



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Rebecca Boss, Deputy Director



NASADAD Annual Meeting, June 3, 2015

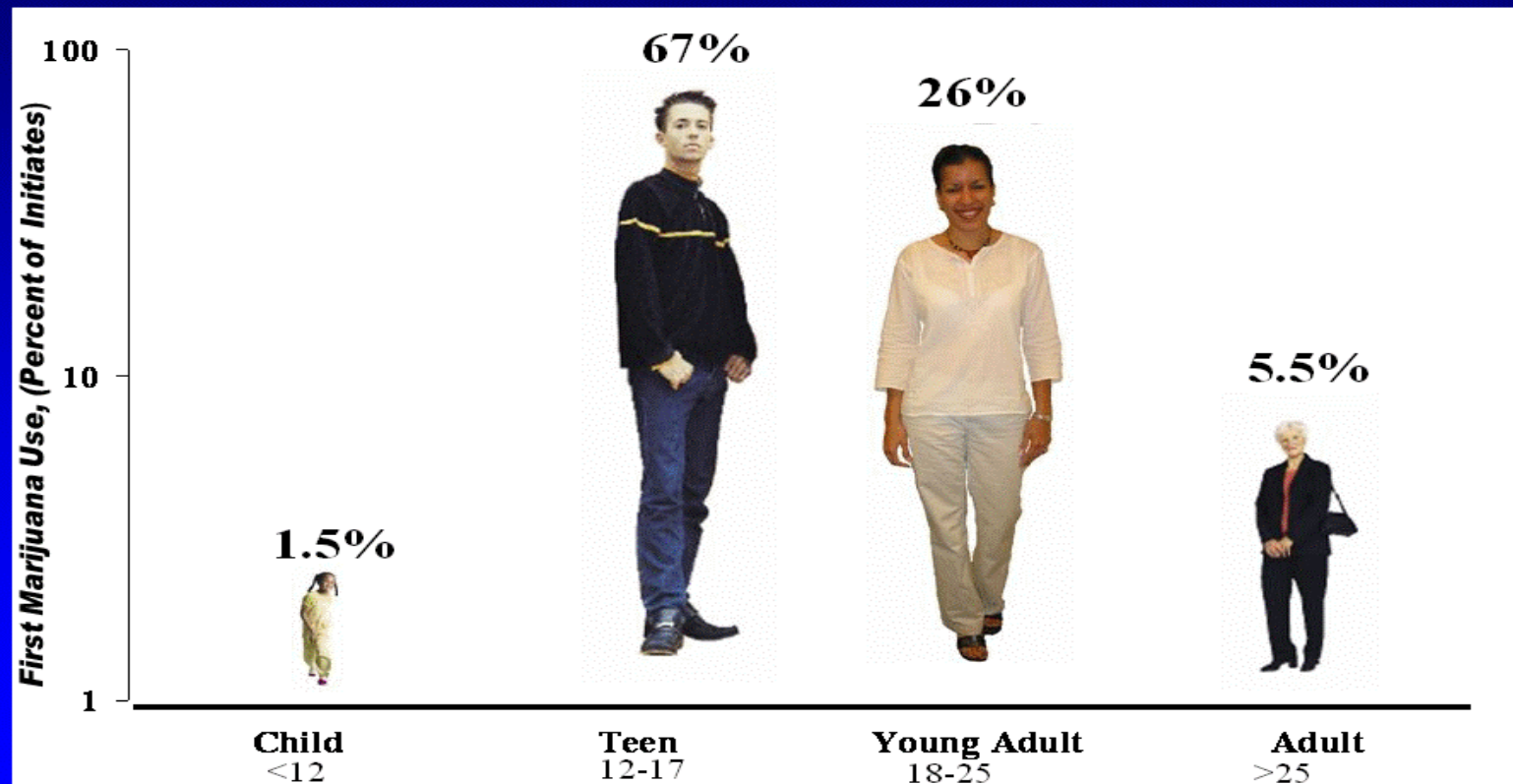
Addressing the Heroin and Prescription Drug Epidemics

Opioid Abuse Among Population Groups

“Addiction is a Pediatric Disease”

