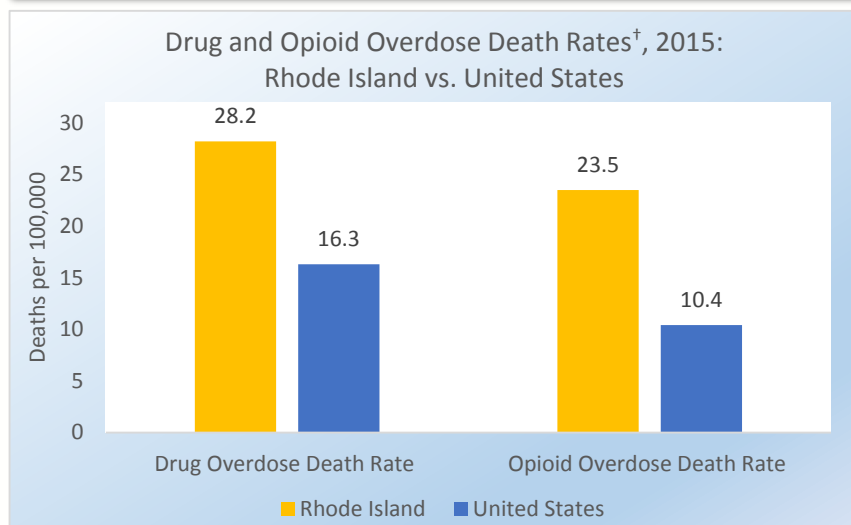


Opioid Use in Rhode Island

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Opioid abuse and overdose is increasing across the United States and in Rhode Island in particular. Opioids include illicit opioids like heroin, and prescription painkillers such as OxyContin, Percocet, Vicodin, Codeine, and Fentanyl.



➤ Rhode Island ranked 5th for drug overdose death and 4th for opioid overdose death among all US states in 2015.

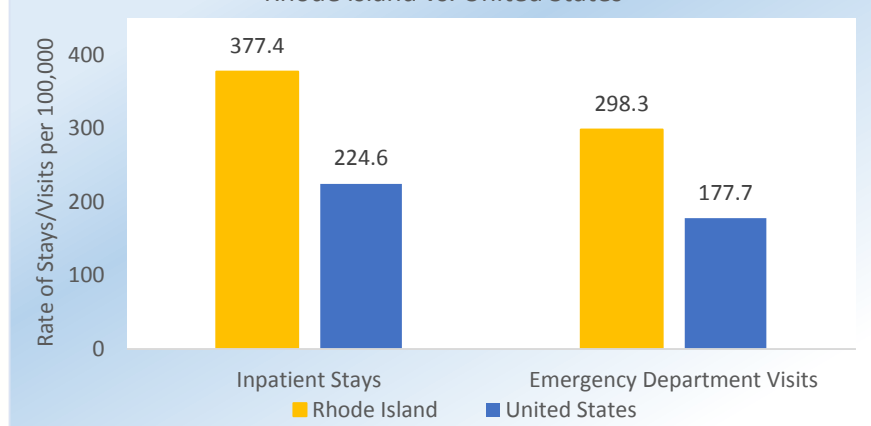
Figure 1. Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics.

➤ Rhode Island had the highest opioid overdose death rate in New England 2010-2013, becoming second to New Hampshire in 2014 and 2015.

Opioid Overdose Deaths per 100,000 [†] , 2010-2015: Rhode Island vs. New England							
Year	US	RI	CT	MA	ME	NH	VT
2010	6.8	10.5	6.3	8.3	7.1	8.9	6.8
2011	7.3	13.3	6.0	9.9	6.7	11.5	9.1
2012	7.4	13.2	5.7	10.4	7.9	10.5	8.6
2013	7.9	18.1	12.3	13.3	9.9	11.8	11.6
2014	9.0	19.8	15.2	17.0	13.7	23.4	11.0
2015	10.4	23.5	19.2	23.3	19.3	31.3	13.4

Table 1. Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics.

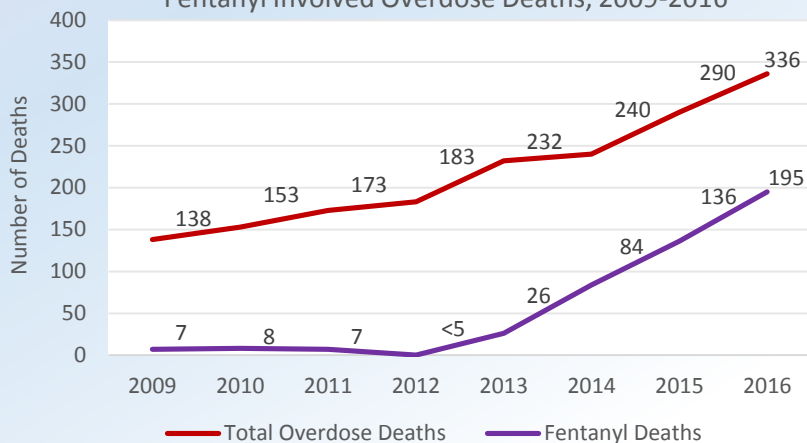
Opioid-related Inpatient Stays and Emergency Department Visits, 2014: Rhode Island vs. United States



➤ Rhode Island ranked 3rd in opioid-related inpatient stays and emergency department visits in 2014.[‡]

Figure 2. Source: Agency for Healthcare Research and Quality (AHRQ).¹

Rhode Island Total Overdose Deaths and Fentanyl Involved Overdose Deaths, 2009-2016



➤ Deaths related to fentanyl increased 40-fold since 2012, representing more than half of all overdose deaths in Rhode Island in 2016.

Figure 3. Source: Rhode Island Department of Health. Center for the Office of the State Medical Examiners.

Fentanyl is a synthetic opioid prescribed for pain, however, there has been an increased availability of illicitly manufactured fentanyl. Illicit fentanyl is often combined with heroin or sold as heroin.² Nearly 80% of Americans using heroin report misusing prescription opioids prior to initiating heroin use.³

➤ Rhode Island treatment admissions for heroin rose more than 300% from 2010 to 2016.

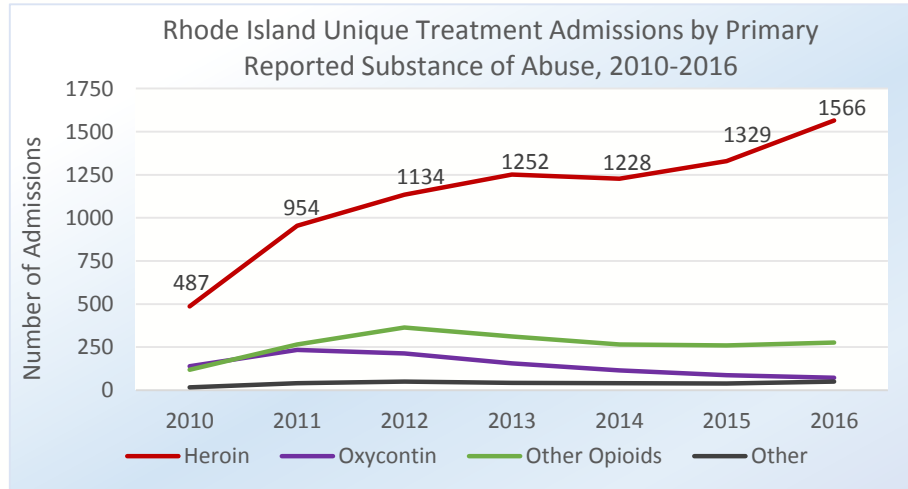


Figure 4. Source: Behavioral Health Online Database. Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Note: Treatment data do not include alcohol use.

For more information on preventing overdose in Rhode Island, visit <http://preventoverdoseri.org>

[†] Overdose Death Rates and Opioid Death Rates are age-adjusted. Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 U.S. standard population age distribution.

[‡] States that did not provide inpatient stay data include Alaska, Arkansas, Delaware, Idaho, Mississippi, and New Hampshire. Ranking excludes the District of Columbia. States that did not provide ED visit data include Alaska, Arkansas, Colorado, Delaware, Idaho, Louisiana, Maine, Michigan, Mississippi, Montana, New Hampshire, New Mexico, Oklahoma, Oregon, Pennsylvania, Texas, Virginia, Washington, West Virginia, and Wyoming.

¹ Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), HCUP Fast Stats, Opioid-Related Hospital Use (<http://www.hcup-us.ahrq.gov/faststats/landing.jsp>) based on the HCUP Nationwide Emergency Department Sample (NEDS) and the HCUP State Emergency Department Databases (SEDD)

² CDC. Increases in fentanyl drug confiscations and fentanyl-related overdose fatalities. HAN Health Advisory. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. Available from: <http://emergency.cdc.gov/revproxy.brown.edu/han/han00384.asp>

³ Muhuri PK, Gfroerer JC, Davies MC. *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. <http://archive.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>