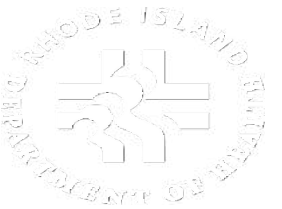
Did you know people in Woonsocket have experienced an overdose recently? Rhode Island has been a national leader in responding to this crisis, but there's still a lot more to be done!

You can be ready to save a life by getting FREE naloxone (also known as Narcan®) at this link: [preventoverdoseri.us/l/8laMi](https://preventoverdoseri.us/l/8laMi)

Naloxone is a medicine that can reverse an opioid overdose, including ones caused by fentanyl or heroin.

There can be fentanyl in many common drugs, including coke, crack, meth, rocks, rocks

# Landing Page (English and Spanish)



PreventOverdoseRI.org/get-naloxone



## Get Naloxone

### Request Free Naloxone Delivered to Your Home

Click the link below to start a short interactive training in **English** or **Spanish**. The training will take about 10 minutes. You will learn how to recognize an overdose, respond to an overdose using naloxone, and ways you can stay safer if you are using drugs. At the end of this short training, you can request free naloxone shipped to your house. You can also request to have a peer recovery specialist to contact you.

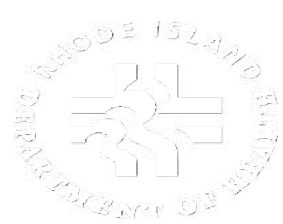
We are currently shipping naloxone to Rhode Island residents only.

Get Started

Empieza aquí



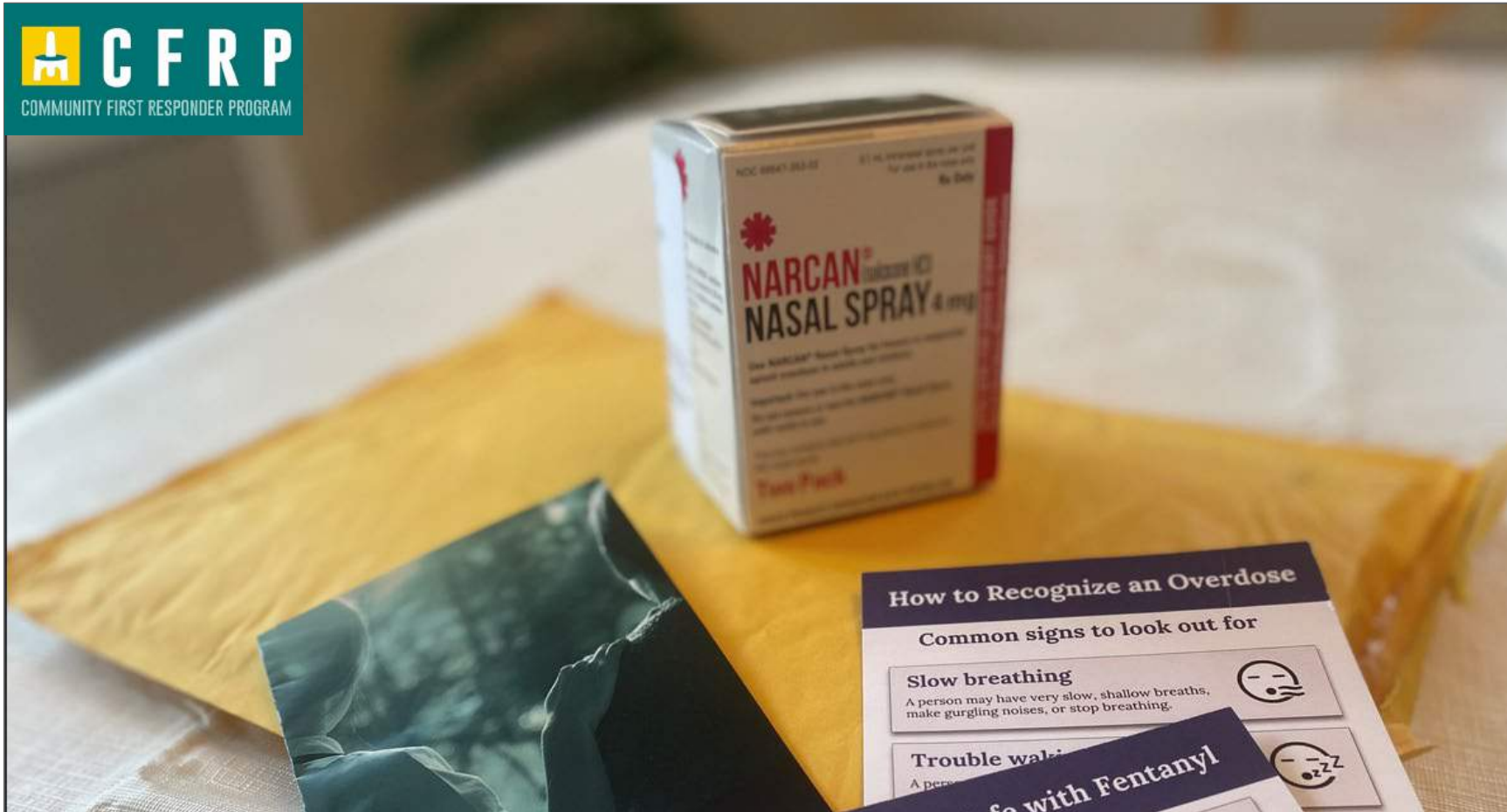
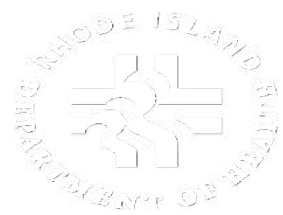
# Online Naloxone Training (English and Spanish)



