Opioid Settlement Advisory Committee

May 17th, 2023

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Our Meeting Agenda

I. Call to Order, Introductions, and Agenda Review: Carrie Bridges Feliz
II. Update on State Fiscal Years 23, 24, 25 Recommendations and Procurement: Marti Rosenberg
III. Public Comment
IV. Subject Matter Expert Presentations
    I. Pharmacy Intervention: Dr. Traci Green and Dr. Jeffery Bratberg
    II. Oral Health: Dr. Samuel Zwetechkenbaum
V. Funding Spotlight Presentation
    a. TEVA Settlement: URI Community First Responder Program
VI. Next Steps & Other Updates
    a. Governor's Task Force Update: Cathy Schultz
    b. Next Meeting: Carrie Bridges Feliz
VII. Public Comment
VIII. Adjourn

Call to Order and Introductions

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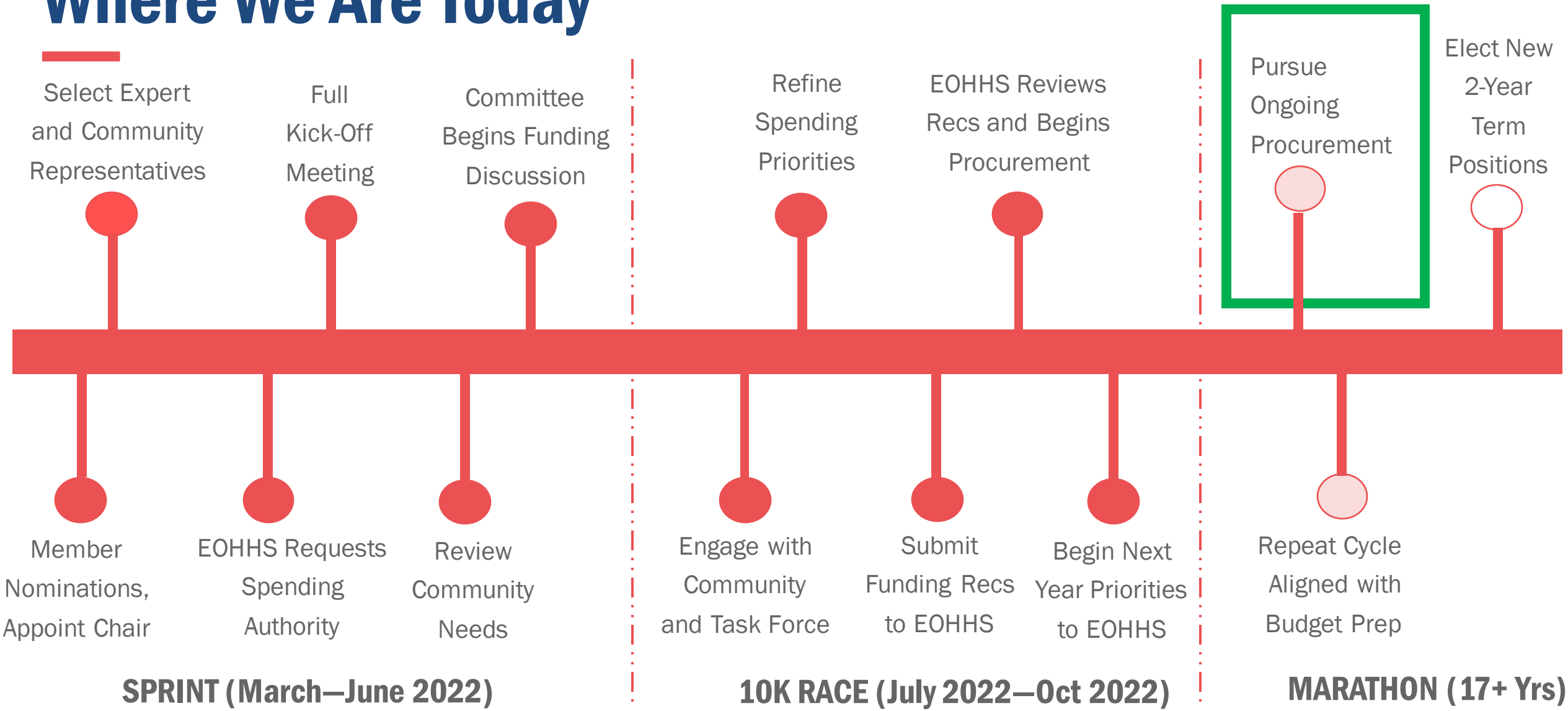
Where We Are Today



Update on State Fiscal Years 2023, 2024, and 2025 Recommendations and Procurement Process

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OSAC Funding Information as of 05.15.23

- Here is the link to the April 27, 2023 OSAC meeting with the funding information. There are no new updates since that meeting. If you are seeking funding information, please review that deck:

Opioid Settlement Advisory Committee - Meeting Deck_04272023_v1 - Copy (2).pdf (ri.gov)

Informational Review of OSAC Spending and Governance Process

- **Components of the Workflow:**
  - **Initial Allocation Process, for the following Fiscal Year Budget**
  - **Procurement planning process (aligned with Governor's Overdose Task Force)**
  - **Re-Allocation and Emergency Allocation Process**

Subject Matter Expert Presentations

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Pharmacy MOUD Care

Dr. Traci Green and Dr, Jeffery Bratberg

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Disclosures:

- We have no conflicts of interest to disclose.

- Funding for this study derived from the National Institutes of Health/National Institute on Drug Abuse (NIH/NIDA) R21/R33 (Green): DA045848

Pharmacy care models as part of the care continuum: withdrawal, induction, ongoing care, rescue

MATPharm Study

Pharmacist-Facilitated Buprenorphine Induction with Randomization to Community Pharmacy or Usual Care for Maintenance and Follow up

Traci C. Green PhD, MSc (PI)
COBRE on Opioids and Overdose, Rhode Island Hospital
The Warren Alpert Medical School of Brown University

ClinicalTrials.gov: NCT04139213

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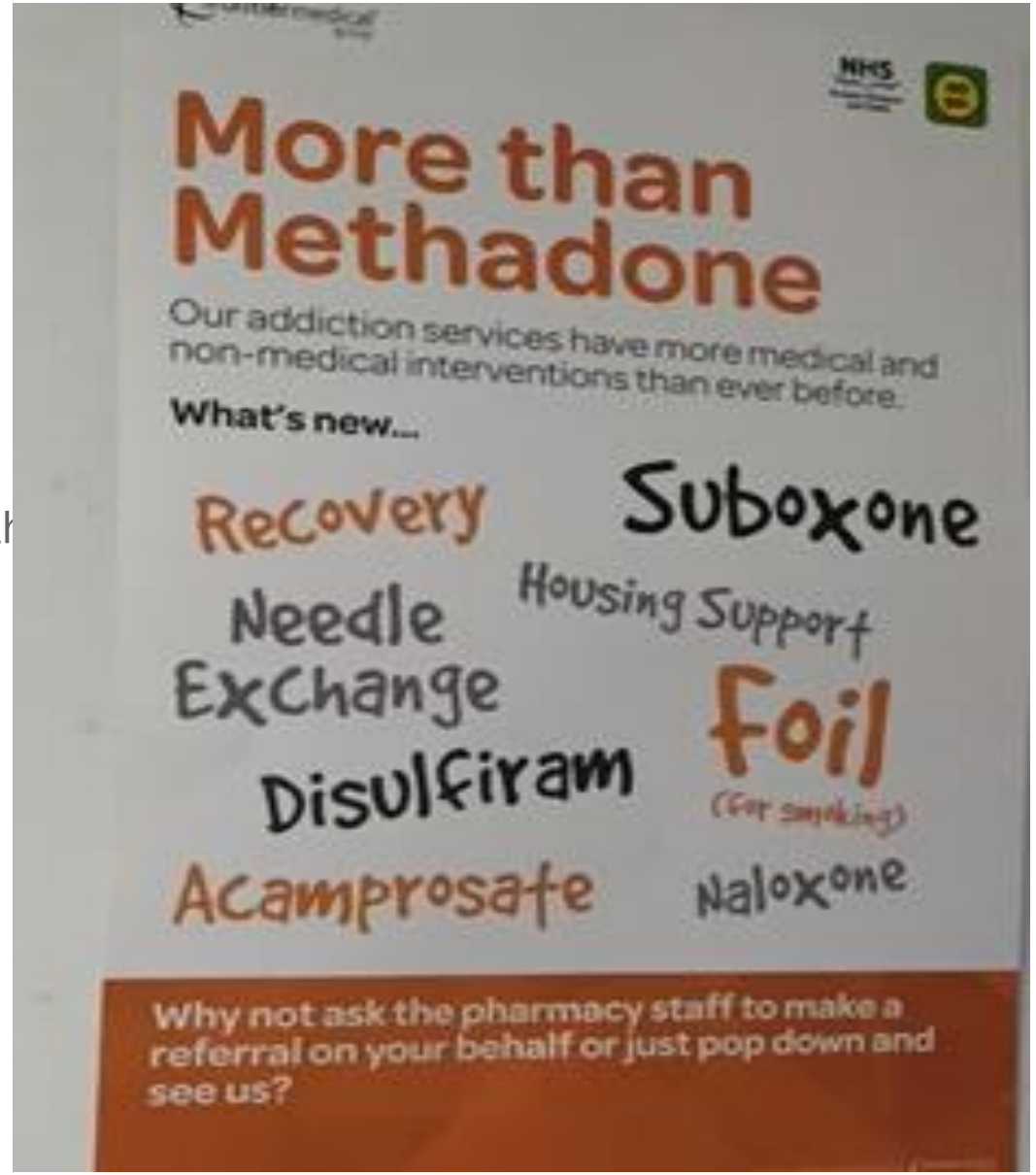
Global Perspectives

Around the world, pharmacy MAT provision is standard of care

- Pharmacy-based examples outside the US were:
  - primarily focused on daily provision of methadone
  - integrated with other harm reduction and community health services in pharmacy
  - set within the community rather than a medical environment
  - a part of established billing structures
- Stigma reduction was a large focus of MAT pharmacy provision outside of US with ongoing trainings offered
- Some physically altered the pharmacy space to accommodate MAT (entrance, counseling space), others integrated entirely into community pharmacy visit experience



