



Governor Dan McKee's Overdose Prevention and Intervention Task Force | October 12, 2022

Ana Novais, MA; Acting Secretary, Rhode Island Executive Office of Health and Human Services

Richard Charest, MBA; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

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Welcome and Announcements

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Task Force Work Groups

Learn more and view all meeting schedules at PreventOverdoseRI.org/task-force-work-groups

Work Group	State Agency Co-Chair	Community Co-Chair
Prevention	Tara Cooper (RIDOH) Elizabeth Farrar (BHDDH)	Obed Papp City of Providence Healthy Communities Office
Rescue	Jennifer Koziol (RIDOH)	Michelle McKenzie , Preventing Overdose and Naloxone Intervention (PONI)
Harm Reduction	Katharine Howe (RIDOH)	Katelyn Case , AIDS Care Ocean State
Treatment	Linda Mahoney (BHDDH)	Dr. Susan Hart
Recovery	Candace Rodgers (BHDDH)	George O'Toole , East Bay Recovery Center
First Responders	TBD (RIDOH)	Chief John Silva , North Providence Fire Department
Racial Equity	Monica Tavares (RIDOH)	Dennis Bailer , Project Weber/RENEW Alexis Morales , Project Weber/RENEW
Substance-Exposed Newborns	Margo Katz (RIDOH) Kristy Whitcomb (RIDOH)	Michelle Sherman , South County Home Health First Connections Program
Family Task Force	Trisha Suggs (BHDDH)	Laurie MacDougall , Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)

Task Force Work Groups

Learn more and view all meeting schedules at PreventOverdoseRI.org/task-force-work-groups

Work Group	Meets	Next Mtg	Meeting Details
Prevention: Tara.Cooper@health.ri.gov Elizabeth.Farrar@bhddh.ri.gov	Monthly 1 st Tues., 1 p.m.–2:30 p.m.	Nov. 1	Join Zoom Meeting https://zoom.us/j/94436323722?pwd=TIlvQjF2TEFIRTM5VytkRDIIVUpsdz09 Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG
Rescue: Jennifer.Koziol@health.ri.gov	Every Other Month 2 nd Thurs., 10 a.m.–11:30 a.m.	Oct. 13	Join Zoom Meeting https://us06web.zoom.us/j/92263356004?pwd=c1VWVWZsWnYyYWh4U1RhczZiOWRaZz09 Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG
Harm Reduction: Katharine.Howe@health.ri.gov	Monthly 2 nd Tues., 1 p.m.–2:30 p.m.	Nov. 8	Microsoft Teams Click here to join the meeting (audio only) +1 401-437-4452,,351888385# US, Providence Phone Conference ID: 351 888 385#
Treatment: Linda.Mahoney@bhddh.ri.gov	Monthly 1 st Tues., 10:30 a.m.–11:30 a.m.	Nov. 1	Microsoft Teams Click here to join the meeting
Recovery: Candace.Rodgers@bhddh.ri.gov	Monthly 3 rd Wed., 10:30 a.m.–Noon	Oct. 19	Microsoft Teams Click here to join the meeting
First Responders: Carol.Stone@health.ri.gov	Every Other Month 3 rd Thurs., 10 a.m.–11:30 a.m.	Oct. 20	Microsoft Teams Click here to join the meeting
Racial Equity: Monica.Tavares@health.ri.gov	Monthly Last Thurs., 10 a.m.-11 a.m.	Oct. 27	Join Zoom Meeting https://us02web.zoom.us/j/82826231924 Meeting ID: 828 2623 1924 Mobile +19292056099,,82826231924# US (New York)
Substance-Exposed Newborns: Margo.Katz@health.ri.gov Kristy.Whitcomb@health.ri.gov	Monthly 2 nd Tues., 2 p.m.–3 p.m.	Nov. 8	Microsoft Teams Click here to join the meeting (audio only) +1 401-437-4452,,189953277# United States, Providence (833) 201-5833,,189953277# United States (Toll-free)
Family Task Force: Trisha.Suggs@bhddh.ri.gov	Monthly 2 nd Tues., 6 p.m.–7:30 p.m.	Nov. 8	Join Zoom Meeting https://us02web.zoom.us/j/8467337054

Rally4Recovery

“We estimated 3,500 people attended today. We have never had an event of this size here, where the crowd was so respectful and the cleanup was this well organized. The recovery community is welcome back here anytime!”
-Providence Recreation Department



Rally4Recovery

A number of speakers and special guests attended, including the assumed next Mayor of Providence Brett Smiley giving opening remarks and sharing about his personal recovery!



Rally4Recovery

OUTCOMES INCLUDED

- A record number of volunteers
- Over 60 resource tables providing information
- 75 Crises Family Toolkits distributed by Family Task Force
- Hundreds of kits of Narcan and fentanyl test strips distributed
- HIV and hepatitis C testing done by Project Weber/RENEW



ACTIVITIES INCLUDED

- Kid's Zone
- Free Food for everyone
- Horses and goats!
- Live Music
- Raffle
- Painting and Crafts
- Awards

Rally4Recovery



JOB AND CAREER FAIR

Recovery Friendly Workplace hosted a job and career fair at the Rally4Recovery, which featured recovery-friendly employers conducting on-the-spot interviews, apprenticeship organizations offering job training programs, Rhode Department of Labor and Training providing Back To Work RI information and Higher Ed recruiting for college enrollment!



Rally4Recovery



- Over 900 meaningful conversations
- Estimated 68 jobs filled by employers
- 21 college enrollment inquiries were completed on-site.
- More than 100 job postings on the Job Board from 30 recovery-friendly employers were viewed by over 1,000 people.
- Lasting connections made between employers and recovery houses.



“Monday morning, I had two guys start work and many more on the phone with employers they met. They are so excited and so glad they went to the job fair!”

-Derek Therein, Owner, Hope Recovery House

“We had so many visitors looking for jobs and Expungement resources. Great job!”

-Chris Tanguay, Rhode Island Department of Labor and Training



Fatal Overdose Update: January 1, 2022 to March 31, 2022

October 12, 2022

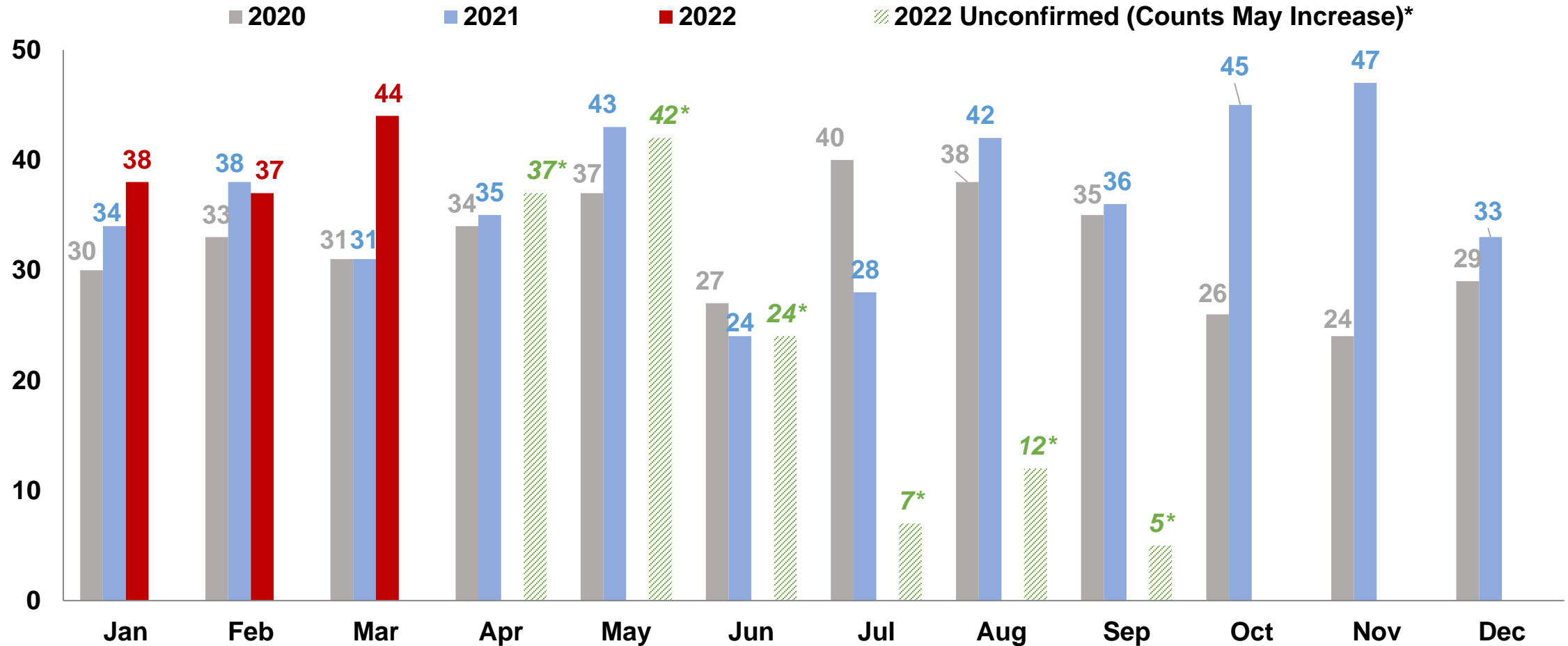
Governor's Overdose Prevention and Intervention Task Force

Fatal Overdoses in Rhode Island, 2022



- This quarter's data update will include final counts of overdose deaths occurring in Rhode Island, from January 1, 2022 to March 31, 2022.
- These counts have been determined as accidental drug overdoses by the Office of the State Medical Examiners (OSME).
- From January 1, 2022 to March 31, 2022, there were **119 lives lost to accidental drug overdose in Rhode Island.**

Fatal Overdoses in Rhode Island by Month, 2020-2022



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

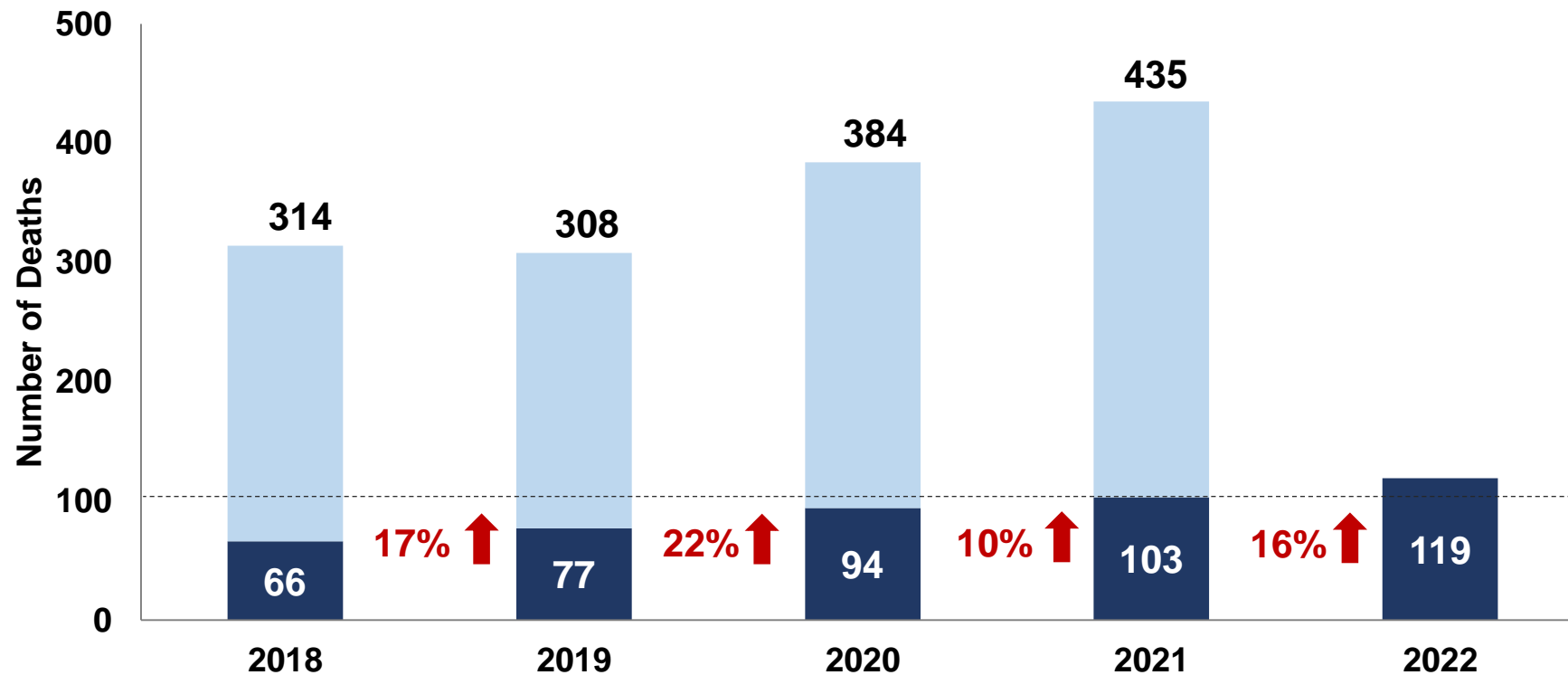
** Preliminary counts; counts are expected to increase as more data are finalized.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2022.

All Drug Fatal Overdoses, January 2018-March 2022



Fatal overdoses for which **any drug** contributed to cause of death from January 1, 2022 to March 31, 2022 were **16% higher** than the same time period in 2021.

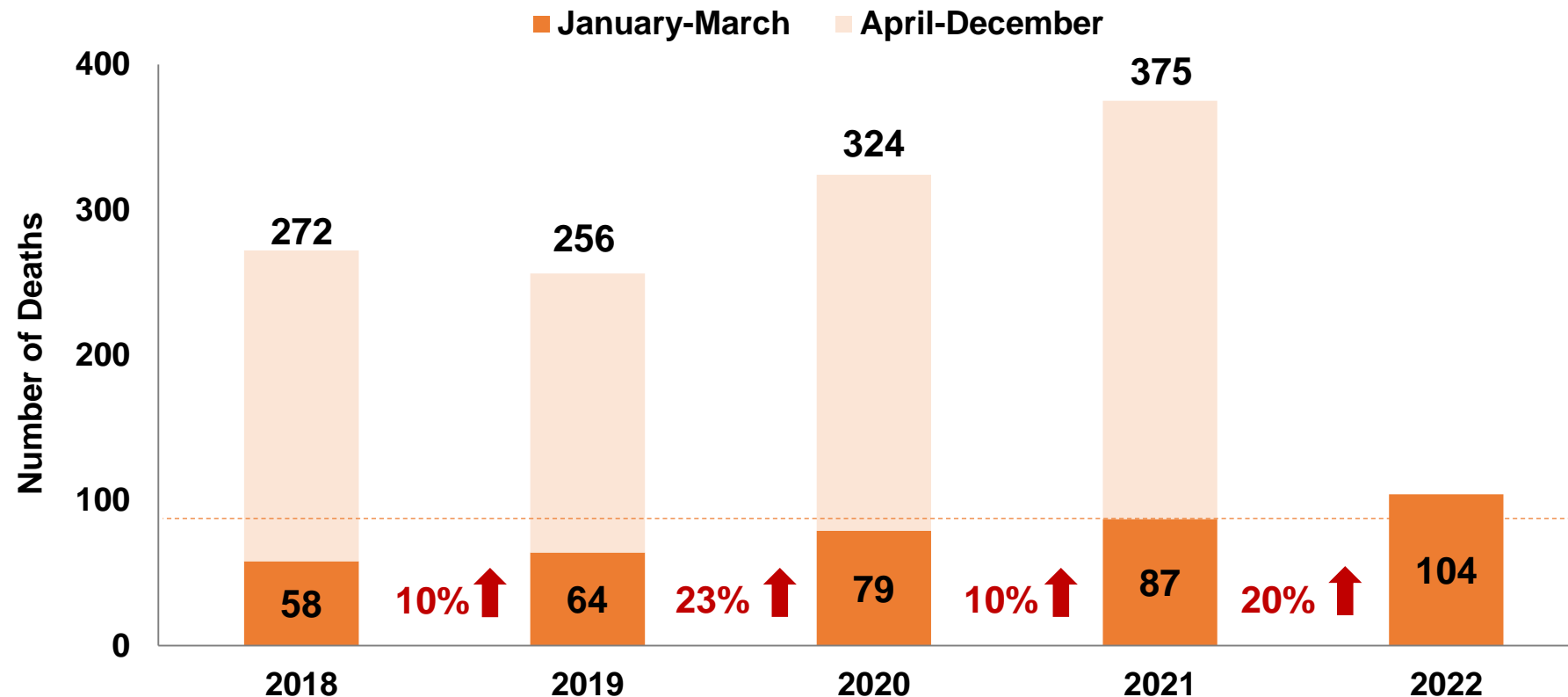


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2022.

Confirmed Opioid-Involved Fatal Overdoses January 2018-March 2022



Fatal overdoses for which **any opioid, including fentanyl**, contributed to the cause of death from January 2022 to March 2022 were **20% higher** than the same time period in 2021.

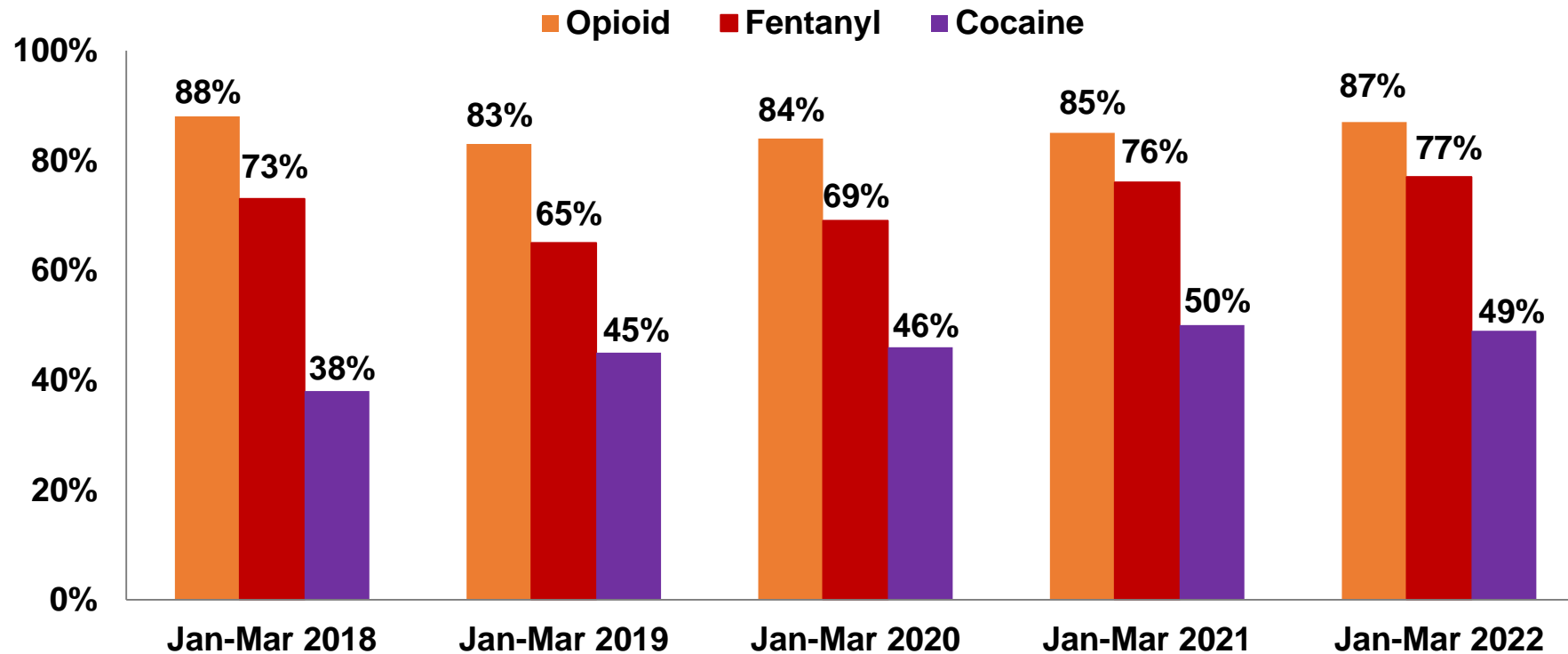


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of September 28, 2022.

Proportion of Confirmed Fatal Overdoses by Select Substance, January 2018-March 2022



The proportion of fatal overdoses involving **fentanyl** was **similar** from January 2022 to March 2022 compared to the same time period in 2021.
About one in two fatal overdoses involved **cocaine**, similar to 2021 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 September 28, 2022.

Overdose Fatality Review (OFR) Team



Overview

- Multidisciplinary team
- Legislatively mandated
- Funded by the Centers for Disease Control and Prevention Overdose Data to Action (OD2A) grant
- Information about individuals is de-identified and protected

Goals

- Use qualitative data to examine emerging trends in the drug overdose epidemic
- Identify demographic, geographic, and structural points for prevention

OFR August 2022 Recommendation Highlights



Emerging Recommendations

- Ensure emergency department adherence to Emergency Medical Treatment and Labor Act (EMTALA).

Consistent Recommendations

- Continued messaging to promote safer use practices.
- Encourage healthcare providers to screen patients for substance use. Emphasis to utilize the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach.

To view the August 2022 OFR Report and complete list of recommendations, please visit the [RIDOH Drug Overdose Surveillance Data Hub](#).

OFR Team Recruitment



- We are currently reviewing our existing meeting processes and participants.
- In the coming months, we will be consulting with our current team and exploring opportunities for growth, involving the potential recruitment of new OFR members (spots are limited).
- This team operates differently from other work groups and requires ongoing commitment and time outside of scheduled meetings.
- We will share more information regarding recruitment at future Task Force meetings. For questions, please contact Heather Seger (Heather.Seger@health.ri.gov).



Heidi Weidele, MPH

Fatal Overdose Epidemiologist

Substance Use Epidemiology Program

Rhode Island Department of Health

Heidi.Weidele@health.ri.gov

Taking on the Crisis of Contaminated Substances

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testRI: Examining the local drug supply in Rhode Island and its impacts on people who use drugs

Alexandra Collins, PhD

Assistant Professor, Brown University School of Public Health

Governor's Overdose Prevention and Intervention Task Force Meeting | October 12, 2022





Disclosures

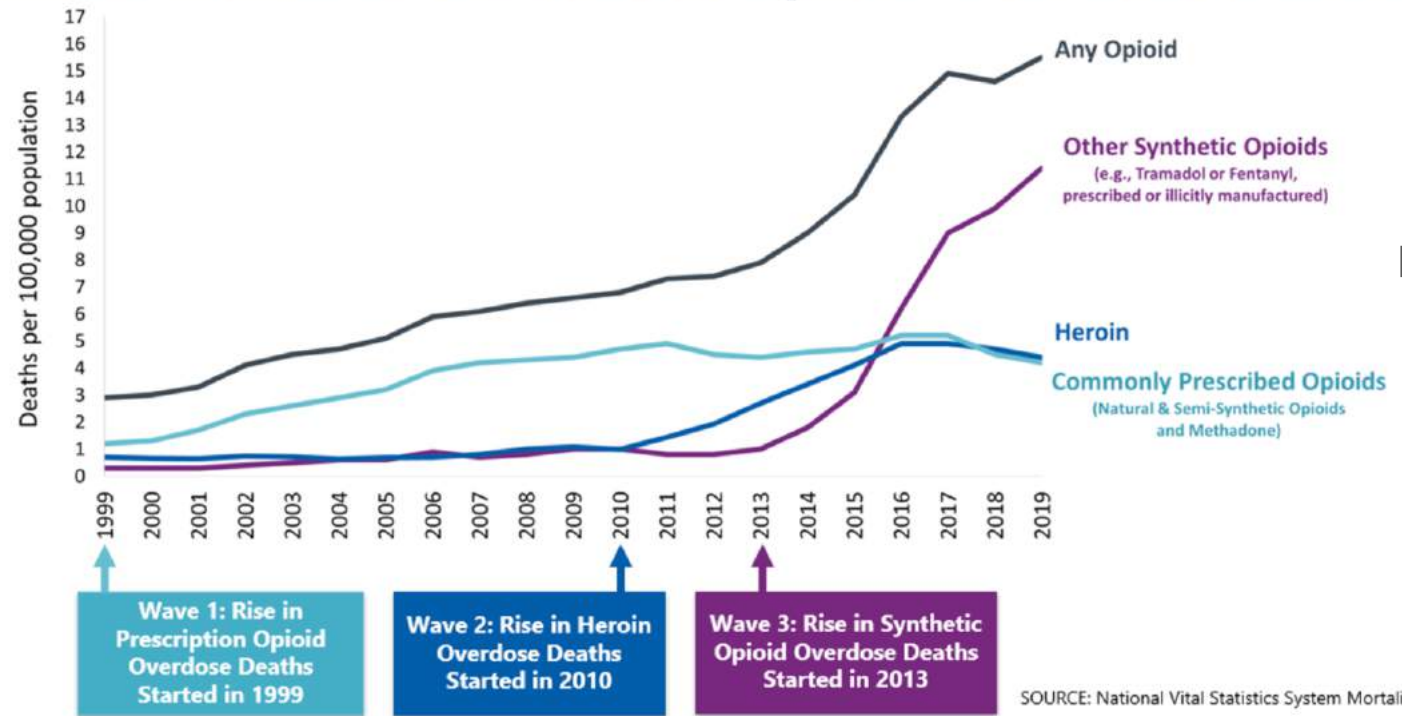
This study is funded by the Foundations for Opioid Response Efforts (FORE)

**This work is taking place on the
traditional and ancestral lands of the
Narragansett peoples.**



Changing overdose crisis

Three Waves of the Rise in Opioid Overdose Deaths



4th wave
polysubstance-
involved
overdoses



testRI: Project aims

1. To assess the impact of the changing drug supply on **individual-level** consumption practices
2. To track changes in the **street-level** drug supply using comprehensive toxicology methods
3. To rapidly **disseminate findings across audiences** (e.g., individual, community, and state levels) to inform overdose prevention efforts locally



Sample collection

Samples are donated: (1) by study participants or (2) anonymously

- We collect location and substance the individual reported buying
- Samples include equipment (e.g., syringes, choy, cookers, pipes) and refuse (e.g., baggies)

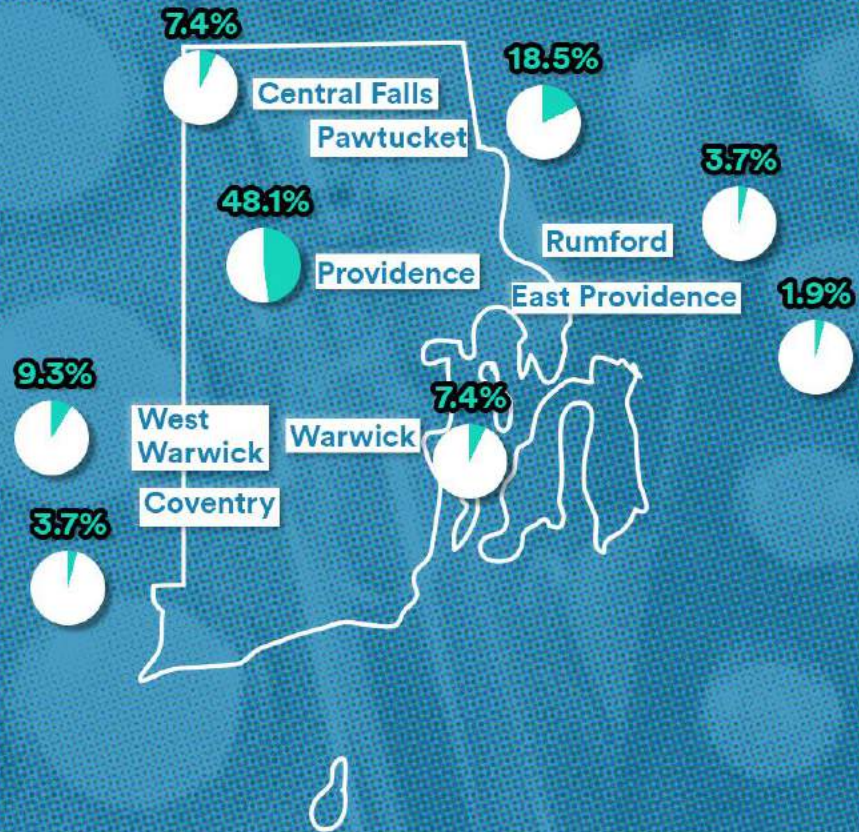
All samples are dropped off at the Rhode Island Hospital (RIH) Laboratory for confirmatory testing on the LC-QTOF-MS

Note: for samples donated in drop-off boxes at community partner agencies, we are unable to collect detailed substance specific information

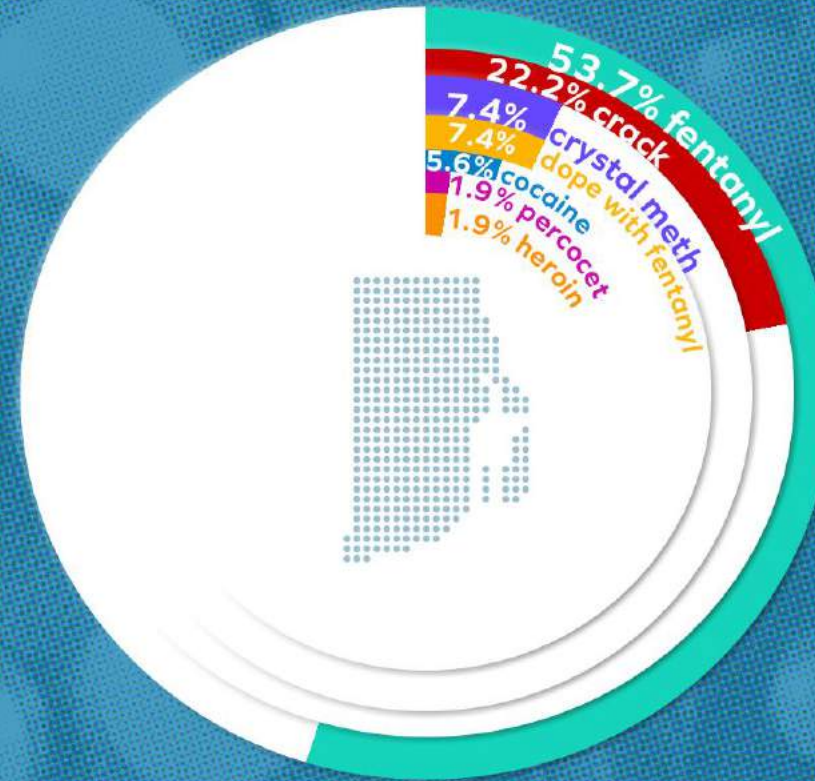
Preliminary findings

73 samples have been tested to date

Location of samples across RI



Percentage of samples sold as





Preliminary toxicology findings

- The local drug supply is increasingly complex and evolving: few samples tested consisted solely of the substance sold as
 - Most samples contained extensive cut
- **Xylazine found in 50.7% samples tested to date:** primary component in 11 samples and a trace component in 26
 - Always found with fentanyl and/or fentanyl analogs in testRI study samples
- To date, eight stimulant samples (e.g., crack, methamphetamine) have contained fentanyl and/or other opioids
- We are also finding fentanyl analogs (e.g., acrylfentanyl, acetylfentanyl, para-fluorofentanyl, methoxyacetylfentanyl), synthetic cannabinoids, and other active cut such as tramadol

Cohort participants

48 people have been interviewed from seven of 10 ROAAR regions



average age is

39.5

56%

are women

50%

are people of color

59%

are unstably housed

46%

have had at least one overdose in
the last 12 months

top two drugs of choice were

fentanyl (27%) & crack (21%)



Preliminary qualitative findings

- Participants know the supply is complex: *"like playing Russian roulette"*
 - Info about the supply was seen as helpful and participants share this info with their peers and sellers
 - Variations in trust of sellers (high trust vs. lack of agency)
- Polysubstance use is commonplace with fentanyl often as drug of choice
 - Able to still *"feel high"* but not always address fentanyl withdrawal symptoms
- People who use crack were more hesitant to carry naloxone (separating themselves from people who use fentanyl)
- Use of pressed pills was common among younger participants and often used to manage mental health needs and chronic pain

Dissemination



Participant-level: (1) Call/text results; (2) dissemination feedback surveys

Community-level: (1) Bi-monthly CAB meetings; (2) distribution of supply update posters;
(3) Zine

State-level: (1) Listservs (providers and community members); (2) social media outreach;
(3) PORI dashboard

See the data: preventoverdoseri.org/local-drug-supply/

Find us on PreventOverdoseRI.org

The screenshot shows the homepage of PreventOverdoseRI.org. At the top, there is a banner with the text "Learn About Fentanyl. Test Your Drugs." and its Spanish equivalent "Conozca el Fentanilo. Hágales Una Prueba a Sus Drogas." Below this is the logo for "PREVENT OVERDOSE RI" which includes a heart and a plus sign. To the right of the logo is a "Get Help" button and language options for EN, ES, and PT, along with a search icon. A navigation menu is located below the logo, with "Learn More" highlighted by a red box. A dropdown menu is open under "Learn More", listing several options: "Harm Reduction Centers", "Learn More About Fentanyl", "Local Drug Supply" (highlighted with a red box), "Medications For Opioid Use Disorder", "Opioids", and "Research In Rhode Island".

Learn About Fentanyl. Test Your Drugs.
Conozca el Fentanilo. Hágales Una Prueba a Sus Drogas.

PREVENT OVERDOSE RI

Get Help EN ES PT ...

COVID-19 About **Learn More** Prevent An Overdose See The Data Find Resources Get Involved Languages

- Harm Reduction Centers
- Learn More About Fentanyl
- Local Drug Supply**
- Medications For Opioid Use Disorder
- Opioids
- Research In Rhode Island

<https://preventoverdoseri.org/local-drug-supply/>

Preventoverdoseri.org/local-drug-supply

Local Drug Supply

testRI is a study to find out what is in Rhode Island's local drug supply.

You can get the most up-to-date information about the local drug supply from the testRI study on this page. You can check monthly for new information about the local drug sample supply and testing. **Find out about how the study works and how to get involved.**

This two-year study is funded by the **Foundation for Opioid Response Efforts (FORE)**.

It is important to know that the samples we collect and test only show us a small part of the drug supply in Rhode Island. These results may not represent the broader drug supply in the state.

Go to: [Updates](#) | [Spotlights](#) | [Testing Results](#) | [Substances Found](#) | [Resources](#)



Toxicological and Ethnographic
Drug Surveillance Testing RI

Get Involved

- [Study website](#)
- [Instagram](#)
- [Twitter](#)

Local Drug Supply Updates

UPDATE UPDATE UPDATE

LOCAL DRUG SAMPLE TESTING UPDATE

Legend: Orange: Cocaine, Green: Heroin, Blue: Fentanyl, Purple: Xylazine, Yellow: Other

Sample date & origin

August 2022 Dumberland	Sold as (name or appearance): Cocaine (white powder)	What we found: Cocaine (C) Levonorgestrel (N)
August 2022 Pawtucket	Sold as (name or appearance): Fentanyl (brown powder)	What we found: Fentanyl (C) Xylazine (X) Acetaminophen (A) Cocaine (C) Fentanyl (C) Fentanyl (C) Fentanyl (C)

Why does this matter?

The drug supply is volatile and continually changing. The mixing of drugs with or without the knowledge of people who are using drugs creates higher risk for overdose.

Nothing will look to treat fentanyl, fentanyl analog, and other opioid overdose, but naloxone has not been documented to reverse effects of xylazine.

See back page for more info about next substance.
For more info visit: [https://www.preventoverdoseri.org/updates/](#)

[Click to download our latest drug supply update from August, 2022. \(Español, Português\)](#)

How do supply updates work?

One of the study's main goals is to see how drug supply changes impact people who use drugs in our community. This study tests used equipment, like pipes and syringes. We collect equipment from the community and donations from individuals or local organizations. We test samples using advanced confirmatory toxicology testing (LC-QTOF-MS).

What do these results mean?

Our results show that local drug supplies are volatile and change often. But it is important to know that the samples we collect and test only show us a small part of the drug supply in Rhode Island. These results may not represent the broader drug supply in the state. We also don't know whether what we tested led to an overdose.

Want to see more updates?

We will update this page every month with our latest findings. You can also [visit our Local Supply Update Archive to view all past updates.](#)

What have we tested?

Below is a list of all the samples we have tested. We show where we collected samples and what substances we found in each sample. We also show the substance the person thought they were using under the “sold as” column.

Legend:

O = Opioids; **S** = Stimulants; **B** = Benzos; **C** = cannabinoids; **A** = Other active cut; **M** = Starting materials/byproducts; * indicated substances that make up most of a sample

Sample	Month	City/Town	What was tested	Sold as	Substances found
73	2022-9	Providence	Cooker	Fentanyl	<p>Xylazine*</p> <p>Fentanyl*</p> <p>Cocaine Delta-9-THC Para-fluorofentanyl Levamisole Acetylfentanyl Phenacetin CBN Caffeine Lidocaine Nicotine Beta-hydroxyfentanyl Mepivacaine Para-bromofentanyl 2-phenethylamine Starting material and/or byproducts in fentanyl(s) production: Phenethyl-ANPP*, Norfentanyl, 4-ANPP, NPP, N-methyl-norfentanyl, Despropionyl para-fluorofentanyl Breakdown products/metabolites/intermediates of cocaine found: Benzoyllecgonine, Ecgonine, Norcocaine</p>
72	2022-07	Providence	Cooker (purple residue)	Fentanyl	<p>Fentanyl* (O)</p> <p>Xylazine (A)</p> <p>Acetylfentanyl (O)</p> <p>Cocaine (S)</p> <p>Acetaminophen (A)</p> <p>Para-fluorofentanyl (O)</p> <p>Caffeine (A)</p> <p>Tramadol (O)</p> <p>Lidocaine (A)</p> <p>Phenacetin (A)</p> <p>Acrylfentanyl (O)</p> <p>Levamisole (A)</p> <p>Unknown substance (likely fentanyl analog)</p> <p>Starting material and/or byproducts in fentanyl(s) production: Phenethyl-4-ANPP, 4-ANPP, Norfentanyl, NPP (M)</p> <p>Breakdown products/metabolites/intermediates of cocaine found: Benzoyllecgonine (M)</p>

Supply updates



LOCAL DRUG SAMPLE TESTING UPDATE

Legend: (O) Opioids (B) Benzos
(S) Stimulants (A) Other
Active Cut

testRI is a two-year study to find out what is in the drug supply in Rhode Island and how changes to the supply are impacting people who use drugs in our community. We are testing used equipment, like pipes and syringes, that are collected from the community or donated by individuals or local organizations. Samples are tested using advanced confirmatory toxicology testing (LC-QTOF-MS).

Data below are from three samples collected in July.

*Data here only represent a sample of the local drug supply in Rhode Island. Because of that, the samples we have collected and tested may not represent the broader drug supply in the state. Samples are also not being tested in relation to overdose so outcomes from use, like overdose, are unknown.

Sample date & origin	Sold as (name or appearance):	What we found: * indicated substances that make up most of a sample
July 2022 Pawtucket	 Crystal meth (cooker, clear crystal)	Methamphetamine* (S) Cocaine* (S) Phenacetin (A) Fentanyl (O) Levamisole (A) Lidocaine (A) Ketamine (A)
July 2022 Warwick	 Crack cocaine (pipe with choy)	Cocaine* (S) Levamisole (A) Caffeine (A) Hydroxyzine (A) Phenacetin (A)
July 2022 Pawtucket	 Fentanyl (baggie, tan powder)	Fentanyl* (O) Xylazine*(A) Caffeine* (A)

See back page for more info about each substance.

Visit PreventOverdoseRI.org/local-drug-supply/ for full results from all samples tested.

Why does this matter?

The drug supply is volatile and continuously changing. The mixing of drugs with or without the knowledge of people who are using drugs creates higher risk for overdose.

The July 2022 Pawtucket sample (reported to be sold as crystal meth) included fentanyl. Fentanyl exposure can increase the risk of drug overdose. The overdose risk increases in individuals who do not regularly use opioids and do not have tolerance. Naloxone will work to treat fentanyl, fentanyl analog, and other opioid overdose.

What we found:

Caffeine is often added to drugs as an active cut for stimulant effects.

Cocaine is a stimulant that can cause elevated blood pressure and fast heart rate. In overdose it can cause heart problems, seizure, stroke, and muscle and/or kidney injury.

Fentanyl is a highly potent opioid with high risk for overdose. In overdose it can cause problems with breathing and unresponsiveness.

Hydroxyzine is an allergy medication sometimes used as a sleep aid that can cause sedation.

Ketamine is an anesthetic that is similar to PCP. Ketamine is often used for its hallucinogenic effects. Ketamine can cause hallucinations, confusion, abnormal behavior, nausea or vomiting, and hypertension. Depending on the dose, it can also cause breathing changes, sedation, abnormal heart rate, seizures or abnormal heart rhythm. Chronic use has been associated with bladder and urinary tract problems.

Levamisole is a medication used to treat worm infections. It is a frequent cut found in cocaine. It can cause problems with blood cells, blood vessels, and/or lead to rashes.

Lidocaine is a local anesthetic/numbing agent (e.g., used in dentist offices and for topical pain relief). Lidocaine is a common cut in drugs. At standard doses it is safe, but in very high doses can cause heart problems and/or seizures.

Methamphetamine is a stimulant. Risks include heart problems (e.g., abnormal heart rhythm or rate, heart attack, heart failure), high blood pressure, hallucinations, psychosis, and kidney and/or muscle injury.

Phenacetin is a common cutting agent in drugs and is a pain reliever. With chronic exposure it can cause kidney and/or liver problems.

Xylazine is a veterinary sedative. Xylazine is a long-acting and sedating medication, but it is not an opioid. Especially if combined with other sedating medications it can cause unresponsiveness, low blood pressure, a slowed heart rate, and decreased breathing. Xylazine use has been associated with skin ulcers and infection. Chronic use can also lead to dependence and a withdrawal syndrome that can cause irritability, anxiety, and dysphoria.

For more information about all substances found visit PreventOverdoseRI.org/-local-drug-supply/

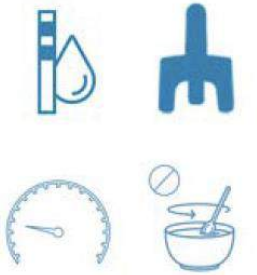
How to reduce risk

Because the drug supply is always changing, it can be hard to know what you are buying. Testing your drugs first with fentanyl test strips can be a good first step.

Having naloxone (Narcan) with you is always important so you can respond to an overdose. It is also important to try not to use alone so someone can help you if you experience an overdose.

Start slow and go slow. Using a little bit of your drug at a time can be helpful to test the strength and keep track of your doses.

Try to avoid mixing depressants or downers, like benzos, opioids, and alcohol when you use. Mixing these can increase your risk of an overdose.



Spotlight updates

Xylazine Found in Samples from the Local Rhode Island Drug Supply



testRI is a two-year study to find out what is in the drug supply in Rhode Island and how changes to the supply are impacting people who use drugs in our community. We are testing used equipment, like pipes and syringes, that are collected from the community or donated by individuals or local organizations. Samples are tested using advanced confirmatory toxicology testing (LC-QTOF-MS).

Data from all samples tested in the study can be found on PreventOverdoseRI.org/rhode-island-drug-supply/

*Samples we have collected and tested only represent a small part of the local drug supply in Rhode Island and may not represent the broader drug supply in the state. Samples are also not being tested in relation to overdose so outcomes from use, like overdose, are unknown.

Xylazine:

Background:

Recently xylazine was found in multiple drug samples in Rhode Island. In some places, it is referred to as "tranq dope."

Xylazine is a long-acting and sedating medication used as a veterinary sedative, **but it is not an opioid.**

Xylazine has been associated with fatal and nonfatal overdoses both alone and in combination with other drugs (mainly fentanyl).



Why does this matter?

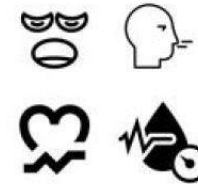
When xylazine is added to fentanyl/heroin the risk of overdose is higher.

Narcan (naloxone) will reverse the effects of opioids but has not been adequately documented to reverse xylazine's sedating effects. If a person overdoses from a substance cut with xylazine they might still be sedated after Narcan administration.



Health Effects:

Xylazine can cause drowsiness, unresponsiveness, low blood pressure, slow heart rate, and decreased breathing.



When used with other sedating drugs like opioids, xylazine can increase the risk of overdose and/or death.

Xylazine use has been associated with skin ulcers and infection.



Chronic use of xylazine can lead to dependence and a withdrawal syndrome that can cause irritability, anxiety, and dysphoria.



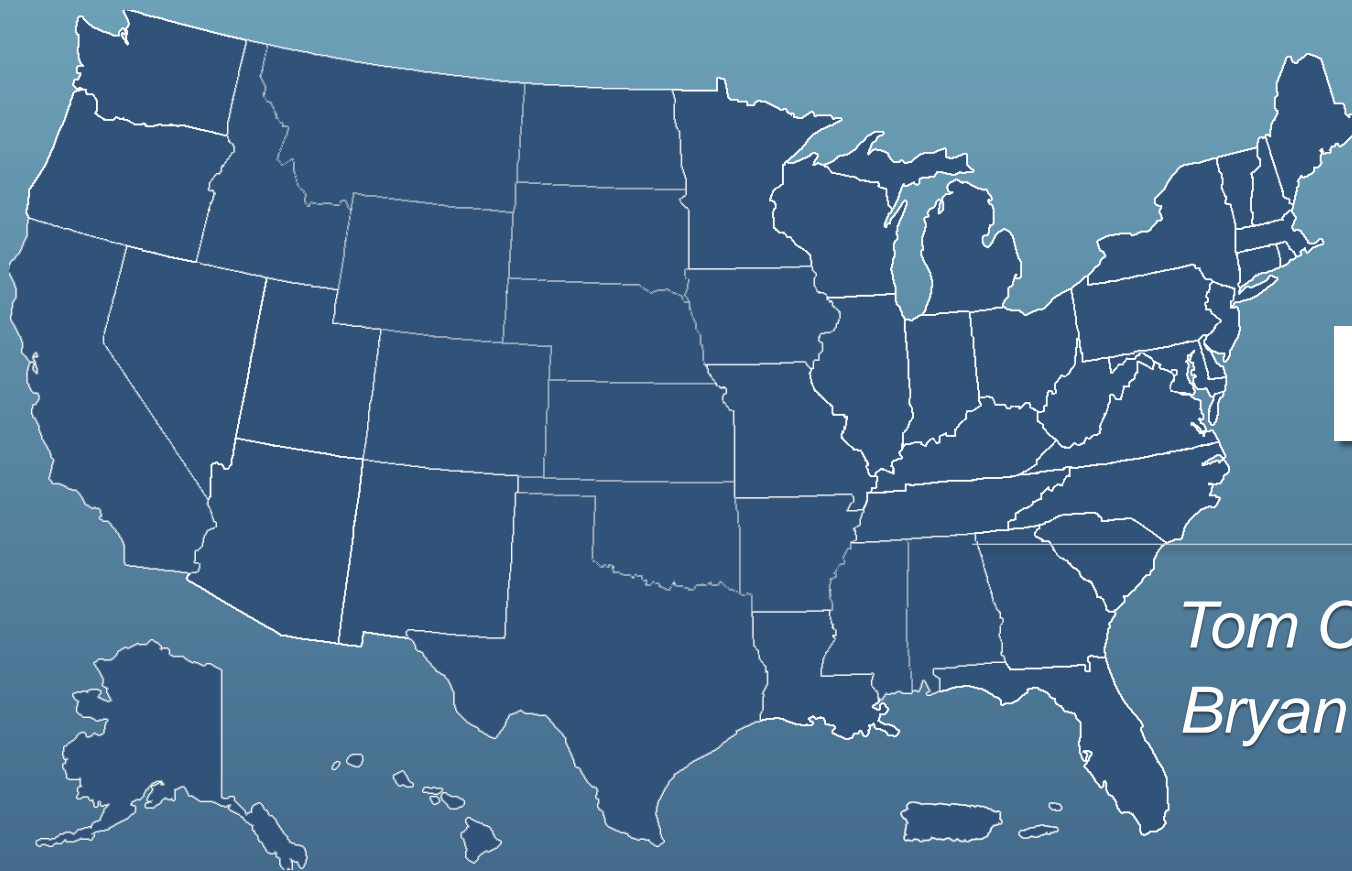
Thank you!

twitter: @testRldrugs

alexandra_collins1@brown.edu

rachel_wightman@brown.edu





The Rhode Island Team

Tom Chadronet – Public Health Analyst
Bryan Volpe – Drug Intelligence Officer



OVERDOSE RESPONSE STRATEGY | PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



COLLABORATE across public health and public safety sectors



SHARE data, insights, and trends we are seeing related to drug overdose in our communities



INFORM AND HELP local communities develop local solutions to reduce overdoses and save lives

Drug Enforcement Agency (DEA) Initiative: One Pill Can Kill Overview



Strategy

- DEA initiative aimed at decreasing the amount of counterfeit fentanyl pills in US communities and reducing overdose incidents.
- Direct action to combat cartels and domestic drug trafficking organizations (DTOs) production and sales of illicit drugs.
- Main focus... **counterfeit pills, fentanyl powder, and fentanyl precursor chemicals.**

Targets

- Criminal drug networks (cartels) in Mexico, most notably the Sinaloa and Cartel Jalisco New Generation (CJNG).
- DTOs in the US that are tied to the cartels or creating their own fentanyl and pressing their own counterfeit pills.
- China provides both the cartels and DTOs with precursor chemicals to make fentanyl.

Results

- 2021: 20.4 million counterfeit pills seized.
- 2022 to date: 36 million counterfeit pills seized with 10.2 million counterfeit pills and 980 lbs of fentanyl powder seized from May 23rd through September 8th of 2022.

This does not include seizures made by Customs and Border Protection, FBI and our state and local task forces.

Counterfeit Pills In Our Area

Counterfeit opioid pills made with fentanyl are commonly seized in Rhode Island.

They are commonly referred to as “Oxys”, “Percs”, or “Vics”. Below are the common impressions.



Counterfeit Pills In Our Area

Common Adderall counterfeits usually contain Methamphetamine.



Thank you

Buprenorphine Hotline

Elizabeth A. Samuels, MD, MPH, MHS
Brown Emergency Medicine, Alpert Medical School of Brown University
Drug Overdose Prevention Program, Rhode Island Department of Health



- Seth Clark, MD, MPH
- Rachel Wightman, MD
- Carrie Wunsch, MD
- Justin Berk, MD, MBA, MPH
- Lauren Berkowitz, PA-C
- Mike Warren, CHW, PRS

- Kathryn Basques, MSN, MSW, NP
- Vincent Mariano, MD
- Sarah Meyers, MD

- BHDDH
- RIDOH
- Lifespan Recovery Center

thank you!

- Wei Sum Li, MD
- Cara Zimmerman, MD, MBA
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- Lee Ann Keeler, MSW

- Neha Reddy, MPH
- Liana Lum

- Claire Pratty, MS
- Brendan Jacka, PhD

Rhode Island Buprenorphine Hotline



- 24/7
- Free
- Buprenorphine consultation, treatment initiation, and linkage to treatment
- ED clinician technical assistance

Principles and 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.
4. Provide technical assistance and support to clinicians starting buprenorphine in the emergency department (ED).



Buprenorphine Hotline

- 24/7, audio only
- FREE consultation
- Low barrier buprenorphine initiation
- Linkage to a maintenance treatment
- Staffed by eight clinicians
- Community health worker/peer follow up
- On demand technical assistance for ED clinicians



Starting the patient encounter

Patient calls hotline or begins virtual clinic appointment & consents to telehealth encounter

Patient assessment: determining appropriateness for buprenorphine initiation

Does patient have moderate-severe OUD based on DSM-V criteria?

No

Do NOT prescribe buprenorphine

Yes

Is patient taking methadone?

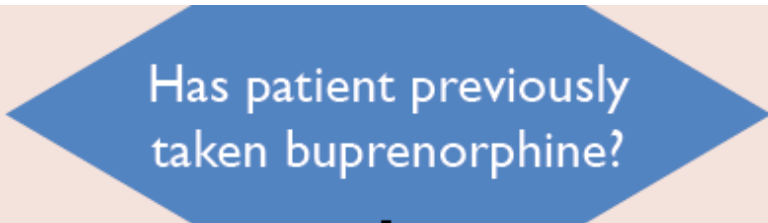
Yes

Comprehensive patient history

No

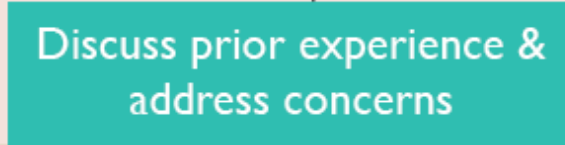
Assess current substance use, date of last opioid use, prior treatment history, & opioid use withdrawal using SOWS

