



Governor Raimondo's Task Force on Overdose Prevention and Intervention

September 12, 2018

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REGISTRATION
NOW OPEN
9.20.18

2018

HEALTH EQUITY SUMMIT

Building Healthy and Resilient Communities

September 20, 2018

Rhode Island Convention Center, Providence

Visit
health.ri.gov/equity
to learn more.

Learn About Opioids

Opioids are drugs that are used to stop pain. There are two types of opioids: **prescription opioids** and **illegal opioids**.

Knowing the Risks of Opioid Prescription Pain Medications

Watch this video to learn about the risks of opioid prescriptions. The video also covers non-opioid treatment options, how to safely store opioids, and side effects of opioids.





Community Overdose Engagement

Portsmouth, Little Compton, and Tiverton



Portsmouth, Little Compton, and Tiverton are small towns utilizing the bond between faith communities and fire departments during the opioid crisis.

Providence



Providence is using community outreach to distribute naloxone to high-risk populations.

Warwick



Warwick is using community outreach to educate and build trust between police and those struggling with homelessness, mental health, and substance abuse problems.

West Greenwich



Utilizing first responders, West Greenwich is exploring recovery through community support and engagement.

Woonsocket



In Woonsocket, Community Care Alliance is expanding access to medically-assisted treatment to meet people with addictions where they are.



September “*Rally4Recovery*” Month



Linda Mahoney CAADC, CS

Linda.Mahoney@bhddh.ri.gov

September 12, 2018

Governor’s OD Task Force Meeting

History of Recovery Month

1989

“Treatment Works!” Month

- Honored SUD Treatment Professionals (NAADAC)



1998

National Alcohol and Drug
Addiction Recovery Month

- Celebrating Individuals in recovery from alcohol & Drug addiction.

2011

National Recovery Month

- Celebrating all aspects of Behavioral Health





Purpose of the Rallies

Give a voice to people in recovery.

“There is **hope**”

Treatment works and People
Recover

Raise awareness

Dispel the myths and the stigma
attached to substance abuse and
mental illness.

Have family fun in recovery!!



RI's Rally History

- 2003 : BHDDH Lawn
30 Providers
- 2007-Steeple St.
Narragansett tribal
drums





James Gillen





2011-Rally4Recovery → Dry D.O.C. style
1st state to have Rallies being the walls.





2012 Rally4Recovery



- 6000 participants
- 80+ Organizations
- ONDCP Drug Czar
- Water fire Walk
- Welcomed Wounded Warier
- Voted Best Rally
- Awarded by Faces & Voices as the National Hub for 2013



2013 National HUB





2015 Slogans



Rally4Recovery Expansions

Aquidneck Island - 2012

Bristol Rally 2016



One memory at a time



The poster is divided into four quadrants. The top-left quadrant is dark brown with four circular logos: a heart, a house, a cross, and a gear. The top-right quadrant is light blue with the date and time. The bottom-left quadrant features a map of Bristol with the event title. The bottom-right quadrant is purple with a list of activities.

SAT. SEPT. 22ND
1-2PM

SAVE THE DATE
Bristol's Hally Recovery

BRISTOL TOWN COMMON

RECOVERY SPEAKERS, RESOURCE TABLES, FREE FOOD & FOOD TRUCKS, INTERACTIVE GAMES & MORE!



Saturday
September 15, 2018

Roger Williams
National
Memorial Park
Providence, RI
2:00 -6:00 pm





Rally4Recovery events to support

- **Sept. 20th , Thursday 6:00- 8:00 pm** Community Dialogue on SUD: Working together on Local Resource & Strategies. Roger Williams University College of Arts & Sciences, Room CAS 157. Forum open to the public.
- **Sept 29th , McCoy Stadium -Doors open at Noon** Recovery Fest featuring Macklemore, Fitz and the Tantrums and more. All proceeds returning to the Recovery Community.
- **October 5th , 5-7 pm Closing Recovery Rally** at the Warwick Mall Parking Lot.
- **October 21st from Noon-4:00 pm** “Feeling Alright” Health Fair sponsored by the RI Music Hall of Fame. Sunday @ the Hope Artiste village in Pawtucket. Live Music to follow.

PHARMACY-BASED NALOXONE

SEPTEMBER 12, 2018

TRACI C. GREEN, PHD, MSC AND JANETTE BAIRD, PHD



MOON Study

Maximizing OpiOid safety with Naloxone

MOON STUDY OVERVIEW

- 3 year demonstration project funded by Agency for Healthcare Research & Quality
- **Purpose: Demonstrate how naloxone can be provided at pharmacies in 2 “early adopter” states: RI and MA**
 - Involve partners: Depts of Health, Pharmacies (CVS, independent, outpatient hospital), professional societies, community partners
 - Develop and implement an effective public health campaign with a dedicated focus on opioid safety, overdose awareness, and distribution of naloxone at the pharmacy
 - Use systems-level approaches to increase awareness, reinforce naloxone education, and improve uptake of naloxone at the pharmacy

8 Focus Groups, Results: Pharmacy Naloxone

“...[You can take] the stigma away [from naloxone] by making it...as common as...’Do you want fries with that?’” – Caregiver, MA



- Very few had attempted to obtain NLX at a pharmacy, did not know it was there, or how to ask for it
- Relationships to pharmacists were mixed: positive, negative, impersonal
 - Generally see pharmacists as knowledgeable, helpful but very busy
 - **Universally endorsed, considered least stigmatizing was an automatic opt-out (“corporate/state policy”) offering naloxone**

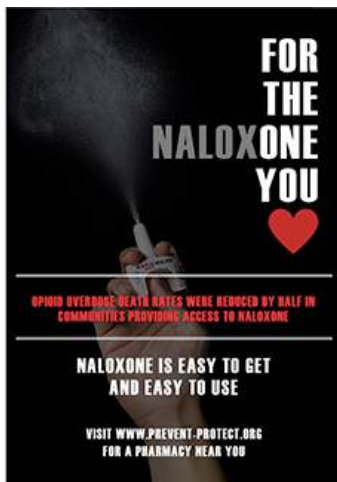
Prefer non-verbal offers

Want non-verbal offer option

- Pharmacists do not often have conversations about opioid safety with patients.
- Main barriers to Pharmacy NLX: very uncomfortable, stigmatizing, could “lead to people thinking you think they are an addict.”
- Offending patients was a concern of pharmacists in both states. **They felt standardized, opt-out naloxone offer policies would reduce concerns**

OVERDOSE AND NALOXONE ANNUAL POSTER CONTEST

- ❖ We asked members of the community to submit naloxone posters in Spanish or English to display their work to the community and win a prize
- ❖ Winning posters are adapted for www.prevent-protect.org website, Spanish language versions, featured in-pharmacy
- ❖ Community advisory group judged posters for 3 consecutive years

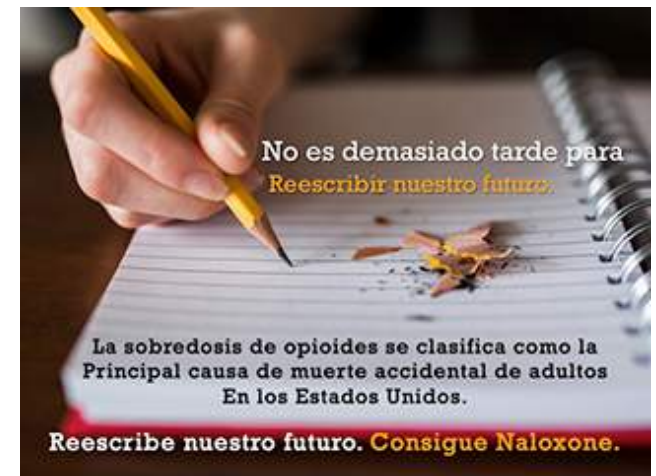


Naloxone
Naloxone
Naloxone
Naloxone
Naloxone
life.

The most common drugs involved in prescription opioid overdose deaths include **Oxycodone** and **Hydrocodone**. Friends, parents, and loved ones do not need a prescription to get or use Naloxone.

Using Naloxone can stop an opioid overdose.

One life. Save it with Naloxone. Ask a Pharmacist.



