



Governor Dan McKee's Overdose Task Force

August 9, 2023

Louis Cerbo, EdD; Acting Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
Philip Chan, MD, MPH; Consultant Medical Director, Rhode Island Department of Health
Ana Novais, MA; Assistant Secretary, Rhode Island Executive Office of Health and Human Services
Thomas Joyce, LCDP, CPRS; Task Force Community Co-Chair
Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

**RHODE
ISLAND**



Welcome and Announcements

**RHODE
ISLAND**

THIS IS MORE
IMPORTANT
THAN EVER

#IOAD2023

 International Overdose
Awareness Day
31 August

Help end overdose today

International Overdose Awareness Day (IOAD)
August 31, 2023

IOAD Statewide Naloxone Distribution



 **INTERNATIONAL
OVERDOSE
AWARENESS DAY**

**#ENDOVDOSERI BY JOINING
US IN RI'S LARGEST NARCAN
DISTRIBUTION EVENT!!**

**2022: 3K NARCAN DISTRIBUTED
2023 GOAL: 4K NARCAN!**

**ANY QUESTIONS? PLEASE CONTACT
IOAD@WEBERRENEW.ORG**

**AUGUST 31ST
12-4PM**



September is Recovery Month!



20 Years of Rallying

Join us for Rhode Island's 2023 Rally4Recovery!

Our free, family - friendly Rally is the largest celebration of recovery in Southern New England.

Food • Live music • Career fair
Raffle • Speakers • Resources
Bouncy house, and more!

Sunday, September 17th, 2023
195 District Park, Providence, RI
12pm - 4pm



20 Years of Rallying

2023 Rally Sponsorship

Recovery Level \$7,500 - \$10,000

Sit down interview at the event that goes live on the big screen.
Your logo on the event t-shirts.
Your logo on our website and boosted social media posts.
Up to 2 tents, chairs, and tables in a prime location.

Serenity Level \$1,000

Your logo on the event t-shirts.
Your logo on our website and social media.
1 tent, chairs, and table in a great location in the general vendor/resource area.

Grace Level \$5,000

Our media team will be at your tent.
Your logo on the event t-shirts.
Your logo on our website and boosted social media posts.
1 tent, chairs, and table in a prime location.

Ally Level \$500

Your logo on our social media.
1 tent, chairs, and table in the general vendor/resource area.



Rhode Island Overdose Fatality Review (OFR): Sharing Key Findings and Recommendations

August 9, 2023

Governor Dan McKee's Overdose Task Force

Goals of the OFR

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

Quick Facts

- Quarterly case reviews, plus additional meetings and subcommittees
- Reports: quarterly and annual
- Active members: 31

Membership



Rhode Island Department of Health

- Coordination team
- Center for Emergency Medical Services*
- Office of the State Medical Examiner*/State Health Laboratories
- Prescription Drug Monitoring Program*
- Governor's Task Force Racial Equity Work Group

Other Rhode Island State Agencies

- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals*
- Rhode Island Department of Children, Youth & Families*
- Rhode Island Executive Office of Health and Human Services*
- Heroin-Opioid Prevention Effort (HOPE) Initiative*

Community Partners

- Academia
- Family representation
- Harm reduction/recovery support agencies
- New England High Intensity Drug Trafficking Area (NEHIDTA)
- Rhode Island Hospital's Center of Biomedical Research Excellence
- Treatment providers/hospitals/community health center

Recent Accomplishments



OFR "2.0"
(October 2022)

**Prevention
Block Grant**
(June 2023)

**Model Law
Virtual
Knowledge Lab**
(August 2023)

**Full-Time
Coordinator**
(May 2023)

**Family
Outreach
Legislation**
(June 2023)

**2023 National
Forum**
(August 2023)



2023: Case Review Topics



February

Individuals who experienced stimulant-involved fatal overdoses

May

Individuals experiencing homelessness or housing insecurity

August

Individuals younger than age 25

October

Hispanic/Latino individuals

2023 Highlights: Key Findings



- Fentanyl exposure continues to drive overdose deaths.
- Trauma plays a significant role in the lives of individuals who experience a fatal overdose.
- Treatment, recovery supports, and overdose response efforts must be accessible for all people who use drugs – particularly those who are disproportionately impacted by overdose.

2023 Highlights: Key Findings



- Recognizing, understanding, and addressing the role of social determinants of health in the overdose crisis is vital.
- Stigma continues to be prevalent across systems.
- Supports and care for families and loved ones of people who use drugs is limited.

2023 Highlights: Recommendations



Sustained High Priorities

- Expand messaging about the illicit drug supply and safer drug use practices.
- Improve care coordination.
- Explore the potential impact of the decriminalization of drug use in Rhode Island.
- Provide anti-stigma education across systems.
- Establish more resources for families.

2023 Highlights: Recommendations



New Messages

- Educate providers about ongoing changes and updates to prescribing laws and best practice.
- Emphasize the assessment, treatment, and support of post-traumatic stress disorder symptoms among people who use drugs.
- Expand the delivery of behavioral health treatment in Rhode Island.
- Increase availability of harm reduction, low-barrier, temporary and permanent supportive housing options with limited eligibility requirements.

Next Steps



- Continue to collaborate and refine recommendation tracking and process.
- Complete legal requirements for implementation of the Family Outreach Project.
- Pursue sustainable funding for OFR activities.

How You Can Get Involved



Use the OFR as
a Data Source

Suggest Case
Review Topics

Fill an Open
Position



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SUDORS Data: Bystander Presence and Response During Accidental and Undetermined Drug Overdose Deaths in Rhode Island, January 2016-June 2022

August 9, 2023

Governor Dan McKee's Overdose Task Force Meeting

Presentation Outline



- State Unintentional Drug Overdose Reporting System (SUDORS)
Data: January 2016-June 2022
- Fatal Overdose Bystander Data Trends
- Conclusions
- Questions and Answers



What is SUDORS?



- A surveillance system that captures information on **unintentional or undetermined** drug overdose deaths that occur in Rhode Island.
- Collects robust information on **demographics, toxicology, cause of death, and circumstances surrounding the death.**
- Information is abstracted from the **death certificate and the medical examiner's record** which includes:
 - Medical records, toxicology results, treatment history, and law enforcement records.
 - Deaths that fit the Centers for Disease Control and Prevention (CDC) case criteria is reported to the SUDORS surveillance system.

