

# PRESCRIPTION DRUG OVERDOSE PREVENTION *in* **RHODE ISLAND**



## THE STATE RESPONSE:

- ▶ In 2011, for the first time ever, drug overdose prevention became a strategic plan priority for the Rhode Island Violence and Injury Prevention Program (VIIPP). The VIIPP convened the first meeting of the state Prescription Drug Overdose Prevention and Rescue Coalition (DOPRC) in fall 2012, with a handful of stakeholders. Today, the coalition has more than 100 members ranging from law enforcement officials to members of the recovery community. In addition, the head of Rhode Island's medical licensing board convened a complementary prescription drug overdose prevention coalition, mostly clinician-based, focused on safe prescribing practices.
- ▶ In 2012, the Rhode Island legislature passed a Good Samaritan law (which sunsets in 2015, if not extended) protecting individuals from minor drug possession charges if they call to report a drug overdose and protecting lay people from lawsuits stemming from good faith efforts to administer naloxone—an opioid antagonist that can reverse potentially fatal, opioid-induced respiratory depression in someone suffering a drug overdose.
- ▶ As of April 2014, all Rhode Island state police are equipped with naloxone and trained in its use. The DOPRC developed a toolkit for local police departments and other first responders explaining the value of naloxone, how to purchase naloxone, how to access free naloxone training for officers, how to host a community drug overdose forum and related activities. The toolkit also includes educational brochures for at-risk community members.
- ▶ The state health department director passed emergency health regulations that increased access to naloxone by allowing pharmacists and physicians to directly distribute the drug and to prescribe it to third parties, such as a patient's significant other.
- ▶ The DOPRC has established a goal of having every emergency department (ED) drug overdose patient leave the ED with a naloxone kit. As of July 2014, Rhode Island's largest hospital system is paying for naloxone to distribute to drug overdose patients or to one of their family members or friends, upon ED discharge.
- ▶ Emergency regulations passed by the Rhode Island state substance abuse agency in early 2014 require all state-run drug treatment facilities to train their staff in the use of naloxone, to have naloxone on site, and to provide every patient with naloxone upon discharge (since recovering drug users have a higher risk of death if they resume taking their previous drug dosage after a period of abstinence).
- ▶ The director of the state health agency passed emergency health regulations in April 2014, requiring all Rhode Island hospitals and emergency departments to report any suspected opioid overdose to the health department within 48 hours. Collected data includes whether or not the patient was referred to addiction treatment upon discharge, whether or not naloxone was administered to the patient and, if naloxone was administered, by whom. These data are now being reported to the state health department.
- ▶ An ongoing Rhode Island mass media campaign, funded by a private donation, targets healthcare providers who prescribe or dispense controlled substances, first responders who may be in a position to administer naloxone, drug users, and families and friends of drug users. While campaign messages vary from audience to audience, the overarching tagline is *Addiction is a disease. Recovery is possible.*
- ▶ As of summer 2014, state law requires all Rhode Island physicians to register to use the state's prescription drug monitoring program when they apply to renew their two-year medical license. The state health agency has delivered a series of grand round presentations on drug addiction and safe prescribing and will deliver a second series in fall 2014. Among the topics are how the brain is altered by drug addiction, how to talk to someone who is addicted and alternative forms of pain management.
- ▶ Several state treatment facilities have partnered with Rhode Island's state substance abuse agency to train drug abuse recovery coaches who can provide peer-to-peer support to individuals suffering drug addiction. In a pilot program beginning summer 2014, the coaches will be available to three Rhode Island emergency departments on an on-call basis. The idea is that individuals in the emergency department, recovering from a drug overdose, may be especially open to the possibility of addiction treatment.

## THE PROBLEM:

- ▶ **In 2013, on average, nearly four Rhode Islanders died of a drug overdose each week. The most common drugs implicated in these deaths were prescription opioids.**
- ▶ **In 2011, drug overdose became the leading injury-related cause of death in Rhode Island.**
- ▶ **The number of drug overdose deaths in Rhode Island rose from 161 in 2009 to 241 in 2013. At least half of those deaths each year involved prescription medication.**

*"One of our goals is to reduce the stigma of addiction. We like to include someone from the recovery community, sharing their story of addiction, in our educational seminars for physicians and law enforcement officers. That's really powerful."*

— Jennifer Andrade Koziol, MPH  
Violence & Injury Prevention Program  
Coordinator  
Rhode Island Department of Health

*"Addiction is a disease. Recovery is possible. Treatment is available."*

**Tag line from Rhode Island's drug overdose prevention campaign**