PREVENT-PROTECT.ORG

- Companion site to Prescribetoprevent.org
- Houses all materials created by MOON Study
- Spanish/English versions, standardized for free, easy download, attribution to prevent-protect.org
- Provides guidance to pharmacy goers and pharmacy naloxone expanders (CBOs, health depts., etc)
- Communicates opportunities for involvement (poster contest, etc), new study collaborations
- Implementation and Dissemination
 - Adopted by cities/organizations: Chicago, Austin, Philadelphia, New York, Virginia, PA Attorney General's Office, Rite Aid
 - AHRQ evidence based project index
 - Featured on AHRQ Director's blog
 - Surgeon General's press release/communications



Resources for community members, health departments, community-based organizations and collaborations



Opioid safety and overdose prevention resources for prescribers and pharmacists

ACADEMIC DETAILING: A CORNERSTONE OF TRAINING

- One-on-one conversations in-pharmacy about Naloxone and opioid safety, to improve dispensing experiences and encourage naloxone offers
- Staff led 205 academic detailing visits to chain and independent community pharmacies in MA & RI
- Eight research consultants contracted & actively involved
- “Pharmacist guide” document, “how to” videos, in-store role plays conducted, to help pharmacy staff have a more comfortable conversation with patients on Naloxone



GUIDE FOR PHARMACISTS DISPENSING NALOXONE TO PATIENTS
Easy to use instructions for dispensing naloxone to patients

The high number of opioid overdoses in a public health crisis in the US. The recent medication naloxone can help people survive an overdose. Pharmacists can help by providing naloxone by request, under a standing order or collaborative practice agreement. Studies show that increasing access to naloxone can reduce overdose death by 35-50%.

HIGH RISK FOR OVERDOSE
Some patients are at higher risk of overdose or may be able to use naloxone to save a life in an overdose emergency.
• Patients using opioid medications are at high risk of overdose if they are taking:
- buprenorphine or buprenorphine/naloxone (BUP/NAL)
- any other opioid
• Patients using opioids along with benzodiazepines at a high of:
- Valerium (valium)
• Other substances can affect risk. For more information, visit www.PrescribeNaloxone.org

HOW TO RESPOND IN AN OVERDOSE
If someone is not breathing or you think they may have overdosed:
1. Call 911
2. Check for response by pinching or shaking
3. Give naloxone. If no response in 2-3 minutes, give another naloxone dose.
4. Give mouth-to-mouth resuscitation if you know how to do it with a naloxone nasal spray.
5. Stay with the patient for at least 2 hours after each rescue.

RESOURCES
• www.PrescribeNaloxone.org (Naloxone information and videos)
• Learn to Live: www.LearnToLive.org, Support group for families coping with addiction
• The End Abuse: www.EndAbuse.org, National coalition of advocates providing information and resources for patients, families, and the public
• National Opioid Abuse and Addiction Helpline: 1-800-422-6229 (OAS) for treatment referrals
• American Heart Association: www.heart.org, training for performing chest compressions

TYPES OF NALOXONE

1	2	3	4
INJECTION (NALOXONE INJECTION)	INJECTION (NALOXONE INJECTION)	INJECTION (NALOXONE INJECTION)	INJECTION (NALOXONE INJECTION)
QUANTITY: 1 dose	QUANTITY: 1 dose	QUANTITY: 1 dose	QUANTITY: 1 dose
NAL. CONC: 0.1 mg/mL	NAL. CONC: 0.1 mg/mL	NAL. CONC: 0.1 mg/mL	NAL. CONC: 0.1 mg/mL

HOW TO DISPENSE

1. Confirm with patient regarding ability to use it, their level of comfort, and any questions.
2. Deliver medication and all related components, include educational material.
3. Counsel patient and ask if they have any additional questions. Use patient or caregiver handout and refer to www.PrescribeNaloxone.org for naloxone education materials.

IMPORTANCE OF COUNSELING ON NALOXONE USE
Counseling is important for pharmacists to discuss with patients because:
• Patients may be unaware of their risk.
• Patients may not understand purpose of medication, when to use it, how to administer it, or how to respond in an overdose.
• Patients may not know of follow-up procedures (e.g., "When to call 911").
• Patients may not know of the types of naloxone available to them (e.g., "I only know of the spray, but I don't know if I should use the spray or the injection").
• Patients may not know of the importance of naloxone use (e.g., "I don't know if it will save a life").
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TIPS FOR COUNSELING

1. Approach conversation with care. Naloxone can be a sensitive subject as it is related to stigma. Choose your words carefully and avoid stigmatizing language like "addicted" or "junkie". Use the terms "opioid use" or "overdose" if possible. Use the one "opioid" instead.
2. Encourage yourself and ask when the patient shares about naloxone.
3. Ask open-ended questions, such as "What kind of concerns do you have?" and "Do you have any other questions?"
4. Practice the Steps in Overdose Response on the patient education sheet.

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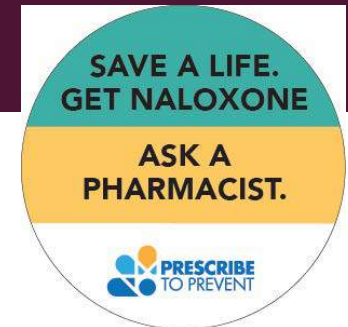
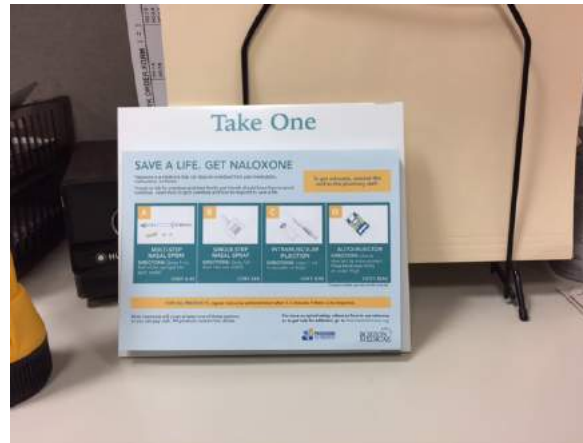
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ADDRESS STIGMA: MULTIPLE PATHS TO NALOXONE

Display pad & syringe stickers intervention

- Low-intensity
- Pharmacy-directed (environmental)
- Demand-driven
- Stigma reducing
- Patient empowering



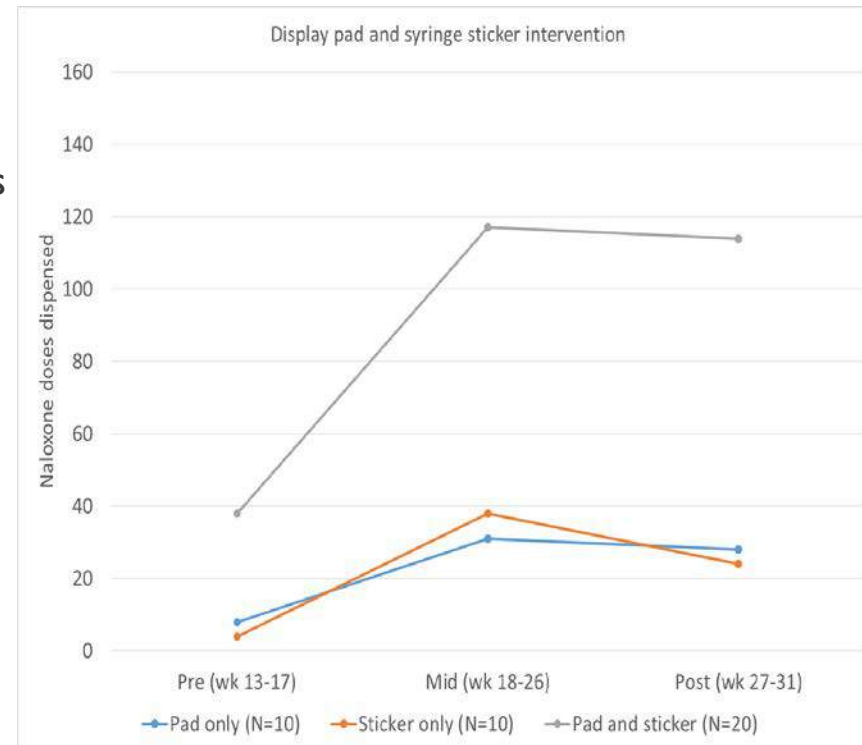
Test it out!

- A, B, A+B design
- N=40 CVS, hospital outpatient, 3 independent pharmacies
- All pharmacists and staff academic detailed, all provided posters
- Pre, During, Post intervention period comparisons
- QA weekly calls (stocking, questions)
- 2 rounds of fidelity checks (secret shopping)
- Qualitative exit interviews with pharmacy staff

DISPLAY PAD AND SYRINGE STICKER: FINDINGS

- Significant increase during & post-intervention relative to pre-intervention
- No difference between Pad only/Sticker only
- Controlling for location, dispensing volume, Buprenorphine dispensing, intervention effect amplifies over time


Variables	Beta (p-value)
Intercept	-2.84 (<0.01)
RI vs. MA (ref)	0.09 (0.66)
VolumeRX	0.0001 (0.29)
BupreRx	0.026 (<0.01)
Any pad	0.36 (0.15)
Any sticker	0.16 (0.54)
Mid	0.73 (<0.01)
Post	1.20 (<0.01)



- High interest in continuing activity

WORDS MATTER: HOW DO YOU OFFER NALOXONE TO A PATIENT?