Collaborative Practice Agreements

Establish a formal relationship

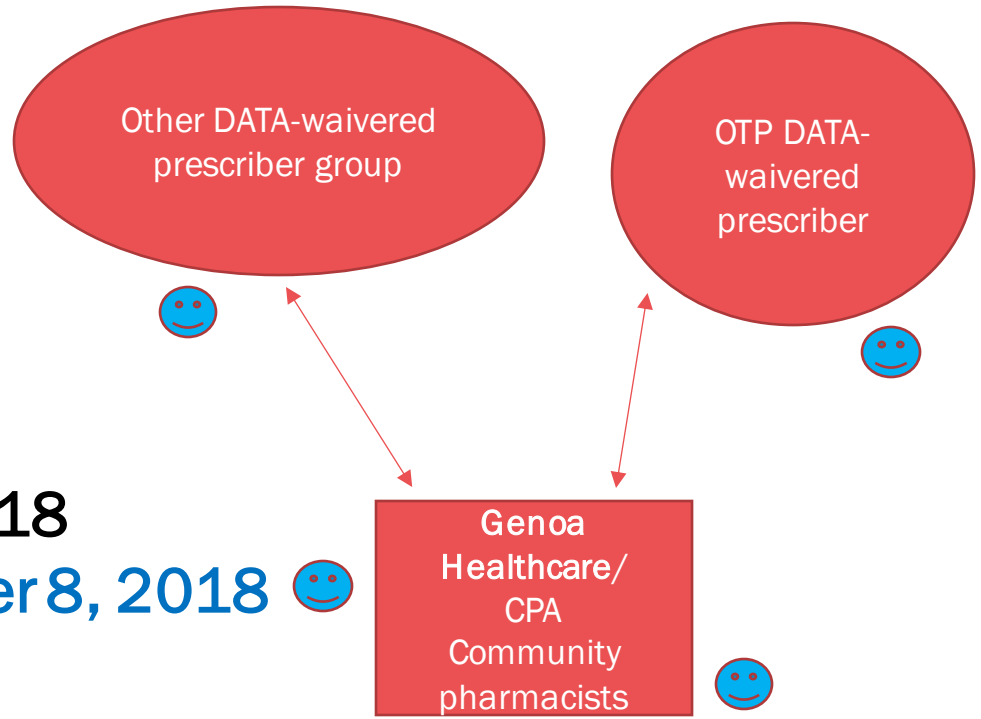
Delegate patient care functions

Contain negotiated conditions

Collaborative Practice Agreement (CPA) establishes the protocol that allows participating, trained pharmacists to:

Maintain patients already inducted and stabilized on therapy

- buprenorphine (Subutex)
- buprenorphine/naloxone (Suboxone)
- naltrexone (Revia, Vivitrol)



Rhode Island CPA-MAT authorized August 26, 2018

Pilot of maintenance MAT commenced September 8, 2018

study Pharmacist Training and communications

American Society for Addiction Medicine (ASAM) Treatment of Opioid Use Disorder Course, ***adapted for pharmacists***

Clinical documentation

Urine/oral swab testing and test interpretation

Motivational interviewing

Harm reduction, *considerations for post-release from incarceration*

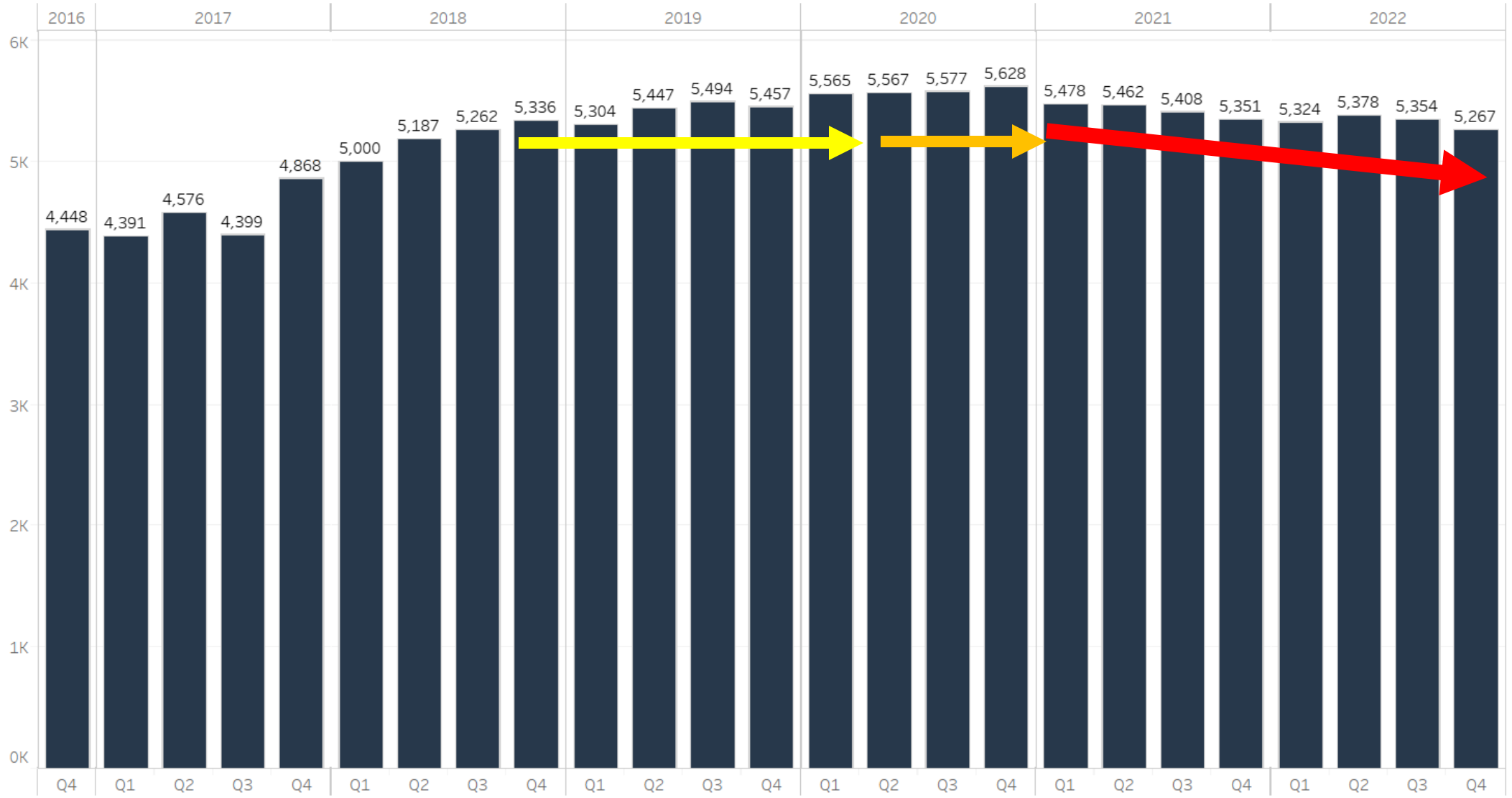
Stigma reduction / communications

<u>10 pharmacists trained May 2018</u> <u>8 pharmacists trained Nov 2018</u> <u>3 pharmacists trained 2019-2021</u>

<u>*Ongoing supports & detailing*</u>

- Weekly phone-based meetings, clinician check-ins
- Academic detailing of sites by lead pharmacist
- Emailed newsletters

Number of Patients Actively Receiving **Buprenorphine** Each Quarter (2016 Q4 to 2022 Q4)



Note: Data updated quarterly.

Note: Buprenorphine data include people who are prescribed buprenorphine as reported to the Prescription Drug Monitoring Program (PDMP), as well as people who are dispensed buprenorphine at a Center of Excellence (COE) or at the Rhode Island Department of Corrections.

Note: Prescriptions for buprenorphine products that are only FDA-approved for pain management are excluded from this measure.

Note: On November 1, 2019, the PDMP data were revised to reflect updates to the PDMP data analysis protocol, including revised methods for removing veterinary prescriptions, matching patients, and querying drug types.

Source: Preventoverdoseri.org

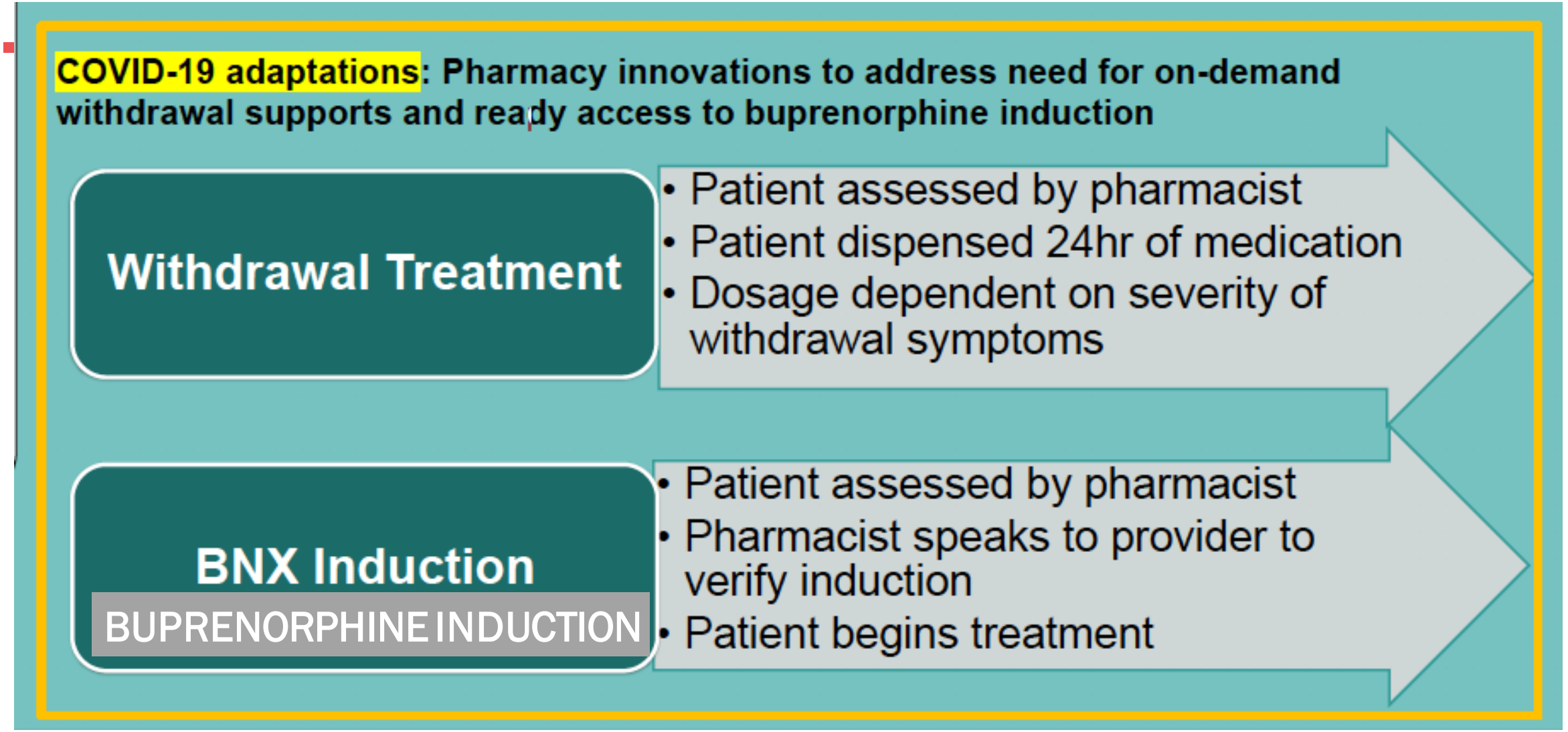
Low-Barrier Buprenorphine is Successful

"Provide care that is **evidence-based, emphasizes harm reduction, has a low barrier to entry, and is longitudinal.**