- The University of Rhode Island's Community First Responder Program developed an online, interactive naloxone training.
- The training takes about five to seven minutes to complete.
- At the end of the training, people can order a free naloxone kits shipped to their home at no cost.



# Free Naloxone Kits from PreventOverdoseRI.org



 **CFRP**  
COMMUNITY FIRST RESPONDER PROGRAM



# Metrics: Text Messaging and Direct Mailers



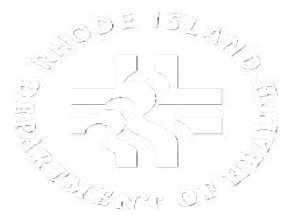
To date, direct mail and/or text messaging have been sent after five ROAAR events:

- North Kingstown (mailer and text)
- Woonsocket (mailer and text)
- Johnston and North Providence (text only)
- Providence (2 - text only)

Engagement of mailers and text can be tracked using a custom link (like bit.ly). This allows for the following feedback data to be collected, specifically for texting:

- Clicks
- Messages delivered
- Opt Outs
- Replies

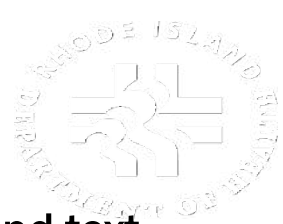
# Small Amount: Text Messaging Metrics



Every time a text message was sent with this initiative, the number of naloxone kit requests has increased. The number of requests doubled in **February** (North Kingstown and Woonsocket) and **April** (Providence and Johnston/North Providence).