Lack of Source Documentation

- SUDORS data are limited due to the availability of sources and documentation pertaining to a person's death.
- Due to limited information, documented records may undercount the true number of overdoses where a bystander was present.

What Does It Mean to Be a Bystander?



- CDC classifies a **bystander present** if an individual:
 - Was age 11 and older
 - Was located physically nearby during a drug overdose (in the same structure as the decedent at the time of overdose)
 - Had the opportunity to intervene
- Overdoses were classified as having **no bystander present** if no individual was present at the scene, or if it was unknown if an individual was present at the time of overdose.

Focus Questions



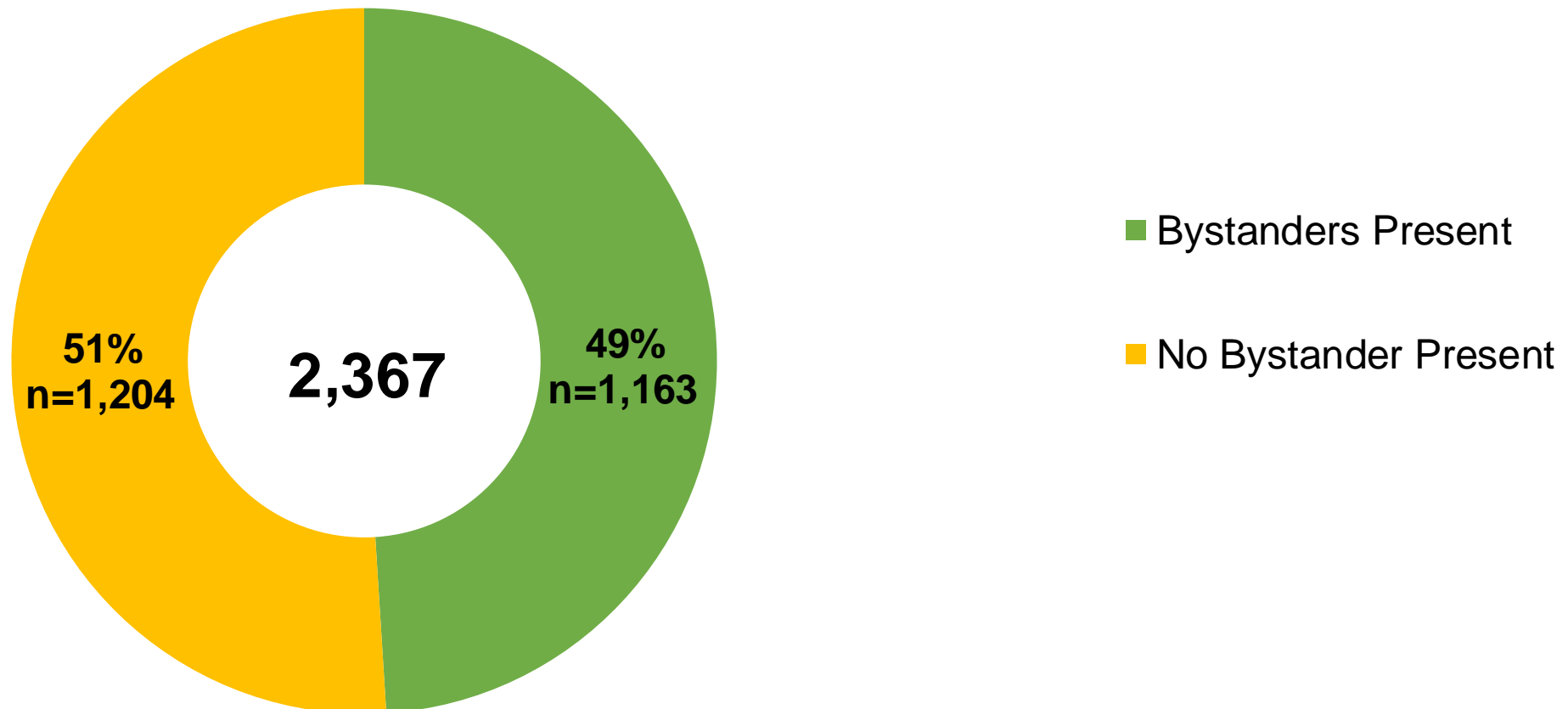
- How do the circumstances of fatal overdoses differ regarding bystander presence and involvement?
- How did bystanders intervene during an overdose, and what barriers were present that could inform future prevention initiatives?

Bystander Present at Fatal Overdose

January 2016-June 2022



Of the **2,367** overdose cases available to review in the SUDORS database, **1,163 (49%) of victims had at least one bystander present** at the time of fatal overdose.





Decedent Demographics

Race and Ethnicity Groups



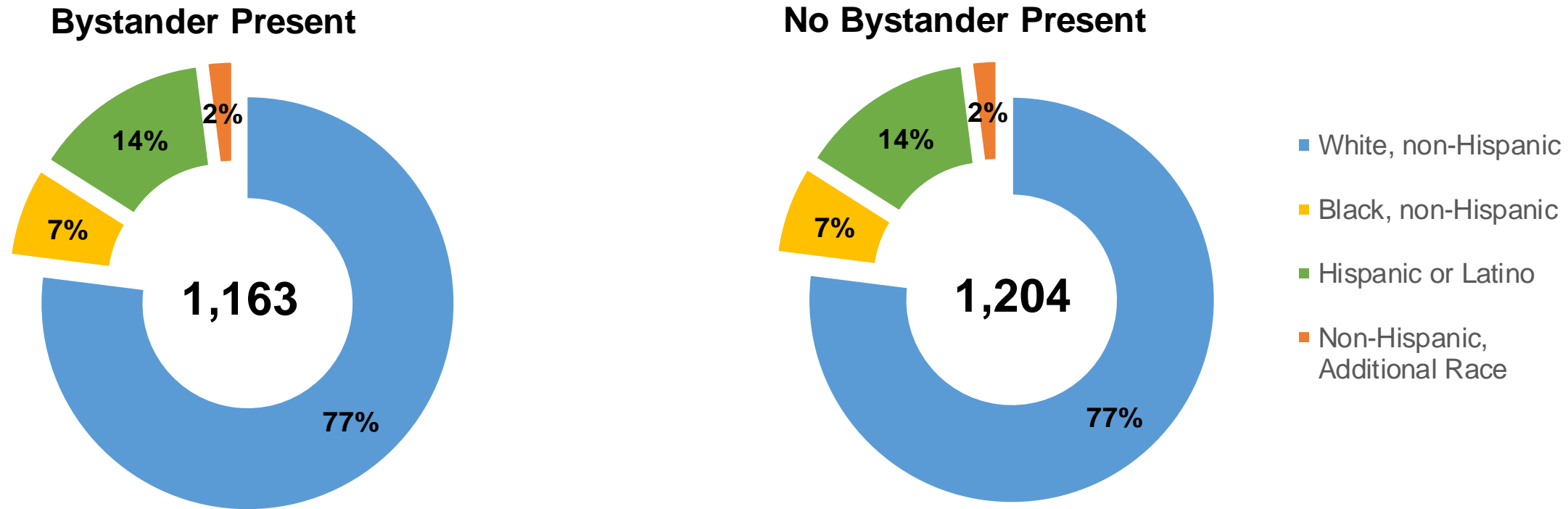
Ethnicity	Race	Combined Race and Ethnicity
Hispanic or Latino	Asian	Hispanic or Latino (of any race)
	Black or African American	
	White	
	Unknown	
Non-Hispanic or Unknown	Black or African American	Black, non-Hispanic or Unknown ethnicity
	White	White, non-Hispanic or Unknown ethnicity
	Additional Race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