When we shift our focus to providing individualized care that incorporates patient-centered outcomes, we can better help our patients with OUD achieve **remission and lead improved lives."**

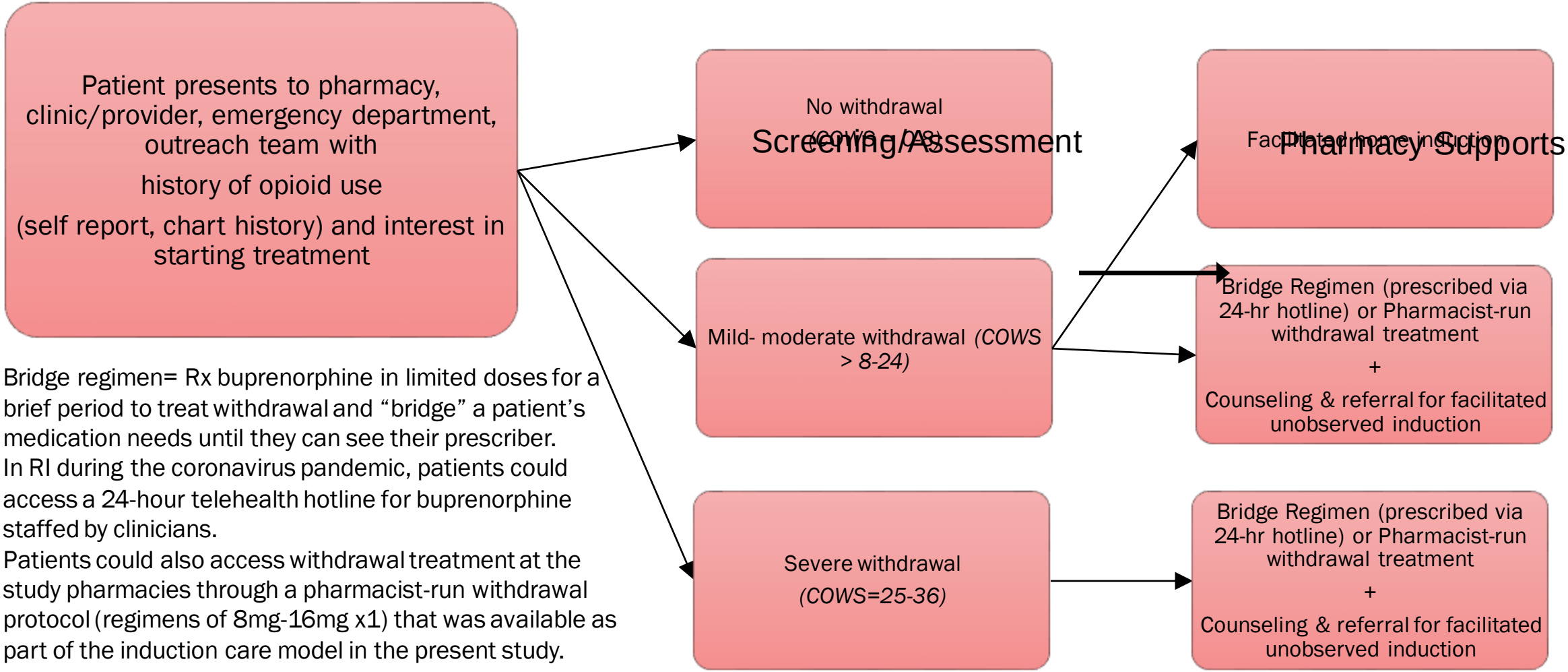
Martin SA, Chiodo LM, Bosse JD, Wilson A. The Next Stage of Buprenorphine Care for Opioid Use Disorder. Ann Intern Med 2018;169(9):628–35.

MATPharm Adaptations during Pandemic



Green T, McKenzie M, Serafinski R, Clark S, Langdon K, Rich J, Bratberg J. Pharmacy-based care model for the treatment of opioid use disorder: Pilot findings and novel care adaptations during COVID-19. Addiction Health Services Research Conference [Virtual] October 2020. October 2020.

MATPharm Study Eligible: Any Opioid Hx,18+ years old, On treatment or Interest in MOUD



Bridge regimen= Rx buprenorphine in limited doses for a brief period to treat withdrawal and "bridge" a patient's medication needs until they can see their prescriber.
In RI during the coronavirus pandemic, patients could access a 24-hour telehealth hotline for buprenorphine staffed by clinicians.
Patients could also access withdrawal treatment at the study pharmacies through a pharmacist-run withdrawal protocol (regimens of 8mg-16mg x1) that was available as part of the induction care model in the present study.

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

COWS: Clinical opiate withdrawal scale (scores 0 to 36)
Treatment=medication treatment with Rx buprenorphine

Pharmacy care has high induction rate, engagement comparable to usual care, no safety concerns

Induction success rate: 58% (58 of 100) stabilized (≥2 pharmacy visits) and enrolled in maintenance phase

Initial engagement in care on MAT (≥1 visit in first 30 days post stabilization)

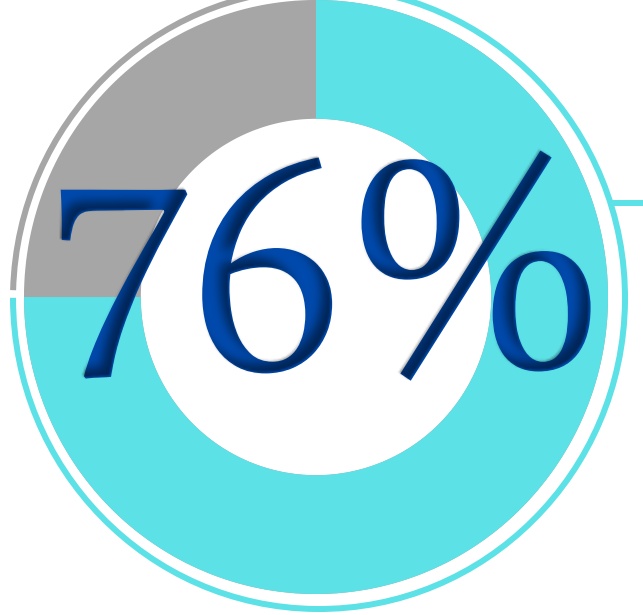
- Pharmacy Inducted — 89% pharmacy care, 17% usual care **NEJM**
- Maintenance — 93% pharmacy care, 40% usual care @ 1 month

(Pharmacy inducted & stabilized + Already on maintenance dose) — 64% pharmacy care, 28% usual care @ 3 months *under peer-review

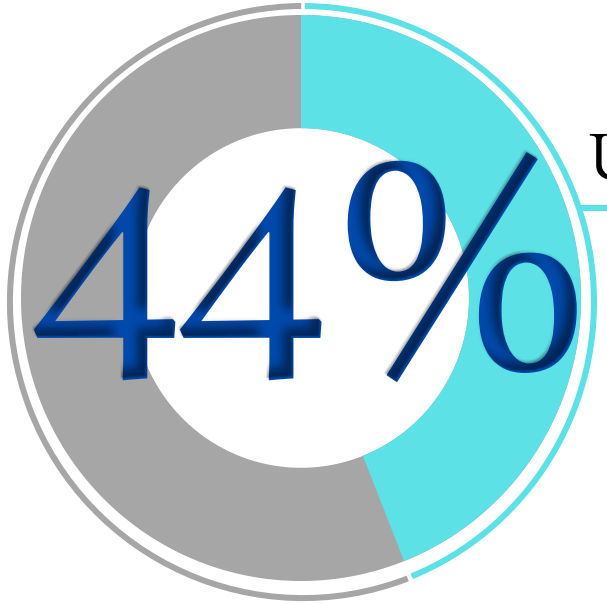
Safety concerns: 0 deaths, 0 unanticipated severe adverse events, +33 inducted patients dispensed naloxone

Pharmacy induction promotes racial and economic equity and access to care

Rhode Island adult, state	Induction patients
White: 80.5%	**White: 66%**
19.5% BIPOC: Black or African American: 6.77% Other race: 5.47% Asian: 3.40% Two or more races: 3.33% Native American: 0.50% Native Hawaiian or Pacific Islander: 0.08%	**34% BIPOC:** Black or African American: 12% Other race: 11% Asian: 0%, Two or more races: 8%, Native American: 3%, Native Hawaiian or Pacific Islander: 0%
15% Hispanic	**15% Hispanic**



No reliable access to a vehicle



Unhoused

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

Who are the patients for whom pharmacy-based buprenorphine induction "works"?

- Have a chronic pain condition
- State they have a healthcare provider they could go to for care
- Perceive and seek out supplies or services of a pharmacy
  - Get OTC medications there
  - Medication management
- No differences by sex, gender, race, ethnicity, housing, assistance (transport, phone, insurance status, etc) receipt

Positive experiences receiving care at the pharmacy

"I felt comfortable to bring my babies to the pharmacy for my visits."

"I never felt embarrassed going there…."

"The hours were perfect for me."

"It was even better than I thought it would be. It was quick, easy, clean. People were so nice. Not out of my way at all. A very easy thing to do."

"It's very convenient. People are happy and look like they like to be there. It was a nice environment."

"It was the same thing: no surprises; on schedule, easy to do; that's exactly what I wanted. I was excited to go to the pharmacy."

"I met with [the pharmacist]. I don't get to sit down and talk to someone like I do at the pharmacy, when I'm at the OTP."

"[The study pharmacy] was more courteous, friendly and more personable than just going to [a large retail chain pharmacy] to pick up medication. I didn't have to stand in line and have people in my personal space."

Conclusions

Patients inducted in the pharmacy attain stabilization comparable to community-based usual care.

Pharmacy based care engages and retains patients better than other usual care pathways.