- Iteratively test patient identification process and alternative patient-centered naloxone offer languages, with the **goal of identifying the ideal one**
- Focus on people prescribed high dose opioids and benzodiazepine + opioid combinations only
 - *Nonverbal offers preferred for syringe purchasers*
- Different weekly language to refine the language of proactive naloxone offers
- Academic detailing of all pharmacy staff, posters in all sites
- Daily calls for feedback, weekly visits to clarify change, tailored to workflow and store geography
- Outcomes: naloxone fills, increased pharmacist comfort, minimal patient confusion



Any opioid + benzodiazepine Rx's
OR
Higher dose opioid Rx \geq 50 MME
OR
Any opioid Rx \geq 28 days

"Because you are taking [Opioid Medication and Benzodiazepine Medication] or [a High Dose of Opioid Medication] or [an Opioid Medication for a Long Period of Time] you may be at risk for a severe breathing emergency. For this reason, we recommend that you get naloxone, a medication to reverse that problem, just in case it happens. Is it OK to provide you with naloxone today?"

4 Lab pharmacies, 3 different offer language tested, sustain best offer for 2 weeks:

- Inman Pharmacy (Cambridge, MA)
- Boston Medical Center Shapiro Outpatient Pharmacy
- 1 CVS in RI, 1 CVS in MA

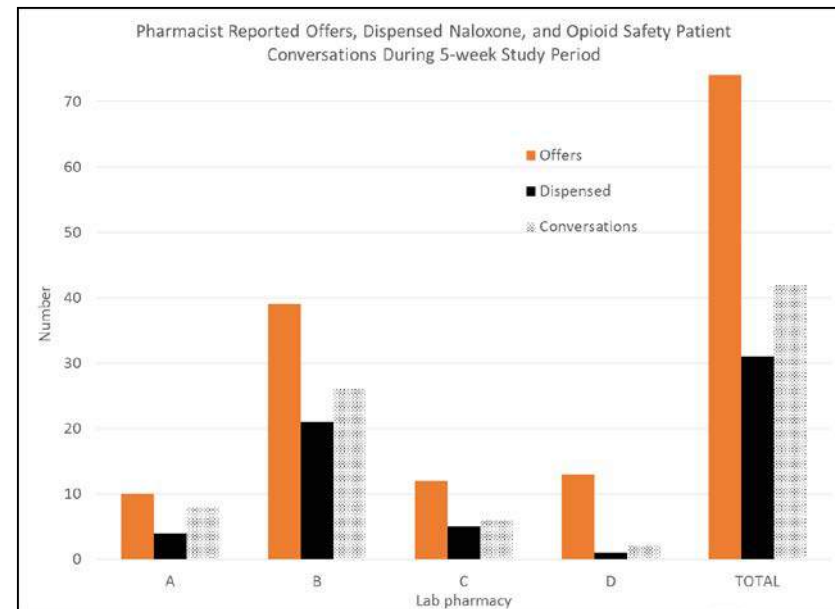
“NALOXONE LABORATORY” FINDINGS

- Identifying “high risk” prescriptions is difficult!
 - Not standard risk identification method, inconsistent prescription drug monitoring program use, workflow differences (technician, pharmacist)
 - *Days supply, co-prescription of opioid and benzodiazepine, consult reminders*
- Optimal language is simple, logical consequence of medicine’s use
- Literacy challenges
- Authority figures unfamiliar to patients, suspect, unhelpful
- Opt for “breathing emergency” rather than “overdose”
- Use nonstigmatizing analogies (i.e., fire extinguisher) as back-up
- “Technician version” of materials, language



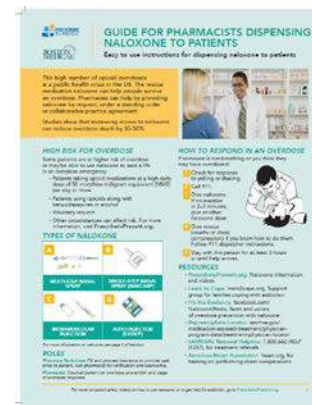
DOES OFFERING NALOXONE TO PEOPLE WORK?

- Overall, 74 patient customers identified and offered naloxone, 31 led to naloxone fill (42% of offers) and 42 conversations (46% of offers) about naloxone and opioid safety.
- Together, safety conversations or naloxone provision was linked to nearly every (98%) naloxone offer
- Naloxone dispensing data confirmed the self-reported information: the four pharmacy sites showed a median **229% increase in naloxone dispensing from 4-weeks pre- to post-intervention** and, at one-month follow up after the offer intervention had ceased, the sites continued to evidence a 29% increase in naloxone dispensing



REINFORCING WHAT PHARMACISTS AND PHARMACIES DO WELL

- ❖ Expanded Academic Detailing (Aug-Dec 2016, June-Sept 2017)
- ❖ In total, staff led **364** academic detailing visits
- ❖ Round 2 included new materials, focused training
 - ❖ Pharmacist Guide
 - ❖ Naloxone Offer Language (pharmacist, technician)
 - ❖ Syringe Stickers
 - ❖ Display Pad
- ❖ Community Academic Detailing by MOON-trained recovery coaches in RI and MA community substance abuse task force members completed **89** visits



**Prescriber writes prescription
Patient fills at pharmacy**

Setting: clinic with insured patients

Pharmacies alerted to prescribing plans

Informational brochure, patient fills

Prescriber-pharmacy communications key

Pharmacy provides naloxone directly to customer

Without prescriber contact under a standing order

Training needed

**Passive or active models:
Naloxone co-prescription
Universal offer, may require clear policy direction**

Pharmacy provides naloxone to patients in treatment center/clinic

Without prescriber or pharmacy contact under a standing order, distribution model

Patient training done on-site at clinic, facilitates facility-level compliance and sustainability

Pharmacy provides naloxone to patients in mobile setting

Without prescriber contact under a standing order

Event or venue-based, rapid deployment

Training needed, technology for mobile labeling/billing

Patient training done in-field by pharmacy



Are you or someone you know at risk of overdose from an opioid prescription or illicit drug?

Ask your pharmacist how you can get a naloxone rescue kit. It could be a lifesaver.

Naloxone is a special medication that can stop an overdose. Opioid pain medications or drugs such as heroin can slow breathing and cause overdose. Naloxone is safe and effective, and comes in a nasal spray. Talk to your pharmacist to learn more. You could save a life!

And, always call 911 when faced with a potential overdose situation. [Learn more at prevention.org](http://www.mass.gov/prevention.org)

A message from the Massachusetts Pharmacists Association and the University of Massachusetts Lowell School of Pharmacy

MPHA
Massachusetts Pharmacists Association



You Can Do It!


Opioid overdose death rates were reduced by half in communities providing access to Naloxone. Get Naloxone at a pharmacy today.

ON-SITE SAFETY AT PHARMACY: COLLABORATION HIGHLIGHT

» Safety Policies

As service providers and public health professionals who work with people who use drugs, we know that sometimes people use drugs in our facilities. Particularly in the case of injection drug use, a bathroom or other private area at a trusted services agency may be the safest and most secure location when the alternative is using outdoors, in business bathrooms, or similarly problematic places.

Many programs, and even businesses, have taken steps to improve safety and hygiene in places where people might use drugs. The first goal is to protect clients and staff. When done thoughtfully, such strategies can also foster therapeutic relationships by promoting open and frank dialog with drug using clients.



Examples of steps that can be taken include:

- Training staff on overdose response including the use of naloxone, equipping spaces or individuals with overdose rescue kits, and adopting policies and procedures for overdose management. [This is a sample policy developed for on-site overdoses](#) – it was created for pharmacies, but can easily be adapted to different venues.

MORE COMMUNITY RESOURCES

- Customizeable Posters
- Downloadable Materials
- Agency Outreach
- Safety Policies

WHAT IS NALOXONE?

NALOXONE: (also called Narcan[®] or Evzio[®]) is a prescription medicine that can stop an overdose. Parents, relatives and friends can get it to administer to someone who is overdosing on heroin or medicines like OxyContin[®] or Percocet[®].

Taskbar files: sendtoBMC (1).xls, sendtoBMC.xls, MOON-plus Poste...jpg, MOON-plus Poste...jpg, MOON-plus Poste...jpg

System clock: 6:39 AM 5/23/2018

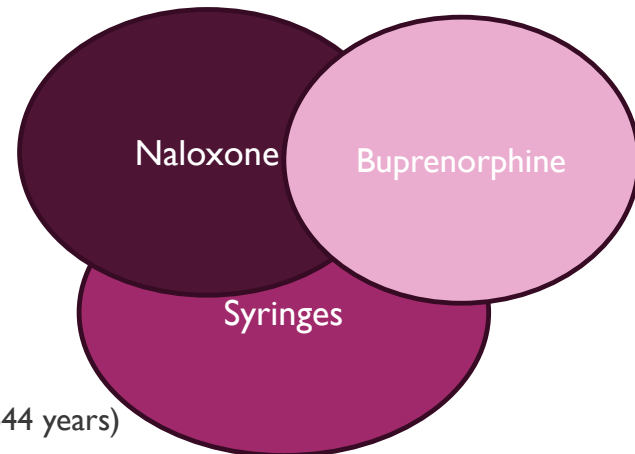
WHAT PREDICTS...