Bystander Presence by Decedent Race and Ethnicity

January 2016-June 2022



Reflective of the overdose epidemic in Rhode Island, about **8 out of 10** people that lost their lives to an overdose had **at least one bystander present** identified as **white, non-Hispanic**.



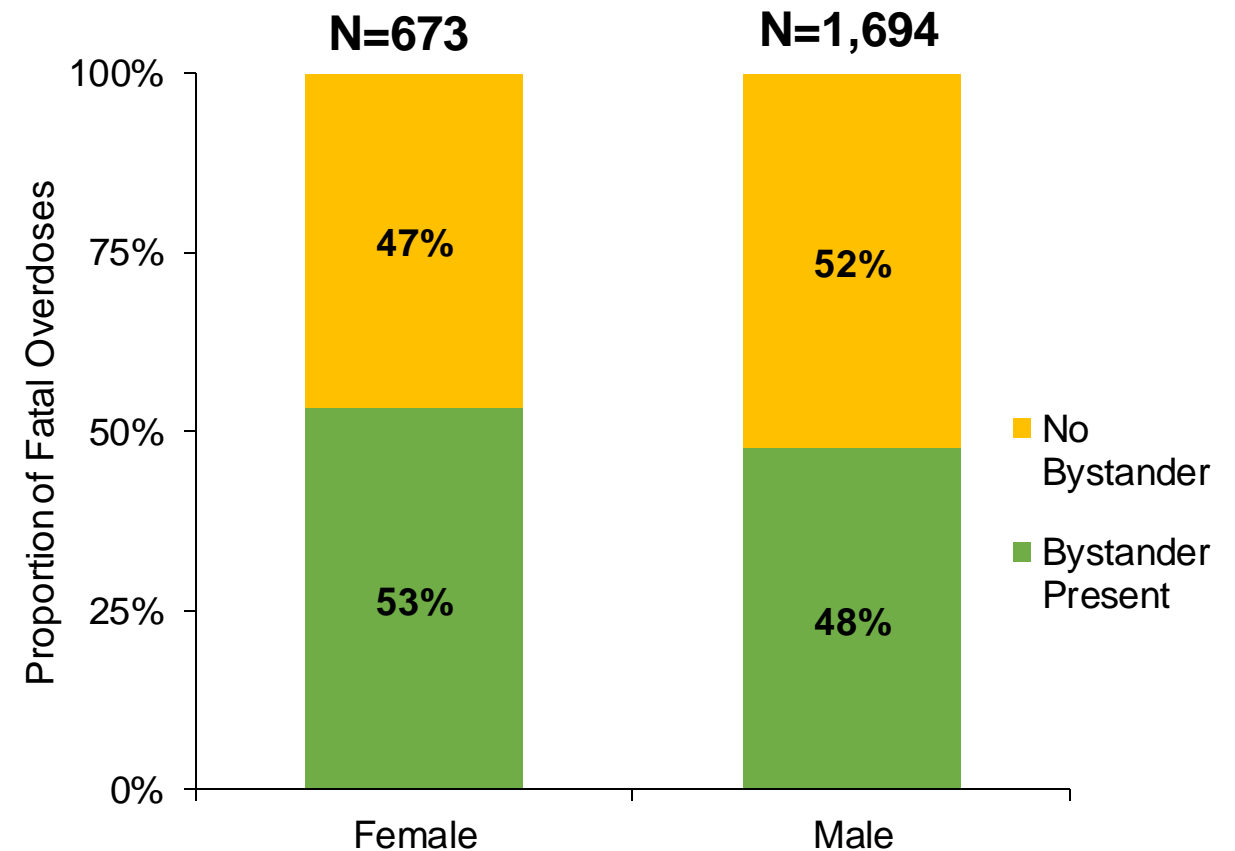
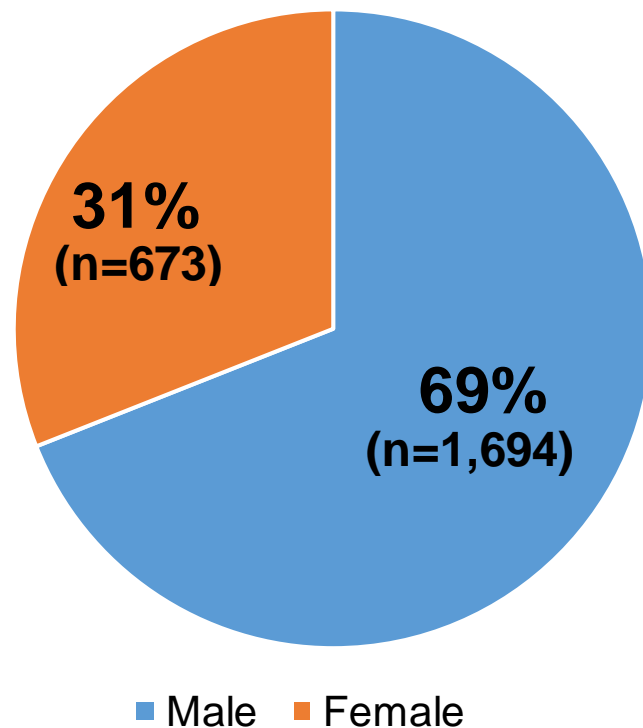
Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.