Payment mechanisms for pharmacists

Cost considerations for a program

Critical Components for Start-up	Short term (implementing, 0-<3 years) Patients=500 induction + maintenance	Medium term (maturation, 3-6 years) Patients=1000 induction + maintenance	Long term (established, >6 years) Patients=1500 induction + maintenance
Pharmacist training, supports	Pharmacist time		
Technician training	Technician time		
	Toxicology (oral) (6 tests/year)		
Provider outreach	CPA Provider/Addiction Consult team time*		
	Community Health Worker time		
Communications alignment/robust	Phones for patients (as needed: estimated 30%) Lifeline Wireline Service or other support*		
	Transportation support (as needed: estimated 30%) MTM or consider Uber Health*		

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*existing capacity/covered cost

Start-up costs	Estimate	Ongoing costs	Per Annum component estimate
Pharmacist training, supports	$25,000	Pharmacist time Induction—pharmacy Maintenance	$100 for each of up to 3 induction visits/patient-induction period-estimate $300 pa Ongoing visits/lab test review (MTM codes 15 mins: $20-30; 30 mins: $40-50. Estimates $50-80 ppm)
Technician training	$10,000	Toxicology	$8 ppm
Provider outreach	$10,000	CHW (n=3), time	Salary-CHW (3: salary+benefits): $180,000 pa HCPCS, T1016 – Case Management
Communications, community outreach, and materials	$55,000	Communications, post start-up	$20,000
		Site fee (admin offset)	$25,000/pharmacy business during implementation stage only
		Evaluation	$150,000 per stage of implementation ($300k total)
Start-up Total	$100,000	**Start up + Short-term—500 patients**	$2,084,000 ($694,667/annum) or $1389/ppa
		Medium-term—1000 patients	$3,063,000 ($1,021,000/annum) or $1021/ppa

RI's Teva lawsuit settlement makes buprenorphine generic (tablets) available for patients unable to pay/bill to augment access
If pharmacist time=provider time, project costs over 50%: $1,109,000 ($739/ppa) short, $1,113,00 ($371/ppa) medium-term

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Media Links

- https://www.youtube.com/watch?v=A0LjY2Ti5zE - MATPharm video

- The Regimen for Expanding Buprenorphine Access – Podcast links
  - https://podcasts.apple.com/us/podcast/the-regimen-for-expanding-buprenorphine-access/id1618064509?i=1000597950518
  - https://open.spotify.com/episode/0weFa7PMFH7aykCV1hFkUW?si=WsehCA1nRsCK6xjp0KC7gQ

Youtube

- Episode - https://youtu.be/r7HvplY7eZ4
- Podcast - channel www.youtube.com/@pharmdpubhealth

Oral Health and Access to Oral Health Care: Opioid Use, Treatment and Recovery.

Samuel Zwetchkenbaum, DDS

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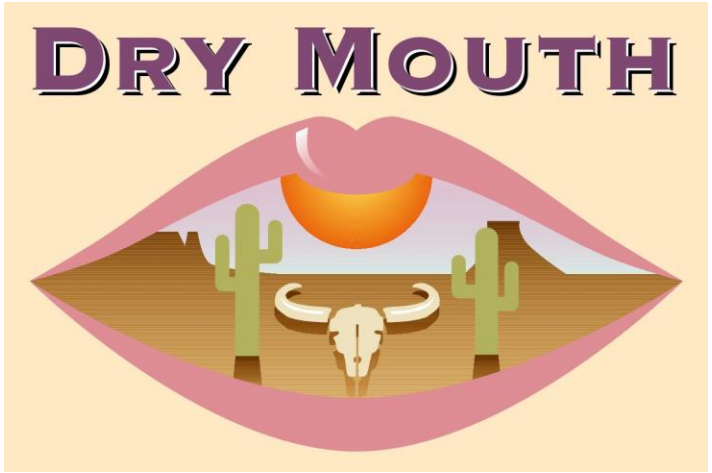
Agenda

This presentation will review:

- Why people with OUD or SUD may experience dental problems
- Impact of dental problems on recovery
- Efforts to address through dental treatment
- Impact of MOUD, especially suboxone on oral health
- System challenges
- Opportunities for impact

Why dental problems?

- Some drugs, including opioids, impact cut saliva flow, which is protective against tooth decay
- Those using substances may have more frequent sugar intake, poor oral hygiene, teeth grinding and infrequent dental visits
- There may be underlying fear of the dentist and mental health problems reducing likelihood of dental visits or experience with a dental office that was not friendly to PWUD or recovery-friendly
- May face barriers including insurance, finances, transportation



Impact of Oral Health

A systematic reviw and meta-analysis of the association between poor oral health and substance abuse

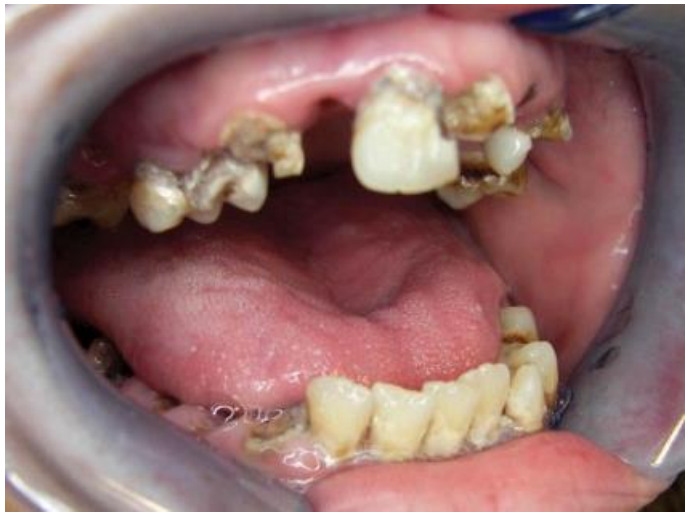
Hooman Baghaie[1], Steve Kisely[2,3], Malcolm Forbes[2,4], Emily Sawyer[5], Dan J Siskind[2,3]
Affiliations
•PMID: 28299855
•DOI: 10.1111/add.13754

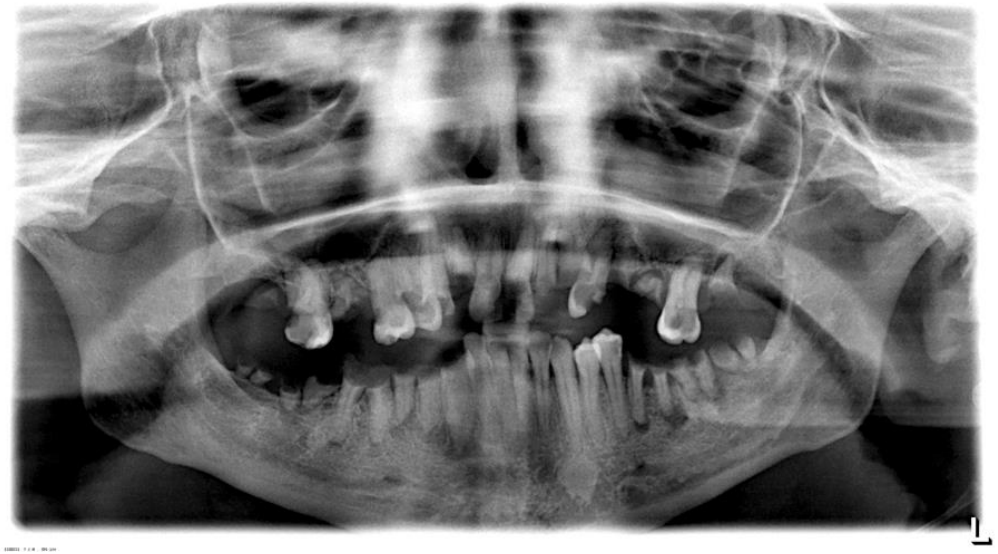
28 studies that had sufficient data for a meta-analysis, comprising 4086 SU patients and 28 031 controls.

People with SUD “had more decayed teeth but fewer restorations, indicating reduced access to dental care. Patients with SUD also exhibited greater tooth loss, non-carious tooth loss and destructive periodontal disease compared to controls.”

Impact of dental problems

- Tooth aches and abscesses-> increased use of emergency room and reliance on analgesics and antibiotics.
- Tooth loss -> poor chewing function, dental esthetic problems, and reduced well-being



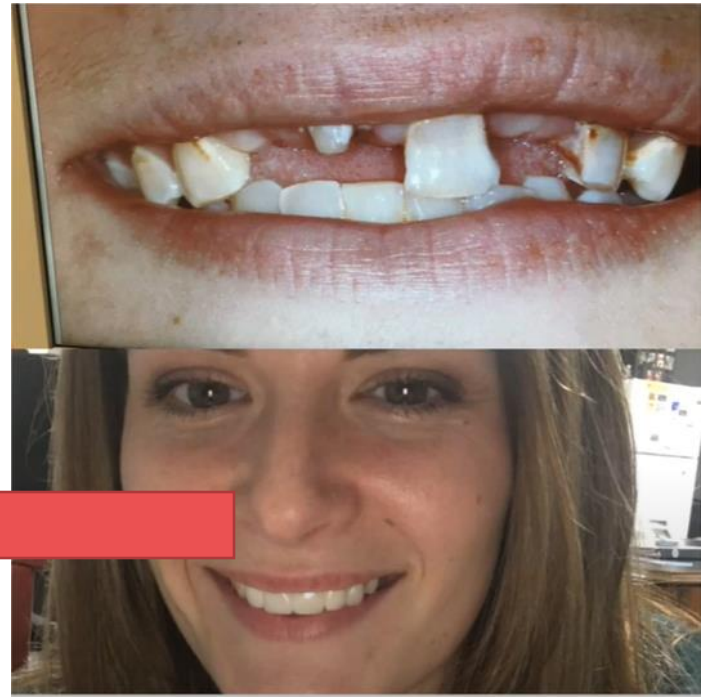


Dental neglect in a 29-year-old previous intravenous drug user who has schizophrenia and is taking methadone, at presentation on their first dental visit. https://www.oralhealthgroup.com/features/management-drug-alcohol-dependent-patients-dental-practice/

Efforts to address through dental treatment

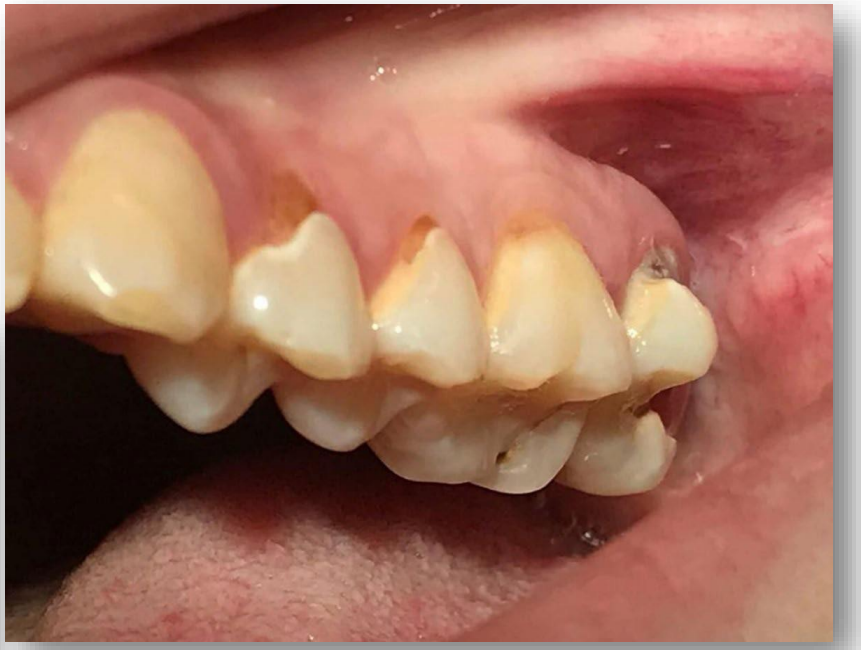
- A University of Utah study showed the impact of oral health services on likelihood of recovery. Complementary comprehensive oral health care improves SUD therapeutic results in patients with SUDs.