THE ABILITY TO GET NALOXONE AT THE PHARMACY?

- Stocking of medication, knowledge of law and eligibility to obtain via standing order (e.g., there is no age limit)

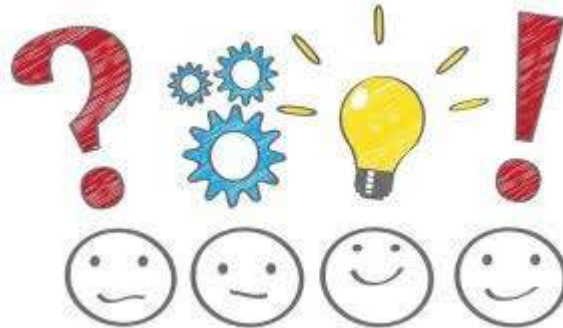
THE DISPENSING OF NALOXONE FROM A PHARMACY?

- Pharmacy-level characteristics
 - The pharmacy's sales volume of buprenorphine, syringes
 - Longer weekend hours
- Community-level characteristics
 - Age distribution (ZIP code is resident to more people aged 25-44 years)
 - Less urban
 - Rhode Island's policies
 - *Not* racial diversity, housing ownership, household income

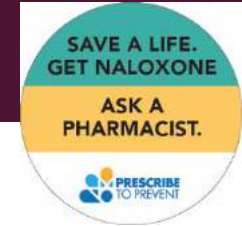


QUESTIONS FOR YOU

- What are reactions to these findings and materials?
- What have your recent experiences been like obtaining naloxone at a pharmacy?
- How can we better support naloxone, buprenorphine, and syringe access in the community AND the pharmacy?



THANK YOU!



BMC/BU

Alex Walley
Ziming Xuan
Abby Tapper
Brianna Beloy
Jesse Boggis
Nathan Potter
Maria Alfieri
Haley Fiske
Iman Qureshi
Andrew Baccari
Eric Struth
Aubri Esters
Shawn Kurian
Tia Dinatale
Max Huber
Victoriana Schwartz

Rhode Island Hospital

Dina Burstein
Ayorinde Soipe
Lauren Poplaski
Shachan Cabral
Corey Saucier

University of RI

Jeffrey Bratberg

Simmons University

Elizabeth Donovan

Northeastern University

Patricia Case

UMASS/MASSHEALTH

Kim Lenz

CVS Health

Tom Davis
Nicole Harrington
Angela Nelson
Tyler Davis

Network for Public Health Law

Corey Davis

BMC Shapiro Pharmacy

Sebastian Hamilton

Lifespan outpatient pharmacies: The Miriam and Rhode Island Hospitals

Genoa Pharmacy
Seaside Pharmacy
Baker Pharmacy
Inman Pharmacy
Eaton Apothecary
AllCare Pharmacy

Rhode Island Pharmacists Association

Massachusetts Pharmacists Association

EndMassOverdose

Massachusetts Dept of Public Health: Sarah Ruiz, Brittney Reilly

Rhode Island Dept of Health: Peter Ragosta, Jennifer Koziol, Rachel Elmaleh

For questions or more information about the MOON Study, please contact traci.c.green@gmail.com or jbaird@lifespan.org

Naloxone Co-Prescribing: Background, Policies and Data

Jeffrey Bratberg, PharmD
Clinical Professor of Pharmacy Practice
University of Rhode Island College of Pharmacy
Academic Collaborations Officer
RIDOH Academic Center

Background

Co-prescribing naloxone to patients taking opioids for chronic pain reduced opioid-related ED visits by 63% at 12 months.	Coffin P, Ann Int Med 2016
97% of surveyed primary care patients feel that all people using opioids chronically should be prescribed naloxone.	Behar E, Ann Fam Med, 2016
Co-prescribing naloxone does not increase liability risk.	Davis C, J Subst Abuse 2016
“Primary care is a strategic and accepted point of universal naloxone distribution, helping to destigmatize the medication, connect it to larger opioid stewardship efforts, and expand access to individuals who may otherwise lack awareness or access.”	Behar E, Prev. Med 2018, Behar E, J Gen Int Med 2016

Co-prescribing naloxone is supported by a broad range of stakeholders including the WHO, CDC, SAMHSA, AMA, state departments of health, and many patient and consumer groups.

Background

- **Offering a naloxone prescription can increase communication, trust and openness between patients and providers.**
- *“By being able to offer something concrete to protect patients from the danger of overdose, I am given an opening to discuss the potential harms of opioids in a non-judgmental way.”* — **San Francisco primary care provider**

– San Francisco Department of Public Health. *Naloxone for opioid safety: a provider’s guide to prescribing naloxone to patients who use opioids.* January 2015

July 2, 2018 Regulations

Section M: Co-prescribing Naloxone

Prescribers must co-prescribe naloxone in these three different clinical scenarios. If co-prescribing naloxone is not appropriate for the patient, **then the prescriber must document the reason(s) in the patient's medical record.**

- When prescribing an opioid individually or in aggregate with other medications that is more than or equal to 50 oral Morphine Milligram Equivalents (MMEs) per day.
- When prescribing any dose of an opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the current visit. **Prescribers shall note in a patient's medical record the medical necessity of the co-prescription of the opioid and the benzodiazepine, and explain why the benefit outweighs the risk given the Food and Drug Administration (FDA) black box warning.**
- When prescribing any dose of an opioid to a patient with a prior history of opioid use disorder or overdose. **Prescribers must also document in the patient's medical record the medical necessity of prescribing an opioid to this high-risk individual and explain why the benefit outweighs the risk given the patient's previous history.**

Policies

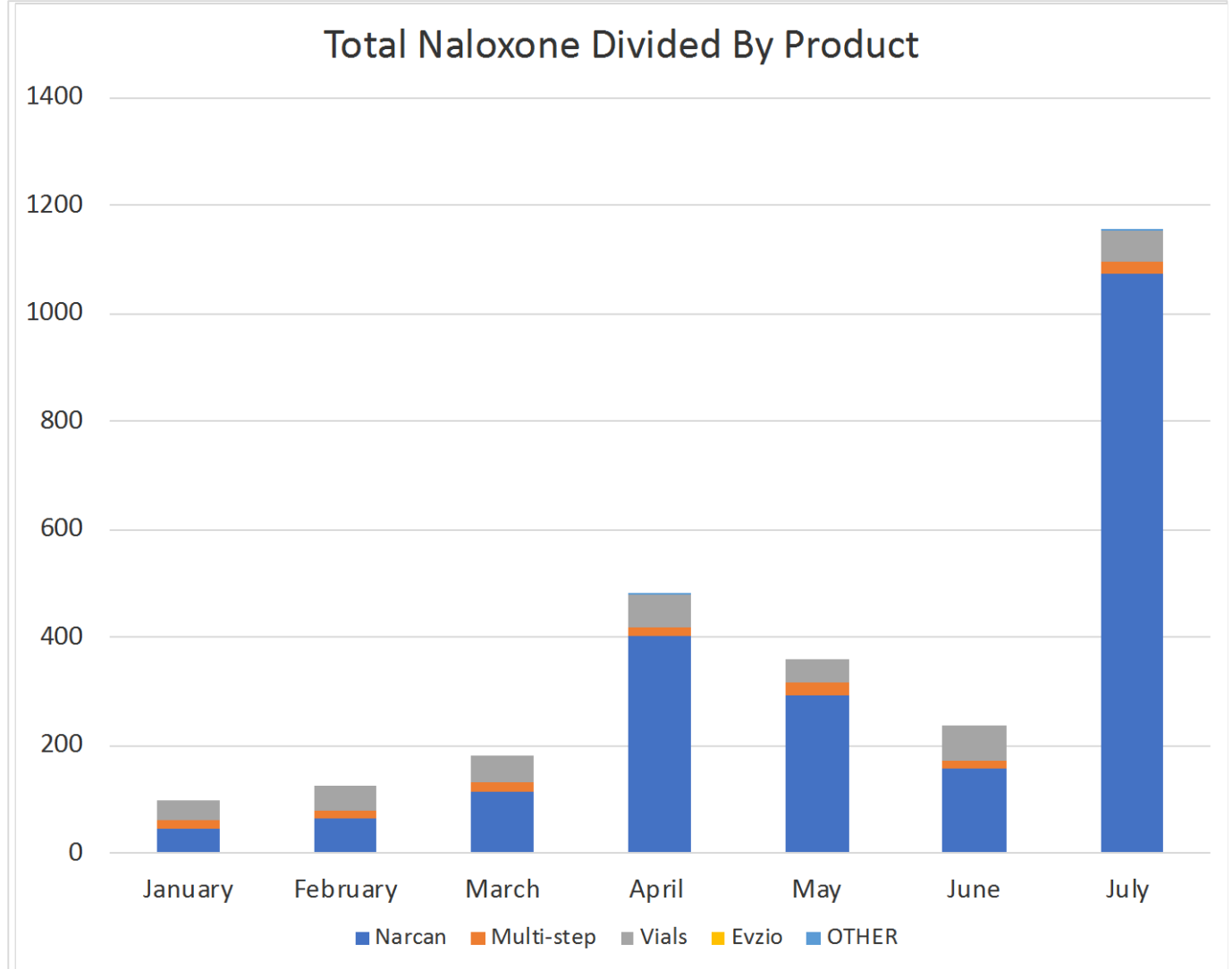
AMA Opioid Task Force Question	RI Regs. 7/2/18-	RI Statute 6/30/18 -
Does the patient history or prescription drug monitoring program (PDMP) show that my patient is on a high opioid dose?	50 oral morphine milligram equivalents (MME) or higher	<ul style="list-style-type: none"> • High-dose • Extended release, or • Long-acting opioids
Does my patient have a history of substance use disorder?	Opioid use disorder or overdose history	<ul style="list-style-type: none"> • Known history of intravenous drug use or misuse of prescription opioids • Documented history of an alcohol or substance use disorder • Received emergency medical care or been hospitalized for an opioid overdose

