The ROAD Team at the Rhode Island Department of Health (RIDOH) convened in May 2021 with a subcommittee from the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) to conduct a systematic case review of fatal overdoses that occurred in the state in 2020.

The May 2021 ROAD Team meeting had a dual focus: 1) To identify and address overdose death trends among people of color, given the concerning rise in overdose death rates for Black and Hispanic Rhode Islanders over the last few years; and 2) to learn more about overdose deaths among Rhode Islanders engaged in active treatment. The Team selected five fatal overdose cases representing people of color who were identified with methadone as a contributing factor to the cause of death. This 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 a 2020 sunset provision and lapse in Rhode Island legislation, the May 2021 meeting included representation from data-sharing State agency partners, RIDOH and BHDDH. The Rhode Island General Assembly passed legislation to remove the sunset provision on June 7, 2021 and made the reporting of overdose deaths a requirement. This new legislation ensures future ROAD meetings will include representation from a multidisciplinary team.

Data Trends and Meeting Focus

- **Non-fatal** and **fatal** drug overdoses have increased throughout the US in 2020.\(^1,2\)
- After seeing a decrease by 8.3% from 2016 to 2019, accidental drug overdose deaths increased by 25%, from 308 in 2019 to 384 in 2020.
- In 2019 and 2020, the **Black, non-Hispanic** population had higher rates of fatal overdose when compared to the **white, non-Hispanic** and **Hispanic or Latino** populations.
- About one in 10 fatal overdoses in 2020 involved **methadone**.

**Figure 1.** Rate of Accidental Drug Overdose Deaths per 100,000 Residents by Race and Ethnicity 2016-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000 Residents</th>
<th>White, non-Hispanic</th>
<th>Black, non-Hispanic</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>33.5 (n=259)</td>
<td>*</td>
<td>13.9* (n=22)</td>
<td>18.4* (n=31)</td>
</tr>
<tr>
<td>2017</td>
<td>30.2 (n=232)</td>
<td></td>
<td>22.1 (n=36)</td>
<td>18.4 (n=31)</td>
</tr>
<tr>
<td>2018</td>
<td>29.8 (n=227)</td>
<td>38.3* (n=24)</td>
<td>29.8* (n=19)</td>
<td>29.8* (n=19)</td>
</tr>
<tr>
<td>2019</td>
<td>27.6 (n=209)</td>
<td>44.6 (n=29)</td>
<td>27.6 (n=209)</td>
<td>27.6 (n=209)</td>
</tr>
<tr>
<td>2020</td>
<td>36.0 (n=272)</td>
<td>53.9 (n=35)</td>
<td>44.6 (n=29)</td>
<td>44.6 (n=29)</td>
</tr>
<tr>
<td>2021</td>
<td>22.6 (n=39)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 7% of deaths from 2016 to 2020 missing ethnicity, Hispanic deaths are undercounted. Population denominator based on Centers for Disease Control and Prevention (CDC) WONDER single-race population estimates for each year: 2019 estimate applied for 2020 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Rate for Black, non-Hispanic or unknown ethnicity population in 2016 is suppressed in line with RIDOH’s Small Numbers Reporting Policy related to rate calculations. Please use caution when interpreting rates marked by an asterisk.
**Figure 2. Methadone-Involved Accidental Drug Overdose Deaths Occurring in Rhode Island, 2016-2020**

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death; at least one substance included methadone.

**ROAD Team Recommendations for Community Overdose Prevention**

- Promote the Rhode Island Centers of Excellence (COEs) to improve care coordination and levels of care.
- Improve care coordination by increasing awareness of its definition, related services, and how services can be accessed.
- Encourage primary care providers (PCPs) to refer patients to the COEs, a certified peer recovery specialist (CPRS), and case navigators.
- Increase awareness of educational opportunities for PCPs and other healthcare providers about diagnosing and treating alcohol use.
  - Topics should include understanding dependency versus use, the negative effects of alcohol use, the relationship between alcohol and polysubstance use, and the potential for anxiety and depression caused by alcohol withdrawal.

**ROAD Team Recommendations for Structural Overdose Prevention**

- Encourage providers to distribute naloxone kits directly to patients or to coordinate with a community health navigator or CPRS to assist patients with obtaining naloxone.
- Develop a system to track referrals made by behavioral health providers.
- Promote care coordination between PCPs, behavioral health providers, HIV clinics, and Medication Assisted Treatment (MAT) providers, and provide education on how to implement care coordination processes.
- Review standards and requirements of multidisciplinary and pain management clinics to ensure all entities include a mental health component (e.g., patient connection to behavioral health counseling).
- Pursue obtaining legal authority for RiDOH and BHDDH to obtain full, comprehensive medical records for overdose decedents, particularly patients who obtained care from pain management clinics.
- Ensure prescribers are utilizing the Prescription Drug Monitoring Program (PDMP) and following prescribing regulations.
ROAD Team Recommendations for Structural Overdose Prevention (continued)

- Encourage PCPs to conduct comprehensive assessments of patients who have behavioral health conditions.
- Consider coordinating with RIDOH’s Suicide Prevention Program to provide training to PCPs about suicidal ideation, including appropriate responses, and referral to behavioral health resources.
- Encourage PCPs to refer patients to a community health navigator and/or CPRS to help navigate healthcare systems.
- Require pain management clinics to provide naloxone and mental health counseling to patients, particularly clinics offering pain management options such as methadone and buprenorphine.
- Require individuals who have a Driving Under the Influence (DUI) conviction to participate in a substance use class or counseling.
- Require healthcare providers to screen all chronic pain patients for signs of depression and suicidal ideation.
- Explore suicidology training opportunities for the Office of the State Medical Examiners (OSME) to improve identification of intentional and accidental overdose deaths.

References: