**Health Department announces updated drug overdose numbers**

*PMP data show amount and volume of prescribed controlled substances is not decreasing*

**PROVIDENCE** – The Rhode Island Department of Health (HEALTH) recently reported the latest numbers on apparent accidental drug overdose deaths, use of Narcan by Rhode Island Emergency Medical Services, and prescribed controlled substances.

Since January 1, 2014, there have been 162 apparent accidental drug overdose deaths, nine of which occurred in the month of October.

Of the total number of apparent accidental drug overdose deaths since January 1, 2014, 141 (90%) of the screened cases involved at least one opioid or medication. At least 59 (38%) of the screened cases involve fentanyl that appears to have come from an illicit source.

These apparent accidental drug overdose deaths have taken place in 30 different cities and towns in Rhode Island affecting men and women of all ages and ethnicities:

- 115 men and 47 women ranging in age from 20 to 65: 31 people in their twenties, 48 people in their thirties, 37 people in their forties, 40 people in their fifties, and 6 people in their sixties; 148 people were white, 13 were black, and 1 was Asian.

Since January 1, 2014, Rhode Island Emergency Medical Services (EMS) has administered 1267 doses of Narcan. From April 2 –October 14, emergency departments in Rhode Island have administered Narcan 87 times.

Data from Rhode Island’s Prescription Monitoring Program (PMP), which are available to the public on the Department’s website, continue to demonstrate that the amount and volume of prescribed controlled substances is not decreasing. In September, 116,383 individuals filled a prescription for a schedule 2, 3, or 4 drug in Rhode Island. Likewise, in September alone, 1.16 million doses of stimulants, 1.6 million doses of schedule 2 pain medicines, and 5.4 million doses of benzodiazepines were prescribed.

“It is clear that Rhode Island continues to experience a prescription drug and street-drug overdose crisis. Despite all of the media attention and the increased focus in the medical community, overdoses and over-prescribing are still happening. This is still a major crisis and we need to continue to put forth our state’s best effort to combat addiction and overdose deaths,” said Michael Fine, MD, director of the Rhode Island Department of Health.

---

**Health Department awarded $3.5M to target chronic diseases**

*New program addresses obesity, diabetes, heart disease, and stroke*

**PROVIDENCE** – The Rhode Island Department of Health was awarded a grant of $3.5 million to support implementation of population-wide and priority population approaches to prevent obesity, diabetes, and heart disease and stroke, and reduce health disparities in these areas among adults on a statewide basis.

The State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease awards are part of a U.S. Department of Health and Human Services (HHS) initiative to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending. The Centers for Disease Control and Prevention will administer the grants, which will run for 4 years, subject to availability of funds.

Overall, HHS awarded $69.5 million in new grant awards to 21 state and large-city health departments to prevent obesity, diabetes, heart disease, and stroke and reduce health disparities among adults through combined efforts of communities and health systems. The State and Local Public Health Actions awards are financed by the Prevention and Public Health Fund of the Affordable Care Act. This new program complements and expands on a state-level program, State Public Health Actions, that began in 2013.

States will sub-award half of their funds to support activities in four to eight communities each. Community approaches will build support for lifestyle change, particularly for those at high risk, to prevent diabetes, heart disease, and stroke. Health system efforts will focus on linking community programs to clinical services for populations with the largest disparities in high blood pressure and pre-diabetes.

Specifically, the work that communities will do to have a statewide impact will be to employ strategies that promote health, support and reinforce healthful behaviors, and build support for healthy living for the general population and particularly for those with uncontrolled high blood pressure and those at high risk for developing type 2 diabetes. Priority populations include people with racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or low income.

“Achieving the best preventive health care is vital to successful health outcomes. Primary care providers supports the work of the health care system through provision of services such as mammography and tobacco cessation counseling for underserved populations, work on issues of health care access, planned care, self-management, patient navigation, and quality prevention services. Through community-based public health efforts that support intensive and sustained interventions that include health care settings, together we can improve population health outcomes,” said Michael Fine, MD, Director of Health. “In this country, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death, disability, and health care costs, accounting for 7 of 10 deaths among Americans each year, and more than 80 percent of the $2.7 trillion our nation spends annually on medical care.”