[Factors Physicians/prescribers/pharmacists should consider when co-prescribing naloxone](#)

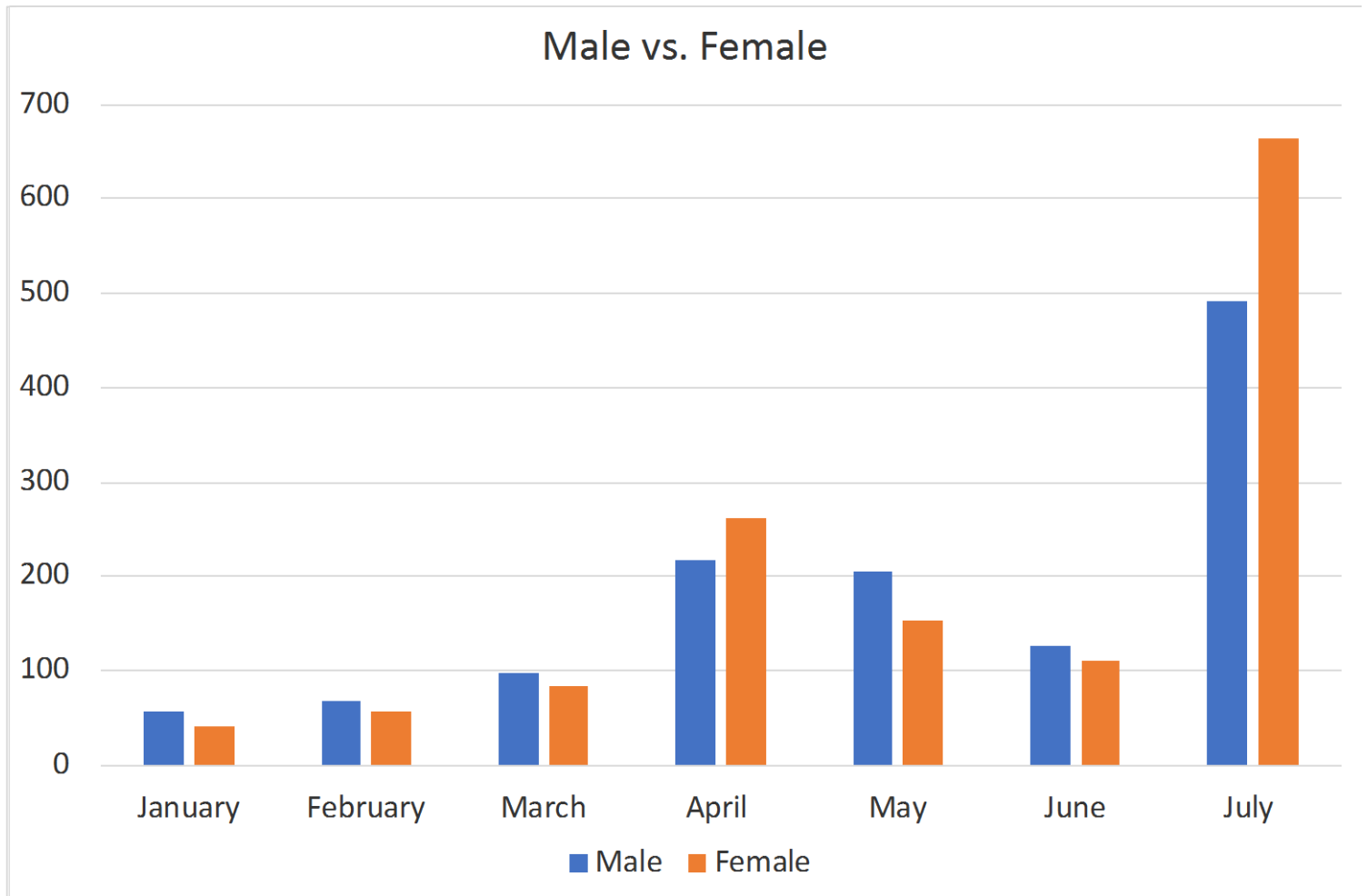
AMA Opioid Task Force Question	RI Regs. 7/2/18-	RI Statute 6/30/18 -
Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?	N/A	<ul style="list-style-type: none"> • Documented history of a mental health disorder
Does my patient have a medical condition, such as a respiratory disease, sleep apnea or other co- morbidities, which might make him or her susceptible to opioid toxicity, respiratory distress or overdose?	N/A	<ul style="list-style-type: none"> • Has a respiratory ailment or other co-morbidity that may be exacerbated by the use of opioid medications
Is my patient also on a concomitant benzodiazepine prescription?	Past 30 days and/or at current visit	<p>Uses opioids with</p> <ul style="list-style-type: none"> • Antidepressants • Benzodiazepines • Alcohol, or • Other drugs

[Factors Physicians/prescribers/pharmacists should consider when co-prescribing naloxone](#)

