December 2020 Report: Rhode Island Review of Overdose Accidental Deaths (ROAD) Team

The ROAD Team at the Rhode Island Department of Health (RIDOH) convened in December 2020 to conduct a systematic case review of fatal overdoses that occurred in the state between January 1, 2020 and June 30, 2020. Six fatal overdose cases were selected during this time period; random sampling was used to minimize selection bias.

The present report offers several community and structural initiatives that can be implemented by state and local partners to prevent the incidence of drug overdose in Rhode Island.

Note: Due to the COVID-19 pandemic, data analyses from the State Unintentional Drug Overdose Reporting System (SUDORS) were unavailable. Data from the Office of the State Medical Examiners (OSME) and other sources were used to identify emerging overdose death trends.

Data Trends and Meeting Focus

- Non-fatal and fatal drug overdoses have increased throughout the US in 2020.\textsuperscript{1,2}
- From 2016 to 2019, accidental drug overdose deaths occurring in Rhode Island decreased by 8%. In 2020, Rhode Island experienced increases in drug overdose deaths likely caused by several contributing factors, including the COVID-19 pandemic.
- From January 1, 2020 to August 31, 2020, accidental drug overdose deaths from all drugs (i.e., any drug contributing to the death) increased by 28% compared to the same time period in 2019.
- From January 1, 2020 to August 31, 2020, accidental drug overdose deaths in which any opioid contributed to the death increased by 34% compared to the same time period in 2019.

Figure 1. Accidental Drug Overdose Deaths Occurring in Rhode Island: Comparison Between January 1, 2020-August 31, 2020 to January 1-August 31, 2016-2019

Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Data reflect deaths occurring in Rhode Island and may include non-Rhode Island residents. Rhode Island residents who died outside of Rhode Island are not included.
ROAD Team Recommendations for Community Overdose Prevention

- Increase public awareness about the illegal nature of kratom in Rhode Island and the associated risks of addiction, misuse, dependence, and toxicity.
- Increase access to prevention education to reduce the fear, bias, and discrimination of substance use disorder (SUD) and mental health conditions among Rhode Island’s Latinx population.
- Increase mental health supports available for families and children left behind at the scene of a fatal overdose; address the intergenerational risks of SUD and overdose.
- Partner with the Rhode Island Council on Problem Gambling (RICPG) to provide prevention education about the risks of using illicit stimulants and fentanyl contamination.
- Provide post-trauma resources and services to families impacted by SUD and overdose.
- Increase resources and mental health supports to children who have lost a loved one to SUD or overdose.

ROAD Team Recommendations for Structural Overdose Prevention

- Screen individuals who are participating in alcohol detoxification programs for polysubstance use; utilize detoxification programs as a pathway for intervention.
- Expand public awareness campaigns to include information about the risks of alcohol overdose and the availability of treatment in Rhode Island.
- Increase public awareness about the risks of using cocaine and fentanyl contamination. Include cocaine-related content in upcoming public awareness campaigns.
- Ensure overdose prevention and trauma care services are being provided to patients by clinicians who speak in multiple languages.
• Revise Rhode Island Medical Assistance (Medicaid) coverage for individuals being released from the Rhode Island Department of Corrections to reduce gaps in healthcare coverage and increase access to MAT. Specifically allow Rhode Island Medical Assistance coverage to start within 30 days of a person being released.
• Utilize Rhode Island’s judiciary system as a channel to distribute resources and materials about SUD treatment and overdose prevention.
• Provide training to emergency department (ED) providers and staff about language use and the power of words to reduce fear, bias, and discrimination associated with substance use and overdose.
• Ensure all patients visiting the ED for a suspected, non-fatal opioid overdose receive a naloxone kit. Naloxone kits should be made available for dispensing at the ED to increase a patient’s access to the lifesaving medication.
• Expand naloxone leave-behind programs to include all Emergency Medical Services (EMS) agencies across the state.
• Strategize and implement innovative ways to connect certified peer recovery support specialists to patients who are visiting the ED for a suspected, non-fatal opioid overdose during COVID-19.
• Ensure overdose prevention protocols continue to be implemented by EMS and ED providers and staff during COVID-19 restrictions.
• Replicate grief support outreach programs for children who have lost a loved one to a fatal overdose.
• RIDOH to continue a planned analysis of the impact of fatal overdose on a victim’s dependents.
• Create an automatic alert for prescribers in the Rhode Island Prescription Drug Monitoring Program (PDMP) if a patient’s suboxone script has not been refilled.
• Leverage the current COVID-19 testing, communications, and vaccination infrastructure to disseminate information about substance use and mental health treatment.

References: