Evaluation of Policies to Address Opioid Overdoses in Rhode Island

Annual Report Summary

Evaluating Innovative Policy

FALL 2017

Rhode Island is in the midst of an opioid overdose epidemic. Opioids are a class of drug that includes heroin, oxycodone, and other substances. Some opioids are prescribed for pain relief but can also be used illicitly. There are other types of opioids that are not available by prescription, such as heroin and illicitly manufactured fentanyl (IMF). Rhode Island's unintentional drug overdose deaths surged from 138 in 2009 to 336 in 2016, a 143% increase that is linked to a major shift in the use of opioids. Not long ago, in 2009, prescription drugs caused 78% of all overdose deaths, but by 2016, they caused 36% of overdose deaths. More recently, IMF has been linked to the majority—58%— of drug overdose deaths in 2016.

Rhode Island responded to this massive public health crisis early on with innovative programs, policies, and data initiatives. Funded by the Centers for Disease Control (CDC) and Prevention as part of the Prescription Drug Overdose: Prevention for States grant to the state of Rhode Island, this report presents an evaluation of four policy developments addressing overdose:

- The "Good Samaritan" law, to enable help-seeking in an overdose emergency;
- Regulations to improve the timeliness and quality of mandated reporting by hospitals of suspected opioid overdoses for public health surveillance;
- Regulations and legislation to expand registration and use of the Prescription Drug Monitoring Program (PDMP) database; and
- Regulations to improve access to and use of the overdose antidote naloxone.

The Boston Medical Center's Injury Prevention Center conducted the evaluation and prepared this report. The evaluation methods involved surveys of prescribers, pharmacists, members of law enforcement, drug treatment providers, and people who use drugs, as well as interviews with community key stakeholders.

Analyses also included data from the PDMP, the Attorney General's Office, the Office of the State Medical Examiners, and publicly available data reported on PreventOverdoseRI.org. The full report is available at http://www.health.ri.gov/programs/detail.php?pgm_id=1080 and findings are briefly summarized by policy in the following pages.

We look forward to the collective discussion about the findings, and commend your commitment as a community to stop overdoses and save lives.

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Good Samaritan Overdose Prevention Act

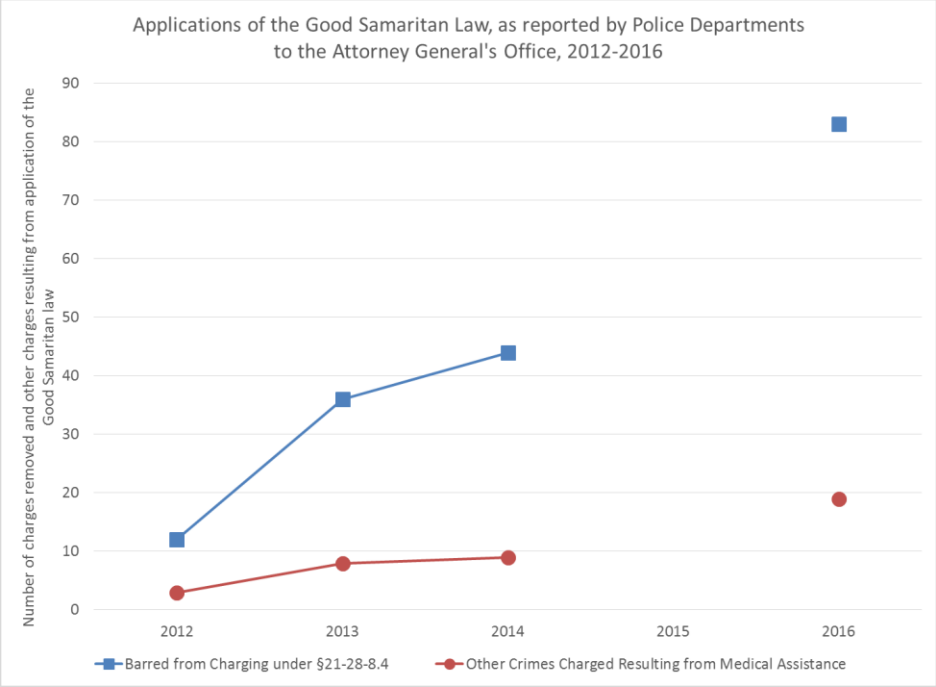
These laws protect people who seek help in an overdose emergency from drug-related charges. The goal of these laws is to encourage people to call 911 and save a life. Rhode Island passed its Good Samaritan Overdose Protection Act in June 2014, however, the law expired on July 1, 2015. A new Good Samaritan Law, with expanded protections for people on probation or parole, was passed on January 27, 2016.