Dr. James Mc Donald-RI Department of Health

Addiction is a Developmental Disease: It Starts Early



	HISPANIC/ LATINO	BLACK/AFRICAN AMERICAN	NATIVE AMERICAN	ASIAN & PACIFIC ISLANDER	WHITE	STATE
Percent of youth who ever took prescription drugs without having a prescription for the drug	13.0	11.9	20.4	9.9	15.8	15.0

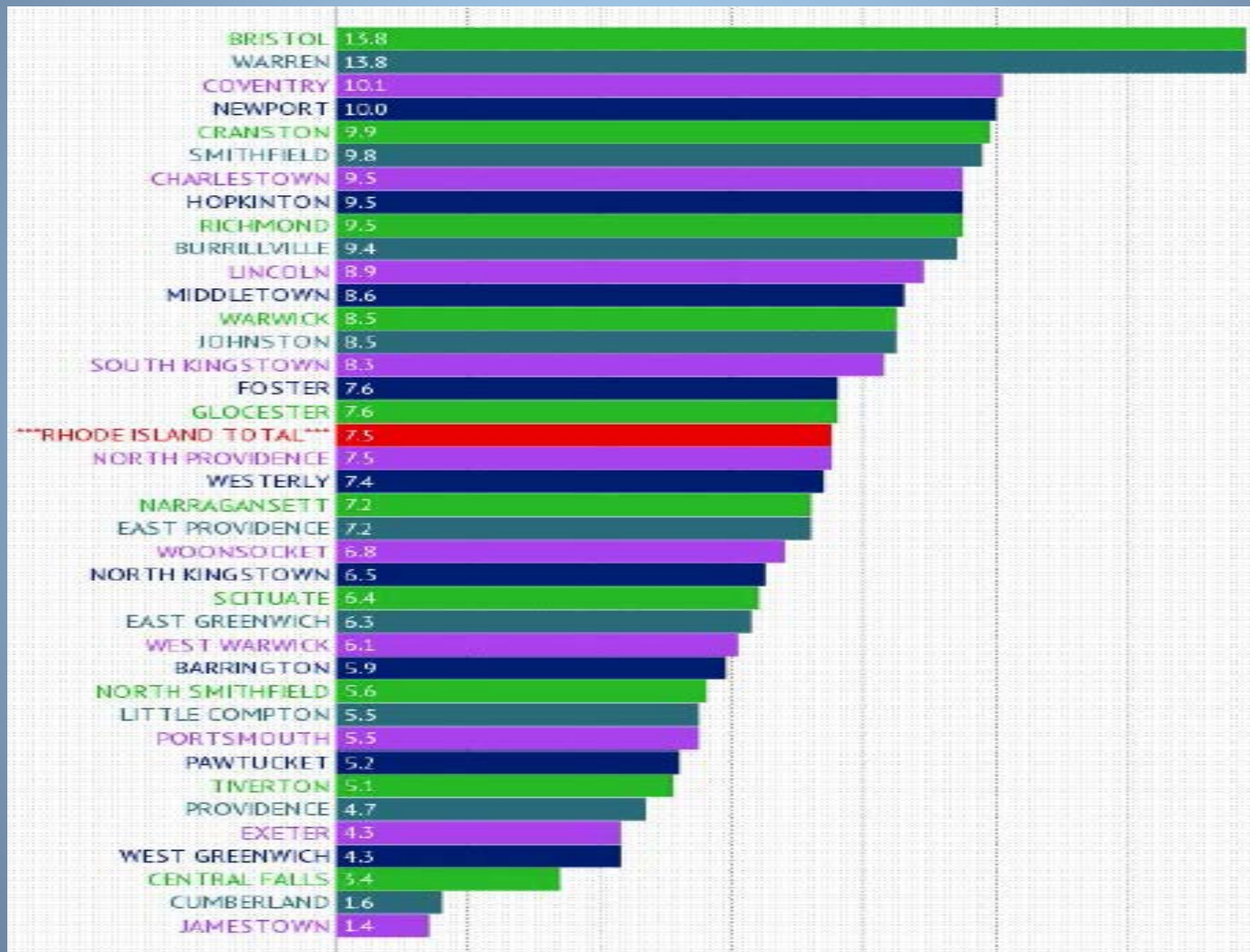
YOUTH BEHAVIORAL RISK FACTOR INDICATORS (YOUTH IN GRADES 9-12)

Sources: Rhode Island Department of Health, Youth Risk Behavior Survey, 2009, 2011 and 2013