# Small Amount: Text Messaging Metrics

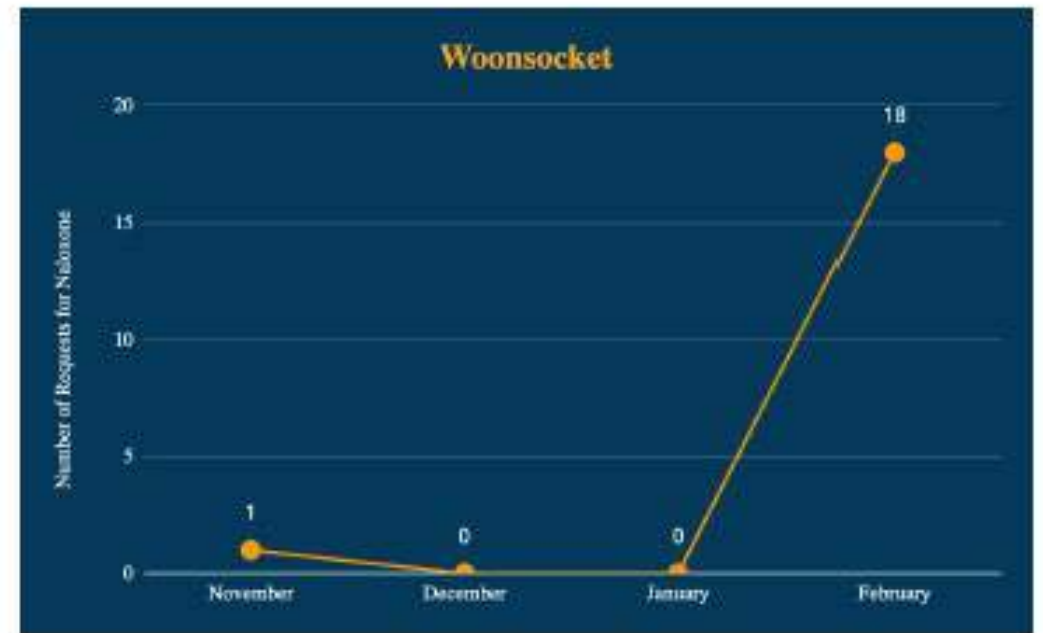



There was a considerable increase in the number of naloxone requests in February after the mailer and text messages were sent. In previous months, the naloxone requests in North Kingstown and Woonsocket ranged from zero to four.

In North Kingstown, there was a **4,900%** increase (one to 50) in the number of naloxone requests.



In Woonsocket, there was a **1,800%** increase (zero to 18) in the number of naloxone requests.

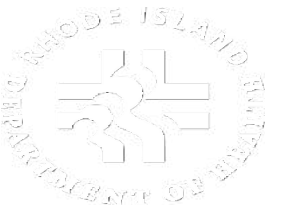




# Examples of Other Statewide Behavioral Health Campaigns

# Pregnant People Who Use Substances and Substance-Exposed Newborns (English and Spanish)





# Three Words Can Make a Difference (English and Spanish)

Three words  
can make  
a difference

Are you ok?

BHLINK.ORG  
Three words can make a  
difference. [LEARN MORE](#)

Like Comment Share

Tu poco  
esfuerzo puede  
hacer una gran  
diferencia.

Que tienes?  
Hablame.

BHLINK.ORG  
Solo tres palabras pueden  
hacer una gran diferencia. [LEARN MORE](#)

Like Comment Share



# Adaptation of CDC's Polysubstance Use Campaign



## POLYSUBSTANCE USE FACTS

### WHAT IS POLYSUBSTANCE USE?

The use of more than one drug, also known as polysubstance use, is common. This includes when two or more are taken together or within a short time period, either intentionally or unintentionally. Intentional polysubstance use occurs when a person takes a drug to increase or decrease the effects of a different drug or wants to experience the effects of the combination. Unintentional polysubstance use occurs when a person takes drugs that have been mixed or cut with other substances, like fentanyl, without their knowledge.

Whether intentional or not, mixing drugs is never safe because the effects from combining drugs may be stronger and more unpredictable than one drug alone, and even deadly.

**What about prescription drugs?**

The dangers of polysubstance use also apply to prescription drugs. Always let your doctor know what drugs you are taking to prevent any adverse reactions with newly prescribed medications. Never take pills that did not come from a pharmacy and weren't prescribed to you.

### GET THE FACTS

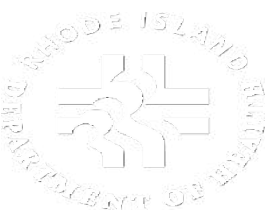
250+

More than 250 American lives lost to drugs every day.<sup>1</sup>

50%

In 2019, nearly half of drug overdose deaths involved multiple drugs.<sup>2</sup>

Whether intentional or not, **mixing drugs is never safe** because the effects from combining drugs are often stronger, more unpredictable, and even deadly.



# More Campaigns to Come

- Continuation of Pregnant People Who Use Substances and Substance-Exposed Newborns
- Continuation of Polysubstance Use
- Unintentional Youth Poisonings
- Toxic Drug Supply: Fentanyl and Xylazine
- 988 Suicide & Crisis Lifeline





# Questions?

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# Breakout Summaries from May 2023 Community Conversations



Cathy Schultz, MPH  
Director of Governor Dan McKee's Overdose Task Force  
Executive Office of Health and Human Services

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# Task Force Strategies

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- To end the overdose crisis
- Ensure racial equity is embedded across all pillars: Prevention, Rescue/Harm Reduction, Treatment, and Recovery
- Improve lives and uplift community voices
- Use data to drive change
- Build connections to care

*The Task Force remains committed to addressing the root causes of overdose, including the socioeconomic factors that influence health.*

