Governor Dan McKee’s Overdose Task Force
August 9, 2023

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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
Welcome and Announcements
International Overdose Awareness Day (IOAD)
August 31, 2023
IOAD Statewide Naloxone Distribution

INTERNATIONAL OVERDOSE AWARENESS DAY

#ENDOVERDOSERI 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!

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

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.

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.

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.

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)
- **Full-Time Coordinator** (May 2023)
- **Family Outreach Legislation** (June 2023)
- **Model Law Virtual Knowledge Lab** (August 2023)
- **2023 National Forum** (August 2023)
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
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.
SUDORS Data Limitations

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:
  o Was age 11 and older
  o Was located physically nearby during a drug overdose (in the same structure as the decedent at the time of overdose)
  o 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?
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.

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.
Decedent Demographics
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Race</th>
<th>Combined Race and Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Hispanic or Latino (of any race)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic or Unknown</td>
<td>Black or African American</td>
<td>Black, non-Hispanic or Unknown ethnicity</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>White, non-Hispanic or Unknown ethnicity</td>
</tr>
<tr>
<td></td>
<td>Additional Race Categories</td>
<td>Asian, non-Hispanic, American Indian or Unknown ethnicity</td>
</tr>
</tbody>
</table>
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.

Bystander Present

- White, non-Hispanic: 14%
- Black, non-Hispanic: 2%
- Hispanic or Latino: 7%

Total: 1,163

77%

No Bystander Present

- White, non-Hispanic: 14%
- Black, non-Hispanic: 2%
- Hispanic or Latino: 7%

Total: 1,204

77%

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

**Source:** State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.
Individuals with a bystander present tended to be younger (age 25-44) than those with no bystander present.
Types of Bystanders Present
Bystanders present at the time of overdose were most often identified as a **family member**, **intimate partner**, or **friend** of the decedent.

- **Family Member**: 20%
- **Intimate Partner**: 17%
- **Friend**: 14%
- **Roommate**: 8%
- **Person Using Drugs**: 7%
- **Other**: 6%
- **Stranger**: 3%
- **Medical Personnel**: 1%

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.

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.
Among bystanders who responded to an overdose event (N=407), about 6 in 10 called 9-1-1.

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023. Note: Categories are not mutually exclusive.
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
Bystander administration of naloxone increased from 4% in 2019 to 7% in 2021.

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.
Bystanders who administered naloxone were more likely to be a family member (30%), intimate partner (28%), or friend (26%) of the decedent.

**Source:** State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023. Note: Categories are not mutually exclusive. *Counts less than 5 are suppressed in compliance with the RIDOH Small Numbers Policy.
Fatal Overdose: Type of Setting
Overall, most fatal overdoses occurred in **private settings (81%)**, and in each setting type, approximately 50% of overdoses had a bystander present.

### Overdose Settings- Not Exhaustive

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

Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Date updated as of May 15, 2023.
Substances Present
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
Of all overdose deaths in Rhode Island, 80% of overdose victims had at least one potential opportunity for linkage to care and intervention.

- Bystander Present: 49%
- Fatal Drug Use Witnessed: 9%
- Current Treatment for Substance Use Disorder: 15%
- Mental Health Diagnosis: 49%
- Prior Overdose: 13%
- Recent Release from Institutional Setting: 8%

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.
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.
Key Takeaways and Potential Interventions

• About half (51%) of all fatal overdoses occurred without a bystander present.
  o 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.
  o 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%).
  o 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.
  o 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.
  o Continue to increase naloxone distribution and educate people on how to effectively administer it in non-clinical settings.
Questions?
Public Comment