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, LCPD, CPRS; Task Force Community Co-Chair
Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services
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)

<table>
<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>
</tr>
<tr>
<td></td>
<td>Elizabeth Farrar (BHDDH)</td>
<td></td>
</tr>
<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 (ACOS)</td>
</tr>
<tr>
<td>Treatment</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Dr. Susan Hart</td>
</tr>
<tr>
<td>Recovery</td>
<td>Candace Rodgers (BHDDH)</td>
<td>George O’Toole, East Bay Recovery Center</td>
</tr>
<tr>
<td>First Responder</td>
<td>Michelle Calouro (RIDOH)</td>
<td>Chief John Silva, North Providence Fire Department</td>
</tr>
<tr>
<td>Racial Equity</td>
<td>Monica Tavares (RIDOH)</td>
<td>Dennis Bailer, Project Weber/RENEW</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alexis Morales, Project Weber/RENEW</td>
</tr>
<tr>
<td>Substance-Exposed Newborns</td>
<td>Margo Katz (RIDOH)</td>
<td>Michelle Sherman, South County Home Health First Connections Program</td>
</tr>
<tr>
<td></td>
<td>Kristy Whitcomb (RIDOH)</td>
<td></td>
</tr>
<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>
## Task Force Work Groups

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

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention:</strong></td>
<td>Monthly</td>
<td>Feb 7</td>
<td>Join Zoom Meeting <a href="https://zoom.us/j/94436323722">https://zoom.us/j/94436323722</a></td>
</tr>
<tr>
<td>Tara <a href="mailto:Cooper@health.ri.gov">Cooper@health.ri.gov</a></td>
<td>1st Tues., 1 p.m.–2:30 p.m.</td>
<td></td>
<td>Meeting ID: 944 3632 3722  Dial In: 646-558-8656  Passcode: PSWG</td>
</tr>
<tr>
<td><a href="mailto:Elizabeth.Farrar@bhddh.ri.gov">Elizabeth.Farrar@bhddh.ri.gov</a></td>
<td></td>
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</tr>
<tr>
<td><strong>Rescue:</strong></td>
<td>Every Other Month</td>
<td>Feb 9</td>
<td>Join Zoom Meeting <a href="https://zoom.us/j/92263356004">https://zoom.us/j/92263356004</a></td>
</tr>
<tr>
<td><a href="mailto:Jennifer.Koziol@health.ri.gov">Jennifer.Koziol@health.ri.gov</a></td>
<td>2nd Thurs., 10 a.m.–11:30 a.m.</td>
<td></td>
<td>Meeting ID: 922 6335 6004  Dial In: 646-558-8656  Passcode: RWG</td>
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<tr>
<td><strong>Harm Reduction:</strong></td>
<td>Monthly</td>
<td>Feb 14</td>
<td>Microsoft Teams <a href="https://us06web.zoom.us/j/92263356004">Click here to join the meeting</a></td>
</tr>
<tr>
<td><a href="mailto:Katharine.Howe@health.ri.gov">Katharine.Howe@health.ri.gov</a></td>
<td>2nd Tues., 1 p.m.–2:30 p.m.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Treatment:</strong></td>
<td>Monthly</td>
<td>Feb 7</td>
<td>Microsoft Teams <a href="https://us06web.zoom.us/j/88476577768">Click here to join the meeting</a></td>
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<tr>
<td><a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a></td>
<td>1st Tues., 10:30 a.m.–11:30 a.m.</td>
<td></td>
<td>Meeting ID: 884 7657 7768  Dial In: 646-558-8656  Passcode: 790836</td>
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<tr>
<td><strong>Recovery:</strong></td>
<td>Monthly</td>
<td>Jan 18</td>
<td>Microsoft Teams <a href="https://us06web.zoom.us/j/88476577768">Click here to join the meeting</a></td>
</tr>
<tr>
<td><a href="mailto:Candace.Rodgers@bhddh.ri.gov">Candace.Rodgers@bhddh.ri.gov</a></td>
<td>3rd Wed., 10:30 a.m.–Noon</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Responder:</strong></td>
<td>Every Other Month</td>
<td>Feb 16</td>
<td>Microsoft Teams <a href="https://us06web.zoom.us/j/88476577768">Click here to join the meeting</a></td>
</tr>
<tr>
<td><a href="mailto:Michelle.Calouro@health.ri.gov">Michelle.Calouro@health.ri.gov</a></td>
<td>3rd Thurs., 10 a.m.–11:30 a.m.</td>
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<tr>
<td><strong>Racial Equity:</strong></td>
<td>Monthly</td>
<td>Jan 26</td>
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</tr>
<tr>
<td><a href="mailto:Monica.Tavares@health.ri.gov">Monica.Tavares@health.ri.gov</a></td>
<td>Last Thurs., 10 a.m.–11:30 a.m.</td>
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<td>Meeting ID: 884 7657 7768  Dial In: 646-558-8656  Passcode: 790836</td>
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<tr>
<td><strong>Substance-Exposed Newborns:</strong></td>
<td>Monthly</td>
<td>Feb 14</td>
<td>Microsoft Teams <a href="https://us06web.zoom.us/j/88476577768">Click here to join the meeting</a></td>
</tr>
<tr>
<td><a href="mailto:Margo.Katz@health.ri.gov">Margo.Katz@health.ri.gov</a></td>
<td>2nd Tues., 2 p.m.–3 p.m.</td>
<td></td>
<td>Meeting ID: 884 7657 7768  Dial In: 646-558-8656  Passcode: 790836</td>
</tr>
<tr>
<td><a href="mailto:Kristy.Whitcomb@health.ri.gov">Kristy.Whitcomb@health.ri.gov</a></td>
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</tr>
<tr>
<td><strong>Family Task Force:</strong></td>
<td>Monthly</td>
<td>Feb 14</td>
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</tr>
<tr>
<td><a href="mailto:Trisha.Suggs@bhddh.ri.gov">Trisha.Suggs@bhddh.ri.gov</a></td>
<td>2nd Tues., 6 p.m.–7:30 p.m.</td>
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</tbody>
</table>
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
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.
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.