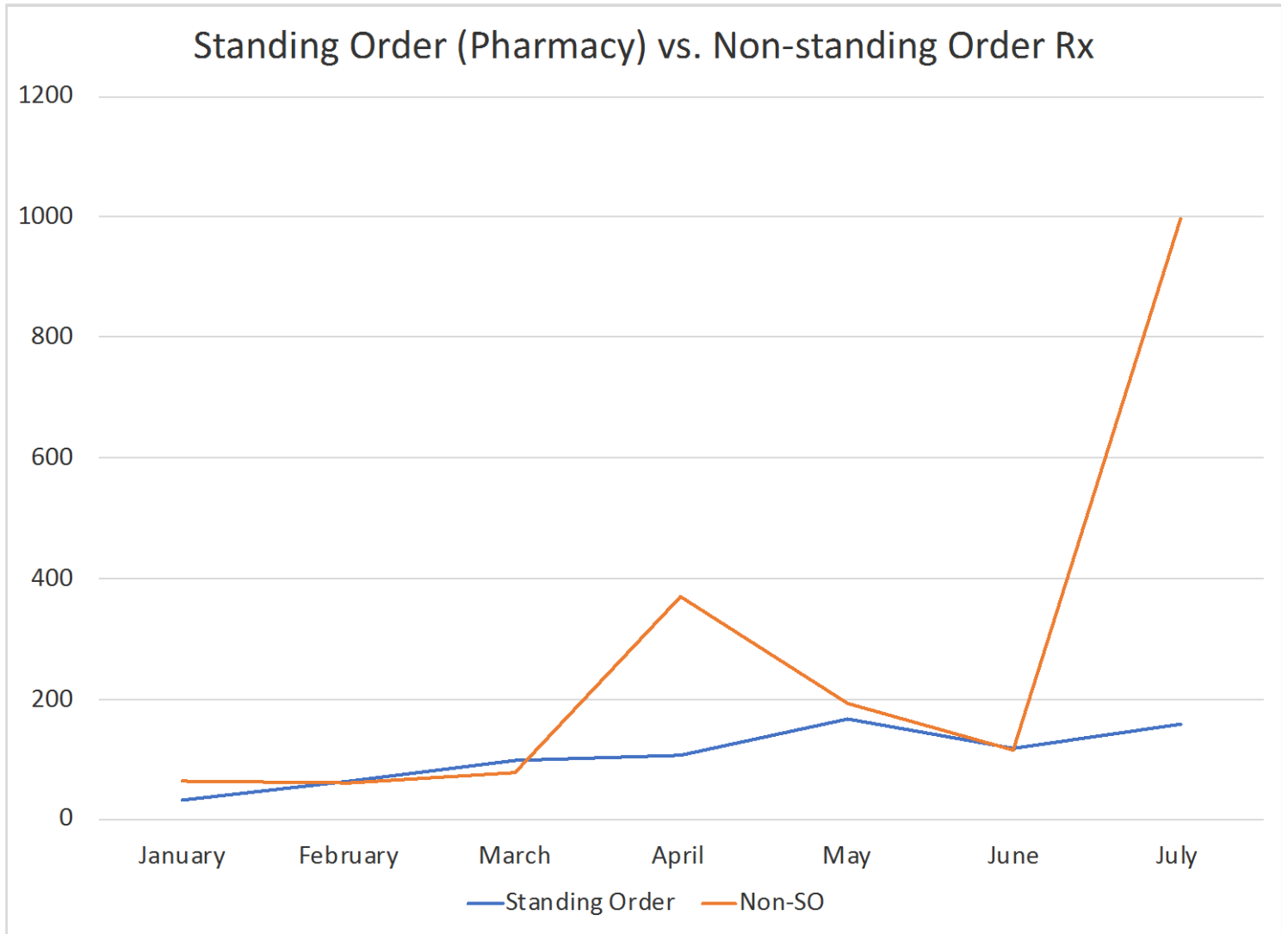
2018
PMP
Data



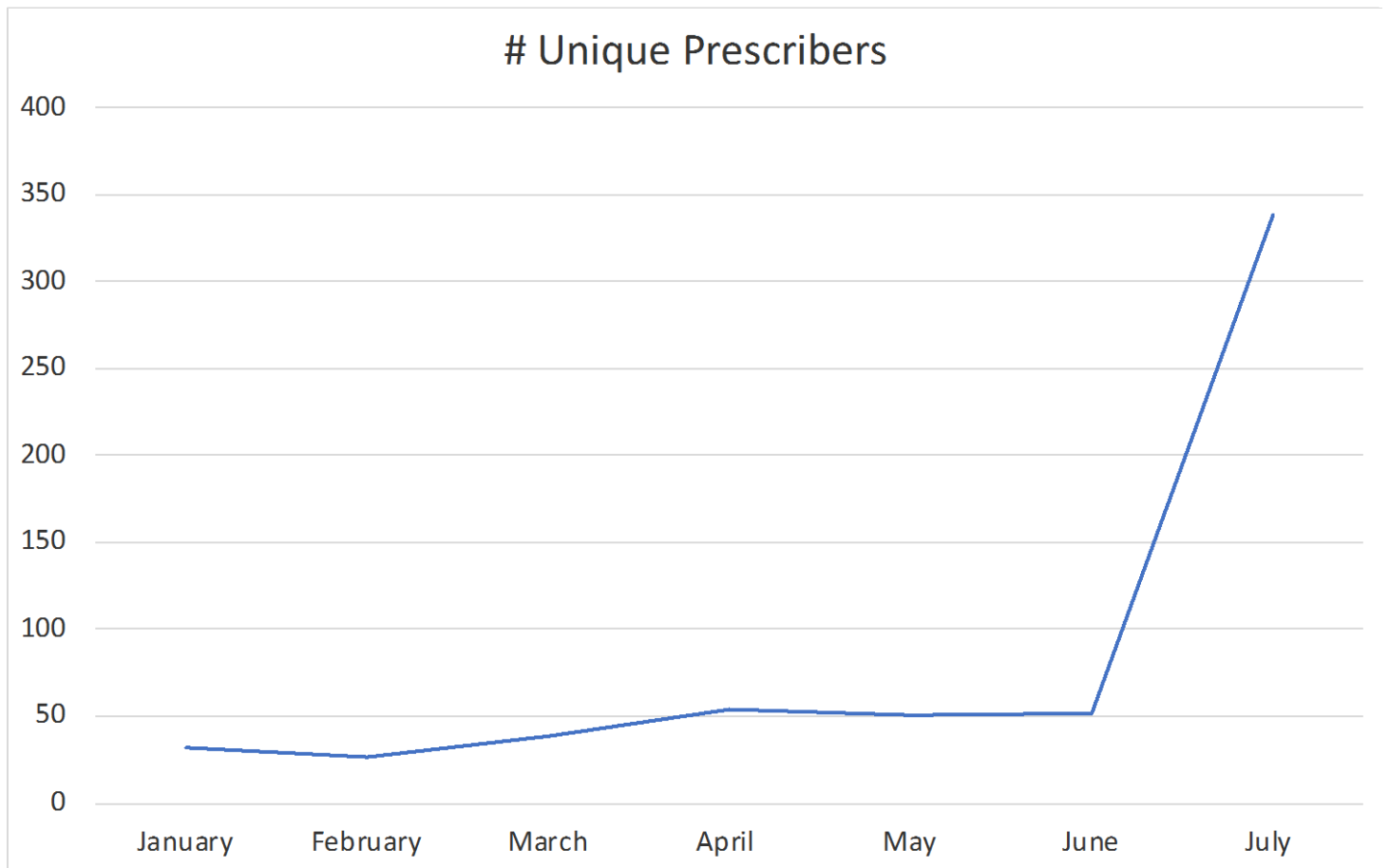
2018 PMP Data



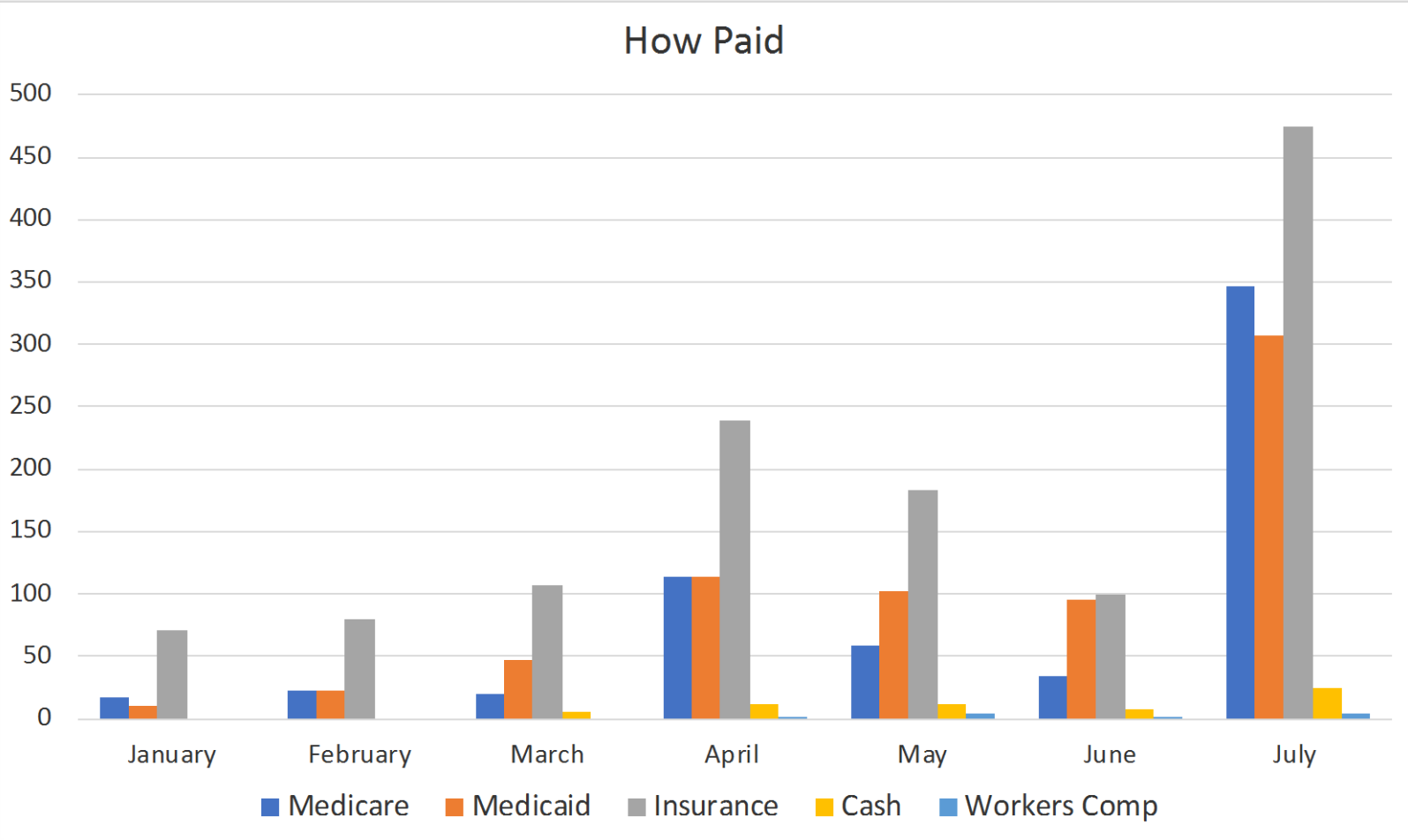
2018 PMP Data



2018 PMP Data

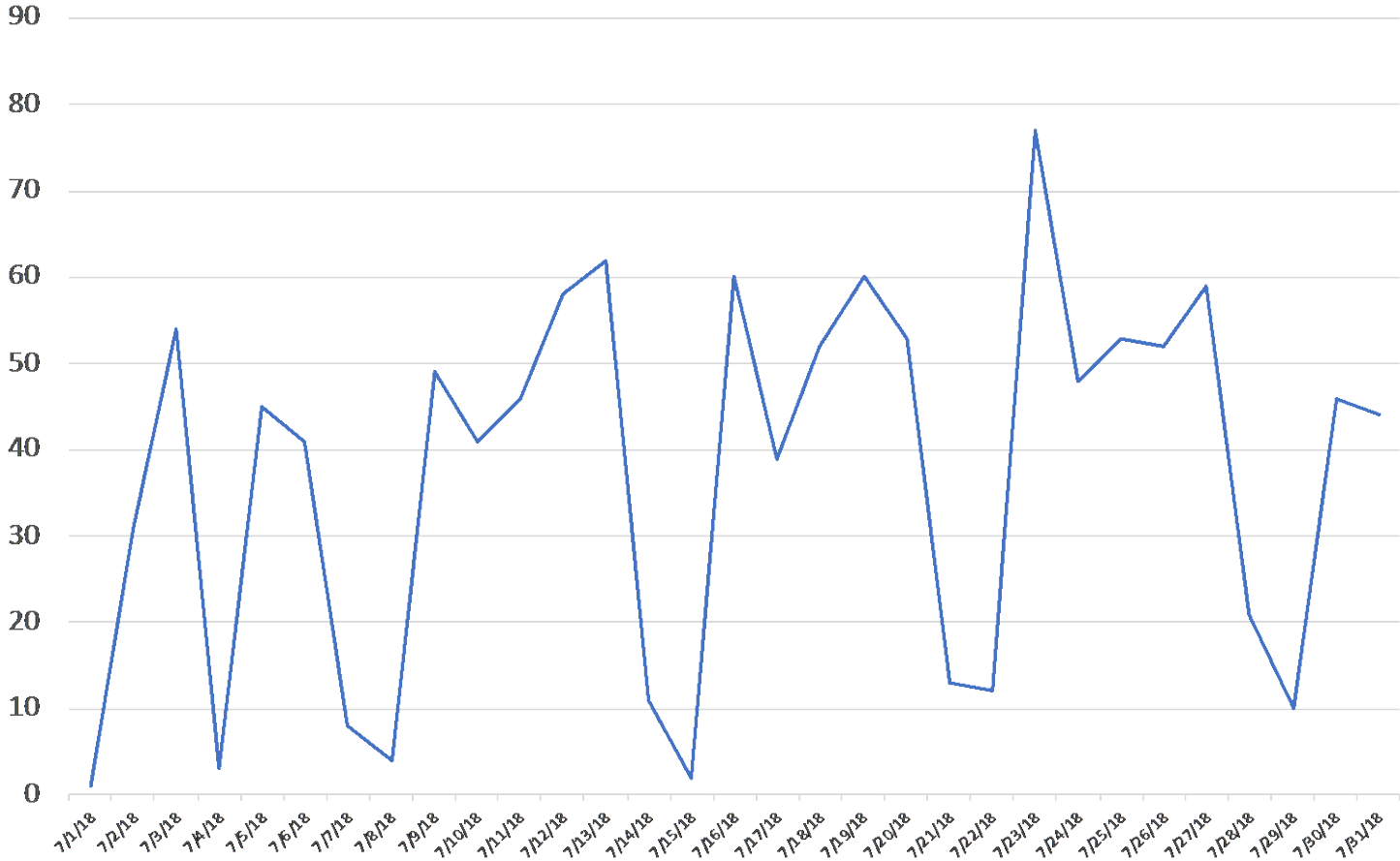


2018 PMP Data



2018
PMP
Data

July 2018 Naloxone by Date



Kudos, Rhody!

- Rhode Island is .0325% of US population, but dispensed 3.6% of weekly total national naloxone (8000) on average/week in July 2018
- **~10X national (crudely adjusted) weekly rate of dispensing!**

State Unintentional Drug Overdose Reporting Surveillance: Opioid Overdose Deaths and Characteristics in Rhode Island

YONGWEN JIANG, PhD; JAMES MCDONALD, MD, MPH; ARIEL GOLDSCHMIDT, MD; JENNIFER KOZIOL, MPH;
MEGHAN MCCORMICK, MPH; SAMARA VINER-BROWN, MS; NICOLE ALEXANDER-SCOTT, MD, MPH

Situational

- Bystanders present – 57.1%
- Naloxone administered – 36.6%

Substance use disorder

- AUD Prevalence – 19%
- Prevalence of OUD – 73.9%
- Previous opioid overdose – 9.2%

Drug

- Benzo toxicology positive – 24.1%
- Alcohol positive – 31.2%
- Antidepressant positive – 18.4%
- Prescribed buprenorphine or methadone – 12.7%

Diseases

- Prevalence of diagnosed mental health problems – 43.0%

Best Practices – Screen all patients and caregivers.

<http://www.health.ri.gov/licenses/detail.php?id=275/#>

- Check a patient's electronic **health** record (EHR) and ask the patient about previous naloxone use.
- Check [Rhode Island's Prescription Drug Monitoring Program \(PDMP\)](#) for clinical alerts and evidence of high-dose opioids (i.e., more than 50 oral Morphine Milligram Equivalents (MMEs) per day), long-acting opioid use, or opioid use for longer than 90 days.
- Screen all patients for a history or diagnosis of Substance Use Disorder (SUD), Alcohol Use Disorder (AUD), mental health conditions, respiratory or neurologic conditions that affect breathing, harmful use or misuse of opioids, and/or opioid overdose.
- Screen patients for use of Medication Assisted Treatment (MAT) to treat OUD.
- Screen all patients to identify use of opioids in combination with benzodiazepines, alcohol, anti-depressants, and/or sedatives.