Buprenorphine initiation & next steps

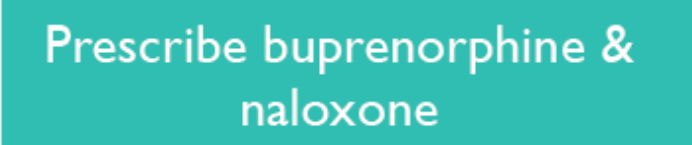
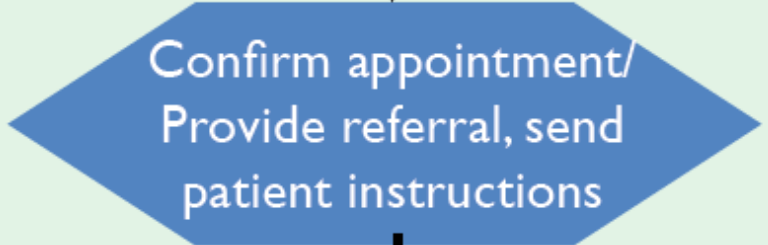
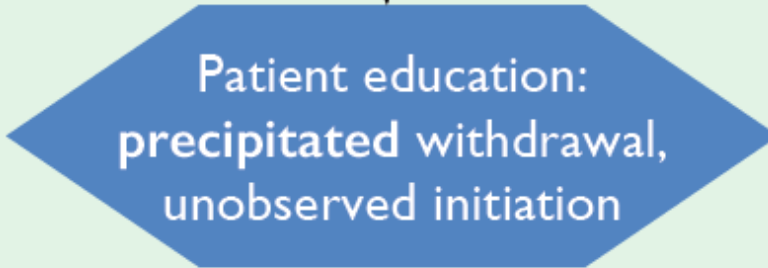
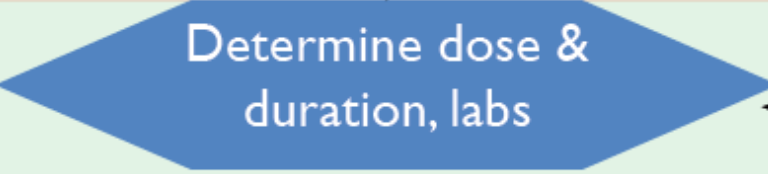


Has patient previously taken buprenorphine?

Yes



No





Buprenorphine Hotline Report: April 2020- July 2022

509

Total Callers

Total Callers by Month



Ethnicity

Race

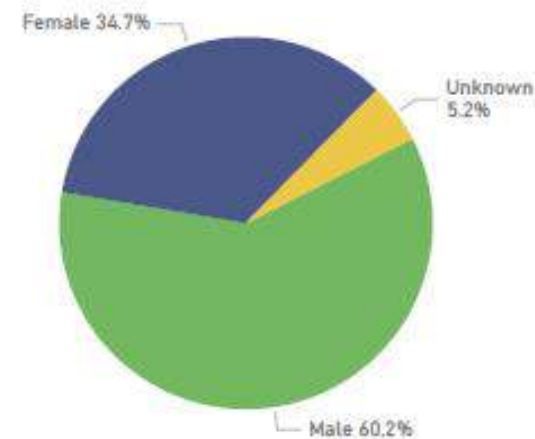
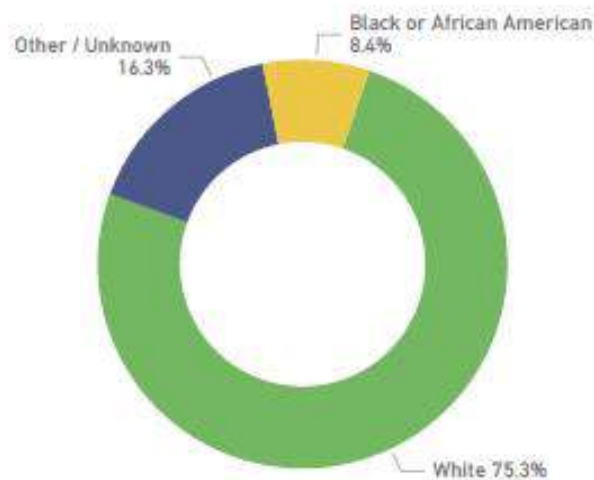
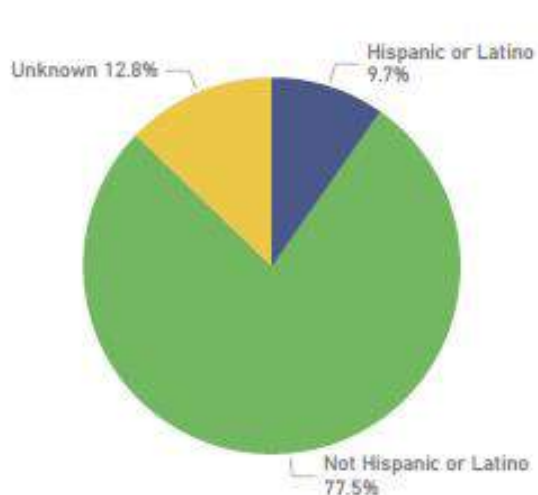
Gender

379

Clients Prescribed Buprenorphine

283

Clients Prescribed Naloxone



Buprenorphine Hotline Callers

Access barriers (video, transportation)

Treatment gaps

Readiness for treatment

- Mean age: 40 years
- 34.7% Female
- 8.4% Black
- 75.3% white
- 9.7% Latinx
- 19.1% housing insecure

Buprenorphine Hotline 4/15/20-2/28/21

BRIEF REPORT

Thirty-day Treatment Continuation After Audio-only Buprenorphine Telehealth Initiation

*Caroline Wunsch, MD, Rachel Wightman, MD, Claire Pratty, MS, Brendan Jacka, PhD,
Benjamin D. Hallowell, PhD, Seth Clark, MD, Corey S. Davis, JD, MSPH,
and Elizabeth A. Samuels, MD, MPH, MHS*

Buprenorphine Hotline 4/15/20-2/28/21



134 calls



94 people
prescribed
buprenorphine
92 filled Rx (97.7%)



70.7% (62/92)
had follow up
buprenorphine
prescription in 30 days
(mean 5.88 days)

Buprenorphine Hotline 4/15/20-2/28/21

- Two out of three individual had previously received addiction treatment.
- Most had previously taken buprenorphine
 - 45.7% prescribed
 - 63% non-prescribed
- Two out of three individuals were in opioid withdrawal at time of the call.
- Four callers (4.3%) had healthcare visit or repeat hotline call for precipitated withdrawal.



Take home points

Audio-only buprenorphine telehealth:

- Provides feasible, safe treatment initiation with high rates of treatment follow up
- Low-cost bridge to treatment
- Safety net to the safety net
- Important service to fill access gaps



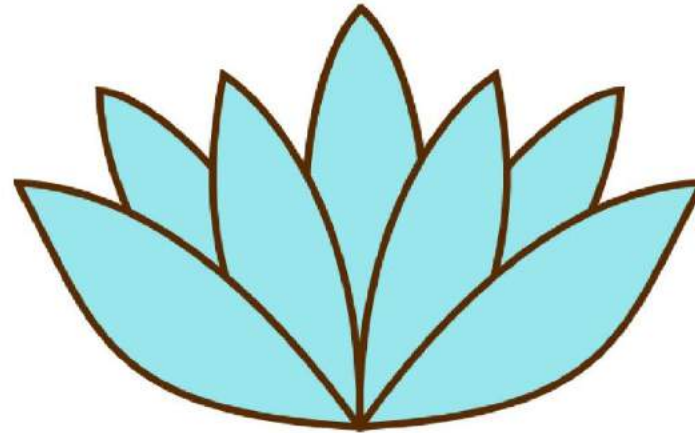
Contact:

Elizabeth_Samuels@brown.edu

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.

Facing the Challenges of Stabilization and Management of Opioid Treatment Provider (OTP) Patients Using Fentanyl and Other Newly Available Street Drugs

Barbara Trout, RN, MSN

Director of Healthcare Services

CODAC Behavioral Healthcare

Public Comment

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