Governor Dan McKee's Overdose Task Force
January 11, 2023

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

Thomas Joyce, LCDP, CPRS; Task Force Community Co-Chair

Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

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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 (ACOS)
Treatment	Linda Mahoney (BHDDH)	**Dr. Susan Hart**
Recovery	Candace Rodgers (BHDDH)	**George O'Toole**, East Bay Recovery Center
First Responder	Michelle Calouro (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** 1st Tues., 1 p.m.–2:30 p.m.	Feb 7	**Join Zoom Meeting** https://zoom.us/j/94436323722 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.	Feb 9	**Join Zoom Meeting** https://us06web.zoom.us/j/92263356004 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.	Feb 14	**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.	Feb 7	**Microsoft Teams** Click here to join the meeting
Recovery: Candace.Rodgers@bhddh.ri.gov	**Monthly** 3rd Wed., 10:30 a.m.–Noon	Jan 18	**Microsoft Teams** Click here to join the meeting
First Responder: Michelle.Calouro@health.ri.gov	**Every Other Month** 3rd Thurs., 10 a.m.–11:30 a.m.	Feb 16	**Microsoft Teams** Click here to join the meeting
Racial Equity: Monica.Tavares@health.ri.gov	**Monthly** Last Thurs., 10 a.m.-11-30 a.m.	Jan 26	**Join Zoom Meeting** https://us06web.zoom.us/j/88476577768 Meeting ID: 884 7657 7768 Dial In: 646-558-8656 Passcode: 790836
Substance-Exposed Newborns: Margo.Katz@health.ri.gov Kristy.Whitcomb@health.ri.gov	**Monthly** 2nd Tues., 2 p.m.–3 p.m.	Feb 14	**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** 2nd Tues., 6 p.m.–7:30 p.m.	Feb 14	**Join Zoom Meeting** https://us02web.zoom.us/j/8467337054

Stimulant Dispensing Trends in Rhode Island, 2017-2021

January 11, 2023

Governor's Overdose Task Force

Presentation Overview

- Background on the Rhode Island Prescription Drug Monitoring Program (PDMP)
- Stimulant Prescriptions Dispensed
  - Overall
  - By Payment Method
  - Commonly Dispensed Stimulants
- Patients Dispensed Stimulants: Demographics
- Key Takeaways

Data Set: Rhode Island PDMP

The Rhode Island PDMP contains:

- Data on controlled substances (Schedules II-V) and opioid agonist prescriptions dispensed in Rhode Island or to Rhode Island residents.

Rhode Island PDMP Limitations

- Data prior to April 2016 are incomplete.
- Only data on dispensed drugs are included.
- A patient's race, ethnicity, and adherence data are not collected.

Research Focus

With the increase in stimulant dispensing over the past five years:

- How much is stimulant prescription dispensing increasing?
- What factors contribute to this increase?

Inclusion Criteria

Data were restricted to include:

- **Stimulant prescriptions** dispensed from 2017-2021.
- Prescriptions dispensed only to Rhode Island residents, including prescriptions from out-of-state dispensaries.

Findings

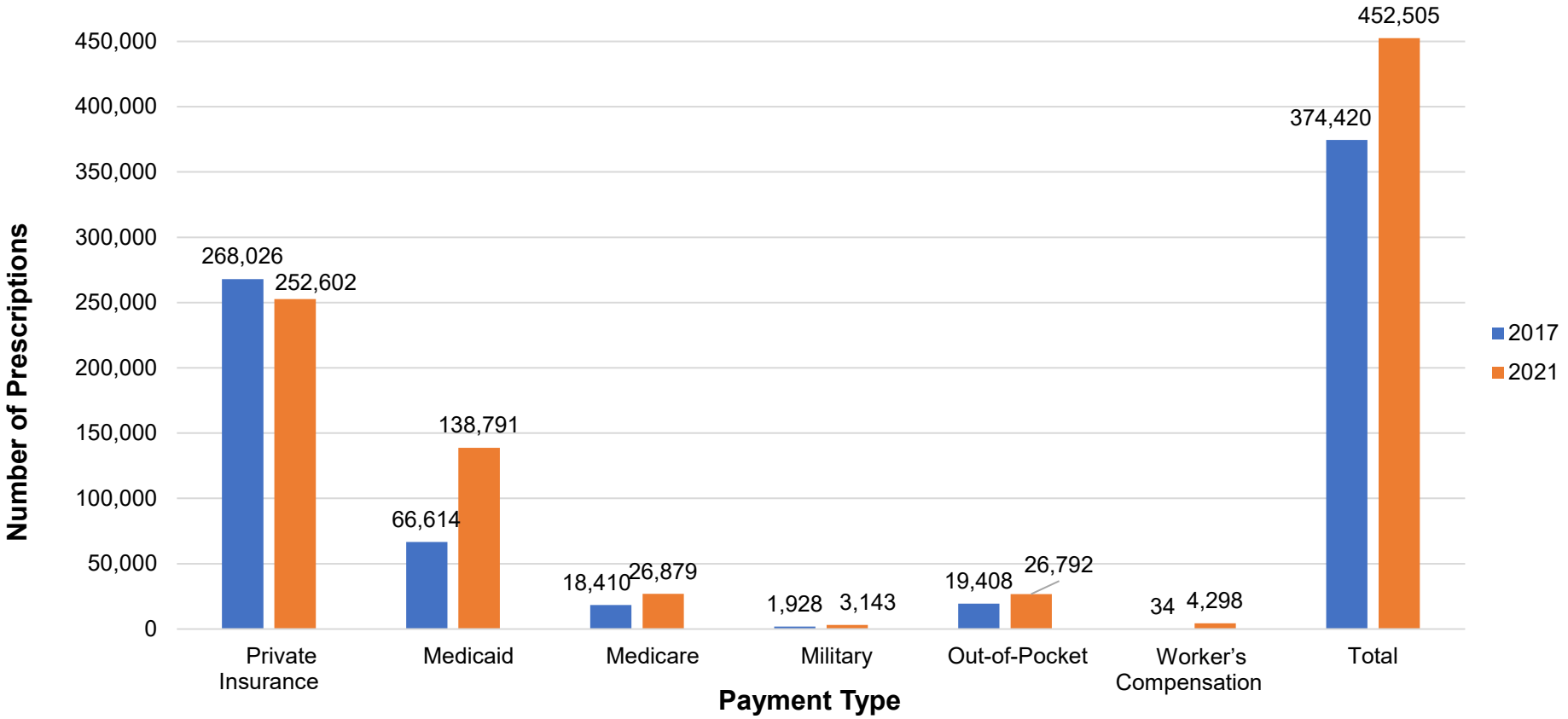
Stimulant Dispensing Trends

Stimulant prescriptions, overall, **increased by 20.8%**.

Stimulant prescriptions covered by Medicaid **increased by 108.4%, from 66,614 in 2017 to 138,791 in 2021**.

Stimulant Prescriptions by Payment Type 2017-2021

Most dispensed stimulant prescriptions were covered by **private insurance**.



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of November 20, 2022

10 Most Dispensed Stimulant Prescriptions

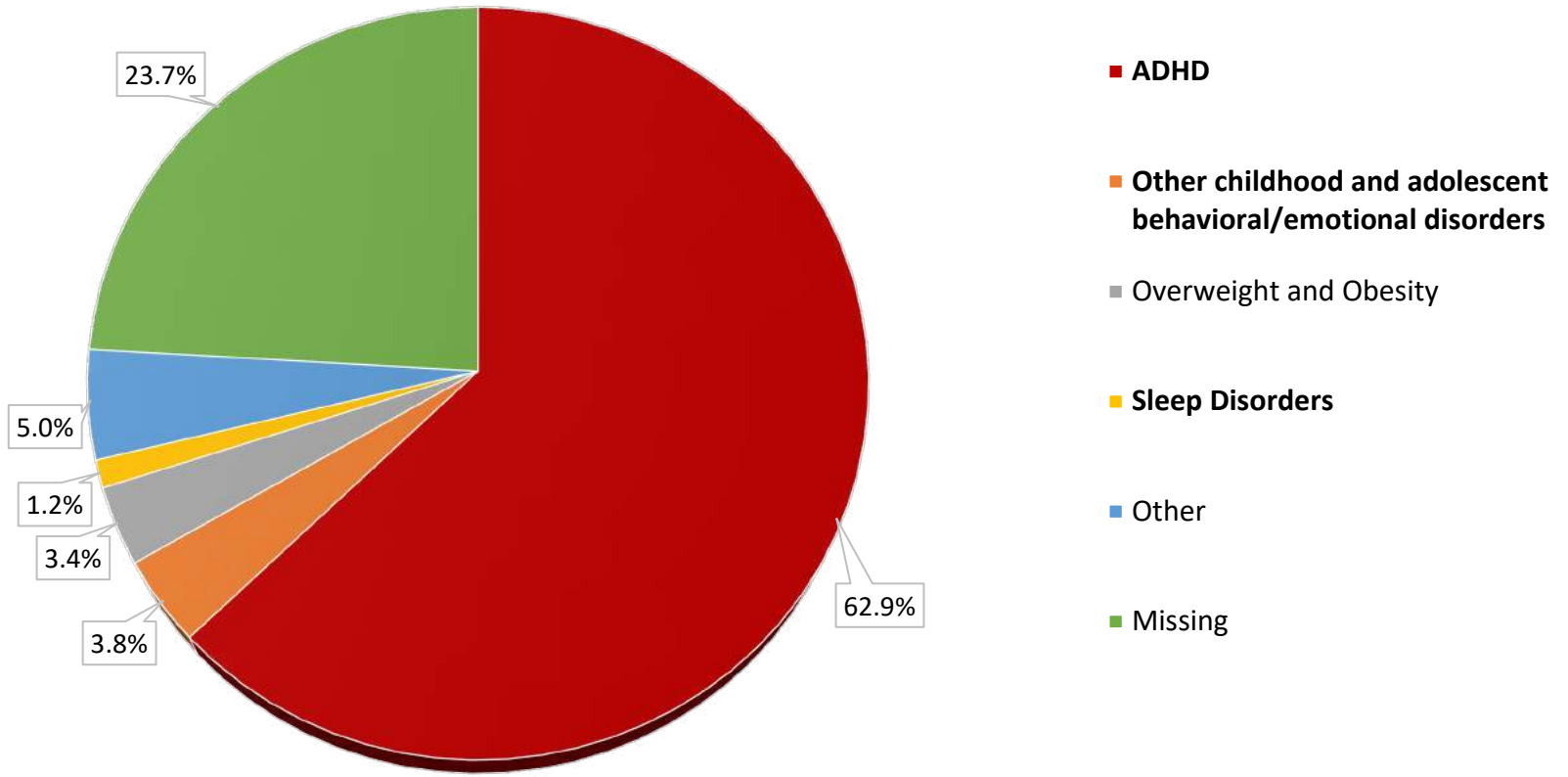
Amphetamine & Combination make up **61%** of all stimulants dispensed to Rhode Island residents.

	Stimulant	n (%)	Drug/Use
1	**Amphetamine & Combination**	**1,410,759 (61.0%)**	Adderall
2	Methylphenidate	402,691 (17.4%)	Ritalin/Concerta
3	Lisdexamfetamine	190,257 (8.2%)	VYVANCE
4	Phentermine & Combination	120,209 (5.2%)	Weight Loss
5	Dexmethylphenidate	78,822 (3.4%)	Focalin - ADHD and Narcolepsy
6	Dextroamphetamine	42,756 (1.8%)	Dexedrine – Cognitive Enhancer
7	Phendimetrazine	31,497 (1.4%)	Weight Loss
8	Modafinil	22,878 (1.0%)	Sleep Apnea
9	Armodafinil	10,663 (0.5%)	Sleep Apnea
10	Solriamfetol	646 (0.03%)	Sleep Apnea

Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of August 20, 2022

Diagnosis Codes for Stimulant Prescriptions 2017-2021

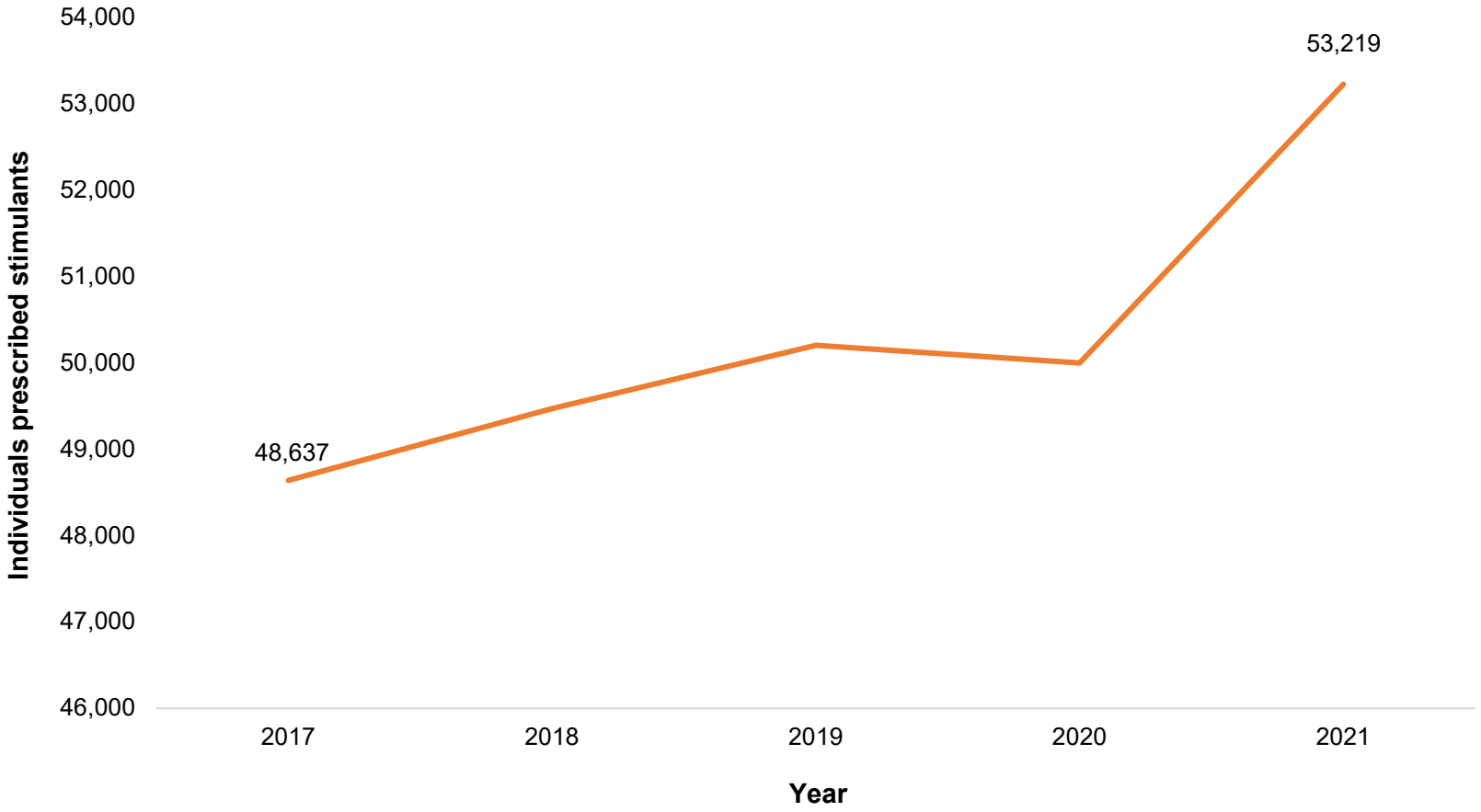
Attention deficit hyperactivity disorder (ADHD) makes up **62.9%** of diagnoses for stimulants dispensed to Rhode Island residents.



