



Governor Daniel J. McKee's Task Force on Overdose Prevention and Intervention

November 10, 2021

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HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS



WELCOME & ANNOUNCEMENTS



Director Kasim Yarn

Office of Veterans Services

Campaign for Pregnant People, Mothers, and Substance-Exposed Newborns



Pregnant?
Using?
We can
help.

Call or text
for free support
401-318-9577
PSNRI.org/help

Parent
Support
Network
OF RHODE ISLAND



Parent
Support
Network
OF RHODE ISLAND

¿Embarazada?
¿Consumiendo?
Podemos
ayudarle.

Llámenos o envíenos un mensaje de
texto hoy al **401-318-9577**

· consejeros de recuperación de
persona a persona
· apoyo gratis para usted y su bebé

[aprenda más](#)



5759

Pregnant?
Using?
We
can
help.

SCAN ME

Call or text **401-318-9577**

- free help
- peer coaches
- support for you and your baby

PSNRI.org/help

Parent
Support
Network
OF RHODE ISLAND

Campaign: Three Words Can Make a Difference

Three words
can make
a difference

Are you ok?

Go to BHLink.org to learn
how you can support
someone in need.

Tu poco
esfuerzo puede
hacer una gran
diferencia.

¿Qué tienes?
Háblame.

BHLINK.ORG

**Solo tres palabras pueden
hacer una gran diferencia.**

LEARN MORE



Like




Comment



Share

Campaign: Small Amount

PREVENT
OVERDOSE RI 



**This is
enough
fentanyl
to kill you.**

**Is there fentanyl in your coke, meth,
addies, percs, oxys, or heroin?**

Get free, safer drug use supplies like naloxone and
fentanyl test strips by calling:



SCAN ME

Project Weber/RENEW at 401-383-4888
640 Broad St., Providence
Monday - Friday 10 a.m.-4 p.m.

AIDS Care Ocean State
401-781-0665

PreventOverdoseRI.org

PREVENT
OVERDOSE RI 



**Esto es
suficiente
fentanilo
para matarte.**

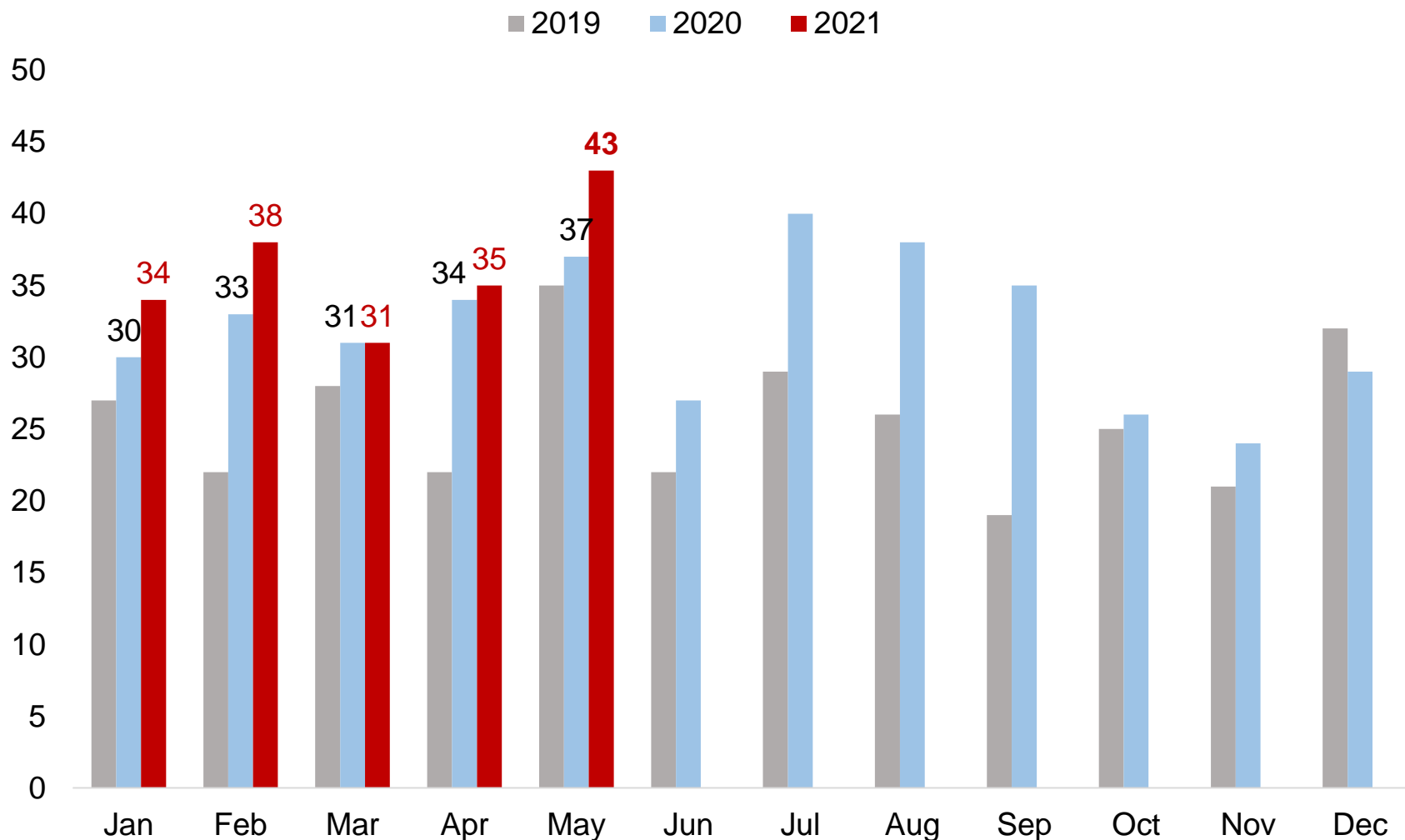
Aprenda sobre el uso seguro de
las drogas en PreventOverdoseRI.org



Update: Accidental Drug Overdose Deaths in Rhode Island, January 2021-May 2021

**Governor Daniel J. McKee's Overdose Prevention and
Intervention Task Force
November 10, 2021**

Fatal Overdoses in Rhode Island by Month, 2019-2021



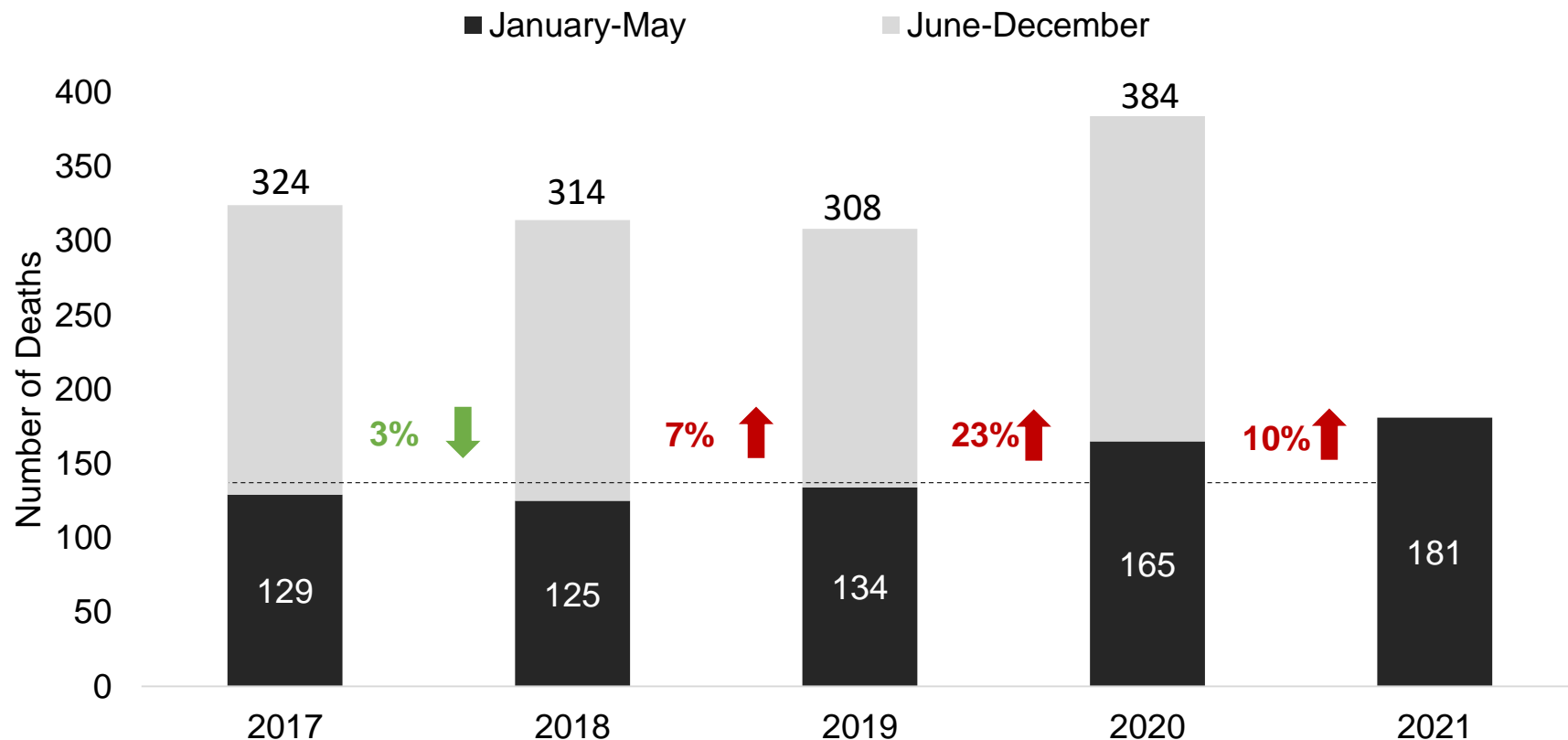
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 5, 2021.

All Drug Fatal Overdoses January 2017-May 2021



Fatal overdoses for which **any drug** contributed to cause of death from January to May 2021 were **10% higher** than the same time period in 2020.

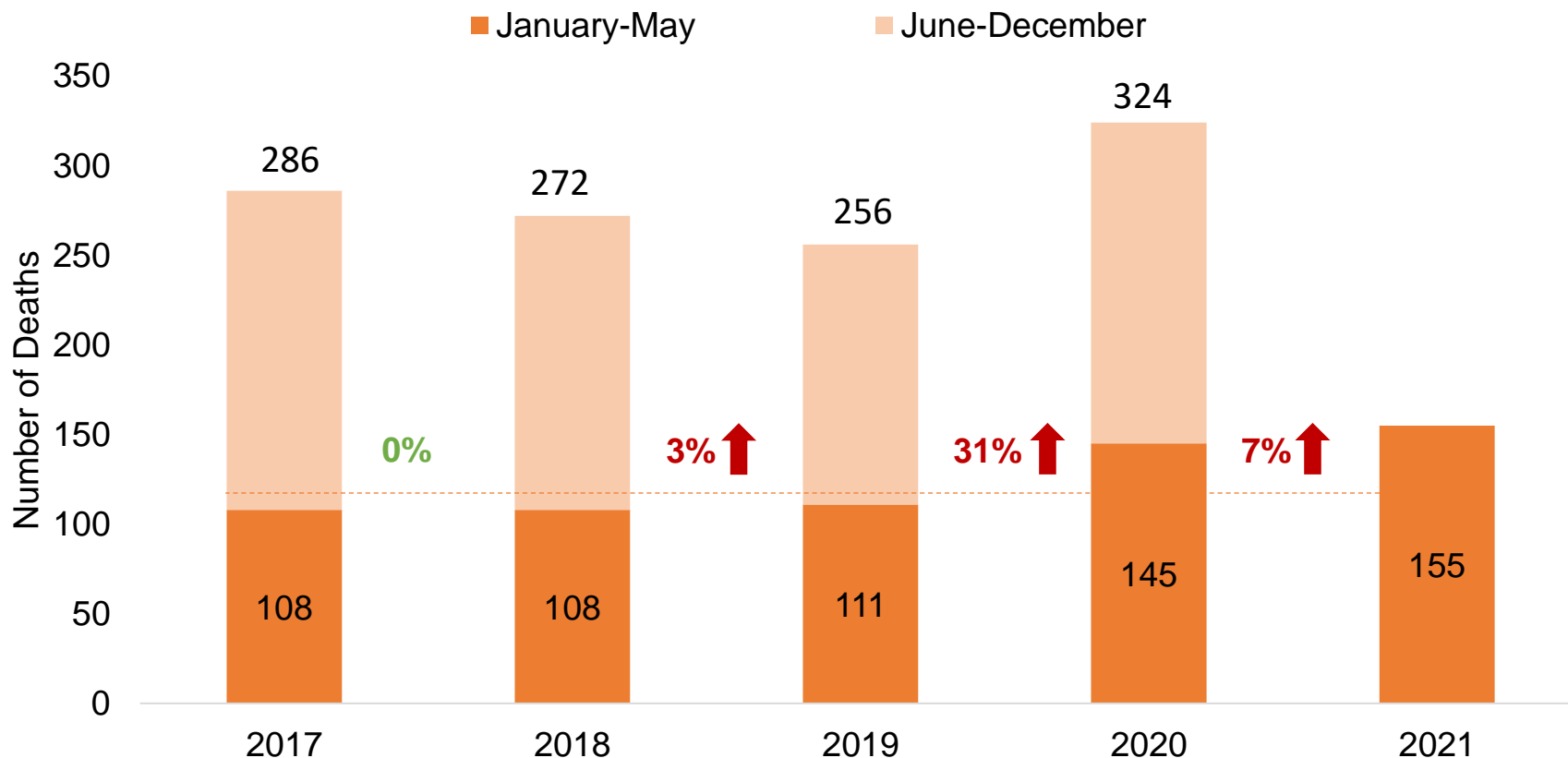


Opioid-Involved Fatal Overdoses

January 2017-May 2021



Fatal overdoses for which **any opioid**, including fentanyl, contributed to the cause of death from January to May 2021 were **7% higher** than the same time period in 2020.

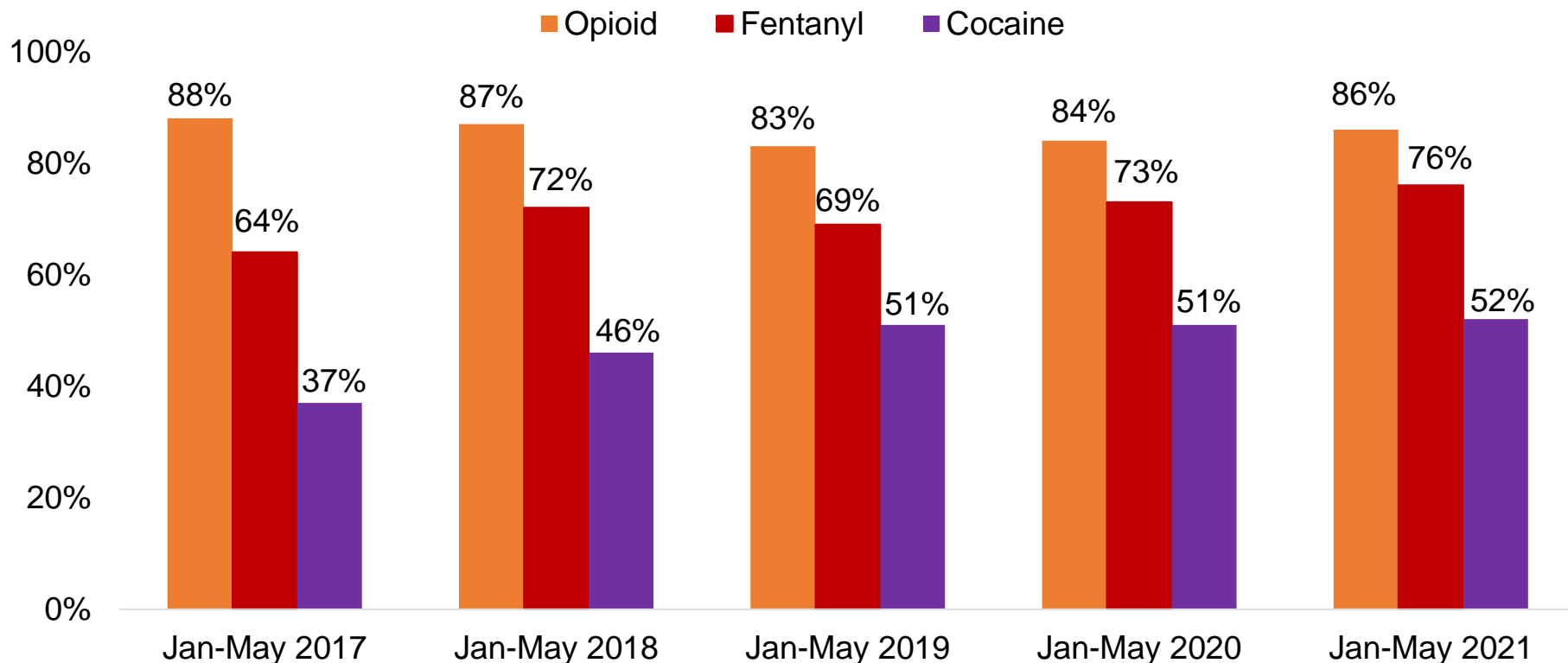


Proportion of Fatal Overdoses by Select Substance, January 2017-May 2021



The proportion of fatal overdoses involving **fentanyl** was slightly higher from January 2021 to May 2021 compared to the same time period in 2020.

About one in two fatal overdoses involved **cocaine**, similar to 2020 trends.



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.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 5, 2021.



Emergency Department Overdose Standards of Care and Buprenorphine Hotline Update

**Governor Daniel J. McKee's Overdose Prevention
and Intervention Task Force
November 10, 2021**

Funding and Disclosures



This work is funded by the following grants:

- Centers for Disease Control and Prevention (CDC) Overdose Data to Action
- Implementing Statewide Emergency Department Care Pathways for Addiction Recovery After Opioid Overdose, CDC R01 CE19001.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Grant to Address Mental and Substance Use Disorders During COVID-19

I have no personal conflicts of interest to disclose.

Acknowledgements



- Nicole Alexander-Scott; MD, MPH, Director of Health, RIDOH
- Dr. Janette Baird, Dr. Francesca Beaudoin, and the Pathways Study Team; Alpert School of Medicine at Brown University
- CDC
- James McDonald; MD, MPH, Medical Director, RIDOH
- Rhode Island Buprenorphine Hotline Team
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
- RIDOH's Drug Overdose Prevention and Surveillance Programs
- Rhode Island's Emergency Departments and Hospitals
- SAMHSA

Presentation Outline



- Background
- Levels of Care for Emergency Departments (EDs) and Hospitals
- *Updated* Standards of Care for EDs and Hospitals
- Buprenorphine Hotline Update

Levels of Care Goals



Post-overdose engagement

Expand naloxone access

Expand MOUD access

Improve linkage to treatment

Reduce overdose deaths

Levels of Care for Rhode Island
Emergency Departments and Hospitals
for Treating Overdose and Opioid Use Disorder



Levels of Care



Level 1

Able to initiate, stabilize, and maintain patients on medication for opioid use disorder

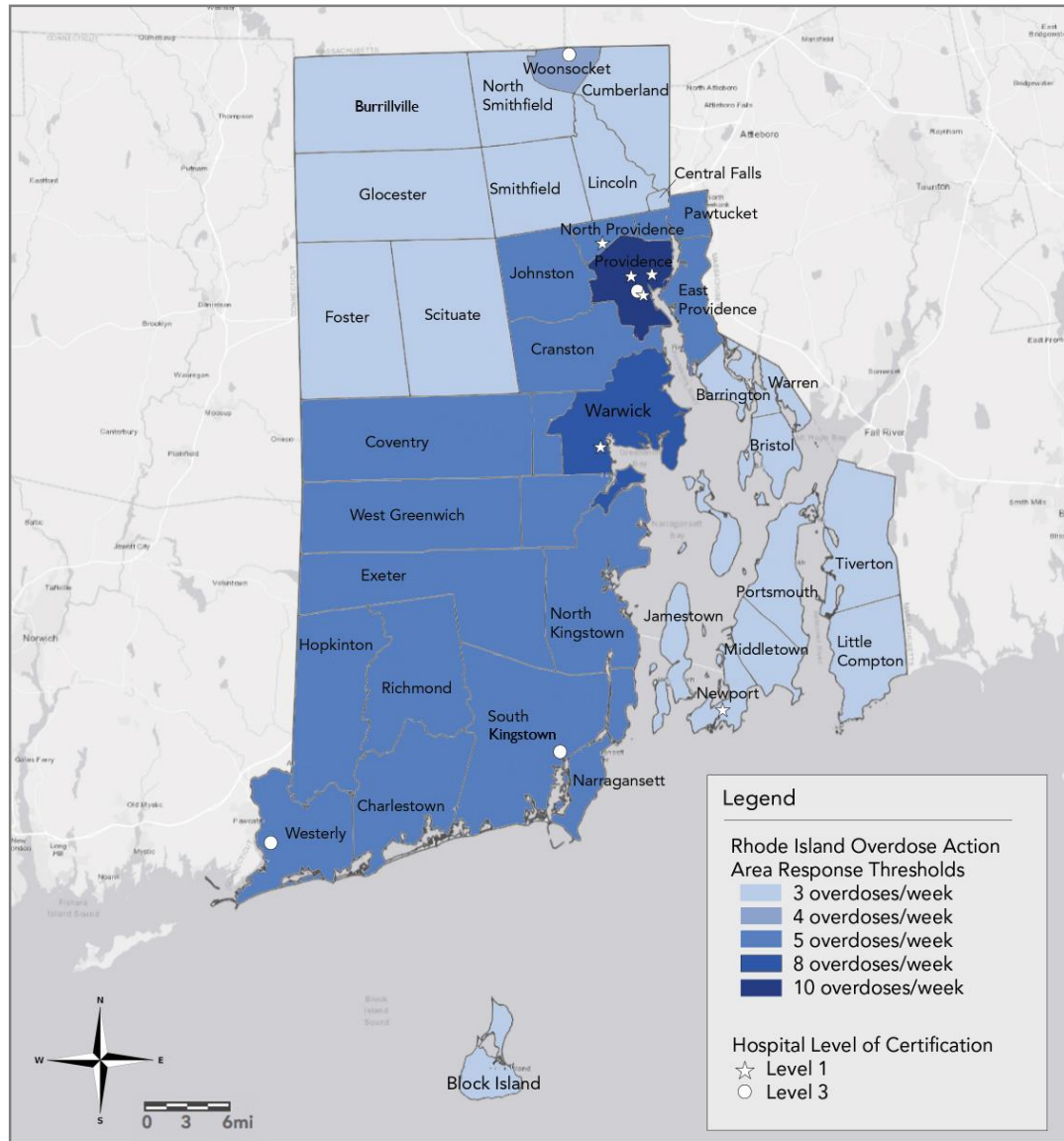
Level 2

1. Conducts comprehensive, standardized substance use assessments
2. Has addiction specialty services

Level 3

1. Follows discharge planning law
2. Standardized substance use disorder screening
3. Patient education on opioid storage and disposal
4. Dispenses naloxone
5. Offers peer recovery support services
6. Referral to community providers
7. 48-hour opioid overdose reporting
8. Laboratory fentanyl drug screening on overdose patients

Rhode Island Levels of Care



September 2017-June 2018

10 Hospitals Certified

Level 1:

Our Lady of Fatima
Roger Williams
The Miriam
Rhode Island
Newport
Kent

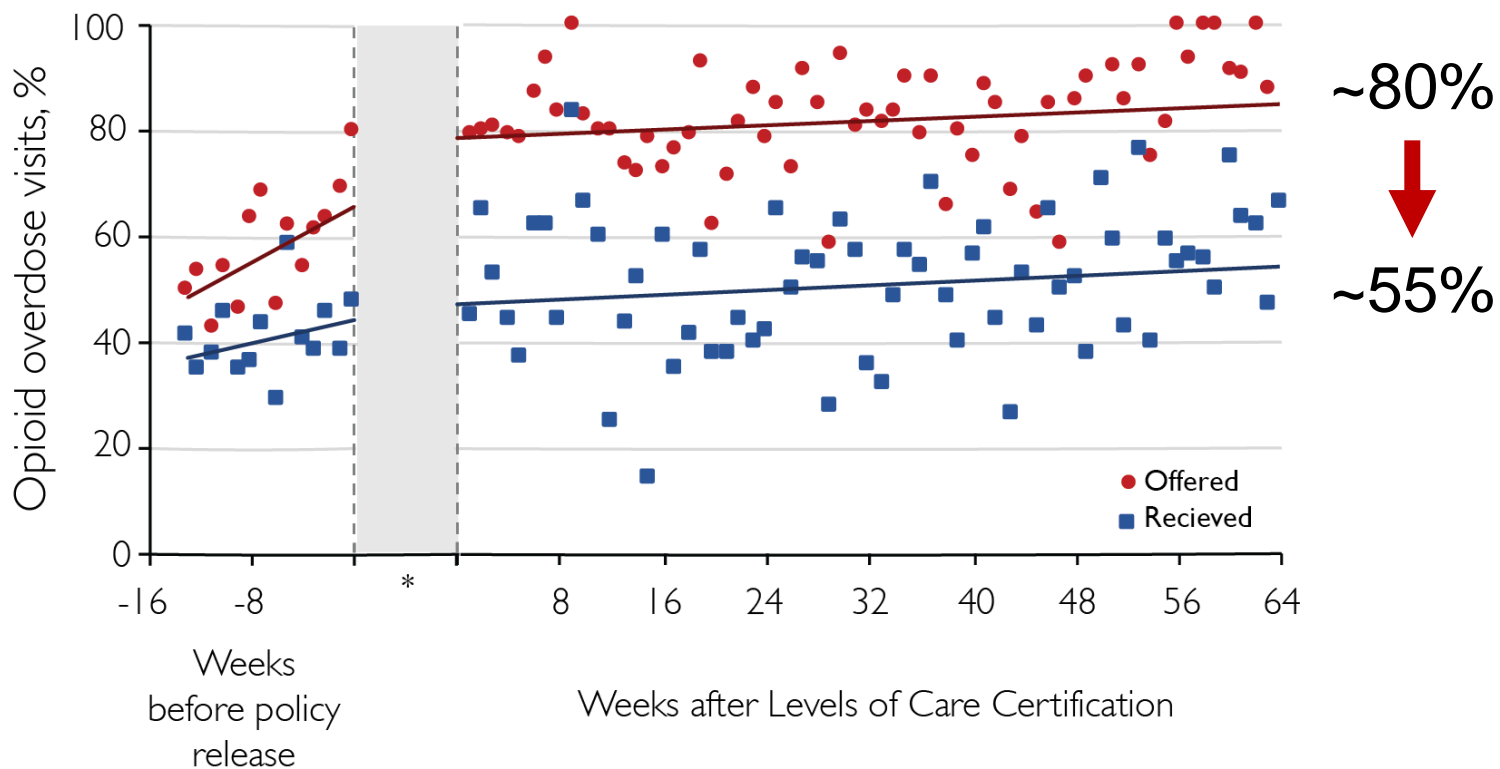
Level 3:

Landmark
Women & Infants
South County
Westerly

ED Naloxone Distribution



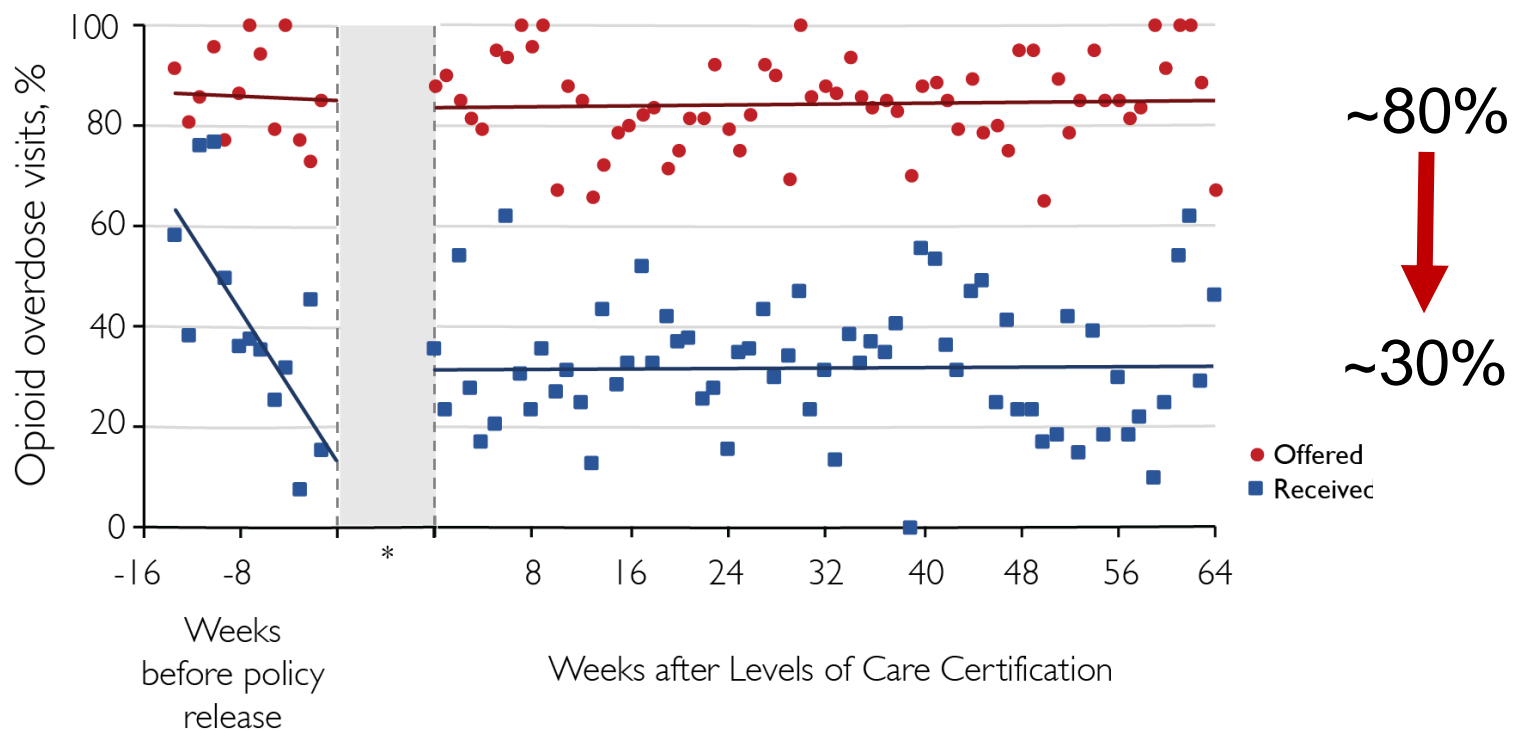
Discharged Opioid Overdose ED Patients Offered and Given Take-Home Naloxone, 2017-2018



ED Behavioral Counseling



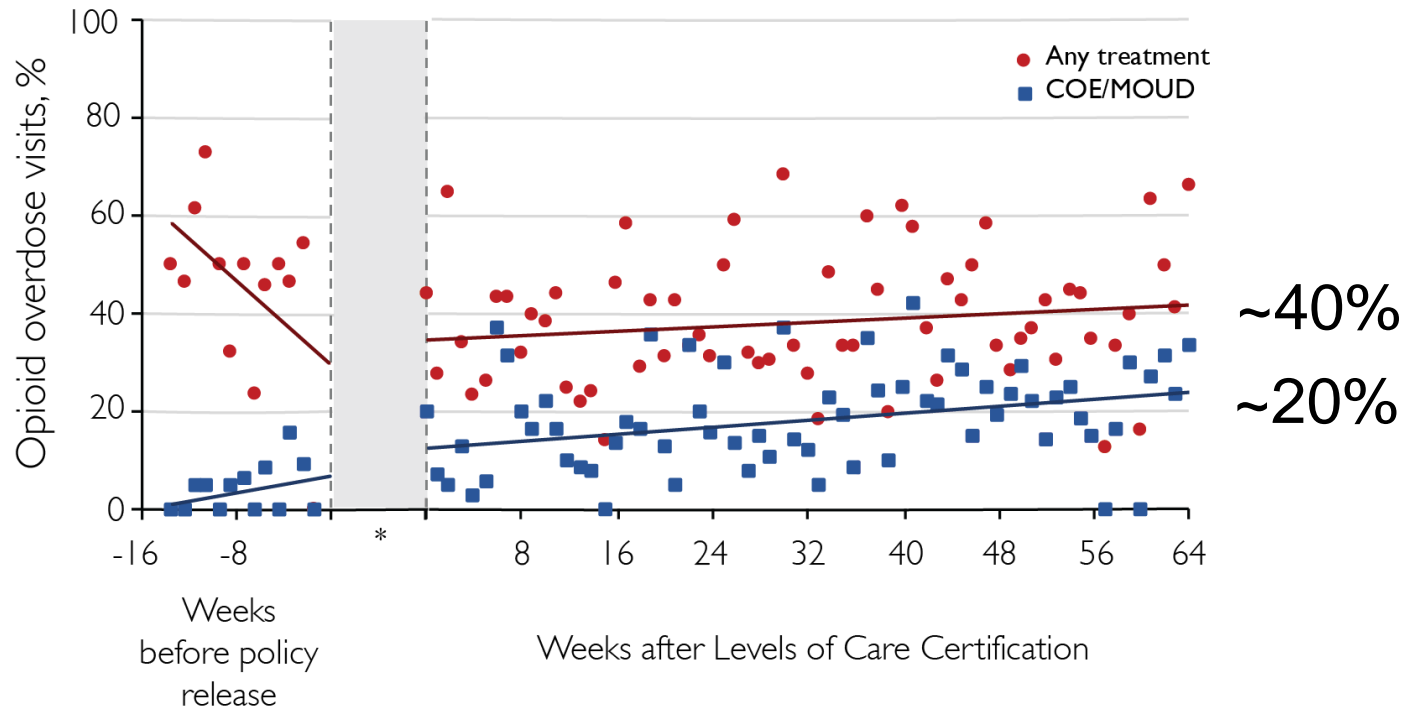
Discharged Opioid Overdose ED Patients Offered and Provided Behavioral Counseling, 2017-2018



Referral to Treatment



Discharged Opioid Overdose ED Patients Referred to Treatment, 2017-2018



Levels of Care Critiques



- Not stakeholder informed
- Unfunded mandate, concern for overreach
- No Level 2 sites
- Current 48-hour opioid overdose reporting is burdensome
- Availability of outpatient treatment



Current Policy Gaps



- Treatment for adolescents
- Treatment during pregnancy
- ED buprenorphine knowledge, comfort, and protocols



Stakeholder Engagement



Expert Panels

- Maternal SUD treatment, substance-exposed newborns
- Adolescent SUD treatment

Healthcare

- RI ACEP
- ED directors, nursing leaders
- Rhode Island Medical Society
- Hospital Association of Rhode Island
- Rhode Island Nurses Association

Recovery and Harm Reduction

- Anchor Recovery Center
- Project Weber/RENEW
- RICARES
- Parent Support Network

Treatment

- BHDDH
- Centers of Excellence
- Office-based treatment providers

Policy Revision



Stakeholder-Informed Policy Revision



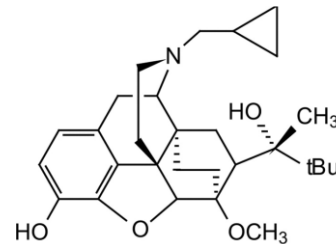
- One hospital standard
- New! Adolescent and pregnancy-specific recommendations
- Best practice recommendations
 - Buprenorphine support guide
 - Specific to Rhode Island EDs and hospitals



One Hospital Standard



- 1) Screening and prevention
- 2) Offer of behavioral counseling
- 3) Provide naloxone
- 4) Buprenorphine initiation
- 5) Linkage to outpatient services



buprenorphine

to JANUARY 1		
THURSDAY DEC. 29 3640	FRIDAY DEC. 30 3641	SATURDAY DEC. 31 3642
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20	20	20
25	25	25
30	30	30
31	31	31
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30	30	30
31	31	31

Policy Revision: Pregnancy Referral Pathways



<24
weeks



401-430-2800

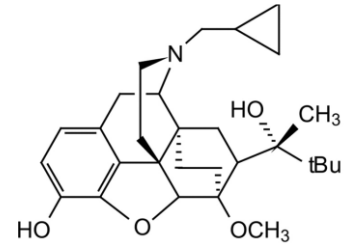
24 +
weeks



Policy Revision: Adolescent Treatment Pathway



- 1) Use of CRAFT and IAMSBIIRT screening tools
- 2) Treat withdrawal with buprenorphine (lower dose)
- 3) Refer to:
 - Child and Adolescent Psychiatry
 ➔ *Transfer to Hasbro ED*
 - Kids' Link RI 1-855-543-5465
 - PediPRN 401-432-1543



buprenorphine



Policy Revision: Naloxone Best Practices



- Stationed at the ED in an easy-to-access location
- Buy in from ED clinicians and staff
- Assist in gaining patient acceptance
- Opt-out rather than opt-in
- Electronic health records (EHR) order sets; nursing protocol orders



Policy Revision: Behavioral Counseling



- Need for increased access to peer recovery support specialists (limited by geography)
- Utilization of in-house support (e.g., licensed social workers)
- Timing of counseling
- Nursing support and driven protocols
- Assistance with health-related social needs



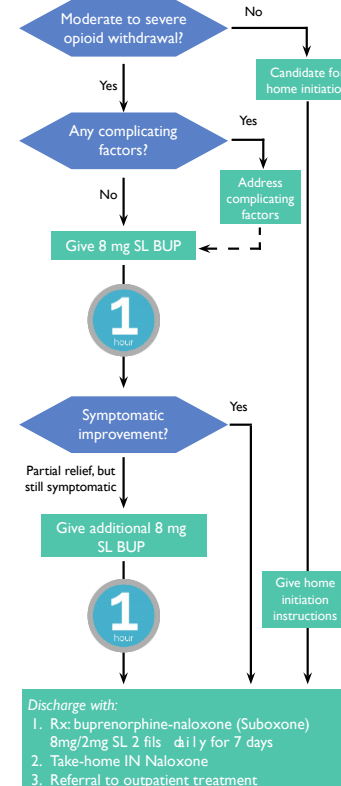
Policy Revision: Buprenorphine Best Practices



- State algorithm for ED and unobserved initiation
- Asynchronous training
- Provider warmline (via the 24/7 Buprenorphine Hotline)
- Guidance for special populations
- Waiver resources

Rhode Island Emergency Department

Buprenorphine Algorithm



For use in adult ED patients with moderate to severe opioid use disorder (OUD) being discharged

- Moderate to severe OUD = daily opioid use and onset of withdrawal when opioids are not used

MODERATE TO SEVERE OPIOID WITHDRAWAL

- Calculate [Clinical Opioid Withdrawal Scale](#) (COWS) score using Epic calculator
- Can give buprenorphine if COWS ≥ 8 with 1 objective sign of withdrawal
- Document: Which opioid used, last time used, COWS

ED ORDERS:

- Pregnancy test (if applicable)
- IN Naloxone (take-home or Rx)
- Consult Peer Recovery Coach (or other behavioral counseling)
- Buprenorphine-naloxone 8mg/2mg

COMPLICATING FACTORS

DO NOT give buprenorphine if patient:

- Has altered mental status or is intoxicated
- Is medically unstable
- Is on methadone

Pregnant or breastfeeding patients

- < 24 weeks: Prescribe buprenorphine according to algorithm and call RI MomsPRN. Give them patient information and they will follow up: 401-430-2800
- > 24 weeks: Transfer to Women & Infants Hospital

Talk to on-call Buprenorphine Hotline provider for any Qs

BUPRENORPHINE DOSING

- Redose buprenorphine if patients improved after first dose but still having withdrawal symptoms
- Target dose 8-16mg, sufficient for most
- If needs more, max dose in ED 32mg

PRECIPITATED WITHDRAWAL

- Decreased risk with longer time since last opioid use and greater withdrawal symptoms
- Treat with additional buprenorphine

DISCHARGE:

- Referral to outpatient treatment
- Prescribe buprenorphine-naloxone (Suboxone) 8mg/2mg SL 2 fil daily (16mg) x 7 days
- If not waived patient can come back to ED for up to 3 days for additional dosing
- Buprenorphine patient instructions
- Home initiation discharge instructions (if applicable)

RESOURCES:

- ACEP BUPE: <https://www.acep.org/patient-care/bupe/>
- UCSE Substance Use Warmline: 855-300-3595, 10 am – 6 pm EST Monday – Friday

Questions?

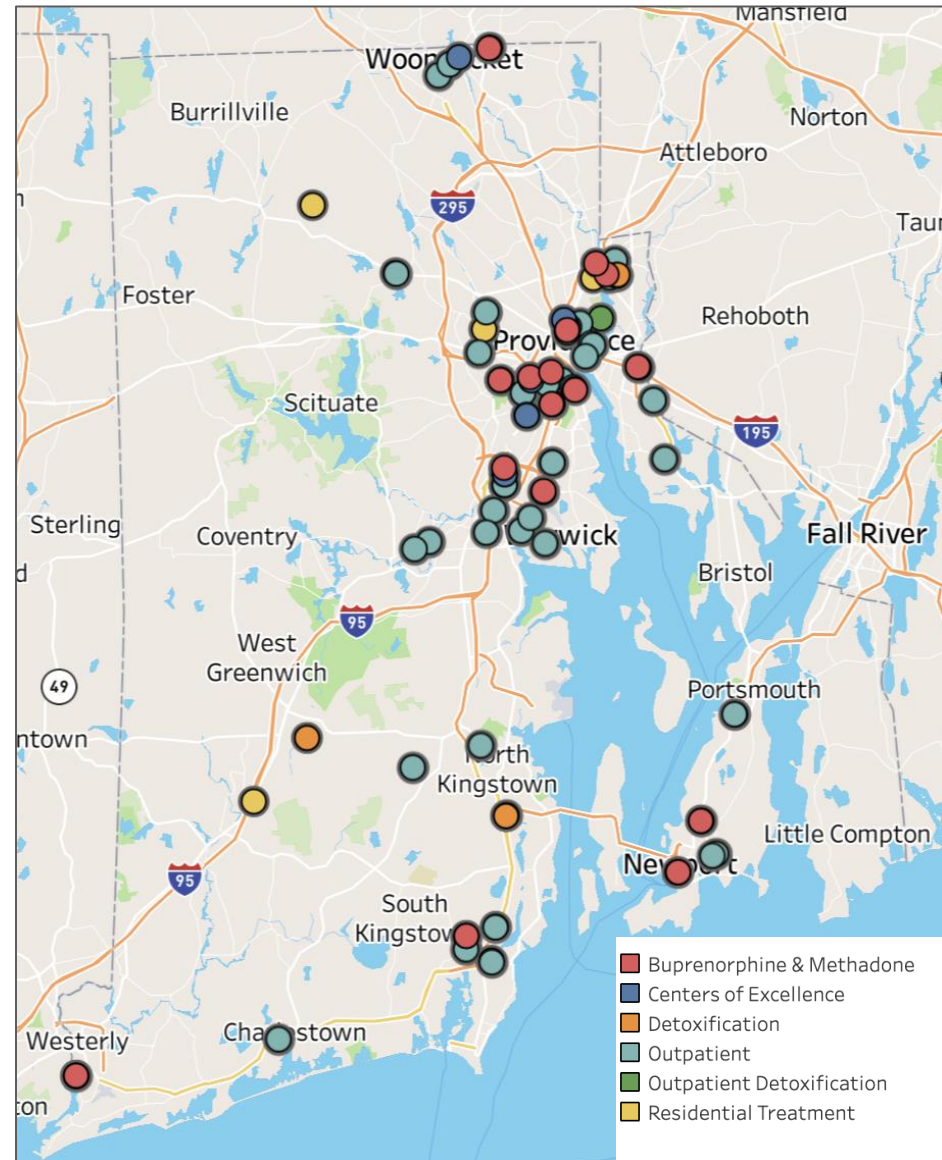
Call the Rhode Island
Buprenorphine Hotline:
(401) 606-5456

updated 7/25/2021



Linkage to Treatment

- Better understanding of local resources
- Automated treatment referrals (i.e., EHR)
- Feedback loops on treatment engagement
- Assistance with special populations



Enhanced Support



- 24/7 Buprenorphine Hotline: **401-606-5456**
- Technical Assistance
- Brown CME, CNE
- ACEP (E-QUAL Opioid Initiative)
- EM-Specific Waiver Courses
 - <https://pcssnow.org>
- Pathways Project
 - <https://preventoverdoseri.org/pathways>



American College of
Emergency Physicians®



Buprenorphine use in the Emergency Department Tool

Improved Implementation



- Nursing and Clinician ED Academic Detailing
- Asynchronous/Online Resources
- Social Media Campaign
- 1:1 Technical Assistance
- Nursing Engagement
- Site Champions
- CME and CNE Opportunities



Improved Implementation through Pathways



Words Matter – How providers speak to patients with substance use disorders is important. How staff & providers speak to patients with substance use disorders is important. The language used while talking to or about patients can reinforce the stigma that patients face. Use person-first language and avoid stigmatizing words. Watch this short educational video to learn more about how you can change your language to improve patient care.



Naloxone – Naloxone, also known as Narcan, is a life-saving medicine that can reverse an opioid overdose. Naloxone is safe, works, and having it at home does not make someone more likely to use opioids. You can obtain naloxone from the ED, your local pharmacy, or through [PreventOverdoseRI.org's online ordering system](https://www.PreventOverdoseRI.org).



Harm Reduction Strategies – Harm reduction recognizes that people may continue to use drugs, but that options exist to keep them safer.

Here on [PreventOverdoseRI.org](https://www.PreventOverdoseRI.org), you can find more resources for **People Who Use Drugs** as well as information about **Safer Drug Use Practices**.



Improved Implementation through Pathways



Peer Recovery Support Specialists – Peer recovery support specialists, also known as “coaches,” play an invaluable role in recovery. They are people who have been successful in the recovery process and who help others experiencing similar situations. Peer recovery coaches help people become and stay engaged in the recovery process and reduce the risk of recurrent use.



Medication for Opioid Use Disorder – Buprenorphine is an important medication that can be used to treat opioid use disorder. Initiating buprenorphine in the Emergency Department helps patients engage in treatment and reduce their risk of an opioid overdose.

Watch this short educational video on how you can start a patient on buprenorphine and call **Rhode Island's 24/7 Buprenorphine Hotline** at **401-606-5456** if you have any questions.



Anticipated Challenges



- Actual versus perceived availability of outpatient treatment
- Naloxone costs
- Persistent view of uncompensated mandate
- Multiple simultaneous efforts
- Stigma
- Competing demands on emergency operations

Implementation Strategies



- Build partnerships through engagement
- Financial incentives for ED policy establishment and quality improvement
- Technical assistance via the 24/7 Buprenorphine Hotline/Warmline
- Telemedicine
- Coordinating improvement efforts

Buprenorphine Hotline Update



Buprenorphine Hotline



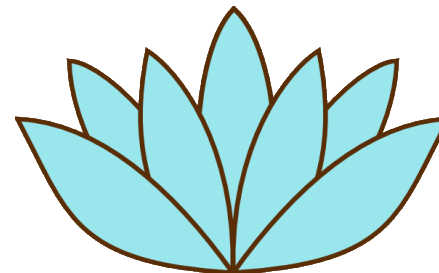
- 24/7
- Telephone-based
- Buprenorphine consultation, treatment initiation, and linkage to treatment
- Six providers
- Not currently billing
- Supported by BHDDH, COBRE, and RIDOH funding

Are you struggling
with Opioid Use?



Call the Buprenorphine Hotline

(401) 606-5456



HELP IS HERE

Call us **24/7** for a **FREE**
Buprenorphine (Suboxone)
consultation

We'll match you with a
healthcare provider that can
start you on medication today
in your path to better living.

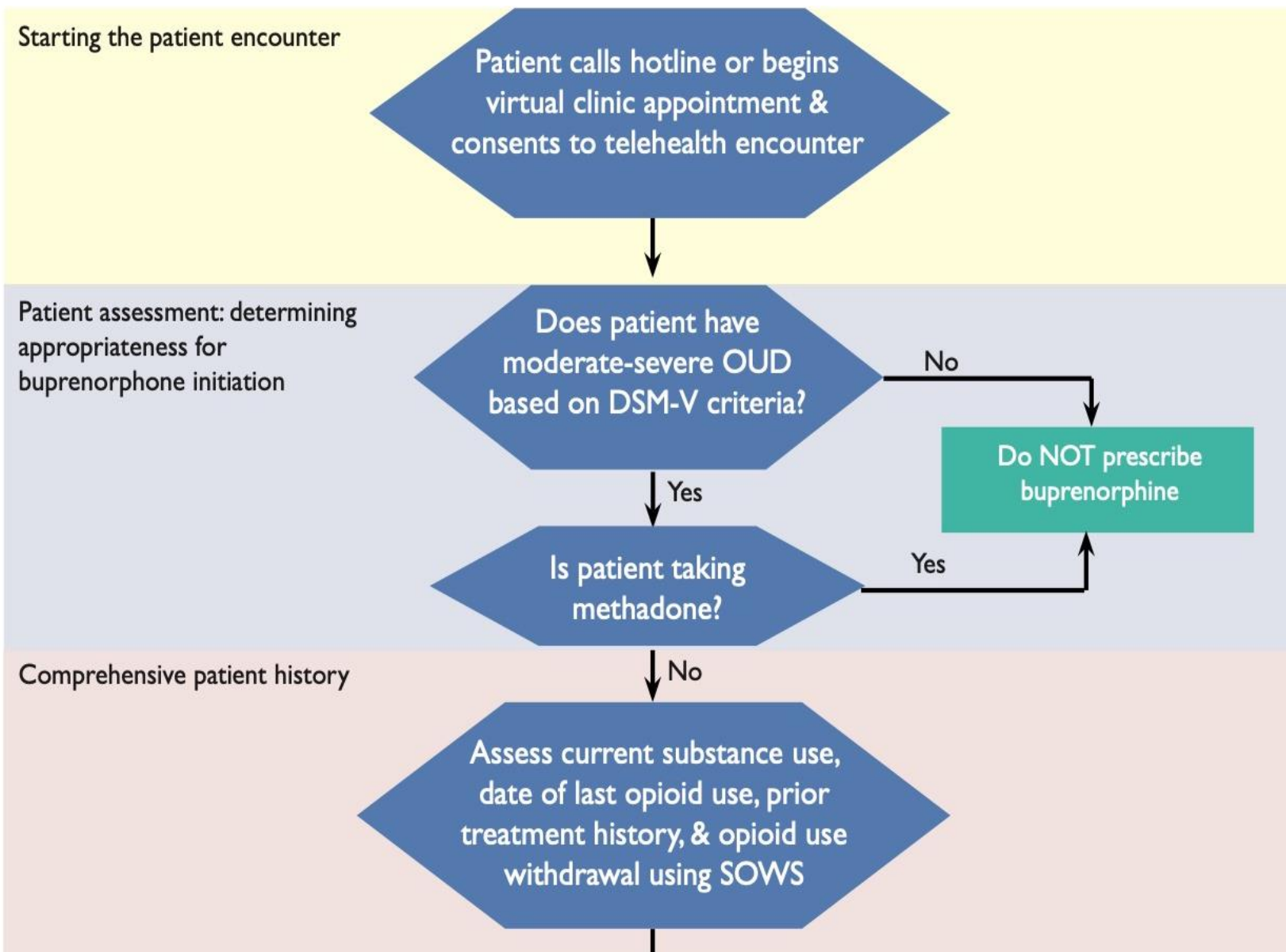
Buprenorphine Hotline Goals



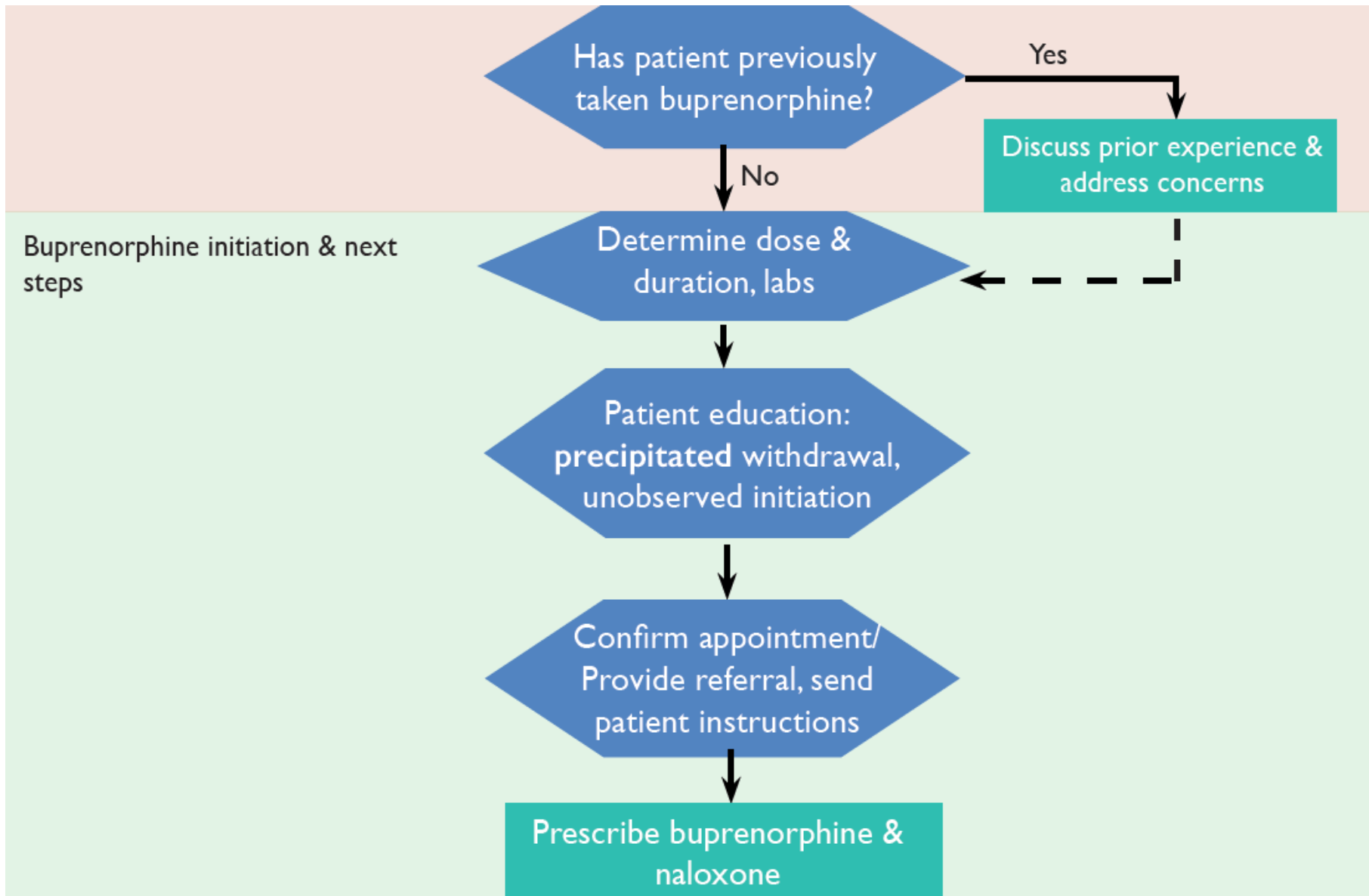
1. Provide low threshold buprenorphine access
2. Utilize principles of harm reduction to deliver patient-centered care
3. Improve equity in addiction treatment access