Best Practices - Educate yourself, patients, and staff.

<http://www.health.ri.gov/licenses/detail.php?id=275/#>

- Ask caregivers if they feel comfortable administering naloxone during an overdose in case a friend or loved one is experiencing a bad reaction to an opioid.
- Tell patients who are taking opioids about the potential for bad reactions that make breathing slow down or stop, leading to an overdose.
- Emphasize to patients that naloxone is an antidote and can save a life, just like a seatbelt or fire extinguisher.
- Tell patients and caregivers about what to expect after giving someone naloxone.
- Include a conversation about the importance of having naloxone on-hand as a standard part of opioid safety messages.
- Ensure all office staff know where to locate and how to use naloxone in case of an overdose.
- Review the signs and symptoms of opioid overdose and the legal protections under Rhode Island's [*Good Samaritan Law*](#).
- Sign and display these [pledges on opioid safety](#).
- Print, hang, and distribute [educational materials about naloxone](#).

Best Practices - Promote increased access to naloxone.

<http://www.health.ri.gov/licenses/detail.php?id=275/#>

- Join the US Surgeon General and be a role model. [Purchase and carry naloxone](#). Incorporate naloxone co-prescribing in EHRs, office protocols, and electronic prescribing systems.
- Co-prescribe naloxone to patients who are currently being prescribed syringes and needles.
- Stock naloxone in the office for emergency use and for direct dispensing to patients.
- Remind patients and staff that [pharmacists can dispense naloxone](#) and bill insurance companies without a prescription from a healthcare provider.
- If cost is a barrier for patients, help them enroll in a health insurance plan.

FENTANYL TEST STRIPS

A cost-effective measure to save lives, inform consumers and
initiate recovery



Why is R.I. Communities for Addiction Recovery Efforts (RICARES)
engaging communities of active substance consumption?

