Welcome and Announcements
## Task Force Work Groups

Learn more and view all meeting schedules at [PreventOverdoseRI.org/task-force-work-groups](http://PreventOverdoseRI.org/task-force-work-groups)

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<thead>
<tr>
<th>Work Group</th>
<th>State Agency Co-Chair</th>
<th>Community Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Tara Cooper (RIDOH)</td>
<td>Obed Papp, City of Providence Healthy Communities Office</td>
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<tr>
<td></td>
<td>Elizabeth Farrar (BHDDH)</td>
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<tr>
<td>Rescue</td>
<td>Jennifer Koziol (RIDOH)</td>
<td>Michelle McKenzie, Preventing Overdose and Naloxone Intervention (PONI)</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Katharine Howe (RIDOH)</td>
<td>Katelyn Case, AIDS Care Ocean State</td>
</tr>
<tr>
<td>Treatment</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Dr. Susan Hart</td>
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<td>Recovery</td>
<td>Candace Rodgers (BHDDH)</td>
<td>George O’Toole, East Bay Recovery Center</td>
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<td>First Responders</td>
<td>TBD (RIDOH)</td>
<td>Chief John Silva, North Providence Recovery Fire Department</td>
</tr>
<tr>
<td>Racial Equity</td>
<td>Monica Tavares (RIDOH)</td>
<td>Dennis Bailer, Project Weber/RENEW</td>
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<td>Alexis Morales, Project Weber/RENEW</td>
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<tr>
<td>Substance-Exposed Newborns</td>
<td>Margo Katz (RIDOH)</td>
<td>Michelle Sherman, South County Home Health First Connections Program</td>
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<td></td>
<td>Kristy Whitcomb (RIDOH)</td>
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<tr>
<td>Family Task Force</td>
<td>Trisha Suggs (BHDDH)</td>
<td>Laurie MacDougall, Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
</tr>
</thead>
</table>
| Prevention: Tara.Cooper@health.ri.gov  
Elizabeth.Farrar@bhddh.ri.gov | Monthly 1st Tues., 1 p.m.–2:30 p.m.   | Nov. 1  | Join Zoom Meeting  
[https://zoom.us/j/94436323722?pwd=TlIvQlF2TEFIRTM5VrkRDIVUipse09](https://zoom.us/j/94436323722?pwd=TlIvQlF2TEFIRTM5VrkRDIVUipse09)  
Meeting ID: 944 3632 3722  
Dial In: 646-558-8656  
Passcode: PSWG | |
| Rescue: Jennifer.Koziol@health.ri.gov | Every Other Month 2nd Thurs., 10 a.m.–11:30 a.m. | Oct. 13 | Join Zoom Meeting  
[https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRaZz09](https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRaZz09)  
Meeting ID: 922 6335 6004  
Dial In: 646-558-8656  
Passcode: RWG | |
| Harm Reduction: Katharine.Howe@health.ri.gov | Monthly 2nd 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 1st 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 3rd 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 3rd 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](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 2nd 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  
(Toll-free) | |
| Family Task Force: Trisha.Suggs@bhddh.ri.gov | Monthly 2nd Tues., 6 p.m.–7:30 p.m. | Nov. 8  | Join Zoom Meeting  
[https://us02web.zoom.us/j/8467337054](https://us02web.zoom.us/j/8467337054) | |
“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
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!
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
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!
- Over 900 meaningful conversations
- Estimated 68 jobs filled by employers
- 21 college enrollment inquires 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.
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.
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
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.
• 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
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

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
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%)

https://ridoh-drug-overdose-surveillance-iss-rihealth.hub.arcgis.com/
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

https://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

Get Involved
- Study website
- Instagram
- Twitter

Local Drug Supply Updates

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.