Note: Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity.

Fatal Overdoses by Decedent Sex and Bystander Presence, January 2016-June 2022



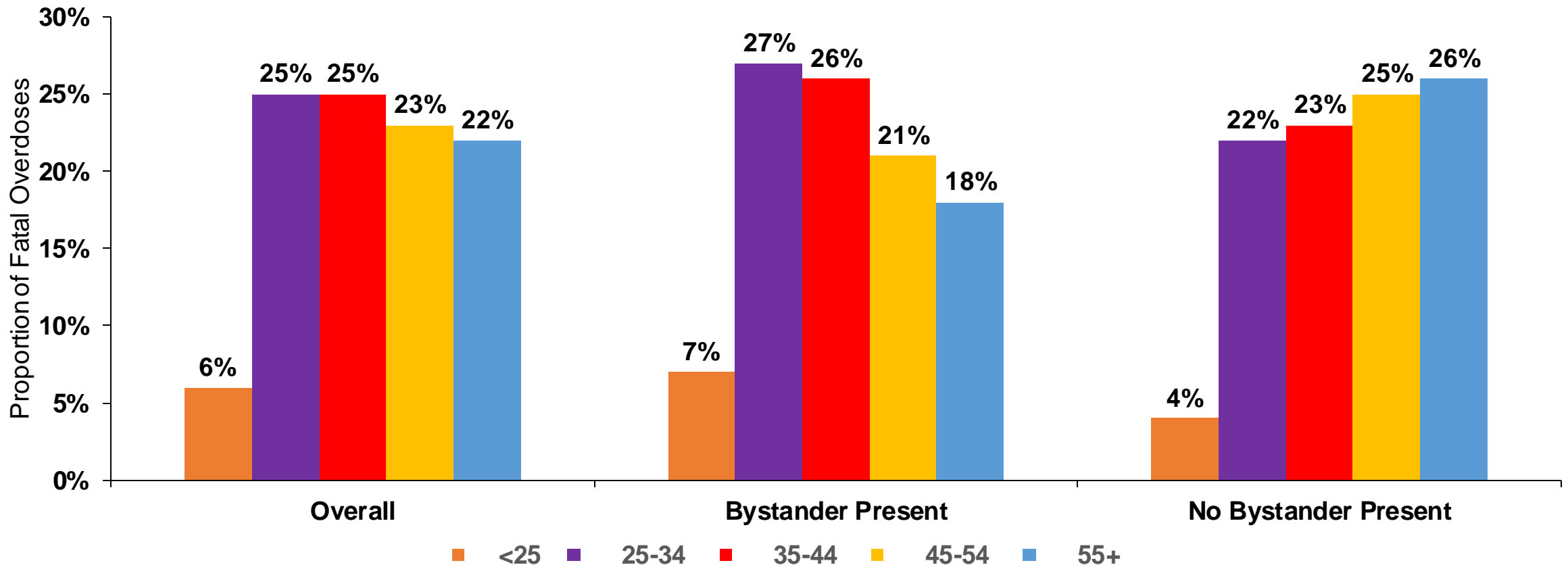
Most fatal overdose victims were **male (69%)**; however, **females** were **more likely** to have had **at least one bystander present (53%)**.



Fatal Overdoses by Decedent Age Group and Bystander Presence, January 2016-June 2022



Individuals with a **bystander present** tended to be **younger (age 25-44)** than those with no bystander present.



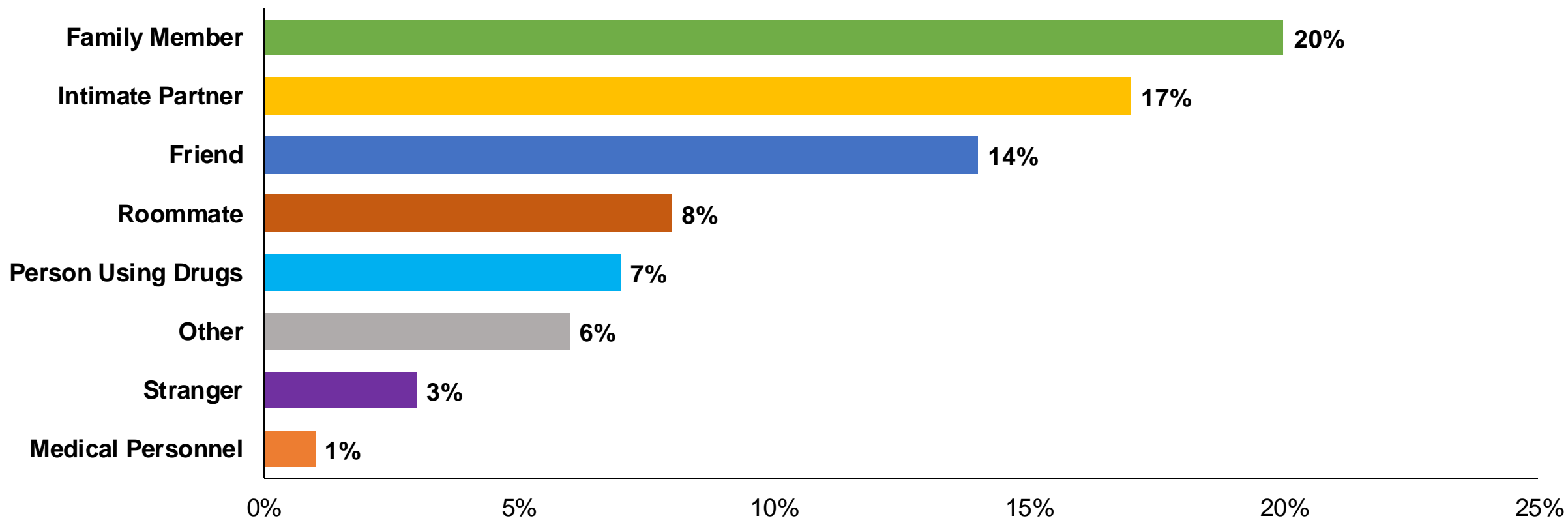


Types of Bystanders Present

Types of Bystanders Present January 2016-June 2022



Bystanders present at the time of overdose were most often identified as a **family member**, **intimate partner**, or **friend** of the decedent.



Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023. Note: More than one bystander could be present at time of overdose, bystander categories are not mutually exclusive.



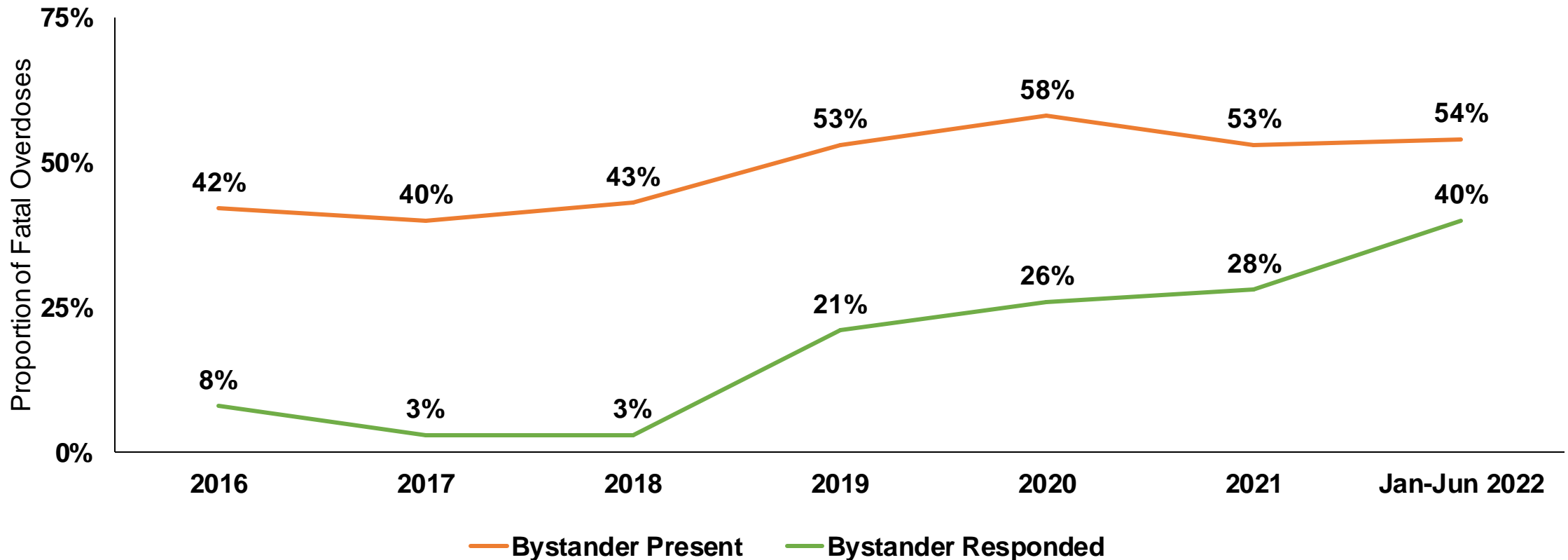
Bystander Response

Bystander Presence and Response by Year

January 2016-June 2022



The **highest** proportion of **overdoses involving bystanders** was recorded in **2020 (58%)**. Among all overdoses, **bystander response** to overdose victims **increased** from 21% in 2019 to 28% in 2021.

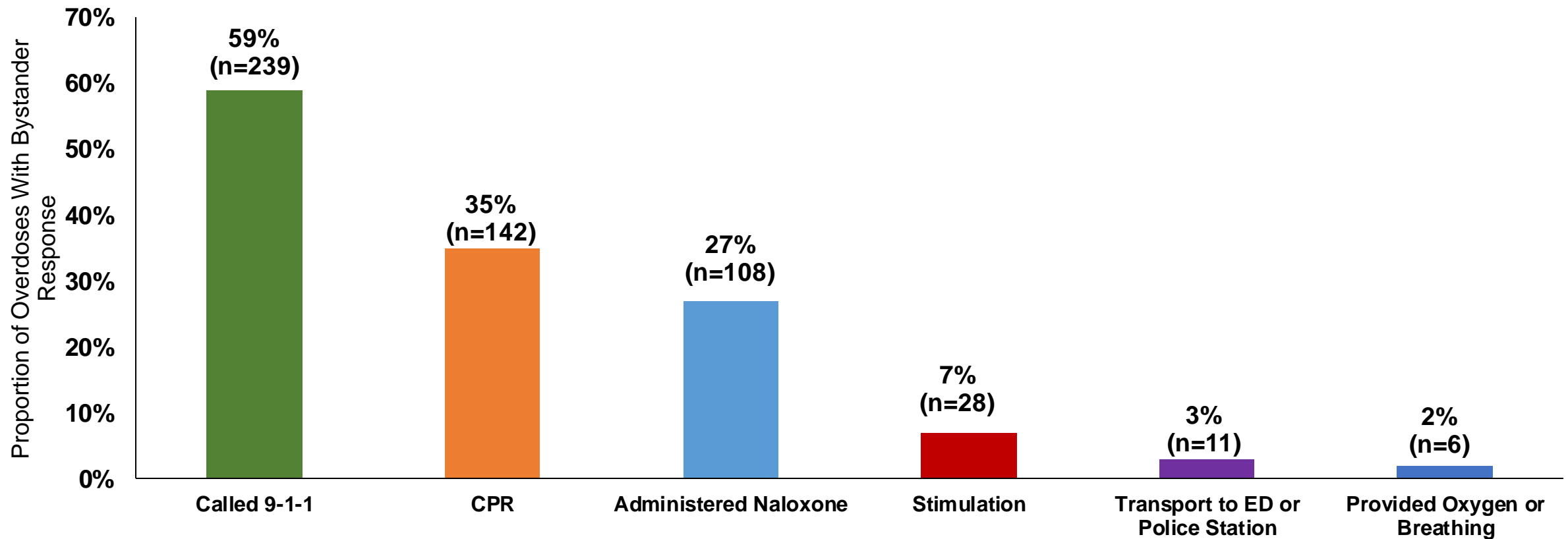


Types of Bystander Response

January 2016-June 2022



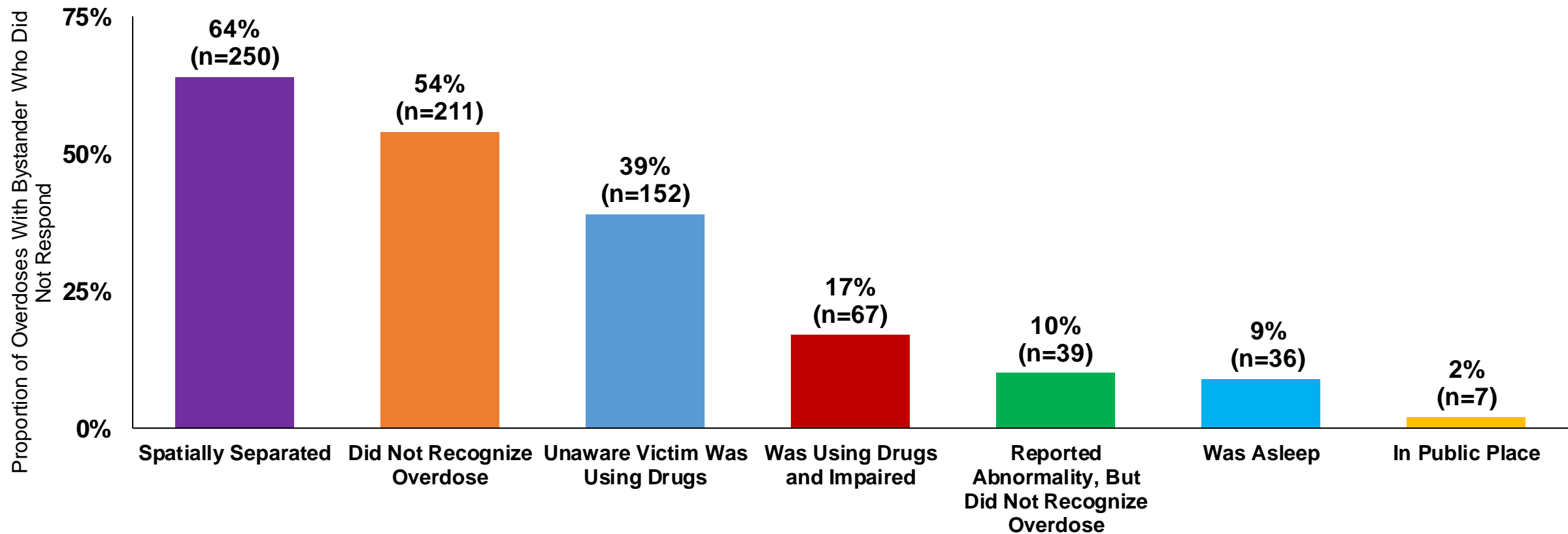
Among bystanders who **responded to an overdose event (N=407)**, about **6 in 10 called 9-1-1**.



Bystander Present Who Was Unable to Respond January 2016-June 2022



Among bystanders present who were **unable to respond (N=392)**, about 6 in 10 were **spatially separated** from the victim. About half of bystanders **did not recognize the overdose**.





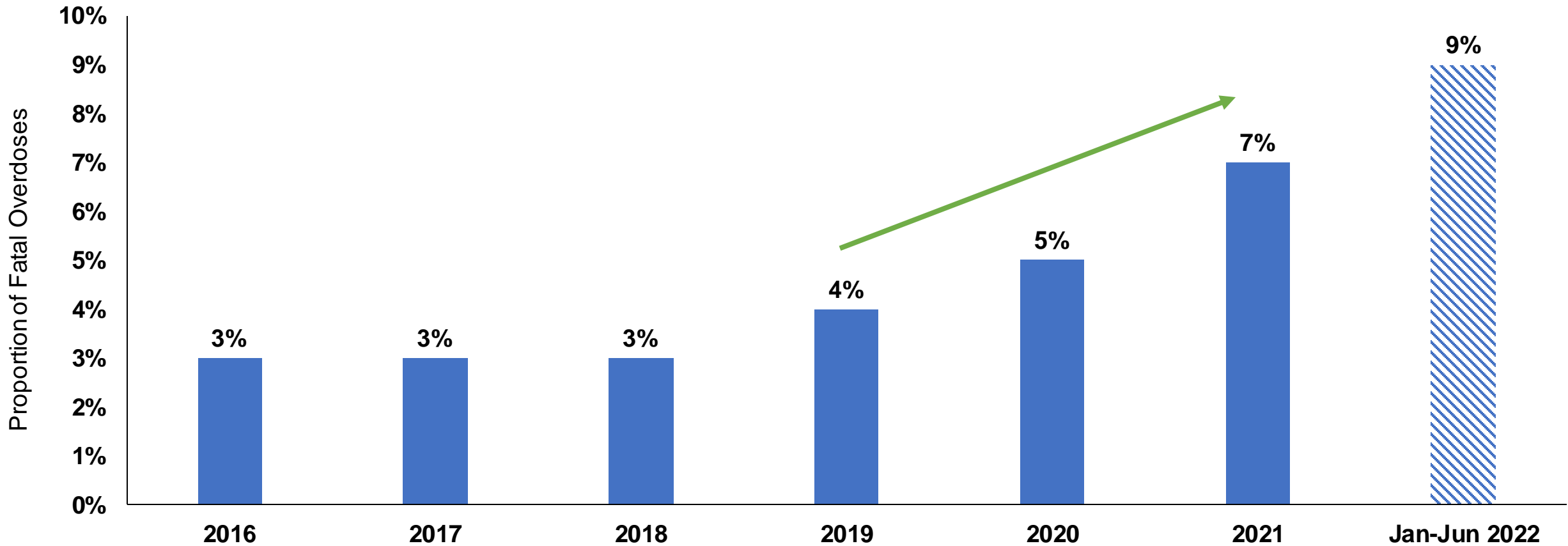
Naloxone Administration by Bystanders

Naloxone Administration by Year

January 2016-June 2022



Bystander administration of naloxone **increased** from 4% in 2019 to 7% in 2021.