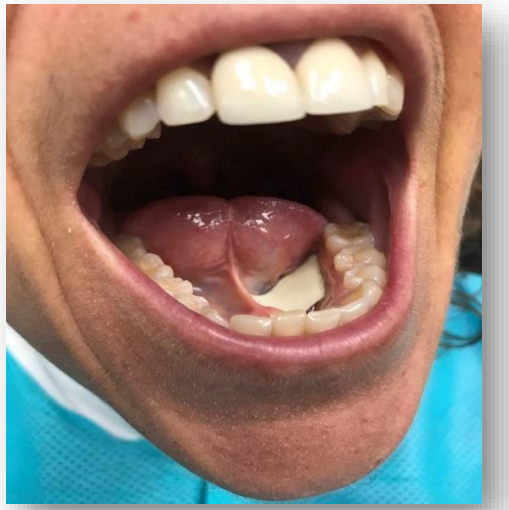
- Personal stories from Rhode Islanders receiving dental care showed impact on recovery and quality of life.

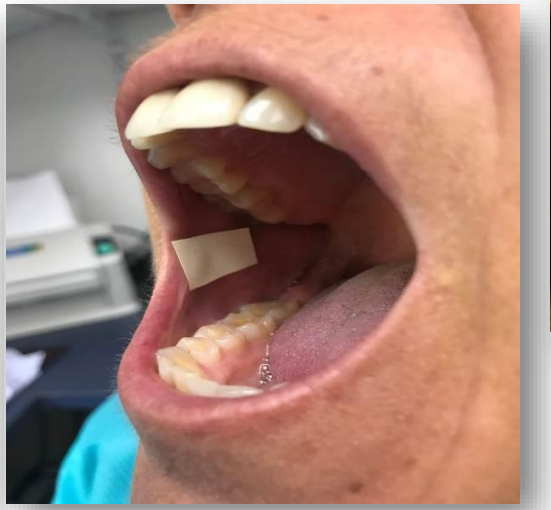


Hanson GR et al. Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders. J Am Dent Assoc. 2019 Jul;150(7):591-601.

Medications for Substance Use Disorders and Oral Health Suboxone (Buprenorphine and Naloxone)

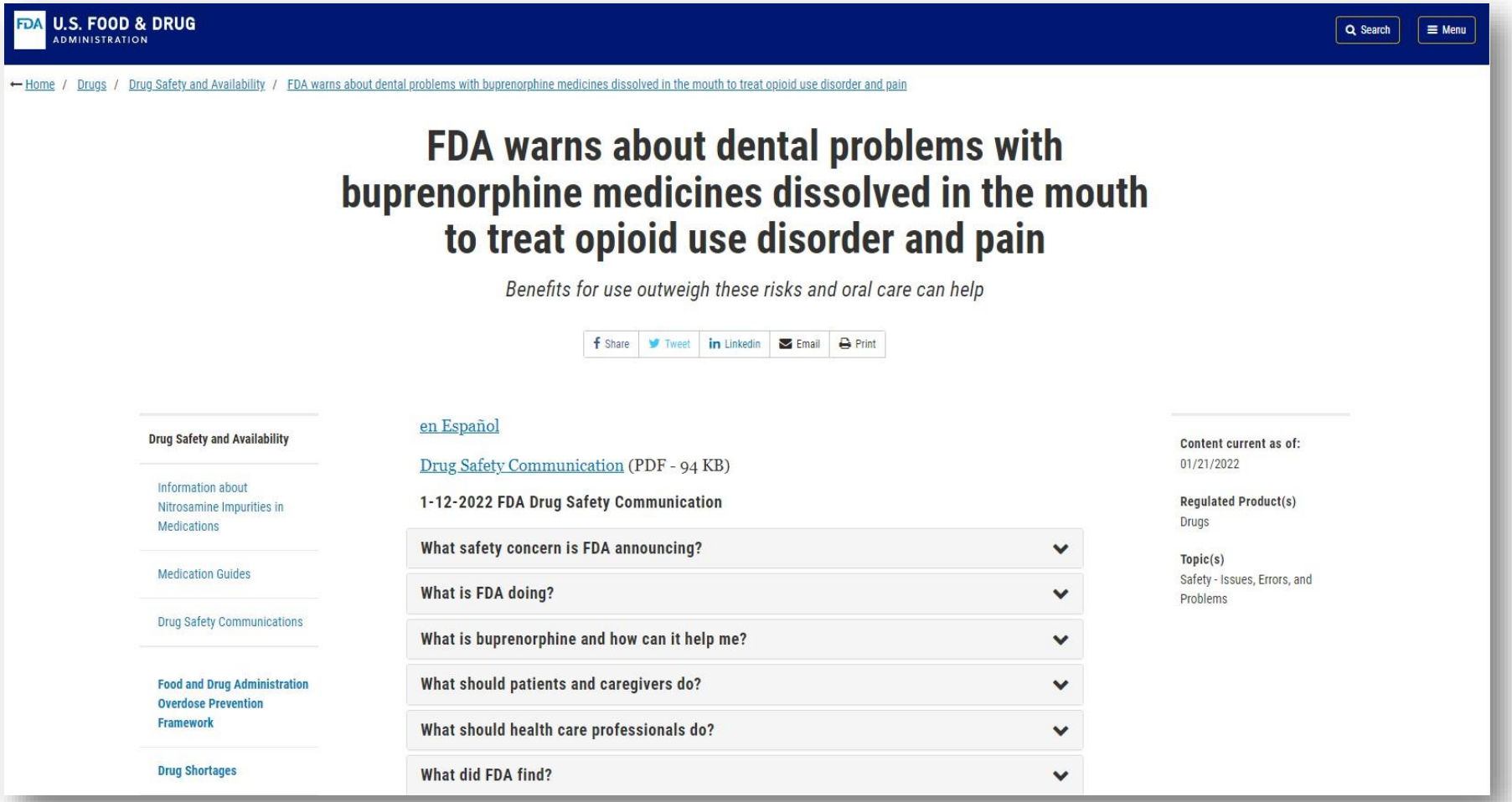






Source: www.nnoha.org Oral Health Integration in SUD Patients

FDA Drug Safety Communication



Source: https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-dental-problems-buprenorphine-medicines-dissolved-mouth-treat-opioid-use-disorder

Dental treatment is very costly

- To replace broken or lost teeth, costly intervention is required, which may include root canals, posts, crowns and implants for multiple teeth, and sometimes bone grafts.
- These services are not covered in the Medicaid program.
- In Utah study, average cost per patient was $1,236, but this was in a dental school where fees are ~ 1/3 private practice, and from 2015.
- Significant prosthodontic rehabilitation can run up to $10-25,000 or more.

- *Does dental appearance impact on employability in adults? A scoping review of quantitative and qualitative evidence*
- British Dental Journal, October 2020
- Deborah Moore and Ross Keat
- "There is a relatively abundant and diverse array of research to support the conceptualisation that poor dental appearance may have negative impacts on employment."

Research on physical appearance, including dental health and employability

Case 1: John Doe, a 42-year-old man with 10 years of education, not married, lives in poverty, in good health, if...

DHI score=0.5
Probability of employment=39.6%

DHI score=6
Probability of employment=71.9%

Probability of employment increased by 32.3%

Case 2: Jane Doe, a 42-year-old woman with 14 years of education, married, lives in poverty, and in good health, if...

DHI score=3.5
Probability of employment=37.6%

DHI score=6
Probability of employment=52.9%

Probability of employment increased by 15.3%

Research from Halasa-Rappel, Shepard and Tschampl. Brandeis University, 2018

Dental health and social engagement

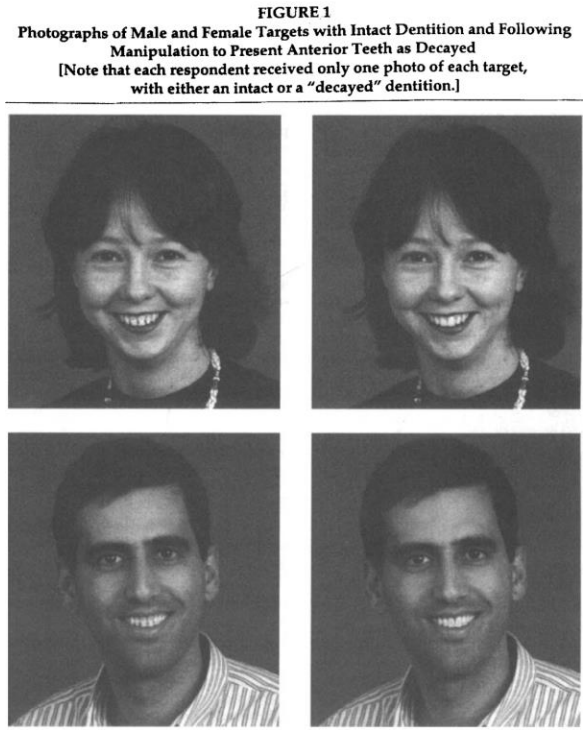


FIGURE 1
Photographs of Male and Female Targets with Intact Dentition and Following Manipulation to Present Anterior Teeth as Decayed
[Note that each respondent received only one photo of each target, with either an intact or a "decayed" dentition.]

- At First Glance: Social Meanings of Dental Appearance
- J. Public Health Dentistry 2001
- Dental appearance has a significant effect on the way we create an impression of the other person

System Challenges

- Stigma from dental providers, embarrassment of patients.
- Siloed care/lack of care integration between BH/Med/OH
- Current lack of local data on scope of the problem
- Limited number of dental providers
    - Few safety net providers for uninsured patients
    - More limited Medicaid network
    - No full service dental school in state
- Limited insurance coverage
    - Dental coverage not required by Affordable Care Act
    - Medicaid covers limited services
    - Medicare doesn't cover dental
    - Private insurance has limits/high out-of-pocket

Challenge: Costs

Saving a tooth: Decayed teeth can be repaired by fillings, however when extensive, more involved treatment may be needed, including root canal, post and crown. Estimated cost per tooth

	Root canal	Post	Crown	Total
Allowed private insurance	585	298	915	$1798
Out of pocket	1200	485	1500	$3185

Implant replacement: If the tooth cannot be saved, an alternative is to remove and replace. Removable prosthetics can be cost effective for multiple teeth. Dental implants are costly but satisfaction is greater. Estimated cost per tooth

	Extraction	Implant	Abutment	Crown	Total
Allowed insurance	152	1641	200	1036	$3029
Out of pocket	260	2490	350	1495	$4595

Above are estimates and do not include additional costs such as bone grafts or other gum treatment. Costs taken from FAIR Health data, https://www.fairhealthconsumer.org/dental/zip

Potential Opportunities for Impact

- Better training across disciplines (Recovery coaches, BH, OH, Medical providers) to increase awareness
- Stigma training to improve patient experience at oral health providers
- Develop programs to make connections between patients in MOUD treatment and general dentistry that reduce barriers to assessment, treatment planning and preventative care
- Develop programs to support access to and reduce barriers of care for reduced or no cost restorative services

Spotlight on SFY23 Funded Project

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URI Community First Responder Program

Dr. Anita Jacobson and Dr. Jeffery Bratberg

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THE
UNIVERSITY
OF RHODE ISLAND

CFRP
COMMUNITY FIRST RESPONDER PROGRAM

CFPR Team

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No one has any relevant disclosures to report.