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of November 20, 2022

Patients Dispensed Stimulants by Year 2017-2021

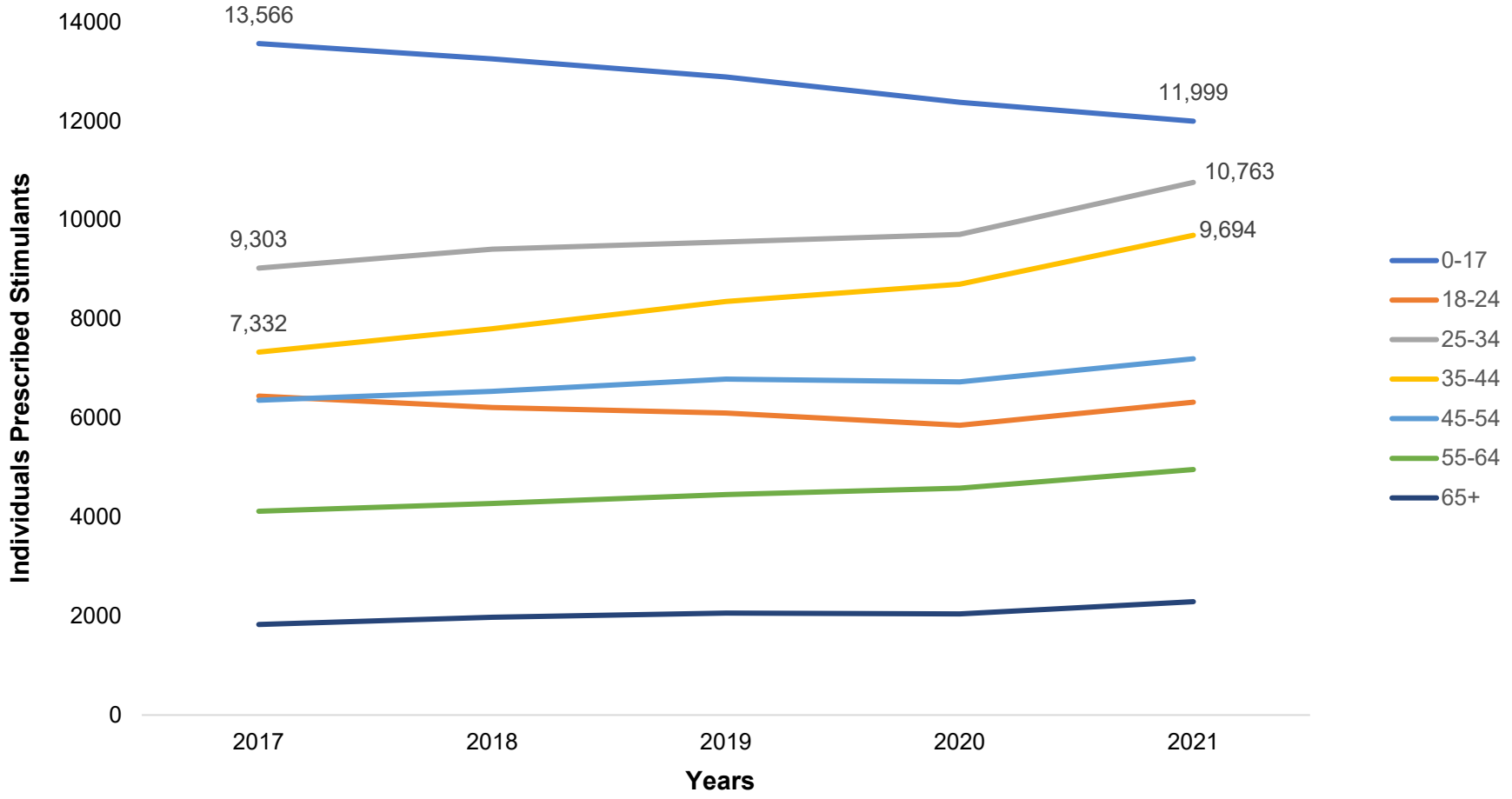
The number of patients dispensed a stimulant prescription increased by **9.4%.**