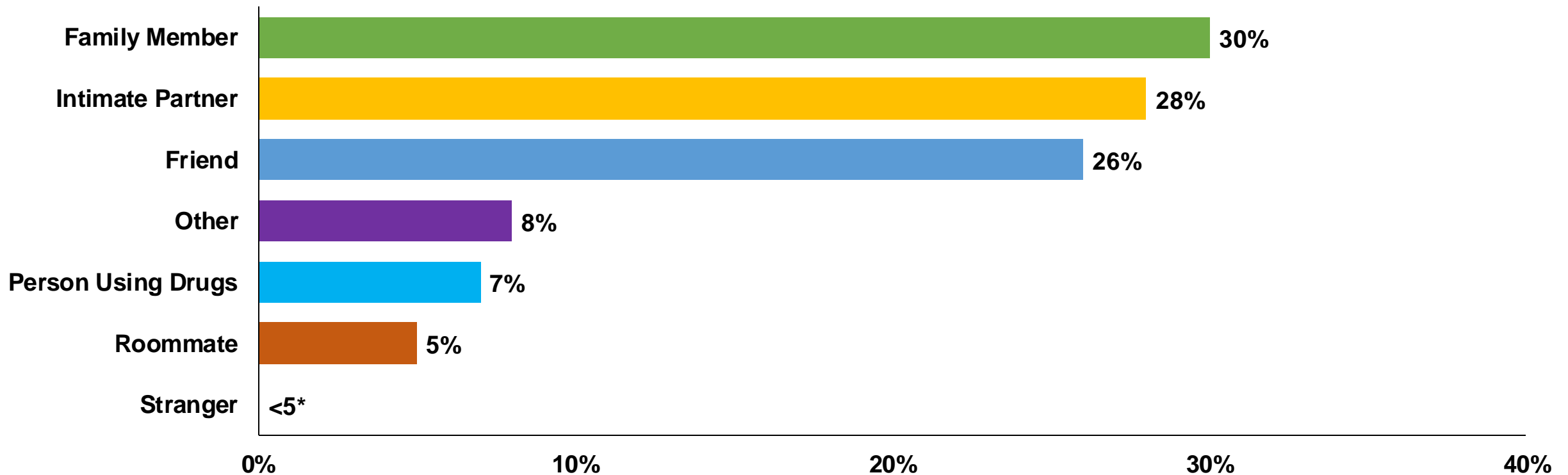


Naloxone Administration by Type of Bystander

January 2016-June 2022



Bystanders who administered naloxone were **more likely** to be a **family member (30%)**, **intimate partner (28%)**, or **friend (26%)** of the decedent.





Fatal Overdose: Type of Setting

Overdose Setting, January 2016-June 2022



Overall, most fatal overdoses occurred in **private settings (81%)**, and in each setting type, approximately 50% of overdoses had a bystander present.



50%

45%

53%

Overdose Settings- Not Exhaustive	
Private	Private residence, garage, camper
Semi-Private	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
Public	Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks



Substances Present

Substances Detected and Contributing to Cause of Death January 2016-June 2022



Substances detected at the time of overdose and substances contributing to cause of death were **similar whether a bystander was present or not.**

Opioids continue to drive fatal overdoses. About 9 in 10 overdose deaths involved at least one **opioid (including fentanyl)**, irrespective of bystander presence.

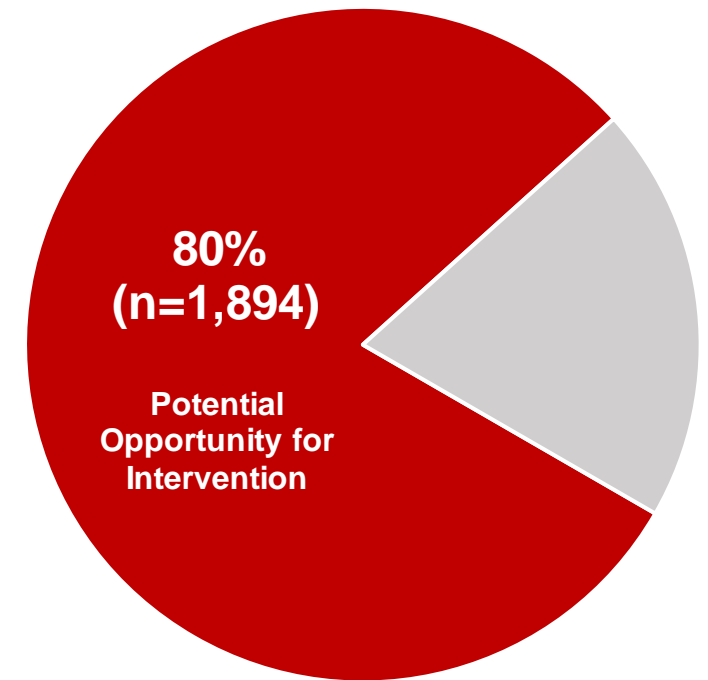
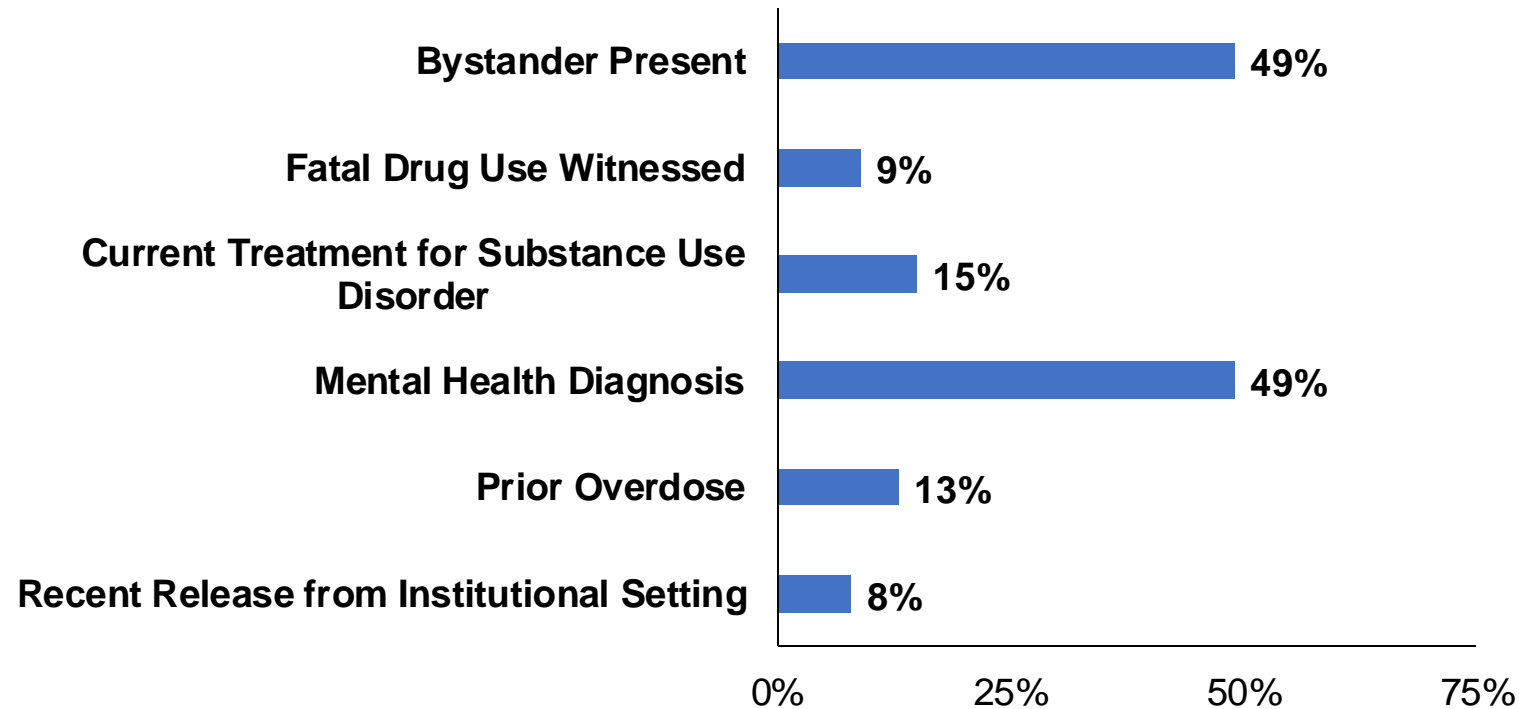