Buprenorphine Hotline Workflow



Buprenorphine Hotline Workflow



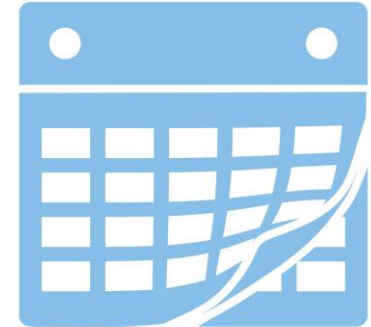
Buprenorphine Hotline Data: April 2020-February 2021



131 calls



97 Buprenorphine
Initiation Rx's
91 (94%) Rx filled



70% 30-day Rx
79% any Rx

Take-Home Points



- New hospital standards of care for treatment of overdose
- Enhanced implementation tools to improve care quality
 - Pathways Project
 - Buprenorphine Hotline
- High 30-day follow up for buprenorphine initiation via the Buprenorphine Hotline



Next Steps



- Finalize and disseminate new ED standards
- Complete ED academic detailing
- Hotline evaluation and possible continuation of services with pending Federal policy and regulations





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Drug Overdose Prevention Program
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Overdose Data to Action: Rhode Island's Community Overdose Engagement Initiatives

**Governor Daniel J. McKee's Overdose Prevention
and Intervention Task Force**

November 8, 2021

Community Overdose Engagement



RIDOH's Community Overdose Engagement (CODE) initiative began with mini grants.

2017: RIDOH challenged the state's 39 municipalities to create a CODE plan aligned with the statewide Overdose Strategic Plan.

2018: RIDOH offered additional funding for communities to implement one strategy from their approved CODE plans.



35 of 39 Rhode Island municipalities have an approved CODE plan.

The Evolution of CODE

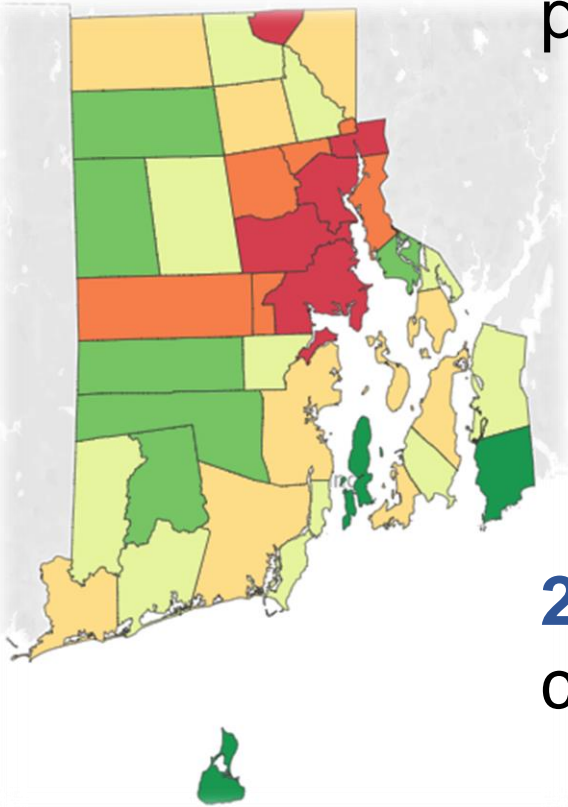


2019: Released RFP to pilot large-scale projects in high burden communities:

- City of Woonsocket (HEZ)
- Providence 02907 neighborhood (HEZ)
- Downtown Providence neighborhood

2021: Expansion to additional high-burden communities

- Central Providence (HEZ)
- Pawtucket/Central Falls (HEZ)



Expected Outcomes of CODE

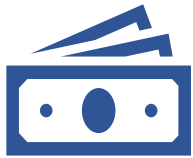


1. Increased community capacity to address the overdose crisis.
2. Implementation of evidence-based or innovative strategies to meet the needs of communities.
3. Development of strong collaborative partnerships between State and local partners.
4. Rapid, coordinated response to emerging overdose data.
5. Evaluation of initiatives to determine impact, effectiveness, and replicability.

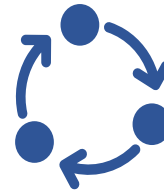
Structure of CODE



Each CODE Project consists of:



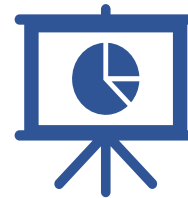
Backbone Agency



Ongoing
Evaluation



Community
Collaborative



Data Utilization



Action Plan

Community-Based Strategies to Reduce Overdose



Woonsocket CODE Spotlight: Landmark Medical Center and Community Care Alliance

Landmark CPRS Program



Landmark Medical Center

- Kelly Walsh, Certified Peer-Recovery Specialist (CPRS)
- Point of contact for anyone admitted to Landmark Emergency Department (ED) after an overdose.
- Offers support and community resources.

CPRS Scope of Work in Emergency Departments



Landmark Medical Center

- Support patients with SUD, manage the Emergency Department (ED) Engagement Initiative, send referrals to community partners.
 - Since March of 2021, 60 patients have been connected to external supports including Serenity Center, Safe Haven, Community Care Alliance, Discovery House, Thundermist Health Center, and Sojourner House.
- Work closely with community partners to close gaps in treatment.

Landmark ED



Landmark Medical Center

- Refer out to detox, outpatient treatment centers, Methadone clinics, Suboxone Providers, and other recovery supports.
- Connect people in the ED with Narcan[®] prior to discharge.
- Connect individuals with outside primary care and behavioral health providers.
- Connect with other CPRS in the community.

Challenges and Barriers



Landmark Medical Center

- Challenges placing individuals in proper level of care.
- Transportation
- Increase in unhoused individuals, lack of space in shelters, and lack of access to housing.

Program Expansion



Landmark Medical Center

- Within seven months, we were able to expand the program.
 - Currently, there are four CPRS positions open in the ED.
- Staff the ED seven days a week

Woonsocket Outreach Team



Launched with the intention of expanding reach to people at risk for overdose in Woonsocket.

- **Our goal is to get people what they need to in order to survive.**
- Provide services respectfully in a way that centers and empowers participants.
- **Listen!** Our community has a challenging and unique set of needs. By building trust, we are better able to meet the needs of our community.

Meet People Where They're At



Christa, Jessica, and Samantha – outreach with a side of Tropical Storm Henri!

Harm Reduction Approach



- We understand that for better or worse, drug use is a complex part of the human experience.
- We acknowledge that there are methods and tools that reduce risk which can be used to improve and save lives.
- Person-first: a person is not boiled down to their behavior. People are more than their drug use, and drug use is not a moral failing.
- Recognize that structural racism, poverty, homophobia, transphobia, ableism, and other social inequities impact an individuals' ability to access services.

Community Focused



Help the Homeless RI/The MAE Organization host a meal on Sundays at Bouley Field, giving us an opportunity to connect with approximately 130 people weekly.

Barriers



- Lack of accessible and supportive housing
 - Since March of 2020, **219** of **440** individuals identified through Safe Haven drop-in center reported being **currently unhoused**.
- Overdoses occurring in private residences
- Inadequate resources for the acuity and volume of need

Successes



- Narcan[®] distribution
 - 2021 to date: More than **1,800** doses of naloxone were distributed directly to community members in Woonsocket who are at highest risk of overdose.
 - Individuals have reported numerous successful overdose reversals.
- More than 1,000 fentanyl test strips distributed.
- Conducted syringe exchange services in addition to the distribution of condoms, menstrual hygiene products, clothing, and personal care items.
- Peer power!

Takeaways from Our Team



- People report using illicit substances to cope with depression, physical pain, trauma, symptoms of mental illness, or inadequate prescribing.
- Stigma from providers prevents individuals from seeking help.
- Individuals report being held back by prior criminal history, lack of documentation, or lack of address preventing them from gaining employment.
- **People are feeling desperate.**
- We need help! Without bold investment in equitable housing, treatment, outreach and recovery supports, our overdose numbers will continue to grow.