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of November 20, 2022

Stimulant Users by Age Category 2017-2021

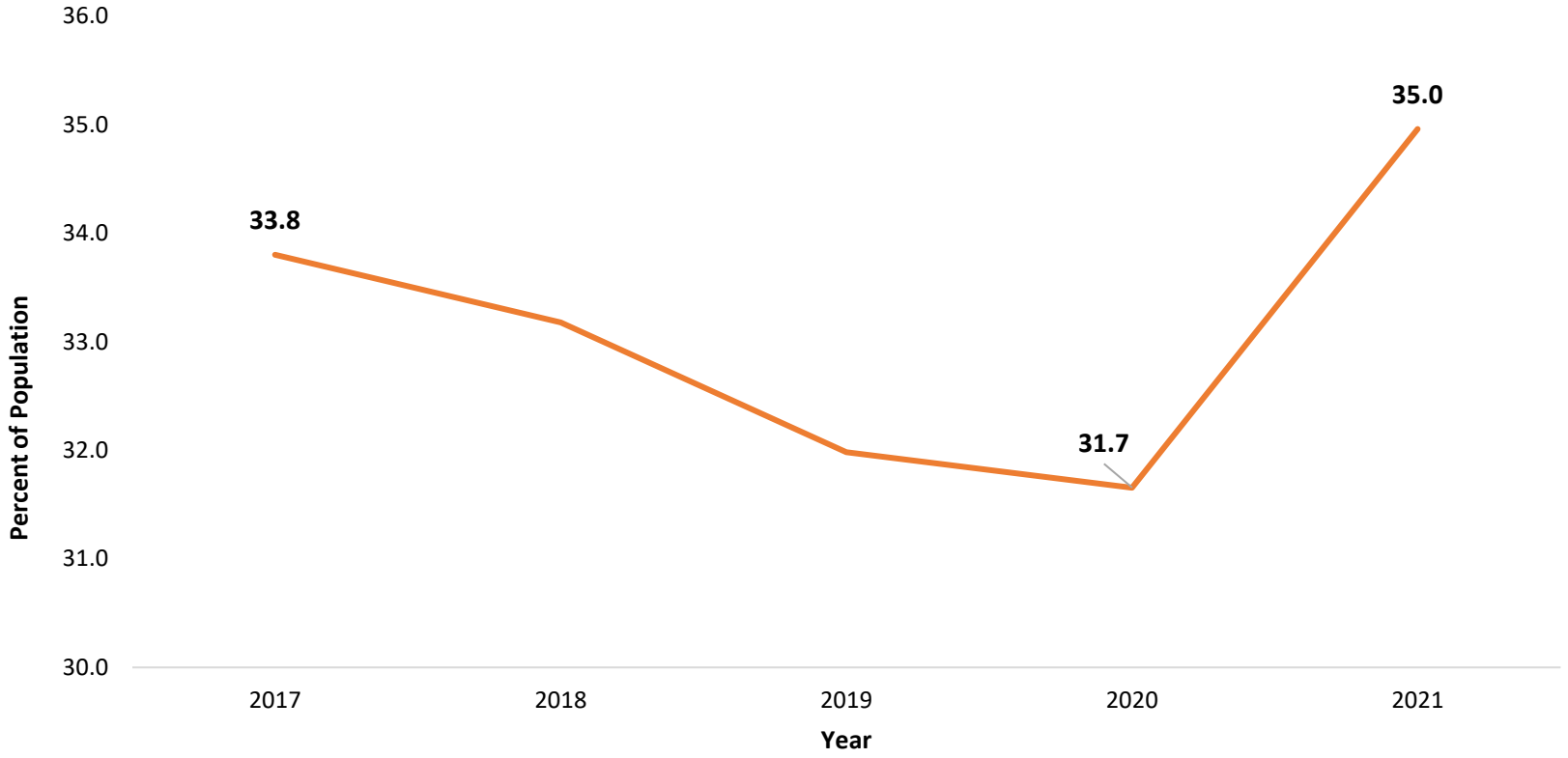
The average age among stimulant users is **32.8 years**.



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of November 20, 2022

Proportion of Rhode Island Population Covered by Medicaid, 2017-2021

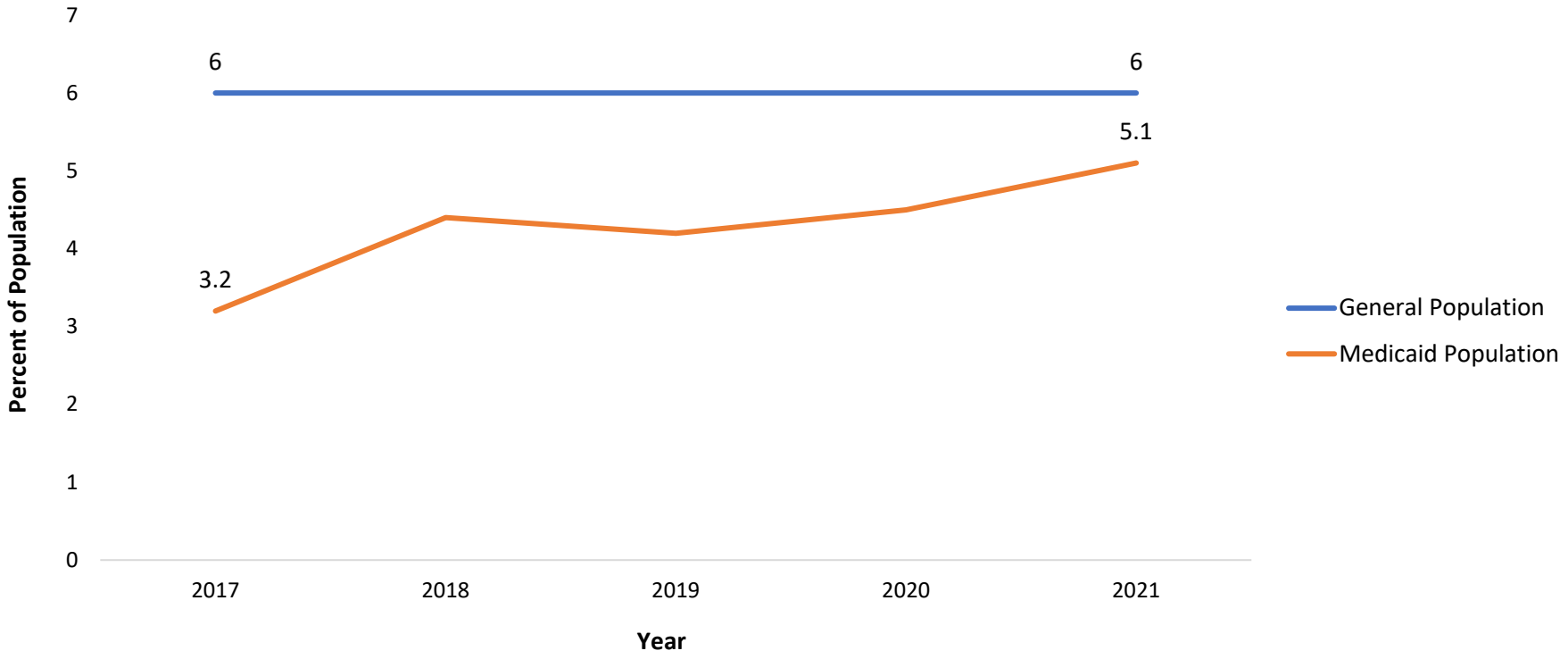
Over this time frame, the percent of the Rhode Island population younger than age 65 and covered by Medicaid **increased from 33.8% to 35.0%**.



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of November 20, 2022

Population Under 65 Years Old Dispensed Stimulants, 2017-2021

The proportion of the Rhode Island Medicaid population dispensed a stimulant prescription **is increasing from 3.2% to 5.1%.** The proportion of Rhode Island general population dispensed a stimulant prescription **is unchanged**.



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of November 20, 2022

Key Takeaways

From 2017 to 2021:

- Total dispensed stimulant prescriptions increased by **20.8%**.
  - **108.4%** for stimulants covered by Medicaid.

- Adderall is the most dispensed stimulant in Rhode Island.

    - ADHD accounted for 63% of diagnoses for stimulant prescriptions.
      - Among those with known diagnoses, ADHD accounts for 79.6% of diagnoses.

Key Takeaways

Stimulant Dispensing Overall

- Individuals dispensed a stimulant prescription increased **9.4%**.
- The proportion of the Rhode Island population younger than age 65 who received stimulant prescriptions **did not change**.

Stimulant Dispensing Covered by Medicaid

- The proportion of the Rhode Island population covered by Medicaid **increased from 33.8% to 35.0%**.
- The proportion of Medicaid recipients receiving stimulant prescriptions **increased from 3.2% to 5.1%**.

Key Takeaways

- The proportion of people dispensed stimulants is **unchanged.**
- The increase in stimulant prescriptions covered by Medicaid is likely indicative of increased eligibility and access.
- Medicaid recipients are less likely to receive stimulant prescriptions compared to the general population.

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Adderall Shortage: Prescriber Perspectives

RHODE ISLAND
DEPARTMENT OF HEALTH

The Governor's Overdose Task Force
January 11, 2023

Philip A. Chan, MD, MS
Consultant Medical Director, Rhode Island Department of Health
Associate Professor, Brown University
Chief Medical Officer, Open Door Health

FDA Announces Shortage of Adderall

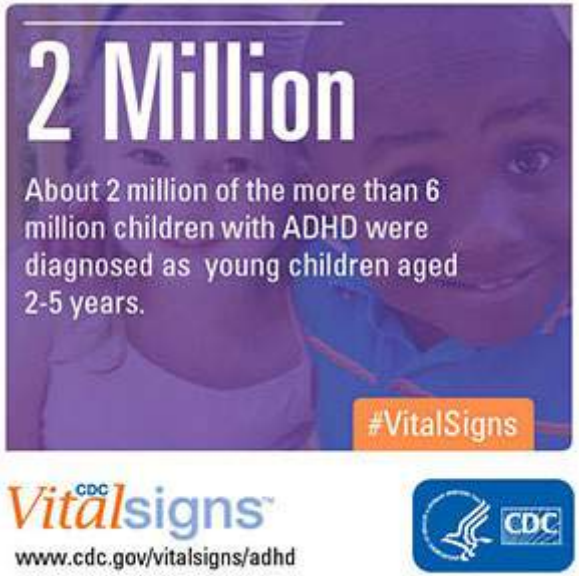
On October 12, 2022, FDA posted a shortage of the immediate release formulation of amphetamine mixed salts, commonly referred to by the brand name Adderall or Adderall IR, on our drug shortage website. FDA is in frequent communication with all manufacturers of amphetamine mixed salts, and one of those companies, Teva, is experiencing ongoing intermittent manufacturing delays. Other manufacturers continue to produce amphetamine mixed salts, but there is not sufficient supply to continue to meet U.S. market demand through those producers.

Amphetamine mixed salts, including Adderall, are FDA-approved for the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy. Until supply is restored, there are alternative therapies including the extended-release version of amphetamine mixed salts available to health care professionals and their patients for amphetamine mixed salts' approved indications. Patients should work with their health care professionals to determine their best treatment option.

What is FDA doing to address the shortage of Adderall?

- FDA has posted information on the shortage, including a list of current manufacturers and product strengths that are still available.
- We will continue to monitor supply and assist manufacturers with anything needed to resolve the shortage and will update our website with new supply information as it becomes available.

Presentation Overview



1. Stimulant medications are first-line pharmacologic treatment for attention deficit disorder (ADHD).
2. Amphetamine (Preferred): dextroamphetamine (Adderall), lisdexamfetamine (Vyvanse)
3. Methylphenidate: Ritalin, Concerta, Focalin, etc.
4. Potential benefit of amphetamines over methylphenidate.
5. Maximum recommended dose is generally 60 mg per day.

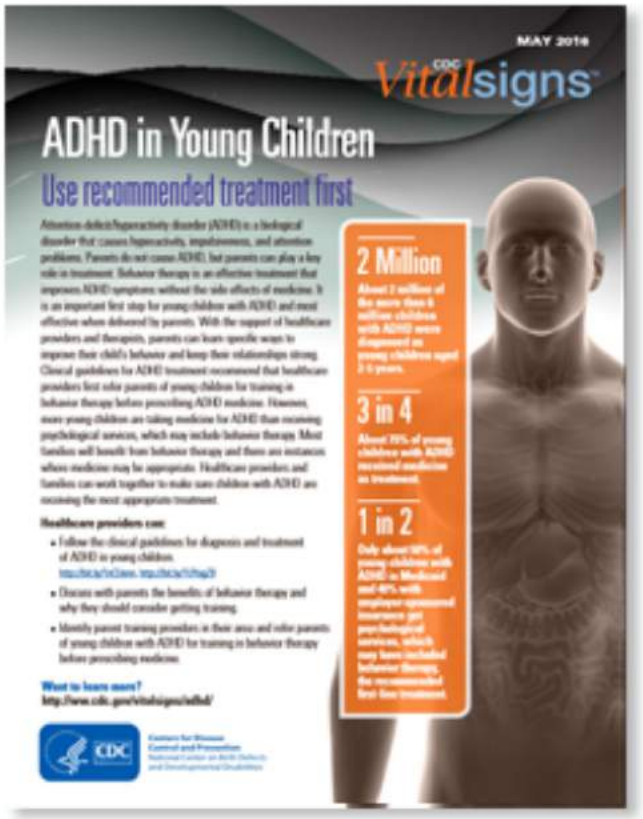
Adverse effects: Dry mouth, insomnia, irritability, weight loss, headaches, euphoria, elevated mood, psychosis, cardiovascular effects, priapism (persistent erection).

Drug Name	Brand Name	Duration
Dextroamphetamine	Dexedrine	4-6 hours
Dextroamphetamine	Zenzedi	3-4 hours
Dextroamphetamine/amphetamine	Adderall	4-6 hours
Dexmethylphenidate	Focalin	4-6 hours
Methylphenidate	Methylin, Ritalin	3-4 hours
Amphetamine sulfate	Dyanavel	8-12 hours
Amphetamine sulfate	Evekeo	6 hours
Dextroamphetamine	Dexedrine Spansule	6-8 hours
Dextroamphetamine/amphetamine	Adderall XR	8-12 hours
Dextroamphetamine/amphetamine	Mydayis	12 hours
Dexmethylphenidate	Focalin XR	6-10 hours
Lisdexamfetamine	Vyvanse	10-12 hours
Lisdexamfetamine	Vyvanse chewable	10-12 hours
Methylphenidate	Aptensio XR	10-12 hours
Methylphenidate	Concerta	8-12 hours
Methylphenidate	Cotempla XR ODT	8-12 hours
Methylphenidate	Daytrana transdermal patch	Up to 10 hours
Methylphenidate	Metadate CD,Ritalin LA	8-10 hours
Methylphenidate	Metadate ER,Methylin ER	6-8 hours
Methylphenidate	Ritalin SR	4-8 hours
Methylphenidate	Quillichew ER	12 hours
Methylphenidate	Quillivant XR	10-12 hours
Serdexmethylphenidate/dexmethylphenidate	Azstarys	24 hours
Atomoxetine	Strattera	24 hours
Clonidine	Catapres	4-6 hours
Clonidine	Catapres-TTS patch	Up to 7 days
Clonidine	Kapvay	12 hours
Guanfacine	Intuniv	24 hours
Guanfacine	Tenex	6-8 hours
Viloxazine	Qelbree	12 Hours

ADHD Treatment

List of Medications

There are multiple short- and longer-acting medications (both stimulants and non-stimulants) that are used to treat ADHD.