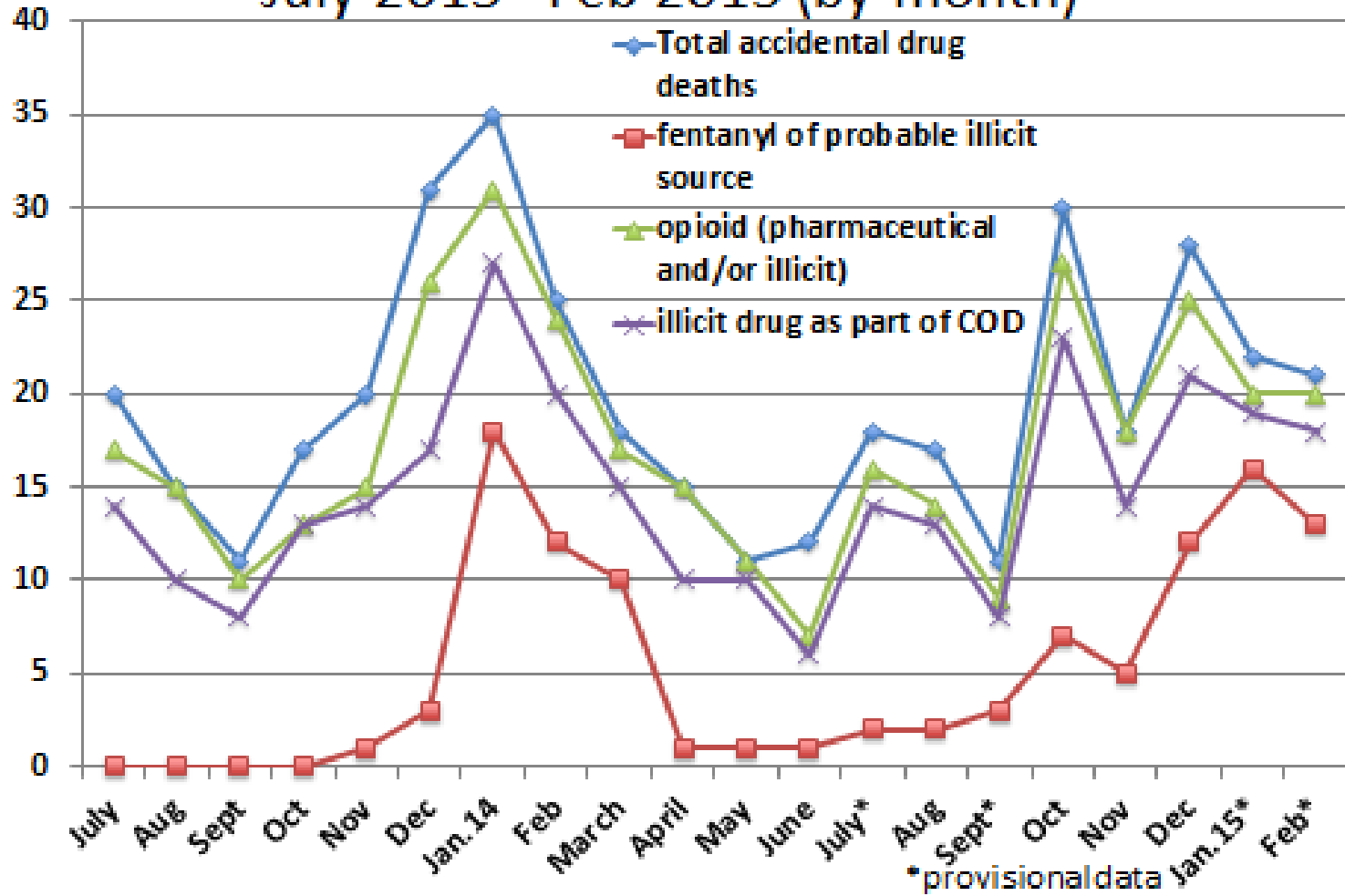
Figure 5: RHODE ISLAND EMERGENCY DEPARTMENT VISITS WITH A PRIMARY DIAGNOSIS OF OPIOID OVERDOSE