EVALUATION QUESTIONS

How has the Good Samaritan Overdose Prevention Act impacted case dismissals?

Have law enforcement attitudes about the Good Samaritan Overdose Prevention Act changed?

Has there been a change in awareness of the law among people who use drugs?



Source: Rhode Island Office of the Attorney General; *2015 counts not collected.

Key Findings

- Calling 911 in an overdose is important to community members, first responders, and people who use drugs. A survey of people who use drugs found that 57% knew about the Good Samaritan Law, and overall, people valued it for encouraging people to call 911.
- Law enforcement in nearly every municipal police department now respond to overdoses by administering naloxone in the overdose emergency.
- The Good Samaritan Law is applied by law enforcement both at the time of the overdose when they do not arrest, and after the emergency, when they dismiss charges against people who may have been arrested at the scene of the overdose. These two instances were catalogued in evaluations.
- The number of drug-related charges dismissed under the Good Samaritan Law increased from 12 in 2012 to 83 in 2016. In 2016, 19 charges for "other crimes" still occurred as a result of medical assistance calls, up from three in 2012.
- A 2016-2017 statewide survey of law enforcement officers (16% response rate) showed reductions in knowledge of the Good Samaritan Law's content related to preventing overdose victims or those who call for help from being charged with possession of a controlled substance compared to 2014 levels (80% vs. 98% answering correctly in 2016-2017 and 2014, respectively). The 2016-2017 survey also indicated low knowledge of the expanded 2016 law, such as protections against probation and parole violations. The survey also indicated supportive attitudes toward the Good Samaritan Law. For example, 68% disagreed that "Good Sam Laws send the message that drug use is OK."
- Efforts are needed to conduct refresher trainings for law enforcement and to raise awareness about the law among people using drugs who have lower reading levels and who are Spanish-speaking.

Registration and Use of the Rhode Island Prescription Drug Monitoring Program Database

Prescription Drug Monitoring Programs (PDMPs) provide prescribers, pharmacists, and authorized delegates with information on prescriptions for controlled substances that have been dispensed to patients. Information can assist in treatment decisions, corrections in dose, and dangerous drug combination prevention. Several laws were enacted to improve PDMP use in the state, including requirements to register for the PDMP (2014), followed by auto-enrollment in 2016. Prescribers must also check the PDMP before initiating a narcotic prescription and at least every three months if the patients' prescriptions are for longer than three months.

EVALUATION QUESTIONS

Does mandating registration increase PDMP registration or use?

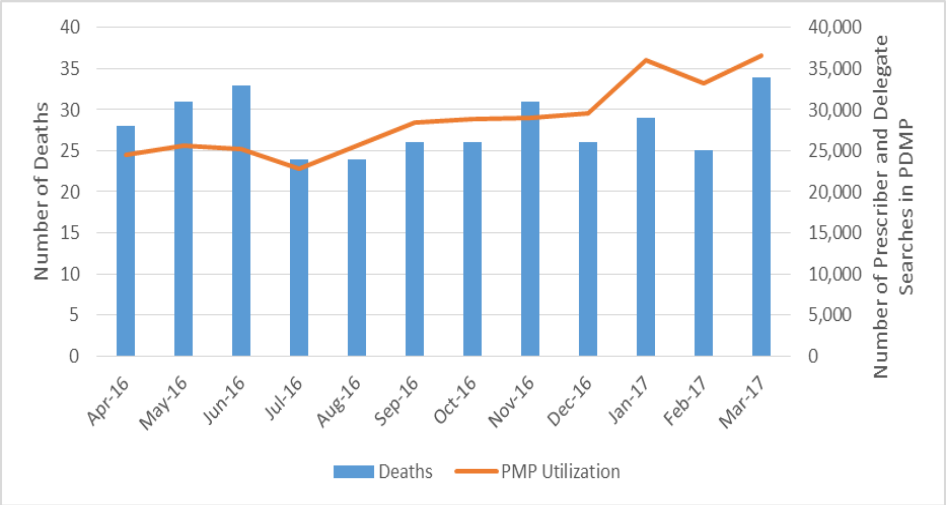
Is there an association between high dose (>100 morphine milligram equivalents) prescribing or co-prescription of opioids and benzodiazepines, and PDMP use?

Is there an association between PDMP use and occurrence of opioid overdose deaths?