Goals of the Community First Responder Program (CRFP)

- Educate communities about substance use and opioid use disorder.
- Provide resources to communities to help address opioid misuse and overdose.
- Train individuals on how to effectively recognize and respond to an opioid-involved breathing emergency.

Current CFRP Activities

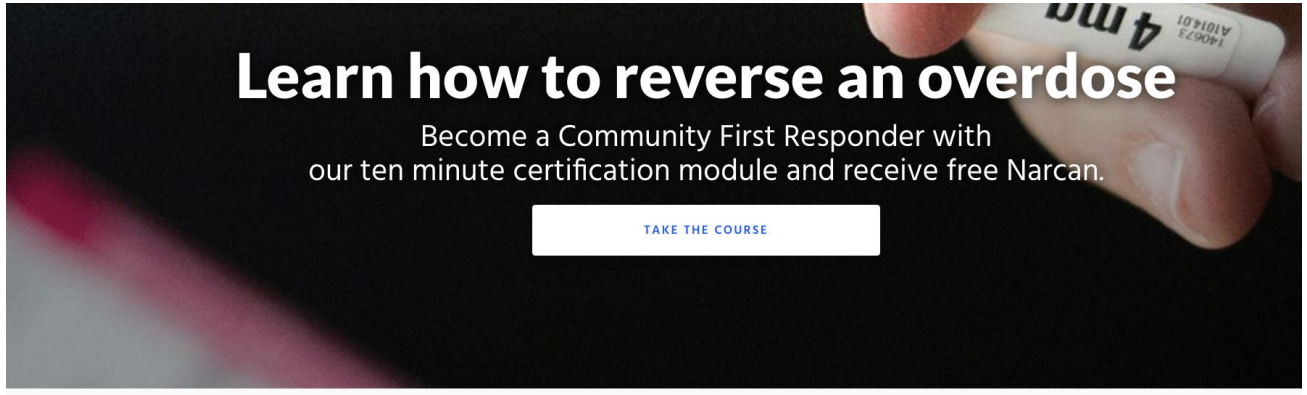
- Collaboration with the Rhode Island Department of Health (RIDOH) and the Executive Office of Health and Human Services (EOHHS) to provide naloxone distribution to community partners.
  - Teva kits to harm reduction and other organizations
  - Delivery or pick-up at URI, usually within 24-48 hours
- Educational seminars on demand at “Request a Seminar” on uri.edu/CFRP.
  - General public, police/fire/rescue, medical staff
- Naloxone distribution at CVS locations – response to ROAAR alerts
- Naloxone distribution by US mail (English and Spanish modules)
  - Online interactive training module “Become a Community First Responder” at uri.edu/CFRP
  - Prevent Overdose RI - Get Naloxone
- Continuing Education (CE) programs for healthcare providers (live in-person & online)

Becoming a Community Partner

- Enter a request in the Naloxone Request Form for Community Partners
  - https://surveys.health.ri.gov/redcap/surveys/?s=READAWTCRT
- Requesting organization must be a Rhode Island-based non-profit, municipality or harm reduction program; and have experience with overdose prevention and response training.
- Priority will be given to organizations that plan to distribute naloxone kits to individuals at high risk of overdose and families and friends of individuals who are at risk, with particular focus on communities of color and groups highlighted in the Evidence Updates of the Harm Reduction Work Group.

CFRP Website

uri.edu/CFRP



GENERAL PUBLIC | HEALTHCARE PROFESSIONALS | EVENTS | ESPAÑOL | ABOUT THE CFRP

General Public

We offer two ways to become certified as a Community First Responder and receive free naloxone (Narcan) by mail. You can complete either a live webinar/in-person seminar or the interactive learning modules – all from the comfort of your own home.

Live Webinars or In-person Seminars

Group Seminars

Help members of your group or organization become a certified Community First Responder and receive free naloxone kits to support individuals in you community.

REQUEST A SEMINAR

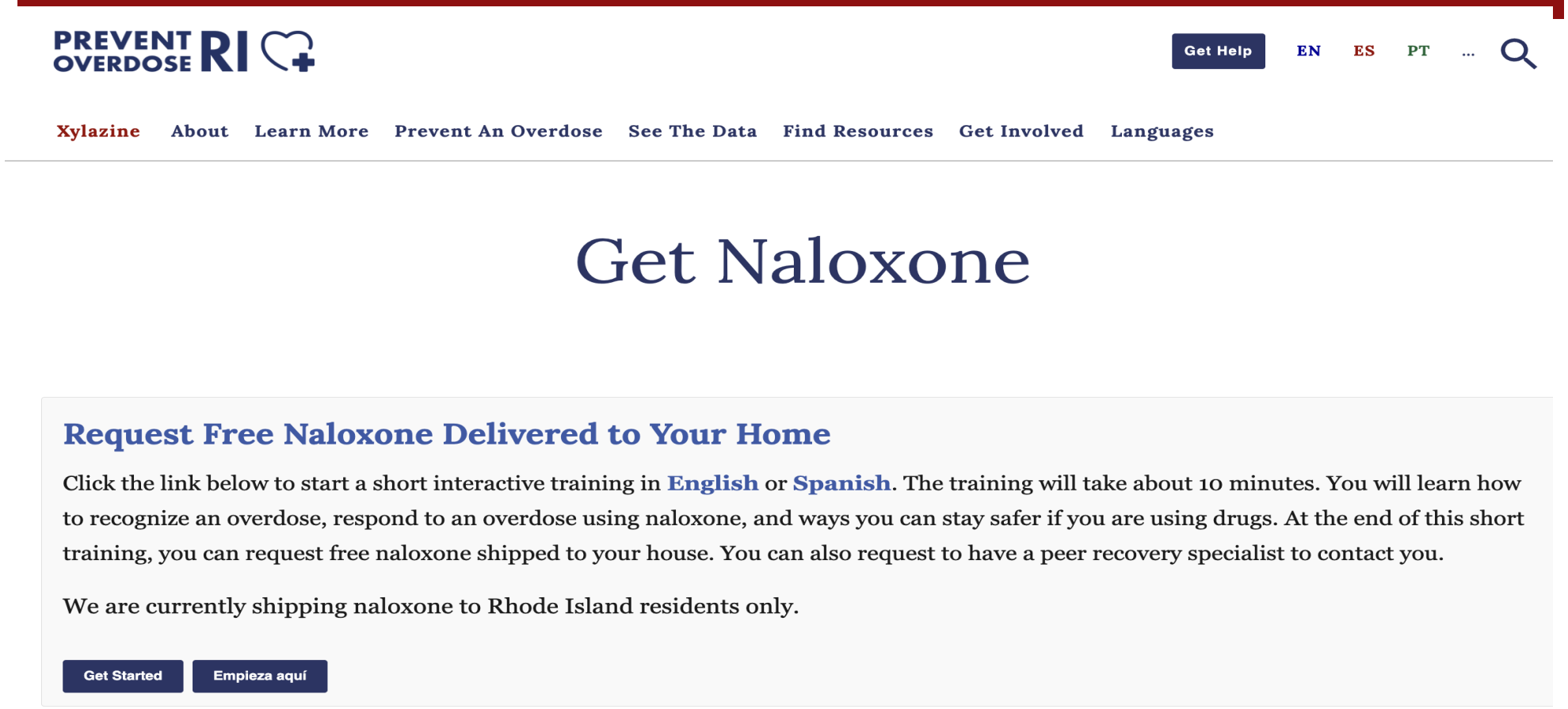
Request a free live seminar for community groups

CE programs for healthcare professionals

Online modules to learn basic naloxone administration and request by US mail

PORI Website

PreventOverdoseRI.org/get-naloxone



Distribution Data
March 2020 to March 2023

Distribution efforts at community events and via US mail:

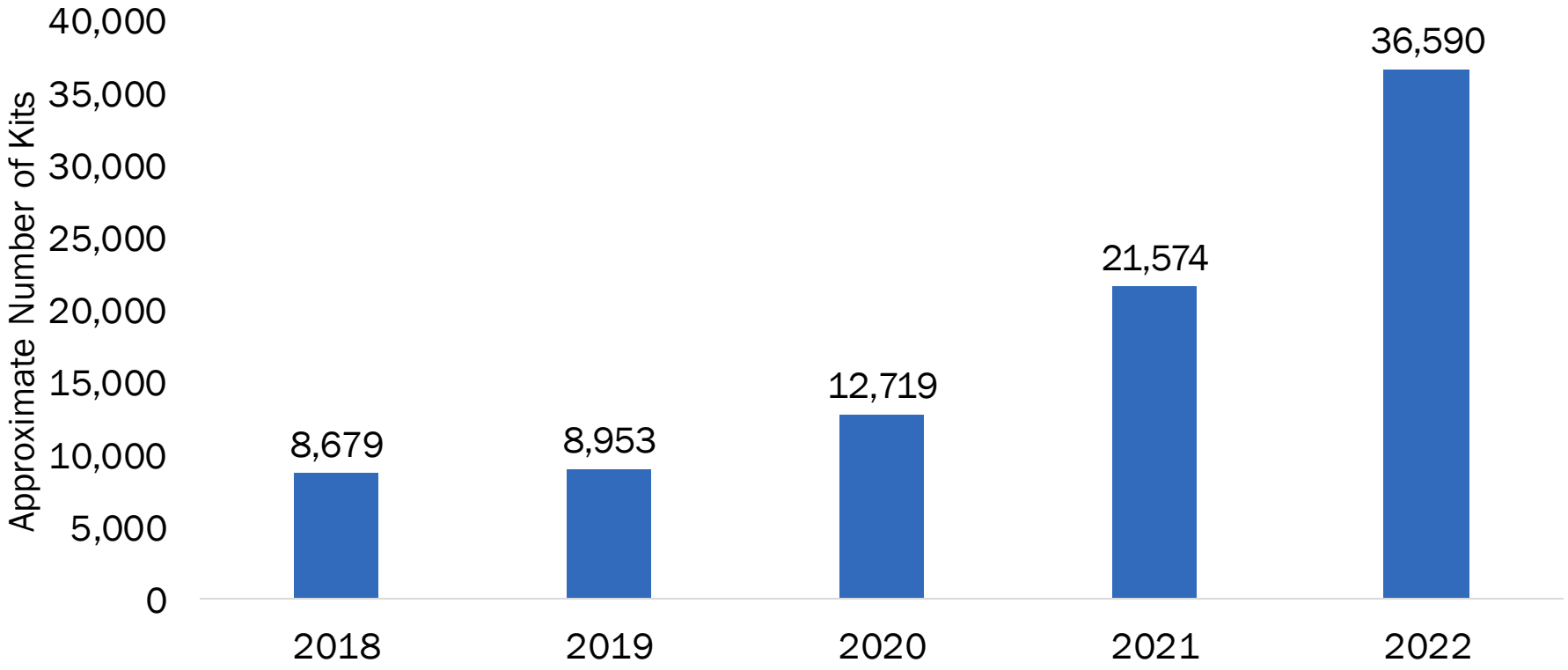
- Over 10,000 naloxone kits
- Over 22,000 fentanyl test strips