CODE Spotlight: Downtown Providence and 02907

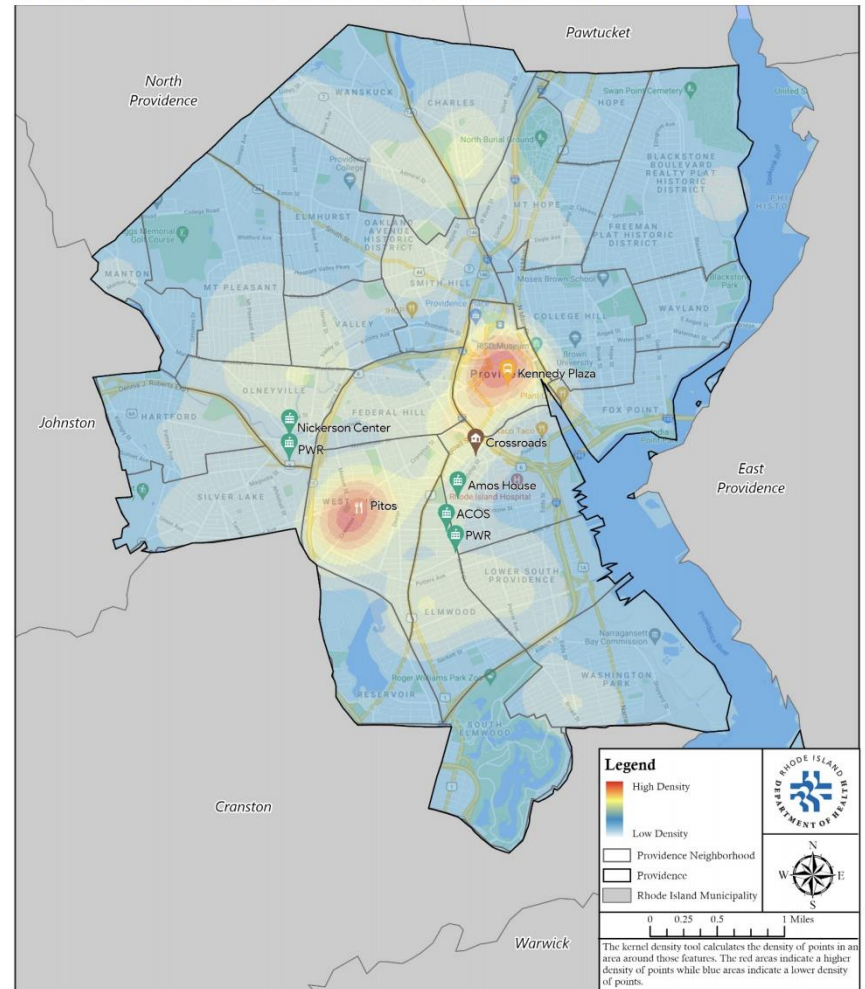
Project Weber/RENEW Inreach Program

Connecting Providence's 02903 and 02907 neighborhood businesses to harm reduction and Narcan[®] trainings, as well as culturally responsive approaches to help reduce opioid overdoses in our communities.

Through Project Weber/RENEW's (PWR)'s inreach, we are highlighting to folks that the highest percentage of opioid overdoses are happening in Providence, specifically downtown Providence.

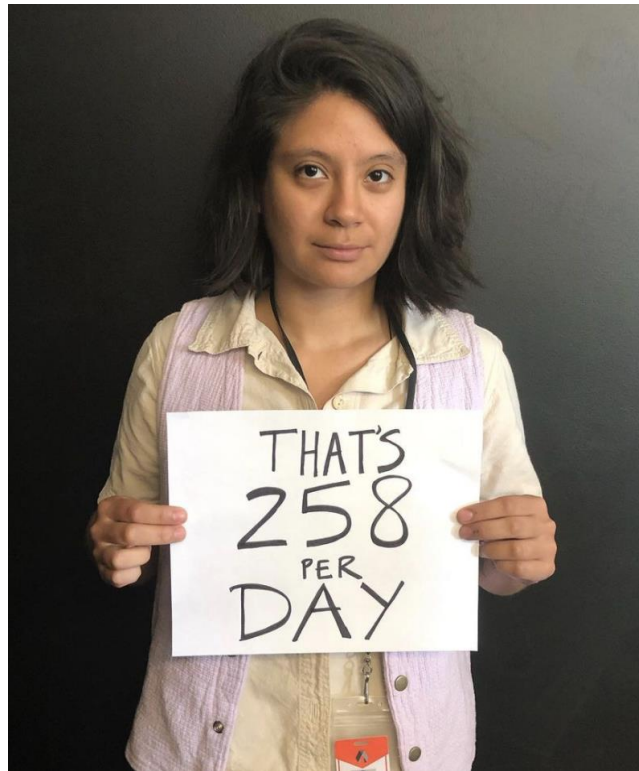
Rhode Island Department of Health

Density of Non-Fatal Opioid Overdose-Related EMS Runs Occurring in Providence from 07/01/2020 to 06/30/2021 (n=440)



Data Source: Rhode Island Emergency Medical Services Information System (RI-EMSIS)

- A large percentage of opioid overdoses happen in public settings.
- It is crucial for caring community members to know how to spot and respond to an overdose.



The Project Weber/RENEW Approach



When we facilitate our Narcan[®] trainings, we are fighting stigma.



We believe in the power of peers.



Through our work, we show folks the **strength** of what someone with substance use disorder has the power to do.



Poster Campaign

#endoverdoseri
#carrynarcn

LAS
SOBREDOSIS
DE OPIOIDES
NO TIENEN
QUE PASAR
EN UN MUNDO
DONDE
NARCAN
EXISTE

Diseño por @ammoshouse & @glaring. Impreso por @blaqueandnet

PARA MÁS INFORMACIÓN, POR FAVOR VISITA:

Amos House (401) 272-0220 460 Pine St, PVD, RI 02907	Comida, Refugio, Recuperación de Vivienda y Servicios de Apoyo a Deambulantes	Project Weber/RENEW (401) 383-4888 640 Broad St, PVD, RI 02907	Narcan Gratuito, Suministros para Reducción de Daños, Terapia de Apoyo y Servicios de Recuperación
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#endoverdoseri
#carrynarcn

ALWAYS
CARRY
NARCAN
**SUPPORT OUR
COMMUNITY**
LET'S END
OVERDOSE
TOGETHER!

Diseño por @ammoshouse & @glaring. Impreso por @blaqueandnet

FOR MORE INFORMATION PLEASE VISIT:

Amos House (401) 272-0220 460 Pine St, PVD, RI 02907	Food, Shelter, Recovery Housing, and Homelessness Support Services	Project Weber/RENEW (401) 383-4888 640 Broad St, PVD, RI 02907	Free Narcan, Harm Reduction Supplies, Peer Support, and Recovery Services
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Poster Campaign



██████████
MORE CHANCES TO
LIVE WITH NARCAN

#endoverdoseri
#carrynarcan

384
NUMBER
OF LIVES
LOST DUE TO
OPIOID
OVERDOSE
IN PVD IN 2020

SAVE A LIFE BEFORE IT IS GAME OVER

Design by @galsmender & @stlady Printed by @jacquesoffert

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TOGETHER
WE CAN END
OPIOID OVERDOSE!

#endoverdoseri
#carrynarcan

**THE
OPPOSITE
OF
ADDICTION
IS
COMMUNITY
SUPPORT**

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Posters Out in the Community



Posters Out in the Community



Resource Sharing



401-942-STOP for
recovery housing

**Coordinated Entry
System** for shelter

Amos House for
food, shelter and
support services

**House of Hope and
Shower to
Empower**
and many more!

Breaking Down Barriers to Connect Folks with Narcan[®] Trainings

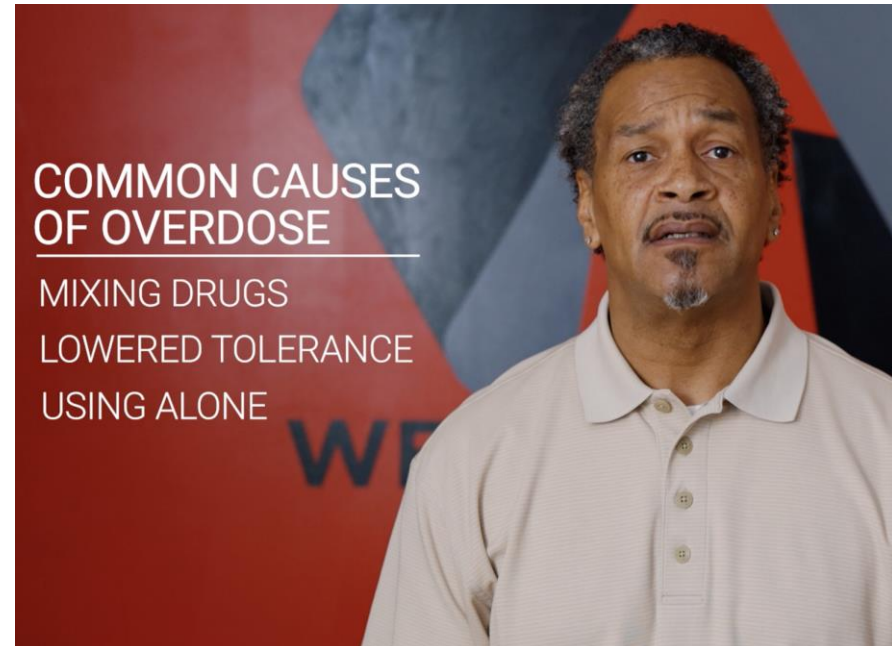


WHAT IS NALOXONE?



COMMON CAUSES OF OVERDOSE

MIXING DRUGS
LOWERED TOLERANCE
USING ALONE



PWR's Narcan® Training Video



View the full length video here: www.youtube.com/watch?v=UvzKvNpSDUM

Next Steps

Providing the training video in Spanish, Khmer, and Cape Verdean Creole to reach those outside of our English-speaking communities.



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PUBLIC COMMENT