Conclusion

1. Shortages of stimulants appear only due to Adderall.
2. Patient may have to call around to different pharmacies.
3. Substitute stimulants can be used.
4. Prior authorization of substitute stimulants are a significant barrier.

Summary: Adderall shortages **are** affecting clinical care in the state (and around the country), and prior authorizations are a significant problem. The situation is requiring flexibility and additional resources for both clinicians and patients which may present barriers for some people.

Contact Information

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Stimulant Drug Shortages and Solutions:

Pharmacist Perspectives

January 11, 2022
Governor's Overdose Task Force

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Kingston, Rhode Island
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The University of Rhode Island Land Acknowledgement

The University of Rhode Island occupies the traditional homelands of the Narragansett Nation. What is now the state of Rhode Island occupies the traditional homelands and waterways of the Narragansett Nation and the Niantic, Wampanoag and Nipmuc Peoples. We honor and respect the enduring and continuing relationship between these nations and this land by teaching and learning more about their histories and present-day communities, and by becoming stewards of the land we too inhabit. In addition, let us acknowledge the violence of conquest, war, land dispossession and of enslavement endured by Black and Indigenous communities in what is now the United States. Their contemporary efforts to endure in the face of colonialism must be acknowledged, respected and supported.

https://web.uri.edu/artsci/diversity/

Overview

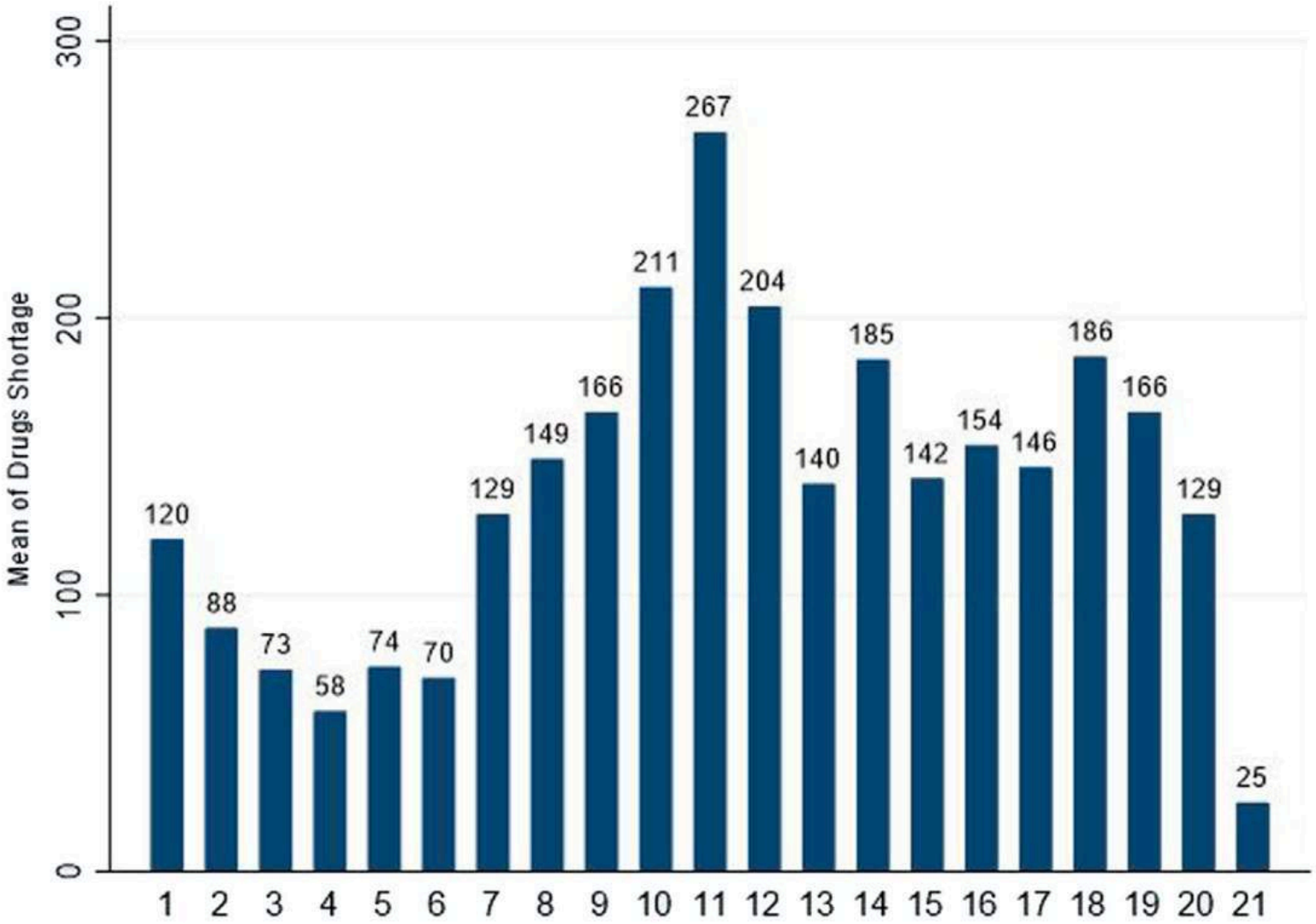
- Landscape of drug shortages
- Causes of drug shortages
- Stimulant withdrawal
- Patient solutions
- Provider solutions

Amid the Adderall Shortage, People With A.D.H.D. Face Withdrawal and Despair

Without medication, patients are wondering what comes next.

Give this article 1.3K

https://www.nytimes.com/2022/11/16/well/mind/adderall-shortage-withdrawal-symptoms-adhd.html



With cold and flu medicine shortages, not enough relief for sick kids — and some adults

Local pharmacies are having trouble keeping children's products like liquid Tylenol and ibuprofen in stock.

By Dana Gerber Globe Staff,
Updated January 5, 2023, 5:49 a.m.

FIGURE 1 | Number of drugs in shortage per year reported by University of Utah Drug Information Services (UUDIS) (American Society of Health System Pharmacists, 2020, June 30).