Key Findings

- PDMP registration and use increased substantially in the evaluation period. Mandating registration achieved 89% enrollment, but 100% was only reached after auto-enrollment laws took effect in July 2016.

Unintentional Drug Overdose Deaths in Relation to Prescriber PDMP-Use
April 2016-March 2017



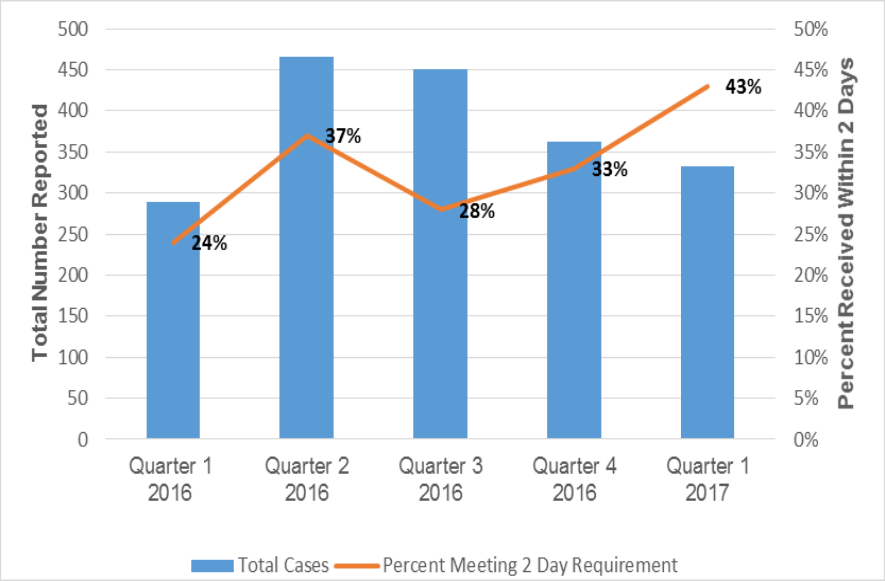
Sources: Rhode Island Prescription Drug Monitoring Program, Rhode Island Department of Health http://www.health.ri.gov/drugoverdoses; Accessed 9/21/17

- From April 2016 to July 2017, unique monthly users of the PDMP increased 69%, to a high of 2,278 in May 2017. The number of prescriber delegates authorized to use the PDMP increased 554% during this period. Auto-enrollment of prescribers and newer electronic clinical alerts to prescribers appear to have encouraged use.
- Monthly PDMP use (searches made by pharmacists and prescribers) increased 31% from April 2016 to July 2017. The increase in use was correlated with reduced numbers of opioid prescriptions dispensed. The increase in monthly PDMP use was not correlated with the number of unintentional overdose deaths.
- There are fewer patients being dispensed high-dose opioids.
- A survey of Rhode Island prescribers found most felt capable of performing tasks related to opioid prescribing and pain management (e.g., accessing the PDMP, using PDMP for clinical decision-making, managing pain with non-opioid/non-pharmacological alternatives).
- Prescriber skill-building recommendations include: Recognizing signs of substance-use disorder, using standardized substance use assessments to screen for patient misuse, and sharing information on the safe storage/disposal of opioid prescription pain medications.

Mandatory Reporting of Opioid Overdoses for Public Health Surveillance

In April 2014, the Rhode Island Department of Health (RIDOH) passed emergency regulations requiring hospitals and healthcare providers to report "all opioid overdoses or suspected overdoses" treated at emergency departments to RIDOH within 48 hours of occurrence. The purpose was to help RIDOH identify new trends in overdose activity and map these trends geographically. This data surveillance is referred to as the "48-hour Opioid Overdose Reporting System."

Trends in the Number of Cases Reported to the Rhode Island 48-hour Opioid Overdose Reporting System and Percent Received Within Two Days of Admission, Quarter 1 2016 - Quarter 1 2017



Source: Rhode Island Opioid Overdose Reporting System, RIDOH

EVALUATION QUESTIONS

Are required reports made to RIDOH within 48-hours?

What are the facilitators and barriers to hospitals complying with this reporting mandate?

Is the 48-hour Opioid Overdose Reporting System a valid surveillance data source?