Year	Age Group														Total
	0-19	% Change	20-24	% Change	25-34	% Change	35-44	% Change	45-54	% Change	55-64	% Change	65+	% Change	
2008	26	0%	89	56%	187	2%	162	12%	118	18%	41	24%	8	-	632
2009	35	35%	99	11%	167	11%	136	16%	112	-5%	52	27%	7	-	608
2010	24	31%	94	-5%	207	24%	149	10%	123	10%	43	17%	4	43%	644
2011	30	25%	131	39%	268	29%	185	24%	134	9%	45	5%	14	250%	808
2012	20	33%	175	34%	346	29%	228	23%	139	4%	72	60%	14	0%	995
2013	36	80%	231	32%	433	25%	254	11%	174	25%	80	11%	20	43%	1230
Total	250		1001		2100		1584		1091		419		88		6533

“Have you used prescription drugs without a doctor’s prescription in the past thirty days?”



Accidental Drug Deaths in Rhode Island July 2013 - Feb 2015 (by month)



Deaths due to Opioid Overdoses in Rhode Island

FY2009	138	1 ST Quarter "09"	33
FY2010	151	1 ST Quarter "10"	43
FY2011	173	1 ST Quarter "11"	52
FY2012	182	1 ST Quarter "12"	58
FY2013	232	1 ST Quarter "13"	73
FY2014	239	1 ST Quarter "14"	93
FY2015	76	April 20 th "15"	76

**A Work in Progress:
A Three Pronged Approach**

Opioid Safety Efforts and Prevention

Strengths

- PDMP unsolicited reporting
- Sample pain management agreements, assessments, 'How to use PDMP' on HEALTH website
- CMEs (public health grand rounds, Brown CMEs)
- Medication Drop Boxes installed statewide
- Physician Consult hotline (on HEALTH, BHDDH websites)
- Anchor Dry Dock-"Homecoming"
- State Interdepartmental collaboration

Challenges

- Interstate Data (though MOU signed for sharing with 13 other states)
- Only 44 % of individuals who can prescribe are registered (new regulations should change that)
- Lack of attendance
- Need to train Nurse Managers and other Practitioners
- More Funding
- New Leadership

Public Awareness Campaigns

- Prevent Overdose
- Safe medication use
- Stigma reduction
- PDMP

Addiction is a disease.

Treatment is available.

Recovery is possible.

Recover.ri.gov

If you let her
“sleep it off,”
she may never wake up.



Drug overdose is the #1 cause of
accidental death for adults in Rhode Island.

Learn how to spot an overdose and what to do.



**POISON
Help**
1-800-222-1222

www.ri.poisoncenter.com

Intervention


AnchorED- Emergency Room

- Recovery Coaches trained to respond to overdose survivors in Hospital Emergency Departments
- Training includes: healthcare literacy, navigating hospitals, OD and naloxone administration, medication assisted treatment
- On-call to respond to overdose Friday evening until Monday morning (times driven by data)
- Hospitals call one number
- Provide support, offer resources/referrals to patient and family
- Provide follow up recovery coaching with survivors
- Supervision of recovery coaches essential component

Strengths

- 173 patients served, **85%** connected to resources
- Strong collaboration with hospitals- EMR signal
- Cross training of peers
- Culture change with in the ED re: stigma
- 20 minute response time

Challenges

- Peers with criminal backgrounds
- Not all hospitals enrolled
- Only two hospitals with EMR signal
- Cost of Narcan  133%
- MAT service availability on weekends.

2014-2015 AnchorED Data

Age Range of Survivors 15 to 77.

The highest rate of incidences between the ages of **21-28**.

Gender		
Male	118	68%
Female	55	32%

Race	
White	125
Latino/Hispanic	24
African-American	5
Pacific Islander	4
unknown	15
TOTAL	173

Participation in Treatment (12 Months Prior to Overdose Incident(s))		
In some form of Treatment	50	29%
Not In Treatment	119	69%
unknown	4	2%
TOTAL	173	100%

Essential Tools for Opioid Overdose Response Access to Naloxone

- Naloxone and Good Samaritan Laws passed in 2012,
- **Collaborative Practice Agreement**
- **Narcan kits purchased by State and distributed to licensed inpatient detoxification programs and residential treatment programs for distribution to clients at discharge**
- Regulations promulgated requiring education on overdose and naloxone to all staff at BH programs and clients at risk
- **Narcan kits provided to RI prison system for distribution to inmates being released**
- State police, local police and EMS equipped with narcan
- Narcan covered by Medicaid
- **Peers sent to fentanyl “hotspots”**
- Narcan kits in recovery houses