Distribution to community non-profit partners:

- 2023: 16,755 naloxone kits
- 2022: 34,872 naloxone kits

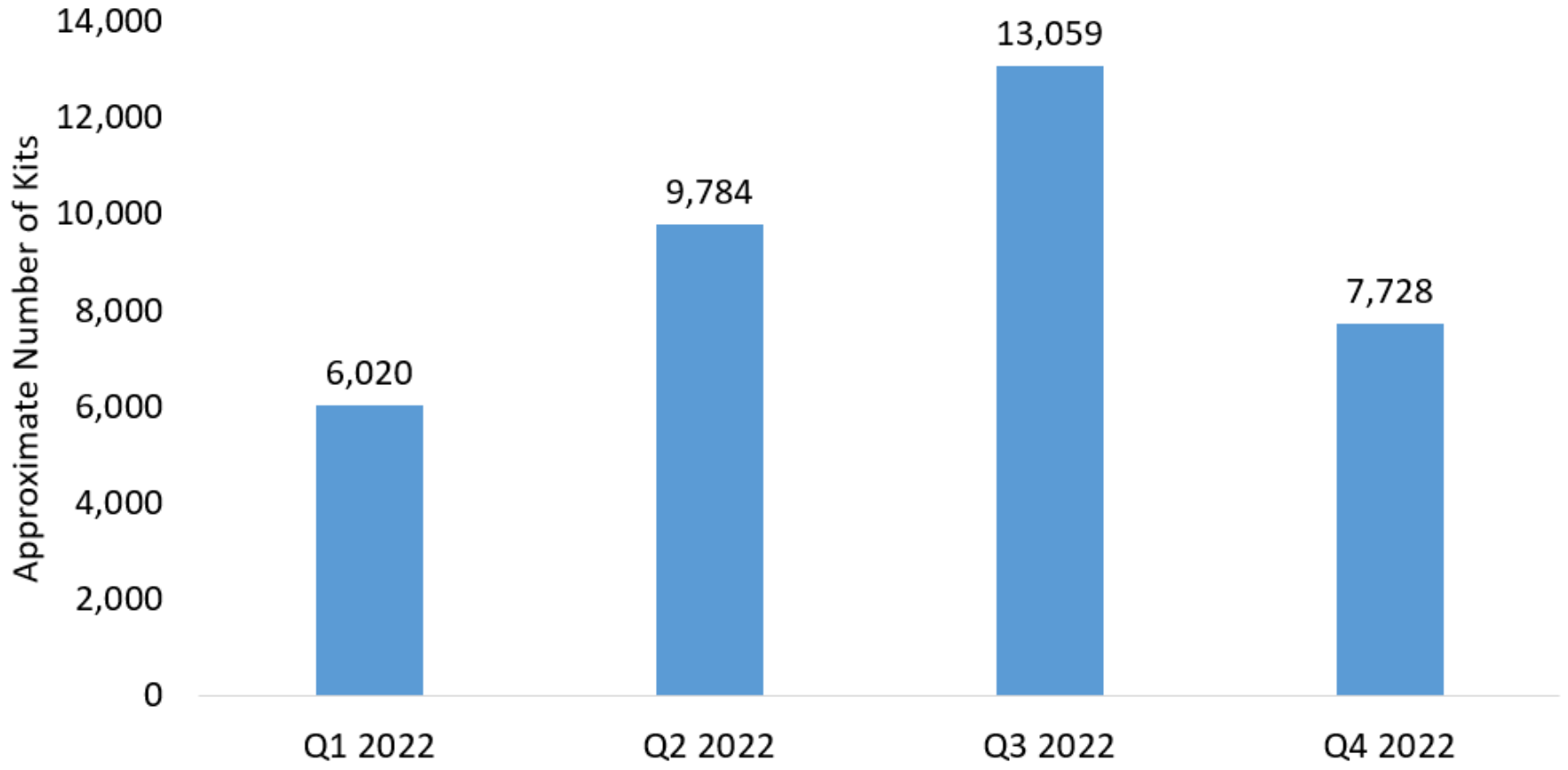
Number of Naloxone Kits Distributed January 2018-December 2022

In the last five years, the greatest number of **naloxone kits (36,590)** were distributed in 2022.



Number of Kits Distributed by Quarter, 2022

Greatest number of **kits (13,059)** were distributed in **Quarter 3 2022**.

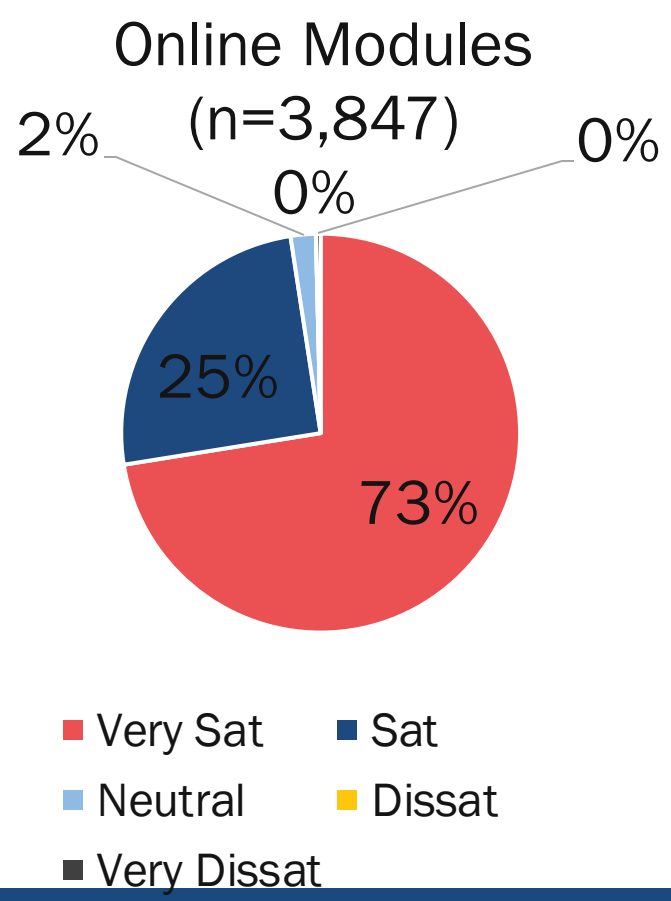


Trainings and Continuing Education March 2020 to March 2023

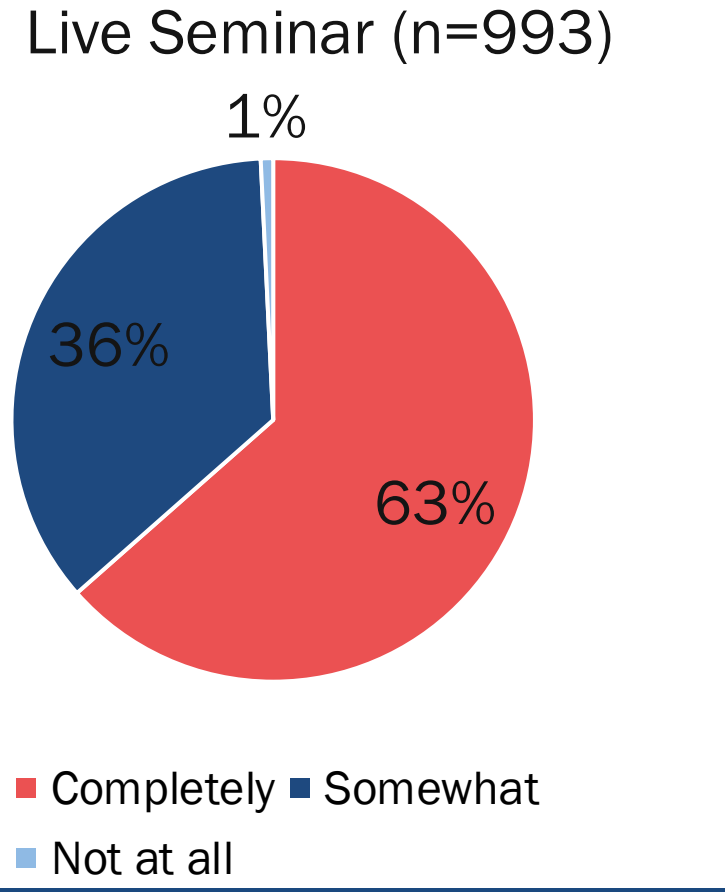
- 2,925 people attended live, one-hour seminars
  - Includes public trainings and local healthcare provider CE programs on overdose response.
  - Post-seminar overdose response confidence and satisfaction surveys collected from 993 individuals (33.9% response rate).
- 3,847 people completed post-seminar confidence and satisfaction surveys for online asynchronous naloxone training module.

Post-Seminar and Online Module Responses March 2020 to March 2023

How satisfied were you with the overall quality of this event?



How confident are you that you would know when naloxone should be initiated?



Summary of Trainings in 2023 (n=788)

Achievement First School	Fellowship Health Resources Pawtucket	Fellowship Health Resources Cranston	MET School Providence	Coastal Medical
Bradley Hospital	US Marshalls Providence Office	Health Services URI	Rhode Island Service Coordinator Collaborative	Providence Community Health Centers
Brown Medical School	URI Young Democrats Society	MET School Newport	Rhode Island Nursing Education Center	US District Court
Providence Public School District nurses	URI Libraries webinar series	Pawtucket Public School District Nurses	Point Judith Captain's Training	North Scituate Public Library
PACE-RI	URI PahHellinic Organizaitons	Central Falls Public Schools	West Bay School	Salve University

Future CFRP Activities: TEVA Settlement Buprenorphine/naloxone tablets

- Annually over 10 years
  - 6000 30-count bottles of buprenorphine/naloxone 8 mg tablets
  - 700 30-count bottles of buprenorphine 2 mg tablets
  - **~558 people treated per year – focus on under/uninsured**
- More people on treatment likely will decrease overall overdose incidence
- Scheduled for Fall 2023
  - Controlled substance distributor/wholesaler pharmacy licensed/DEA certified
  - Distribution to buprenorphine providers
    - Opioid treatment programs , Community pharmacies (e.g. in conjunction with Buprenorphine Hotline), Provider offices

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Questions?