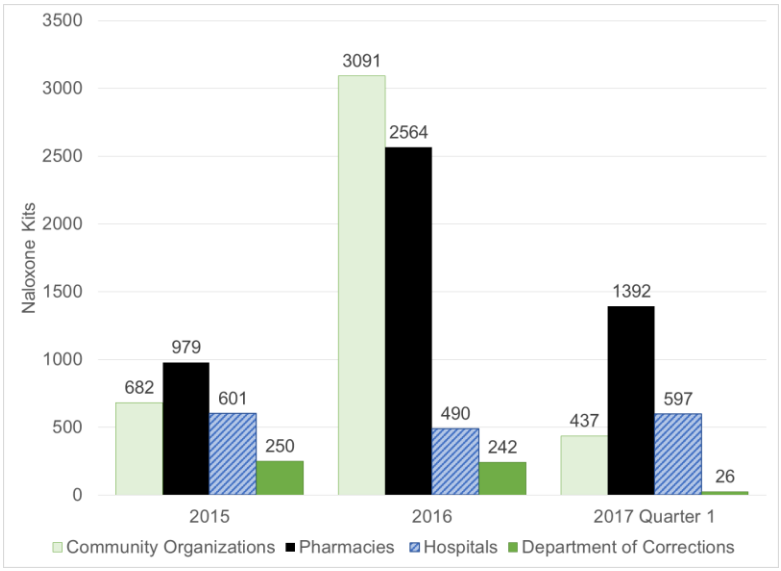
Key Findings

- All Rhode Island non-federal hospitals and Emergency Departments (EDs) provide data to the Opioid Overdose Reporting System, with 43% of reports in Quarter 1 of 2017 occurring within the 48-hour time frame.
- Timeliness of data reporting has improved. In 2016, the time for 50% of cases to be submitted was nine days, but by the beginning of 2017, had reduced to four days.
- Hospital-level improvements in the submission process, information technology investments, and enforcement activities by RIDOH facilitated improvements in reporting compliance.
- Community stakeholders currently use the surveillance data for timely identification of "hot spots" for dissemination of Public Health Advisories (PHAs), program evaluation, grant applications, and stakeholder buy-in.
- Efforts to streamline the reporting process, clarify overdose case definition, and compare the data to other overdose reports to check data accuracy are indicated.

Naloxone Accessibility and Use

Overdoses can be witnessed by other people who can be trained and equipped to intervene and help save a life. Naloxone is a rescue medication used to stop an overdose breathing emergency and, if given quickly after an overdose, can restore normal breathing. People can get naloxone at the pharmacy or from community-based organizations. In the past 12 years, Rhode Island implemented several laws and regulations related to naloxone to increase availability and improve accessibility for people most at risk of experiencing or witnessing overdose.

Naloxone Kit Distribution by Organization Type Over Time



Source: PreventOverdoseRI.org, Accessed 7/28/17. Pharmacies reporting include CVS, Rite Aid, and several high-volume independents

EVALUATION QUESTIONS

Are law enforcement, emergency medical service professionals, and lay persons all using naloxone to reverse overdose in the community?

Has pharmacist dispensing of naloxone changed?

How often are people at risk of overdose receiving naloxone: Upon discharge from the emergency department? When in drug treatment for opioid use disorder? Upon release from the Rhode Island Department of Corrections?

Key Findings

- Opioid Overdose Reporting System data show that people who experience overdoses in the community are administered naloxone by Emergency Medical Services (EMS). However, law enforcement and/or family members/friends administer this life saving medication as well. If sent to the hospital, about three out of four overdose patients receive naloxone before they get there.
- Dispensing of naloxone from the pharmacy in Rhode Island has increased substantially, comprising 57% of statewide naloxone distribution in Quarter 1 of 2017, an increase from 38% in 2015. People get naloxone at the pharmacy for themselves or for loved ones. Pharmacies also partner with treatment programs to increase distribution of naloxone.
- Naloxone provision to people at risk of overdose upon discharge happens in EDs, treatment programs, and at the Rhode Island Department of Corrections (volume varies). Cost of and billing for the medication are key barriers for institutions. The total number of naloxone kits dispensed across all organizations increased from 2,512 in 2015 to 6,387 in 2016.
- Surveys showed that most people (84%) who use drugs knew what naloxone was, 59% had been trained to use it, and 70% said they knew where to get it. Still, knowledge of naloxone was less so among young adults (age 18-25) compared to other ages. Knowledge was better among users where community-based training programs have focused trainings.
- Public health impact is greatest when the number of naloxone kits distributed is $\geq$20 times the number of annual overdose deaths. The state nearly reached its goal in 2016 (target: 6,720, dispensed 6,387 kits).
- Continuing high-volume naloxone distribution is critical to achieving overdose mortality reduction. Efforts should support no/low-cost, accessible naloxone across the community, both for people who use drugs, and for family members and friends.