# Feedback from the May Governor's Task Force Meeting

The May 10<sup>th</sup> Governor's Task Force meeting offered Task Force members, expert advisors, and community members an opportunity to participate in a virtual community conversation on overdose and prevention priorities and policies. There were seven breakout sessions and this presentation features highlights from discussions on the following topics:

1. Racial Equity
2. Emerging Response to Changing Epidemic
3. Social Determinants of Health (SDOH) – Topics Other Than Housing
4. Social Determinants of Health (SDOH) – Housing
5. Communication and Prevention
6. Harm Reduction and Rescue
7. Treatment and Recovery

# Key Takeaways

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## **Racial Equity** - Continue to address racial inequities across the continuum

- Invest in stimulant use treatment with safe housing options
- Sustain racial equity work: continue to fund the racial equity strategic planning by the Racial Equity Work Group, to fulfill the commitment by all work groups and the Task Force to adopt recommendations and strategies that embed racial equity in all work

## **Emerging Issues** – Ensure emergency resources are available on demand to pivot

- Sustain emergency response fund to address changing drug supply
  - Drug supply continues to evolve – xylazine (non-opioid) and now nitazene (potent opioid)
  - Increase/sustain drug testing – and add portable options (in mobile vans)
  - Address wound care needs including education around xylazine and outreach by wound care specialists

# Key Takeaways

**Social Determinants of Health (SDOH)** – Continue to address housing, employment, oral health, transportation, etc.

- Safe, affordable housing for ALL
  - Review and/or conduct cost-benefit analysis of Housing First practices (use of emergency departments, recidivism into ACI, residential treatment)
  - Increase housing stabilization providers that can deliver housing stabilization services (this is Medicaid reimbursable)
  - Invest in alternate housing for people who have a reoccurrence; harm reduction-focused housing (Housing First)
  - Invest in incentives for landlords, recovery house owners, subsidies to ensure safe, low-barrier housing is available for ALL
- Ensure access to oral health, both preventive care and reconstructive - Anti-stigma and education around medications for opioid use disorder (MOUD) for providers
- Provide care packages for people new in recovery housing or apartment: food, furnishings, toiletries, etc.

# Key Takeaways

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## Communications

- Focus targeted media campaigns for specific populations: pregnant people, adolescents
- Invest in prevention education and communications that address stigma, racial inequities, overdose, addiction, and strategies for increasing resiliency

## Prevention

- Continue to invest in and expand student assistance counselors in middle and high schools
- Increase drug take back opportunities by using a mailer option
- Increase focus on children exposed to trauma
- Increase after-school, mentorship, and leadership development programs for youth and young adults – including suicide prevention
- Address anxiety disorders and self-medicating with an open registry for treatment providers
- Discuss the impact of adult-use cannabis legalization on prevention efforts

# Key Takeaways

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## Harm Reduction and Rescue

- Sustain and increase investment in harm reduction infrastructure:
  - Sustain naloxone accessibility and hub
  - Sustain and increase harm reduction tool hub and people who use drugs advisory committee resources
  - Continue to support the Overdose Prevention Center
  - Sustain needle exchange and drug user health services
  - Continue to place 24/7 access to harm reduction tools through vending machines, including at the ACI
  - Sustain targeted, data-informed mobile outreach projects



# Key Takeaways

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## Treatment

- Improve racial equity in treatment
  - Expand faith-based community through The Imani Project and other outreach efforts
  - Sustain outreach and treatment for BIPOC workers
  - Increase treatment workforce diversity and cultural competency
- Expand education and decrease stigma in the treatment setting
  - Support more education and research around xylazine and accessible CPR trainings for providers with xylazine education
  - Increase training in addiction medicine (fellowships)
  - Improve coordination and education to primary care offices and providers

# Key Takeaways

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**Recovery** - Increase investment in recovery including support for workforce and recovery capital for members

- Ensure recovery housing sustainability
- Address workforce traumas and burn-out
- Provide additional workforce supports – Certified Peer Recovery Specialist (CPRS) trainings, trauma-informed supports and supervisor trainings
- Support a continuously updated resource hub across all pillars to ensure available options are shared with programs and the people that are using them

**Policy** – Support bold policy changes:

- Advocate for policy changes, decriminalization, housing shortage, etc.
- Pilot "safe supply" best practice used successfully in other countries

# Public Comment

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**RHODE  
ISLAND**