Next Steps and Updates

RHODE ISLAND

Governor's Overdose Taskforce Updates

Cathy Schultz, Director of
Governor's Overdose Taskforce

RHODE ISLAND

Next Meetings

Carrie Bridges Feliz, Co-Chair,
OSAC

RHODE ISLAND

June Meeting Tentative Agenda

- Update on State Fiscal Years 23, 24, and 25.
- Equity discussion continued
- Subject Matter Experts and/or Funding Updates: TBD
- Updates and Next Steps
- Public Comment
- Adjourn

Upcoming Meeting Dates

All meetings scheduled at EOHHS, 3 West Road, Cranston from 1 – 3 pm

- Thursday June 22nd
- Wednesday July 19th
- Thursday August 24th

Public Comment

RHODE ISLAND

THANK YOU

Opioid Settlement Advisory Committee Chairperson:

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RHODE ISLAND

Appendix

RHODE ISLAND

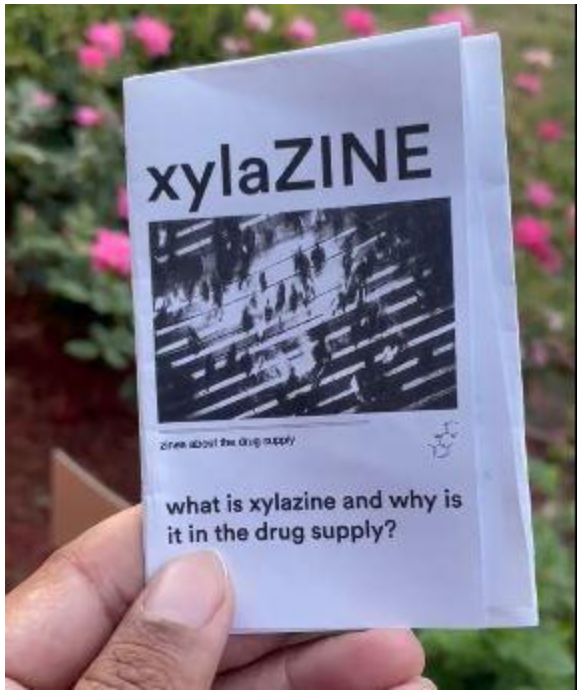
Anticipated Procurement Timeline for FY23 Funds

● = On Track / ● = At Risk / ● = Off Track / ● = Under Development / Too Soon to Tell

		Status:
October 2022	• Begin procurement processes for second 4 projects and send to Purchasing. At least 2 of the first procurements are posted.	●
November 2022	• Begin procurement process for the third group of 4 projects and send to Purchasing. Kick off additional 3 procurements.	●
December 2022	• Begin procurement process for the fourth group of 4 projects and sent to Purchasing. Kick off additional 5 procurements.	●
January 2023	• Continuing procurements and implementation. Working with Purchasing.	●

Xylazine: Information Now Available on PreventOverdoseRI.org

Information about xylazine, a veterinary tranquilizer that is showing up in the local drug supply, is now available on PreventOverdoseRI.org (PORI)'s Learn About Xylazine webpage.



Xylazine is not approved for human use. It can cause a deep and long-lasting sedation that can lead to injuries related to poor circulation and breathing problems, especially if used with other sedating drugs. While naloxone should be administered and a call placed to 9-1-1 in the event of an apparent overdose, special attention should be given to ensure that the person is breathing even if they remain unconscious. Long-term use of xylazine can lead to physical dependence and withdrawal symptoms, including irritability, anxiety, or low mood.

Xylazine use has also been associated with severe skin and soft tissue wounds and ulcers that can lead to infection. PORI's new webpage also offers information about wound care and local healthcare facilities specializing in wound care treatment.

In addition to the new webpage, testRI researchers, who work in a partnership with Brown University School of Public Health, Brown Emergency Medicine, community harm reduction organizations, and RIDOH, have developed a printed resource to provide information about xylazine. This eight-page booklet (known as a "Zine") spells out what xylazine is, where it is showing up in the drug supply, and more. You can download a printable xylaZINE here and watch this video tutorial to learn how to fold the zine.

Statewide Behavioral Health Public Awareness Campaigns

Small Amount/Fentanyl Risks (Phase 3)

Phase 3 has officially relaunched and includes paid ads for Connected TV (e.g., video streaming services via Hulu, Roku), bus shelters (within/near overdose hot spots), and new media tactics: SMS/MMS text messaging will work *in synchronization with* a targeted direct mail campaign is going to be requesting review and final approval by EOHHS and the Governor's Office; messages will be enabled within specific ZIP codes based on RIDOH's overdose hot spot data in alignment with Rhode Island Overdose Action Area Response (ROAAR) Public Health Alerts; YouTube video pre-roll advertisements; and Statewide movie theater trailers for R-rated movies.

Substance-Exposed Newborns (Phase 3)

Last week, RIDOH received a PO to start working with RDW Group to develop and launch Phase 3 of the "Pregnant? Using? We Can Help." campaign for pregnant people, mothers, and substance-exposed newborns. The campaign is funded by State Opioid Response (SOR) and SOR Block Grant funding, with the latter funding source specifically requiring content related to alcohol and marijuana use.

NEW: Polysubstance Use and Accidental Youth Poisonings

The statewide BH Conversation Team is currently developing public awareness campaigns on the topics of polysubstance use and accidental youth poisonings with local marketing vendor, RDW Group. These campaigns are being project managed by Ashley O'Shea of EOHHS; RIDOH is acting as a technical advisor. The polysubstance use campaign will start with paid digital media placements using CDC's national campaign and will direct people to PreventOverdoseRI.org. In addition, the polysubstance use and youth accidental poisoning campaigns will develop localized messaging based on substantial input from key informant interviews with community members/subject matter experts before proceeding with the development of messaging/creative and media planning.

Three Words Can Make a Difference (Phase 2)

The interagency, statewide Behavioral Health (BH) Conversation Team has relaunched the 2021 *Three Words Can Make A Difference* public awareness campaign. This campaign was originally developed in response to data findings from the BHDDH Public Attitudes survey, which showed 91% of Rhode Islanders believe that a person should not feel ashamed to get help, and that the majority of Rhode Islanders know or have known someone who has struggled with a behavioral health condition- but do not know how to help. The campaign encourages audiences to visit BHLink.org to learn how you can support someone in need. Phase 2 includes poster distribution throughout local colleges and universities.
You can access the campaign toolkit here.

State Fiscal Year 2023 Recommendations Update

RFP

State

Other

First Cohort

- Harm Reduction Centers Infrastructure and Technologies ($2.25 M)
- Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media) ($1.0 M)
- Basic Needs Provision for High-Risk Clients and Community Members ($700,000)

Second Cohort

- Substance-Exposed Newborns Interventions and Infrastructure ($600,000)
- BIPOC Industry Workers and Chronic Pain Treatment and Prevention ($500,000)
- Expanded Street Outreach—Including Undocumented Resident Engagement ($1.5 M)

Third Cohort

- Recovery Capital and Supports—Including Family Recovery Supports ($900,000)
- Youth Behavioral Health Prevention in Schools and Communities ($4.0 M)
- Non-Profit Capacity Building and Technical Assistance ($1.0 M)

Fourth Cohort

- Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management ($1.5 M)
- Recovery Housing Incentives ($500,000)
- Housing Capital, Operating, and Services for High-Risk Communities ($1.75 M)

Fifth Cohort

- Alternative Post-Overdose Engagement Strategies ($750,000)
- First Responder/Peer Recovery Specialist Trauma Supports ($1.0 M)
- Additional SUD Provider Investments ($800,000)

Opioid Settlement Advisory Committee: State Fiscal Year 2023 Funding Recommendations

$18.75M Allocated below + $1.25M for Governance = $20M Total

	$3.45M, 17%	$4.5M, 23%	$2.8M, 14%	$2.0M, 10%	$6.0M, 30%
	Social Determinants	**Harm Reduction**	**Treatment**	**Recovery**	**Prevention**
Evidence-Based Activity	First Responder/Peer Recovery Specialist Trauma Supports ($1.0 M)	Expanded Street Outreach—Including Undocumented Resident Engagement ($1.5 M)	BIPOC Industry Workers and Chronic Pain Treatment and Prevention ($500,000)	Recovery Capital and Supports—Including Family Recovery Supports ($900,000)	Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media) ($1.0 M)
Identified Funding Need	Basic Needs Provision for High-Risk Clients and Community Members ($700,000)	Harm Reduction Centers Infrastructure and Technologies ($2.25 M)	Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management ($1.5 M)	Substance-Exposed Newborns Interventions and Infrastructure ($600,000)	Youth Behavioral Health Prevention in Schools and Communities ($4.0 M)
Requires Additional Coordination	Housing Capital, Operating, and Services for High-Risk Communities ($1.75 M)	Alternative Post-Overdose Engagement Strategies ($750,000)	Additional SUD Provider Investments ($800,000)	Recovery Housing Incentives ($500,000)	Non-Profit Capacity Building and Technical Assistance ($1.0 M)

SFY 2024 Funding Recommendations: Accepted by Secretary Novais

Gold = Treatment
Red = Program Administration
Light Grey = Prevention
Dark Grey = Recovery
Light Blue = Harm Reduction
Dark Blue = Social Determinants of Health

FY 24 NEW PROJECTS		FY 23/24 SUSTAINABILITY		FY 24 RESPONSE/ADMIN	
$2,600,000 (25%)		$6,070,000 (59%)		$1,600,000 (16%)	
SUD Residential and Workforce Support*	$600,000	Housing and Recovery Housing/Supports	$2,620,000	Emergency Response	$500,000
BIPOC Youth Development	$800,000	Youth Prevention Programming	$1,150,000	Program Administration	$600,000
Drop-In Center for Drug User Health*	$150,000	Harm Reduction Center and Treatment Capacity	$1,250,000	Project Evaluation	$500,000
Naloxone Distribution Infrastructure*	$500,000	Expanded Street Outreach	$1,050,000		
Undocumented and Uninsured MAT Coverage*	$550,000				

Guiding Principles for Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

Spend money to save lives.	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
Use evidence to guide spending.	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
Develop a fair and transparent process for funding recommendations.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

**The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

Reminder: Consensus-Building Approach

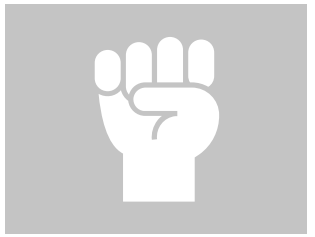
The Opioid Settlement Advisory Committee will be using a Modified Consensus-Building Approach.

Recommendations will be reviewed, discussion will be held, and intermittent polls for consensus using the cards shown will be taken. Once modified consensus is achieved, a motion for a vote will be requested, as will a second.

THUMBS UP:
- Strongly agree with the proposal at hand as initially presented.
- No questions or concerns remaining and fully ready to vote.

THUMBS SIDEWAYS:
- Can live with the proposal at hand as initially presented and/or modified.
- Limited questions or concerns remaining and generally ready to vote.

THUMBS DOWN:
- Cannot live with the proposal at hand as initially presented and/or modified.
- Several questions or concerns remaining and not ready to vote.



NO THUMBS:
- Abstaining from vote (e.g., potential conflict, no preference)