Click to download our latest drug supply update from August, 2022. (Español, Portugués)
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

<table>
<thead>
<tr>
<th>Sample</th>
<th>Month</th>
<th>City/Town</th>
<th>What was tested</th>
<th>Sold as</th>
<th>Substances found</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>2022-9</td>
<td>Providence</td>
<td>Cooker</td>
<td>Fentanyl</td>
<td>Xylazine*&lt;br&gt;Fentanyl*&lt;br&gt;Cocaine Delta-9-THC Para-fluorofentanyl Levamisole Acetylketamine Phenacetin&lt;br&gt;CSN 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: Benzoylcegonine, Ecgonine, Norcocaine</td>
</tr>
<tr>
<td>72</td>
<td>2022-07</td>
<td>Providence</td>
<td>Cooker (purple residue)</td>
<td>Fentanyl</td>
<td>Fentanyl* (O)&lt;br&gt;Xylazine (A)&lt;br&gt;Acetylketamine (O)&lt;br&gt;Cocaine (S)&lt;br&gt;Acetaminophen (A)&lt;br&gt;Para-fluorofentanyl (O)&lt;br&gt;Caffeine (A)&lt;br&gt;Tramadol (O)&lt;br&gt;Lidocaine (A)&lt;br&gt;Phenacetin (A)&lt;br&gt;Acetylfentanyl (O)&lt;br&gt;Levamisole (A)&lt;br&gt;Unknown substance (likely fentanyl analog)&lt;br&gt;Starting material and/or byproducts in fentanyl(s) production: Phenethyl-4-ANPP, 4-ANPP, Norfentanyl, NPP (M)&lt;br&gt;Breakdown products/metabolites/intermediates of cocaine found: Benzoylcegonine (M)</td>
</tr>
</tbody>
</table>

https://preventoverdoseri.org/local-drug-supply/
Supply updates

**LOCAL DRUG SAMPLE TESTING UPDATE**

Data below are from three samples collected in July.

*NOTE: These data are preliminary and subject to change as additional samples are analyzed.*

### Supply updates

1. **July 2022 Pawtucket**
   - **Pawtucket**
   - **Sold as (or name of appearance):**
     - Crystal meth (cooker, clear crystal)
   - **What we found:**
     - Methamphetamine (S)
     - Cocaine (S)
     - Phencyclidine (A)
     - Fenitrothion (O)
   - **Legend:**
     - (S) Opioids
     - (B) Beta-blockers
     - (S) Stimulants
     - (A) Other
     - Active Cuts

2. **July 2022 Warwick**
   - **Warwick**
   - **Sold as (or name of appearance):**
     - Crack cocaine (pipe with choy)
   - **What we found:**
     - Cocaine (S)
     - Levamisole (A)
     - Caffeine (A)
   - **Legend:**
     - (S) Opioids
     - (B) Beta-blockers
     - (S) Stimulants
     - (A) Other
     - Active Cuts

3. **July 2022 Pawtucket**
   - **Pawtucket**
   - **Sold as (or name of appearance):**
     - Fentanyl (baggie, tan powder)
   - **What we found:**
     - Fentanyl (O)
     - Xylazine (A)
     - Caffeine (A)

---

### 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 is reported to be sold as crystal meth (S). It is unknown if this sample contains 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, seizures, 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 respiratory depression.
- **Hydroxyurea** is an emergency medication sometimes used as a ‘‘soothing slow’’ that can cause sedation.

For more information about all substances found visit PreventOverdoseRI.org/local-drug-supply/
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 in 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 individual or local organizations. Samples are tested using advanced confirmatory toxicology testing (LC-MS/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!

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alexandra_collins1@brown.edu
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The Rhode Island Team

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

www.dea.gov/onepill
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
- Laureen Berkowitz, PA-C
- Mike Warren, CHW, PRS
- Kathryn Basques, MSN, MSW, NP
- Vincent Mariano, MD
- Sarah Meyers, MD
- BHDDH
- RIDOH
- Lifespan Recovery Center

- Wei Sum Li, MD
- Cara Zimmerman, MD, MBA
- Hannan Braun, MD
- 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 →

No → Assess current substance use, date of last opioid use, prior treatment history, & opioid use withdrawal using SOWS

Comprehensive patient history

Assess current substance use, date of last opioid use, prior treatment history, & opioid use withdrawal using SOWS
Has patient previously taken buprenorphine?

Yes

Discuss prior experience & address concerns

No

Determine dose & duration, labs

Patient education: precipitated withdrawal, unobserved initiation

Confirm appointment/Provide referral, send patient instructions

Prescribe buprenorphine & naloxone
Buprenorphine Hotline Report: April 2020 - July 2022

Total Callers: 509

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
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
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.

Contact:
Elizabeth_Samuels@brown.edu
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
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Public Comment
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