Potential Opportunities for Intervention

Overdoses with Potential Opportunities for Intervention, January 2016-June 2022



Of all overdose deaths in Rhode Island, 80% of overdose victims had at least one potential opportunity for linkage to care and intervention.



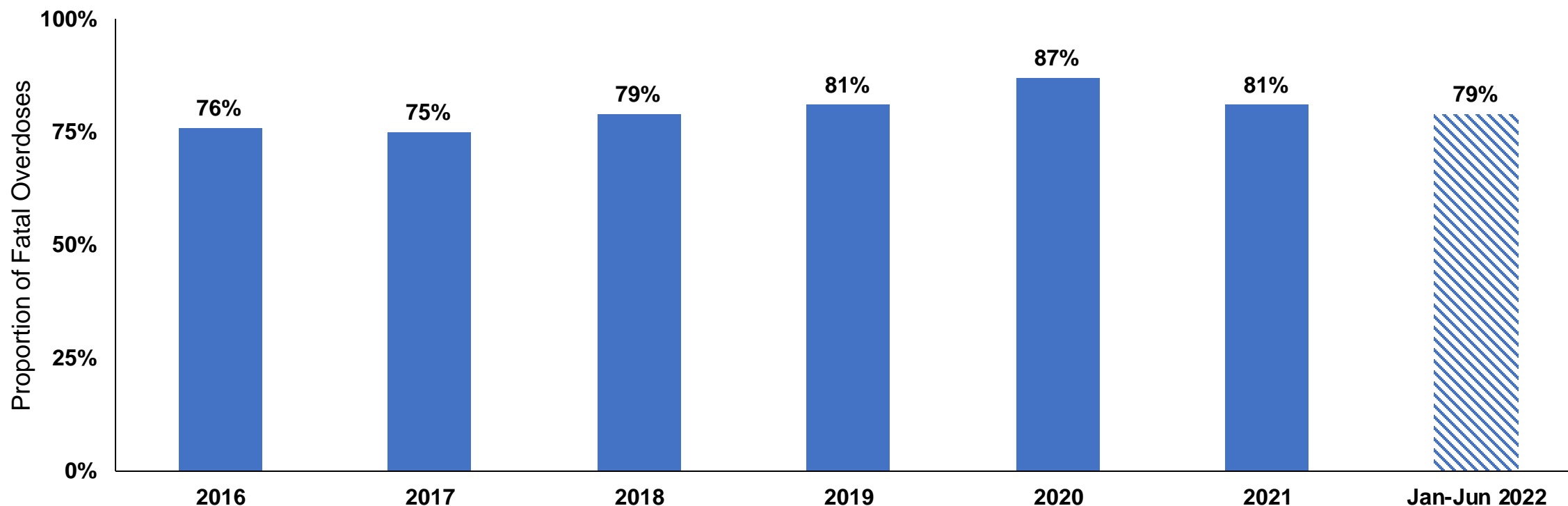
Note: Circumstance percentages are likely underestimated as source documents are only among decedents with available medical record. Potential opportunity for intervention includes linkage to care or life-saving actions. Estimate as defined by CDC includes recent release from institutional setting (<1 month), prior overdose, mental health diagnosis, current treatment for substance use disorder, potential bystander present when fatal overdose occurred, and fatal drug use witnessed.

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023

Potential Opportunities for Intervention by Year, January 2016-June 2022



In 2020, an estimated 87% of overdose deaths had at least one potential opportunity to provide life-saving actions during drug overdose or linkage to care prior to drug overdose.



Note: Circumstance percentages are likely underestimated as source documents are only among decedents with available medical record. Potential opportunity for intervention includes linkage to care or life-saving actions. Estimate as defined by CDC includes recent release from institutional setting (<1 month), prior overdose, mental health diagnosis, current treatment for substance use disorder, potential bystander present when fatal overdose occurred, and fatal drug use witnessed.

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.

Key Takeaways and Potential Interventions



- **About half (51%) of all fatal overdoses occurred without a bystander present.**
 - Continue to promote harm reduction strategies, such as increasing awareness of the dangers of using drugs alone.
- **Most bystanders were family members (20%), intimate partners (17%), or friends (14%) of the victim.**
 - Tailor community outreach interactions with family members and friends of people who use drugs.
- **Many bystanders who did not respond to the overdose reported they were spatially separated from the victim (64%) or didn't know the victim was using drugs (39%).**
 - Advocate for reducing stigma around substance use.

Key Takeaways and Potential Interventions



- **More than half (54%) of bystanders who were unable to respond reported they did not recognize the victim was experiencing an overdose.**
 - Promote education on the signs and symptoms of substance use and overdose.
- **Fewer than 30% of bystanders who intervened during an overdose had administered naloxone.**
 - Continue to increase naloxone distribution and educate people on how to effectively administer it in non-clinical settings.



Questions?



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Public Comment

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