Treatment


- Opioid Treatment Programs-OTP Health Homes
- Need to focus on treatment access not just naloxone
- Address stigma associated with Medication Assisted Treatment
- OTP physicians required to consult PDMP at admission and at least annually
- Physician's Consult Program

Browser: <http://www.health.ri.gov/> | BHHDDH INTRANET | Home: Department of He... x

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Suggested Sites: BHHDDH INTRANET (2) BHHDDH INTRANET (3) BHHDDH INTRANET Web Slice Gallery

Home Health & Wellness Food, Water & Environment Birth, Death & Marriage Records Licensing



Join a Board

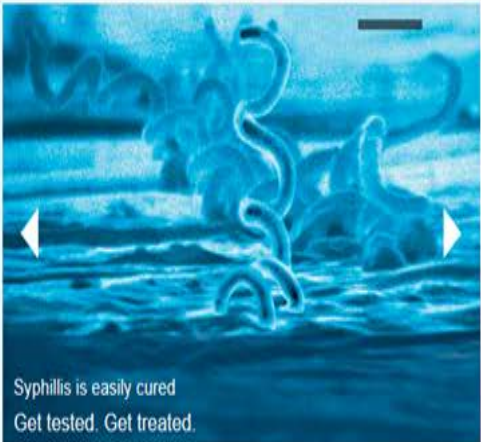
For general Ebola questions call the HEALTH Information Line at 401-222-8022 / RI Relay 711.
 Healthcare providers: for clinical Ebola questions call 401-222-2577 or 401-272-5952

Press Releases

10/21/2014 19:00 EDT
 Department of Health Promulgates New CDC Guidance on Personal Protective Equipment

10/15/2014 15:00 EDT
 HEALTH Announces Updated Drug Overdose Numbers




[More +](#)




Syphilis is easily cured
 Get tested. Get treated.

● ● ● ● ●

We can help you. . .

-  Be more healthy
-  Live in a healthy place
-  Get vital records



I'm a Physician, Physician Assistant or APRN and I Want to Refer for Substance Abuse Treatment and Recovery

Announcements

10/14/2014 14:19 EDT
 National Primary Care Week and Corps Community Day

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Strategic Development

History of Planning

- 2002- CDC Injury and Prevention Grant
- 2005 University Collaboration Grant
- 2011 Strategic Plan for State goal to prevent death and injuries from unintentional drug overdose
- 2012 Drug Overdose Prevention and Rescue Coalition
- 2014 SAMSHA Policy Academy
- 2014 Governor's Task force on Overdose