Shukar S, Zahoor F, Hayat K, et al. Drug Shortage: Causes, Impact, and Mitigation Strategies. *Frontiers in Pharmacology* 2021;12. doi:10.3389/fphar.2021.693426

https://www.bostonglobe.com/2023/01/05/business/with-medicine-shortages-not-enough-relief-sick-kids-some-adults/

Selected Shortages Impacting Public Health

Pre-2022

- Influenza vaccine
- Yellow fever vaccine
- Saline solution

2022

- Intramuscular naloxone (Narcan)
- Specialty infant formula

2022-present

- Amoxicillin (Amoxil)
- Oseltamivir (Tamiflu)
- Liquid OTC pain relievers
  - Ibuprofen (Motrin)
  - Acetaminophen (Tylenol)
- Mixed amphetamine salts (Adderall) Timeline
  - August 2022 – Pharmacists/patients detect
  - October 2022 – FDA notice
  - January-March 2023 – potential recovery?

TEVA (1/9/2023)

Presentation	Availability and Estimated Shortage Duration
12.5 mg 100 count (NDC 0555-0776-02)	Allocation
15 mg 100 count (NDC 0555-0777-02)	Allocation
7.5 mg 100 count (NDC 0555-0775-02)	Limited Supply Available, Recovery expected Jan-23
10 mg 100 count (NDC 0555-0972-02)	Limited Supply Available, Recovery TBD
20 mg 100 count (NDC 0555-0973-02)	Limited Supply Available, Recovery TBD
30 mg 100 count (NDC 0555-0974-02)	Limited Supply Available, Recovery TBD
5 mg 100 count (NDC 0555-0971-02)	Allocation

https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Amphetamine%20Aspartate;%20Amphetamine%20Sulfate;%20Dextroamphetamine%20Saccharate;%20Dextroamphetamine%20Sulfate%20Tablets&st=c

Causes of Drug Shortages

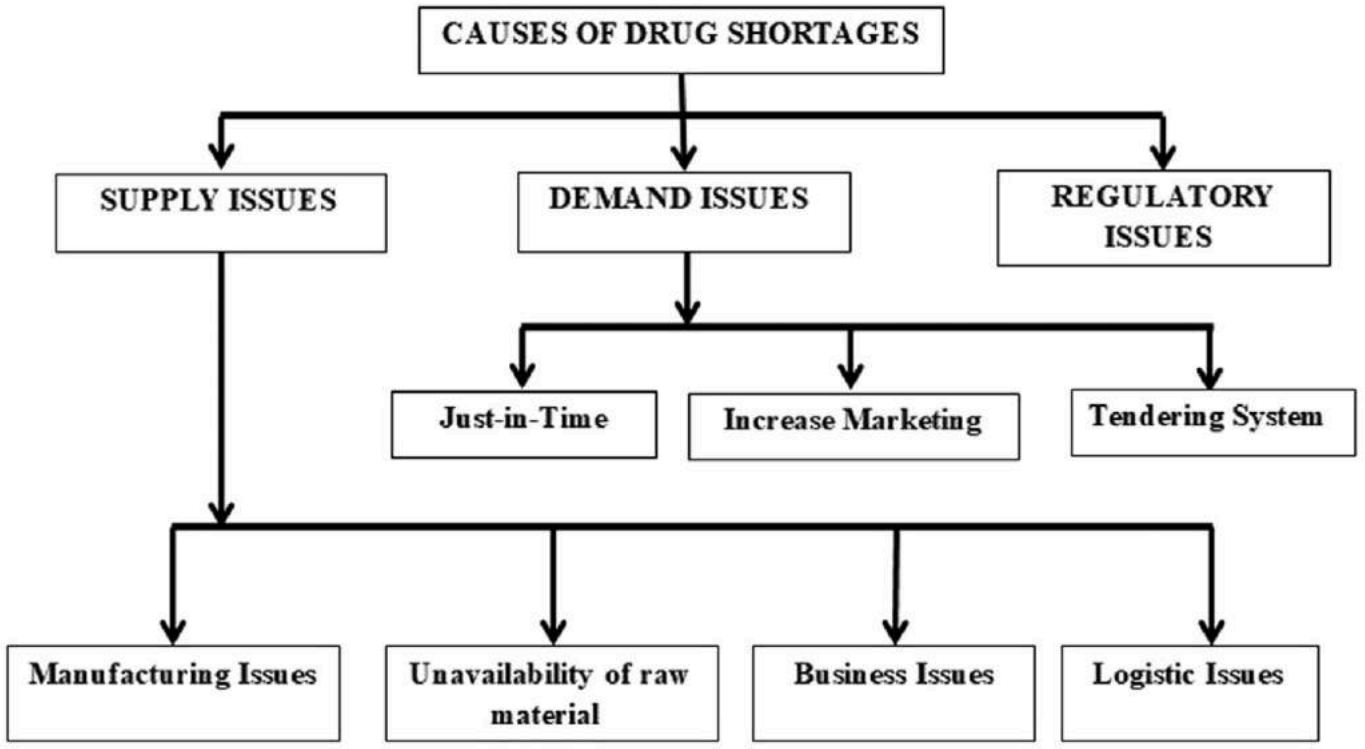


FIGURE 2 | Causes of drug shortages.

Shukar S, Zahoor F, Hayat K, et al. Drug Shortage: Causes, Impact, and Mitigation Strategies. *Frontiers in Pharmacology* 2021;12. doi:10.3389/fphar.2021.693426

Drug Shortage Solution Comparison

Solutions	Amoxicillin liquid Suspension	Mixed amphetamine salt tablets	Limitations
Compounding	Yes	unavailable	Pharmacist time and reimbursement
Increase manufacturing	Yes	No - DEA limits	Few manufacturers Low financial incentive Worker shortage Supply chain
Importation	Not explored	No - DEA limits	International treaties
Alternative therapies	Yes	Yes	Less effective More side effects Less data
Re-evaluate diagnosis	Yes	Yes	Patient resistance Clinician shortage and time limitations
Change regimen	Yes	Yes	Limits on formulations

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The Daily Journal of the United States Government

Notice

Established Aggregate Production Quotas for Schedule I and II Controlled Substances and Assessment of Annual Needs for the List I Chemicals Ephedrine, Pseudoephedrine, and Phenylpropanolamine for 2023

A Notice by the Drug Enforcement Administration on 12/02/2022

Issue (Adderall Shortages): DEA received comments expressing general concerns regarding the ongoing shortages experienced with ADHD drug medications, specifically mentioning the branded drug product Adderall.

DEA Response: DEA is aware of patient reports that pharmacies are unable to fill prescriptions for their prescribed Adderall or one of its generic versions….The majority of the manufacturers contacted by DEA and/or FDA have responded that **they currently have sufficient quota** to meet their contracted production quantities for legitimate patient medical needs.