ACCORDING TO RHODE ISLAND BASED SCIENTISTS AND RESEARCHERS:

Of 335 substance consumers surveyed:

- 87%** participants returned for a second visit
- 84%** who believed they used fentanyl wished they had known
- 98%** of participants were confident in their ability to use the fentanyl strips
- 95%** of participants wanted to use the test strips in the future
- 93%** reported that it would be easy to keep using the strips
- \$1** per strip

} *Feasible*

Among participants who received a positive result:

- 65%** reported using less
- 59%** reported using with someone else around
- 65%** reported using more slowly

} *Life-saving*

Important limitations:

- BTNX Fentanyl Testing Strips had a **detection limit** of .13 micrograms/ml, ranged from 96-100% sensitivity, and ranged from 90-98% specificity
- Test strips **may not detect** all fentanyl analogues
- Strip results may be **confusing to interpret** (one vs two lines)
- Strips **should not be distributed** without face-to-face training and Naloxone/Narcan to minimize the risks associated with false-negatives

} *One part of our public health approach*

Sources:

Krieger, M. S., Yedinak, J. L., Buxton, J. A., Lysyshyn, M., Bernstein, E., Rich, J. D., . . . Marshall, B. D. (2018). Rapids: The Fentanyl Testing Study. Dr. Brandon Marshall, National Rx Drug Abuse & Heroin Summit 2018, www.nationalrxdrugabusesummit.org (under peer-review)

Krieger, M. S., Yedinak, J. L., Buxton, J. A., Lysyshyn, M., Bernstein, E., Rich, J. D., . . . Marshall, B. D. (2018). High willingness to use rapid fentanyl test strips among young adults who use drugs. *Harm Reduction Journal*, 15(1). doi:10.1186/s12954-018-0213-2



How to Test for the Presence of Fentanyl: A Step-by-Step Guide for Safer Consumption



Fentanyl is the leading cause of fatal overdose in Rhode Island. Fentanyl is 50x stronger than heroin. If you use opiates like heroin, take the appropriate steps to ensure that you know what you are doing. Fentanyl test strips detect any amount of fentanyl. By testing the residue in your cooker **before you inject**, you can adjust how you consume. Test the dose you plan to consume **each time you consume**. Report the results of your test to help prevent overdose.

Injection Users

1



Prepare

Prepare your dose.

2



Add

Add water. Pour 1mL of water into your cooker.

1mL=1/4 teaspoon
=20 drops

3



Test

Test your dose. Hold the blue end of the strip and insert the other end into the cooker liquid for 5 seconds. Lie the strip on a flat surface and **wait** 30 seconds.

4



Read

Read the test strip. One line means there **is** fentanyl in your dose, two means there **is not**.

Non-Injection Users

1



Prepare

Pour all the substance on flat surface and mix thoroughly to evenly distribute any fentanyl that may be present. Infographic can be used as a flat surface and business card to mix.

2



Mix with Water

Use the tip of a key to scoop a SMALL (not heaping) amount of powder (a "bump") and place in dish with 1 mL of sterile water.

1mL = 1/4 teaspoon = 20 drops

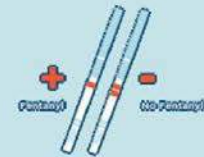
3



Test

Test your dose. Hold the blue end of the strip and insert the other end into the dish for 5 seconds. Lie the strip on a flat surface and wait 30 seconds.

4



Read

Read the test strip. One line means there is fentanyl, two lines means there is not.

PUBLIC WELLNESS RESOURCES FOR ALL OF RHODE ISLAND

GUIA DE RECURSOS PARA EL BIENESTAR EN RHODE ISLAND



SHELTER REFUGIO

CENTRAL FALLS: *New Hope Family Shelter*: 183 Barton St, 401-728-8490.
CRANSTON: *Welcome Arnold*: Howard Ave, Bldg 93, 401-464-2498.
MIDDLETOWN: *Lucy's Family Shelter*: 909 W Main Rd. 401-847-2021.
NARRAGANSETT: *Men's Shelter: Galilee Mission to Fishermen*: 401-789-9390.
NEWPORT: *McKinney Shelter*: 15 Meeting St. 401-846 2021 / *Women's Resource Center*: 114 Touro St. 401-847-2533.
PAWTUCKET: *Blackstone Shelter*: 401-723-3057
Children's Shelter of Blackstone: 15 Gates St, 401-722-4626
PEACE DALE: *Welcome House*: 8 North Rd, 401-782-4770
PROVIDENCE: *Advent House*: 589 Cranston St, 401-273- 8946 / *Interim House Family Shelter*: 49 Trenton St, 401-831-4570 / *PVD Rescue Men's Shelter*: 627 Cranston St, 401-274-8861 / *Sojourner House for All Victims of Domestic Violence*: 386 Smith St | 401-765-3232 *Women's Center of Rhode Island*: 401-861-2760
WARREN: *Women's Resource Center*: 624 Main St, 401-247-2070
WARWICK: *House of Hope Family Shelter*: 3188 Post Rd, 401-463-3324 / *Rhode Island Family Shelter*, 165 Beach Ave, 401-739-8584
Elizabeth Chace Domestic Violence Family Shelter, 401-738-1700
WAKEFIELD: *Women's Resource of So. County*: 61 Main St, 401-782-3990
WESTERLY: *WARM Shelter*: 56 Spruce St, 401-596-9276

FOOD COMIDA

BARRINGTON/ BRISTOL/ EAST PROV/
WARREN: *TAP IN*: 281 County Rd, 401-247-1444
CHARLESTOWN: *RI Center Assisting Those in Need*: 805 Alton Carolina Rd, 401-364-9412
NEWPORT: *Newport Partnership for Families*: 401-847-2100 *Turning Around Ministries*, 50 Dr Marcus Wheatland Blvd., 401-846-8264.
PROVIDENCE: *Meals on Wheels*: 70 Bath St, PVD, 401-351-6700 / *Providence In-town Church Association*: 15 Hayes St, 401-454-7422
PEACE DALE: *Johnny Cake Center of Peace Dale*: 1231 Kingstown Road, 401-789-1559
WESTERLY: *Basic Needs Network Westerly*: 56 Spruce St, 401-596-WARM
WOONSOCKET: *Family Support Center*, CCA: 245 Main St, 401-235-7000
WESTERLY: *Johnny Cake Center of Westerly*: 23 Industrial Drive, 401-377-8069

CLOTHING ROPA

CRANSTON: *Society of St Vincent de Paul*: 401-490-0822
NEWPORT: *St Paul's Thrift Shop*: 326 Broadway, NEWPORT, 401-847-8441
PROVIDENCE: *Dorcas International*: 645 Elmwood Ave, 401-421-5753
Goodwill: 100 Houghton St 401-861-2080

WOONSOCKET: *All Saints Catholic Church*: 3232 Rathburn St, 401-7621100 / *Family Support Center*, CCA: 245 Main St, 401-235-7000 / *Chaplin-Perez Community Center*: 37 Center St, 401-766-3384 (Free-Fridays 10am-12pm) / *Our Lady Queen of Martyrs Church*:  1409 Park Avenue, 401-762-2222 / *Saint Charles Borromeo*: 190 North Main St, 401-766-0176 / *St James Episcopal Woonsocket*: 24 Hamlet Ave, 401-762-2222 / *Success Wear for Children and Families*: 727 Front St, Suite 112 401-766-3384 (Professional clothing for eligible individuals— call for appointment).

HEALTHCARE SEGURO MEDICO

PROVIDENCE: *Neighborhood Health Plan of RI*: 299 Promenade St, 401-459-6000
EAST PROVIDENCE: *HealthSource RI*: Walk-In Center, 401 Wampanoag Trail, EAST 02915. Apply: 1-855-840-4774.

WALK-IN CLINIC CENTRO DE SALUD

BRISTOL: *Bristol County Medical Center*: 1180 Hope St, 401-253-8900
CENTRAL FALLS: *Notre Dame Ambulatory Center*: 1000 Broad St, 401-726-1800
GREENVILLE: *Family Treatment Center*: 466 Putnam Pike, 401-949-2010
MIDDLETOWN: *Newport Co. Medical*: 67 Valley Rd, 401-847-4950
PROVIDENCE: *RI Free Clinic*: 655 Broad St, 401-789-1086
WAKEFIELD: *Wakefield Primary Care*: 553 Kingstown Rd, 401-284-1515.
WARWICK: *Pilgrim Park Physicians*: 1243 Post Rd, 401-941-2999

Stigma in the Media:

access care," said Berkowitz.

Although it remains a controversial topic, as some advocates believe tests enable addiction, it is a tool to use toward recovery.

ADVERTISEMENT

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Clean 3 Areas for \$100
Get the 4th FREE!

TILE FINE RUGS UPHOLSTERY

According to a study, 332 people have died from drug overdoses in 2017. Public Health Advocates of Rhode Island said the new strips

FACEBOOK TWITTER MAIL TRENDING



- **TASK FORCE CHALLENGE**
- **PUBLIC COMMENT**