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

Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Data updated as of August 20, 2022.
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
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
The average age among stimulant users is **32.8 years**.
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
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.
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.
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.
Taylor Paiva, MPH
Public Health Epidemiologist
Center for Health Data and Analysis
Rhode Island Department of Health
Taylor.Paiva@health.ri.gov
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.

RHODE ISLAND DEPARTMENT OF HEALTH

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Brand Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextroamphetamine</td>
<td>Dexedrine</td>
<td>4-6 hours</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>Zenedi</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>Dextroamphetamine/amphetamine</td>
<td>Adderall</td>
<td>4-6 hours</td>
</tr>
<tr>
<td>Dextroamphetamine/amphetamine</td>
<td>Focalin</td>
<td>4-6 hours</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Methylin, Ritalin</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>Amphetamine sulfate</td>
<td>Dyanavel</td>
<td>8-12 hours</td>
</tr>
<tr>
<td>Amphetamine sulfate</td>
<td>Evekeo</td>
<td>6 hours</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>Dosedrine Spansule</td>
<td>6-8 hours</td>
</tr>
<tr>
<td>Dextroamphetamine/amphetamine</td>
<td>Adderall XR</td>
<td>8-12 hours</td>
</tr>
<tr>
<td>Dextroamphetamine/amphetamine</td>
<td>Mydayis</td>
<td>12 hours</td>
</tr>
<tr>
<td>Dexmethylphenidate</td>
<td>Focalin XR</td>
<td>6-10 hours</td>
</tr>
<tr>
<td>Dexmethylphenidate</td>
<td>Vyvanse</td>
<td>10-12 hours</td>
</tr>
<tr>
<td>Lisdexamfetamine</td>
<td>Vyvanse chewable</td>
<td>10-12 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Aptensio XR</td>
<td>10-12 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Concerta</td>
<td>8-12 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Cotempra XR ODT</td>
<td>8-12 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Daytrana transdermal patch</td>
<td>Up to 10 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Metadata CD, Ritalin LA</td>
<td>8-10 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Metadata ER, Methylin ER</td>
<td>6-8 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Ritalin SR</td>
<td>4-8 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Quillichew ER</td>
<td>12 hours</td>
</tr>
<tr>
<td>Methylenphidate</td>
<td>Quillinant XR</td>
<td>10-12 hours</td>
</tr>
<tr>
<td>Serdexmethylphenidate/dexmethylphenidate</td>
<td>Azstarys</td>
<td>24 hours</td>
</tr>
<tr>
<td>Atomoxetine</td>
<td>Strattera</td>
<td>24 hours</td>
</tr>
<tr>
<td>Clonidine</td>
<td>Catapres</td>
<td>4-6 hours</td>
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<tr>
<td>Clonidine</td>
<td>Catapres-TTS patch</td>
<td>Up to 7 days</td>
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<tr>
<td>Clonidine</td>
<td>Kapvay</td>
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<tr>
<td>Guanfacine</td>
<td>Intuniv</td>
<td>24 hours</td>
</tr>
<tr>
<td>Guanfacine</td>
<td>Tenex</td>
<td>6-8 hours</td>
</tr>
<tr>
<td>Viloxazine</td>
<td>Qelbree</td>
<td>12 hours</td>
</tr>
</tbody>
</table>
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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Chief Medical Officer, Open Door Health
Associate Professor of Medicine, Brown University
Philip.Chan@health.ri.gov
Stimulant Drug Shortages and Solutions: Pharmacist Perspectives

January 11, 2022
Governor’s Overdose Task Force

Jeffrey Bratberg, PharmD, FAPhA
Clinical Professor of Pharmacy Practice
University of Rhode Island College of Pharmacy
Kingston, Rhode Island
jefbratberg@uri.edu @jefbratberg
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

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).


## 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)

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

Causes of Drug Shortages

## Drug Shortage Solution Comparison

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

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)
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

Lisa Peterson, LMHC/LCDP/LCDS/MAC
Chief Operating Officer
VICTA
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.
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

**Lisa Peterson:** 401-432-6029; lpetersen@victalife.com

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Public Comment