OPIOID OVERDOSE PREVENTION and RESCUE PROJECT

The Rhode Island Story

Sharon Morello

The Providence Center is at the forefront of innovative approaches to behavioral health care designed to meet the changing needs of the more than 13,000 Rhode Islanders it serves each year.

Since The Providence Center opened its doors in 1969, it has been a community resource, providing people from all walks of life with mental health and substance use services in their homes, schools and neighborhoods.
In December 2014, The Providence Center became an affiliate of the Care New England Health System.

Accidental Drug Overdose Deaths in RI

Drug overdose deaths types by year
Sources of abused prescription opioids

Drug Overdose and Prevention Team-2012

Drug Overdose Prevention and Rescue

Goal: Prevent death from unintentional drug overdose in Rhode Island-2013

Recommendation 1: Establish state-wide overdose surveillance data mechanisms

Recommendation 2: Increase usage and effectiveness of Prescription Monitoring Program

Recommendation 3: Increase access to Naloxone training and distribution programs

Recommendation 4: Increase Licensed Healthcare Worker and Institutional Responsibility

Recommendation 5: Implement and expand disposal units throughout the state
Drug Overdose Prevention and Rescue

Goal: Prevent death from unintentional drug overdose in Rhode Island - 2013

- Recommendation 1: Support Prevention Policies that Work
- Recommendation 2: Increase general public awareness of Drug Overdoses as a preventable public health problem
- Recommendation 3: Support and affirm people at risk for drug overdose
- Recommendation 4: Increase Access to Substance Abuse Treatment

Collaborative Agreement in 2013

- Approved by Board of Pharmacy
- One Physician and Walgreens Pharmacy
- How’s it work?

Unintentional drug poisoning deaths
Rhode Island 2009-2014

Source: RI Division of Health Medical Examiner
Statewide Training Offered for State & Local Police

- State Police 24 to be licensed (2022)
- 15 municipal police departments trained (2014-present)
- Rhode Island (2014)
- Airport Police & Rescue Team

Licensing and Regulatory Mandates

- All staff in licensed programs will be trained in OD prevention
- All staff trained in Naloxone administration and rescue breathing
- All clients with risk for opioid overdose will be offered education and ability to obtain Narcan kit
- All residential clients will have a kit in hand at discharge

The Providence Center Initiatives

Train the trainer - 30 Supervisors trained
Curriculum:
- Opioid Neurobiology
- Recognizing opioid risk factors
- Recognizing signs and symptoms of opioid overdose
- Understanding difference between short and long acting opioids
- Video on preparing injectable and intranasal naloxone
- Steps in overdose response
- Update on Good Samaritan Law
All Staff Training

Clinical staff: 2 hour classroom training, videos & pre test
Admin staff: on-line materials & videos

725 staff
500 clients

Collaborative Agreement for Residential
- Education within 24 hours of admission
- Education form and ROI sent to Pharmacy
- Pharmacy sends filled kit back to program
- Clients takes kit if on pass
- Client takes kit at discharge
RI Trainings For Active Drug Users, Family, Friends

- Long-standing program
- Located in urban setting, grassroots effort
- Distributions lowest cost formulation, for free, to highest risk individuals
- Trains in prison/jail, outreach, & other places as needed
- Partners with recovery centers, hospital
- Limitations
  - Volunteer-based, geographic reach, limited use by non-PDx/involved users
  - Operated as pilot study under IRB
- Sensitive to cost of naloxone

Certified Recovery Coaches counsel nonfatal overdose survivors at bedside, teach in Nalox, connect to treatment/recovery supports post discharge

Pharmacists provide naloxone upon request, initiate prescription

Training results: Prescribers, Pharmacists

- RI: 363 pharmacists trained, 96% retail pharmacy
- Prescribe to Prevent: 620 pharmacists trained
- 1,263 Prescribers trained, 81% MDs

Prescribers, post-training

Pharmacists

- "Pain reaction to information provided to them...defensive"
- "Patients being afraid to discuss this"
- "Corporate policies""Finding an MD or practitioner who prescribed the Nalox in a timely manner"
- "Cost/Billing/Insurance"
- "Logistics of clinic with too short time to discuss and train on naloxone"
- "Staff acceptance"

Prescribers

- "Patient's unwillingness to listen, adherence, education"
- "Knowledge among caregivers"
- "Stigma"
- "It's a new concept so just making people understand it's ok to prescribe naloxone and it DOESNT mean you are assuming your patient is going to overdose."
- "Co-pay responsibilities and insurance"
- "Training is helpful"
- "Logistics of clinic with too short time to discuss and train on naloxone"
- "Staff acceptance"

Training + Awareness: Pharmacy Based Naloxone
Accidental Drug Overdose in RI July 2015 - Feb 2015

Training results: Law Enforcement

- Pre-post evaluation N=316
- 38% of all law enforcement trained by NOPE-RI
- In RI, training & equipping local police may have largest impact

<table>
<thead>
<tr>
<th># of overdoses responded to in past 3 months</th>
<th>All Police</th>
<th>Rhode Island State Police</th>
<th>Capital/Sheriff's Office</th>
<th>Municipal Police</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>160 (51.5%)</td>
<td>32 (85.5%)</td>
<td>65 (77.4%)</td>
<td>63 (33.9%)</td>
</tr>
<tr>
<td>1-5</td>
<td>386 (12.9%)</td>
<td>4 (10.8%)</td>
<td>18 (21.4%)</td>
<td>10 (9.8%)</td>
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<tr>
<td>6-10</td>
<td>77 (2.4%)</td>
<td>0 (0%)</td>
<td>8 (9.4%)</td>
<td>29 (14.4%)</td>
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<tr>
<td>&gt;10</td>
<td>11 (1.8%)</td>
<td>1 (2.7%)</td>
<td>0 (0%)</td>
<td>7 (5.8%)</td>
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<tr>
<td>Don't know</td>
<td>3 (0.6%)</td>
<td>0 (0%)</td>
<td>1 (1.2%)</td>
<td>2 (1.3%)</td>
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Recovery Coach Emergency Department Program

By connecting overdose survivors with specially trained Peer Recovery Specialists, individuals can be connected with treatment, support, and recovery services at a time when they are particularly receptive to that message. Prior to the advent of the program, without CBO funding, there was no formal protocol for making these connections.

The connection initiated in the ED is further complemented by extensive post-ED follow-up by Peer Recovery Specialists. This post-ED follow-up can help individuals navigate the early stages of seeking assistance, decrease emergency department visits and begin a successful path toward recovery.

### Post ED Recovery/Treatment Engagement (9 Hospitals)

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<th>Recovery Support Services/Treatment</th>
<th>55</th>
<th>87%</th>
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<tbody>
<tr>
<td>Admitted to Hospital</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>Refused Services/Treatment After Discharge</td>
<td>7</td>
<td>11%</td>
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<tr>
<td>Unknown</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>65</td>
<td>100%</td>
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Of the 65 survivors seen by recovery coaches, 55 survived, or 87%, have engaged in recovery supports after discharge from Emergency Department. The majority of the survivors have been followed by the angular Recovery Community Center through multiple recovery supports.

For example, through recovery coaching, telephone recovery support, treatment referral, and recovery housing.

Only 7 survivors have declined recovery support services.