According to DEA's data, manufacturers have not fully utilized the APQ for amphetamine…for the past three calendar years 2020, 2021 and 2022….**DEA has not implemented an increase to the APQ for amphetamine at this time**. **Should the proposed established amphetamine APQ become inadequate to meet legitimate medical and scientific needs…DEA has the authority and ability to adjust the APQ during the course of the year. 21 CFR 1303.13.**

https://www.govinfo.gov/content/pkg/FR-2022-12-02/pdf/2022-26351.pdf

Stimulant Withdrawal

Symptoms

- Depressed mood
- Fatigue
- Headaches
- Vivid dreams
- Insomnia
- Increased appetite
- GI distress
- Agitation
- Suicidal ideation

More common with:

- Higher doses
- Short-acting formulations
- Longer duration of use

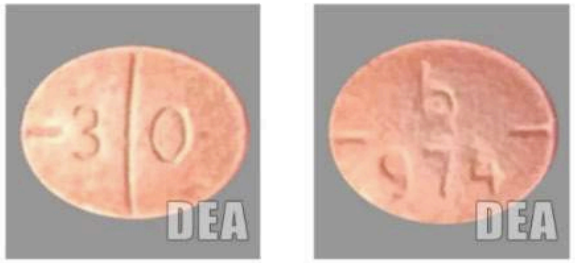
Patient Solutions

- Rationing existing supply
- Driving to distant pharmacies
- Mail order
- Online pharmacies
- Requesting alternative medications
- Non-medication treatments
- Self-tapering
- Medication “holidays” (weekends)
- Seeking nonprescribed supply
  - Family / friends
  - Online / black market
  - Alternative illicit stimulants (methamphetamine)

FDA and DEA Warn Online Pharmacies Illegally Selling Adderall to Consumers

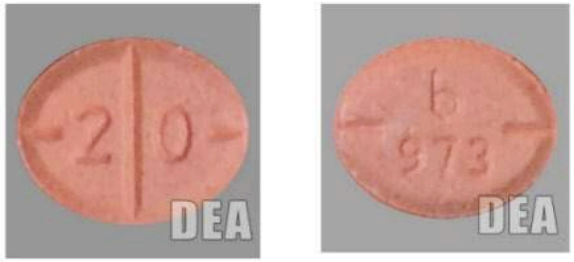
Agency Committed to Using All Available Tools to Stop Online Businesses Illegally Selling Potentially Harmful Drug Products to Consumers

DEA Serves Order to Show Cause on Truepill Pharmacy for its Involvement in the Unlawful Dispensing of Prescription Stimulants



***Counterfeit** Adderall® pills, front and back*

Authentic, or real Adderall® pills, are shown below:



***Authentic** Adderall® pills, front and back*

There has been an increase in recent years of counterfeit tablet seizures by the DEA, including those that look identical to brand or generic Adderall.[3,4] Counterfeit Adderall tablets seized largely contain methamphetamine; however, other counterfeit pills tested in Rhode Island (sold as blue 30 mg oxycodone) have been found to contain fentanyl and potent fentanyl analogues. Other substances that have been found in counterfeit pills in Rhode Island include xylazine (veterinary tranquilizer), cocaine, delta 9-THC, lidocaine, tramadol, and levamisole (veterinary anthelmintic).[5]

SOURCE: 2022 December 1 RIDOH Healthcare Provider Advisory.

Recommendations for Clinicians

- Inform potentially affected patients of the shortage and counsel them to initiate the refill process of ADHD prescriptions as soon as possible.

- Consider proactively changing clinically appropriate patients who require a continued prescription for generic Adderall to other available stimulant medications until the current shortage is resolved.

- Recommend that patients use one pharmacy for filling their controlled and non-controlled prescription medications to facilitate pharmacist-patient conversations about available stimulant formulations, verify insurance coverage, and allow for monitoring for drug interactions.

SOURCE: 2022 December 1 RIDOH Healthcare Provider Advisory.

Recommendations for Clinicians

- Recognize that other stimulant medications or formulations may become out of stock as demand shifts to other products nationwide.
- Prepare for need to rewrite prescriptions due to shortages in supply within the 72-hour window for partially filled prescriptions; consider having an alternative plan in place.
- Avoid stimulant withdrawal for at-risk patients.
- Engage in frank conversations about the risks of sharing medications and the dangers of counterfeit tablets.
- Consider co-prescribing naloxone with referral to harm reduction organizations and/or recovery resources where applicable

SOURCE: 2022 December 1 RIDOH Healthcare Provider Advisory.

Recommendations for Pharmacists

- Patients and caregivers may face difficulties and significant stress as the generic mixed amphetamine salt shortage continues and current medication supplies run short.

- Facilitate conversion (when possible) to alternative formulary stimulant medications and formulations by informing patients and providers of available products in stores and through wholesale distributors as the shortage continues.

SOURCE: 2022 December 1 RIDOH Healthcare Provider Advisory.

Recommendations for Pharmacists

- Recognize that refusal to fill valid, legal prescriptions for stimulant medications may result in withdrawal symptoms, including depression and suicidal ideation, and/or may push people to the unregulated market, which may result in overdose deaths from fentanyl and sedatives in counterfeit tablets.

- Encourage patients and caregivers to have conversations with providers about conversion to alternative products before they are critically low or out of medication.

- Provide education about the risks of counterfeit pills, refer people who may be using unregulated stimulants to harm reduction resources and offer naloxone under the Rhode Island standing order.

SOURCE: 2022 December 1 RIDOH Healthcare Provider Advisory.

The Stimulant Surge:
Addressing Risks and Improving Outcomes

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Overview/context

- Drug poisoning continues to rise in Rhode Island
- Focus has been on individuals with opioid use disorder (OUD)
- Stimulant use has never gone away and is increasing

What (who) is missing from our efforts?

- Stimulant users who do not recognize the risk of accidental poisoning
- People who use substances but do not have opioid use disorder (OUD)/stimulant use disorder (SUD)
- People who ‘borrow’ medications from others
  - Students
  - People without access to medical care
  - In-the-moment need (e.g., “Here, take one of my migraine pills.”)

What can we do?

- Education
  - We don’t have an opioid crisis; we have a drug poisoning crisis that impacts all types of substances and the people who use them
  - Medications cannot be assumed safe unless coming directly from a prescriber and pharmacy
  - People who don’t have stimulant use disorder (SUD) are still at high risk of overdose
- Harm reduction
  - Everyone should have and know how to use naloxone (Narcan)
  - People using any substance should test for fentanyl
  - Don’t use alone
  - Share with people that there are just no such thing as “safe” illicit substances.

Treatment

The best evidence-based practice for addressing stimulant use disorder is *Contingency Management (CM).*

- Reinforcement of healthy choices
- Increases retention in treatment
- Increases negative toxicology screens

✓VICTA is expanding upon the work learned from their participation in the National Institute on Drug Abuse (NIDA) study on targeting stimulant use disorders.

✓Project MIMIC (Maximizing Implementation of Motivational Incentives in Clinics) and Brown University staff will continue to offer fidelity training to new staff at every opioid treatment program (OTP) in the state.

✓Today CM is available to any individual with OUD and/or SUD, including technology-based interventions supporting progress between sessions.

Treatment is available and recovery is a reality! Contact us for more information or to schedule an appointment:

Intake: 401-300-5757

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Public Comment

RHODE ISLAND