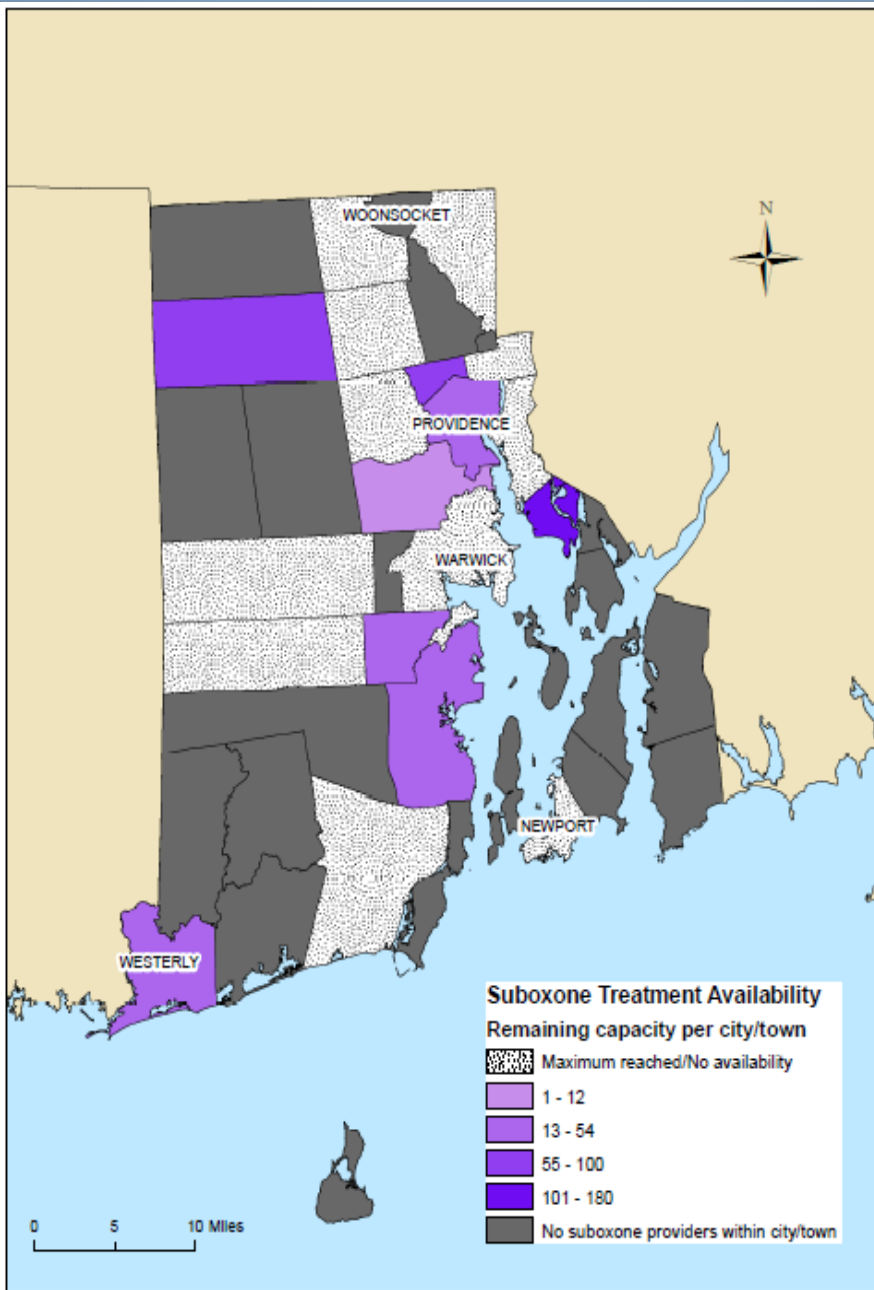
RI State Plan 2011-2016

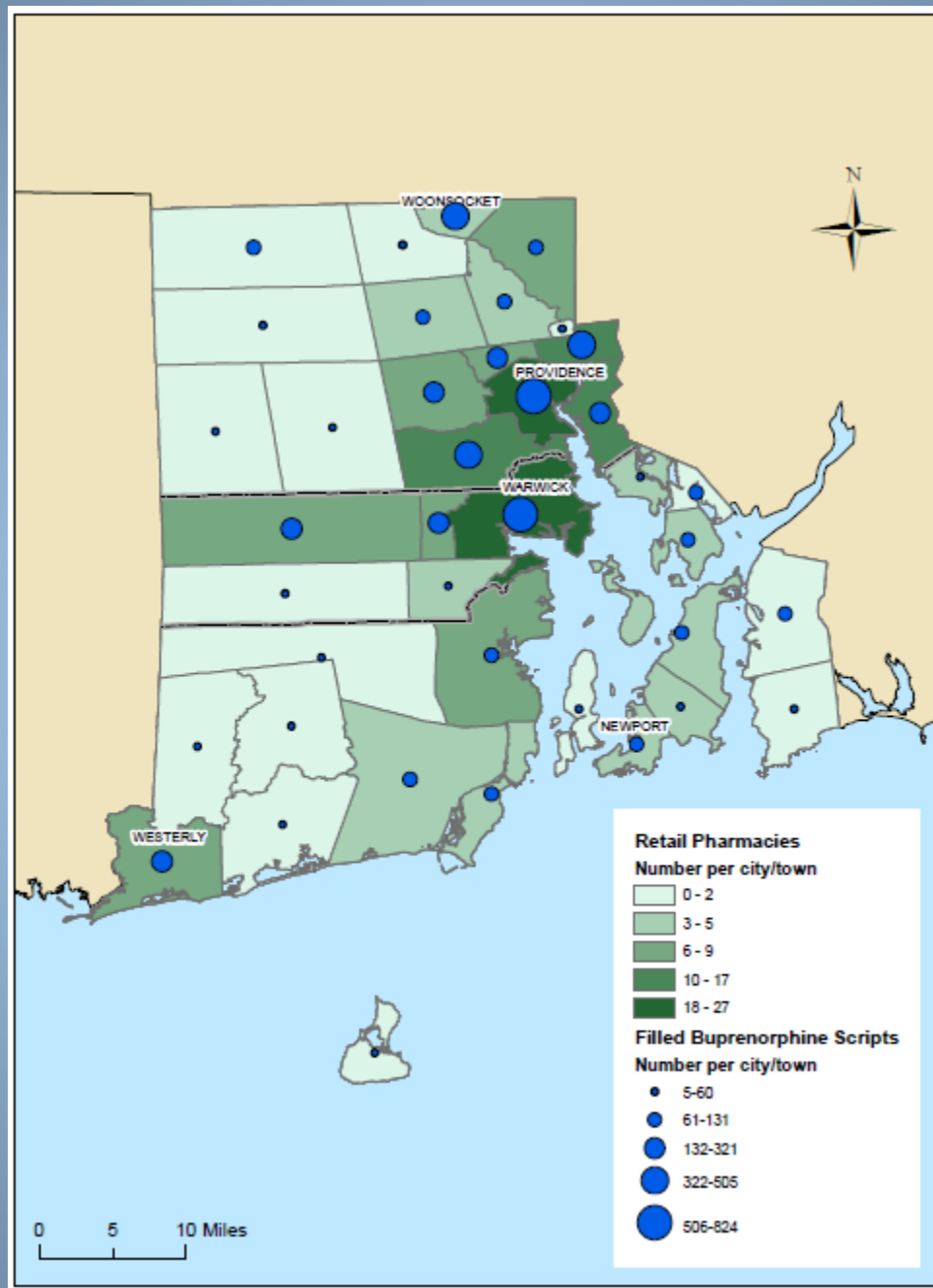
Recommendations:

1. Establish statewide overdose surveillance mechanisms.
2. Increase usage and effectiveness of the Prescription Drug Monitoring Program (PDMP).
3. Increase access to naloxone training and distribution programs.
4. Increase licensed healthcare worker and institutional responsibility.
5. Implement and expand disposal units throughout the state.
6. Support prevention policies that work.
7. Increase general public awareness of drug overdose as a preventable public health problem.
8. Support and affirm people at risk for drug overdose.
9. Increase access to substance abuse treatment.
10. Build state capacity to implement drug overdose prevention and rescue programs

Next Steps

- Review findings from rapid response questionnaire
Re: fentanyl outbreak, January–March
- Apply for grants to sustain our efforts
TCE-MAT please! 😊
- Continued training efforts
- Data Mapping





SBIRT & Safe Opioid Prescribing: Maximizing Benefits and Minimizing Risks

Rhode Island has one of the highest opioid- overdose rates in the country. Learn how to safely prescribe opioids using evidence-based practices.

This CME course is designed to provide prescribers basic tools to safely prescribe opioids using an SBIRT (Screening, Brief Intervention and Referral to Treatment) approach to managing pain and prescription opioid abuse.

Speaker:

Paul Seale, MD

Professor and Director of Research
Department of Family Medicine,
Medical Center of Central Georgia
and Mercer University School of
Medicine Macon, GA



Date: Saturday, June 6, 2015

Time: Registration 8:00 am;
8:30 am - 12:30 pm (ET)

Where: Butler Hospital, Ray Hall 345 Blackstone Blvd.
Providence, RI

Who: Physicians, dentists, and other health professionals

Fee: \$25



Educational Objectives:

After completing this training, participants should be able to:

- Describe negative consequences that may occur in patients who receive prescriptions for opioid medication
- Perform an initial assessment and baseline measurement of a patient requesting opioid therapy
- Implement a monitoring framework to protect the safety of patients receiving ongoing opioid therapy
- Address concerning behaviors of patients on chronic opioid therapy

Accreditation: American Academy of Addiction Psychiatry is accredited by the ACCME to provide continuing medical education for physicians.
Designation Statement: American Academy of Addiction Psychiatry designates this live educational activity for a maximum of 3.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. AAAP's CME/CPD planning committee has reviewed this activity and determined that these sessions can be used toward up to 2.75 credits in Pain Management. The session titled, "Opioid Overdose Risk and Intranasal Naloxone" can be used toward up to .75 credits in Risk Management.



Questions

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401-462-0917