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

National Recovery Month
JOIN THE VOICES FOR RECOVERY
September 2015
visible, vocal, valuable!
Rally4Recovery Expansions
Aquidneck Island - 2012  Bristol Rally  2016
One memory at a time
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-BASEDNALOXONE
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.
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
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
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

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>-2.84 (&lt;0.01)</td>
</tr>
<tr>
<td>RI vs. MA (ref)</td>
<td>0.09 (0.66)</td>
</tr>
<tr>
<td>VolumeRX</td>
<td>0.0001 (0.29)</td>
</tr>
<tr>
<td>BupreRx</td>
<td>0.026 (&lt;0.01)</td>
</tr>
<tr>
<td>Any pad</td>
<td>0.36 (0.15)</td>
</tr>
<tr>
<td>Any sticker</td>
<td>0.16 (0.54)</td>
</tr>
<tr>
<td>Mid</td>
<td>0.73 (&lt;0.01)</td>
</tr>
<tr>
<td>Post</td>
<td>1.20 (&lt;0.01)</td>
</tr>
</tbody>
</table>

- 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

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
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
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


- 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
<table>
<thead>
<tr>
<th>Setting: clinic with insured patients</th>
<th>Without prescriber contact under a standing order</th>
<th>Without prescriber or pharmacy contact under a standing order, distribution model</th>
<th>Without prescriber contact under a standing order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriber-pharmacy communications key</td>
<td>Training needed</td>
<td>Distribution model</td>
<td>Event or venue-based, rapid deployment</td>
</tr>
<tr>
<td>Pharmacies alerted to prescribing plans</td>
<td>Passive or active models: Naloxone co-prescription</td>
<td>Universal offer, may require clear policy direction</td>
<td>Training needed, technology for mobile labeling/billing</td>
</tr>
<tr>
<td>Informational brochure, patient fills</td>
<td>Naloxone co-prescription</td>
<td>Universal offer, may require clear policy direction</td>
<td>Patient training done in-field by pharmacy</td>
</tr>
</tbody>
</table>

**Prescriber writes prescription**
Patient fills at pharmacy

**Pharmacy provides naloxone directly to customer**

**Pharmacy provides naloxone to patients in treatment center/clinic**

**Pharmacy provides naloxone to patients in mobile setting**

---

**Prescriber writes prescription**
Patient fills at pharmacy

**Pharmacy provides naloxone directly to customer**

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---

**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. Tell your pharmacist if you have more questions. You could save a life.

And, always call 911 when faced with a potential overdose situation.

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**You warned him about the monsters in his closet, not the ones in the medicine cabinet.**

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**You Can Do It!**

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**Step up, save a life, get naloxone.**

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**A message from the Massachusetts Pharmacists Association and the University of Massachusetts Boston School of Pharmacy.**
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.

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 medications like OxyContin® or Percocet®.
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
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Brianna Beloy
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Maria Alfieri
Haley Fiske
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Aubri Esters
Shawn Kurian
Tia Dinatale
Max Huber
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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
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

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

<table>
<thead>
<tr>
<th>AMA Opioid Task Force Question</th>
<th>RI Regs. 7/2/18-</th>
<th>RI Statute 6/30/18 -</th>
</tr>
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<tbody>
<tr>
<td>Does the patient history or prescription drug monitoring program (PDMP) show that my patient is on a high opioid dose?</td>
<td>50 oral morphine milligram equivalents (MME) or higher</td>
<td>• High-dose&lt;br&gt;• Extended release, or&lt;br&gt;• Long-acting opioids</td>
</tr>
<tr>
<td>Does my patient have a history of substance use disorder?</td>
<td>Opioid use disorder or overdose history</td>
<td>• Known history of intravenous drug use or misuse of prescription opioids&lt;br&gt;• Documented history of an alcohol or substance use disorder&lt;br&gt;• Received emergency medical care or been hospitalized for an opioid overdose</td>
</tr>
</tbody>
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**Factors Physicians/prescribers/pharmacists should consider when co-prescribing naloxone**
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</tr>
</thead>
<tbody>
<tr>
<td>Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?</td>
<td>N/A</td>
<td>• Documented history of a mental health disorder</td>
</tr>
<tr>
<td>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?</td>
<td>N/A</td>
<td>• Has a respiratory ailment or other co-morbidity that may be exacerbated by the use of opioid medications</td>
</tr>
<tr>
<td>Is my patient also on a concomitant benzodiazepine prescription?</td>
<td>Past 30 days and/or at current visit</td>
<td>Uses opioids with • Antidepressants • Benzodiazepines • Alcohol, or • Other drugs</td>
</tr>
</tbody>
</table>

Factors Physicians/prescribers/pharmacists should consider when co-prescribing naloxone
2018 PMP Data
2018 PMP Data

Male vs. Female

- Male
- Female

January: Male 40, Female 50
February: Male 30, Female 40
March: Male 45, Female 55
April: Male 150, Female 200
May: Male 100, Female 150
June: Male 100, Female 150
July: Male 500, Female 600
Standing Order (Pharmacy) vs. Non-standing Order Rx

- **January**: Standing Order vs. Non-SO
- **February**: Standing Order vs. Non-SO
- **March**: Standing Order vs. Non-SO
- **April**: Standing Order vs. Non-SO
- **May**: Standing Order vs. Non-SO
- **June**: Standing Order vs. Non-SO
- **July**: Standing Order vs. Non-SO

2018 PMP Data
2018 PMP Data

![Graph showing the number of unique prescribers from January to July 2018. The graph indicates a steady increase from January to May, followed by a sharp rise in June and July.](image-url)
2018 PMP Data

How Paid

- Medicare
- Medicaid
- Insurance
- Cash
- Workers Comp
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!
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](http://www.health.ri.gov/licenses/detail.php?id=275/#).
- Print, hang, and distribute [educational materials about naloxone](http://www.health.ri.gov/licenses/detail.php?id=275/#).
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

Among participants who received a positive result:
- 65% reported using less
- 59% reported using with someone else around
- 65% reported using more slowly

Important limitations:

BTN-X 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

Sources:


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 1 mL of water into your cooker.
   - 1 mL = 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.
   - 1 mL = 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.
**SHELTER**  REFUGIO

**CENTRAL FALLS:** New Hope Family Shelter: 183 Barton St, 401-728-8490.

**CRANFORD:** 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: 586 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.

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**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 Intown 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.

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**CLOTHING**  ROPA

**CRANSTON:** Society of St Vincent de Paul: 401-490-0822.

**NEWPORT:** St Paul’s Thrift Shop: 326 Broadway, 401-847-8441.

**PROVIDENCE:** Dorcas International: 645 Elmwood Ave, 401-421-5753 / Goodwill: 100 Houghton St, 401-861-2080.

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**HEALTHCARE**  SEGURO MEDICO

**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 / St 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).


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**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 District: 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.

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Personal recovery capital can be divided into physical and human capital... Physical recovery capital includes physical health, health insurance, safe and recovery-conducive shelter, clothing and food... (Recovery Capital: A Primer, 2008, White, William L.)
Stigma in the Media:

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

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

• PUBLIC COMMENT