

Drug Overdose Prevention and Rescue Coalition

Chair: Traci Craig Green, MSc, PhD, Brown University

Established: Fall 2012

Membership: Over 100 members including state police, local police, BHDDH, healthcare providers, Emergency Medical Services (EMS), and the recovery and treatment community.

First Responder Workgroup

Chaired by: Warwick PD & Woonsocket PD

Accomplishments:

- Trained and equipped state police, capital police and other police departments with naloxone
- Created First Responder Toolkit (to facilitate municipalities to adopt naloxone)
- Evaluation of the first responder naloxone trainings
- Integration of data field for naloxone use in pre-hospital setting within state EMS EHR
- Developed educational resources for consumers

Goals:

- 100 percent of RI law enforcement are trained and carry naloxone
- Law giving first responders greater liability protection under law (21-28 8.3)
- Establish sharing of information protocols for police and medical staff
- Early intervention education in high schools
- Eradicate sunset clause within Good Samaritan Law

Naloxone Workgroup

Chaired by: Miriam Hospital & URI Pharmacy

Accomplishments:

- Emergency regs. making pharmacists prescribers and prescribers pharmacists with respect to naloxone
- Naloxone in the pharmacies (Walgreens, Butler, CVS)
- Naloxone on Medicaid formularies
- Naloxone in the EDs of Lifespan, Care New England (limited)
- Naloxone at ACI (limited pilot)

Goals:

- 100% of at-risk ED patients are given a naloxone kit upon discharge
- 100% of at-risk inmates are given a naloxone kit upon release from ACI
- Funding to address other, special populations (youth, Vets)
- Incorporate overdose prevention and naloxone administration training as part of *existing* CPR training graduation requirement for all RI high school students

Treatment/Recovery Workgroup

Chaired by: BHDDH

Accomplishments:

- Residential and detox naloxone training and equipping program
- Naloxone distributed to all patients upon discharge from state-run treatment facilities
- Recovery coaches are available on-call in some EDs during the weekends

Goals:

- Recovery coaches available in all EDs during all hours
- Naloxone distributed to all patients upon discharge from all treatment facilities
- 24 hour recovery hotline and 24 hour treatment/recovery services
- Expand the use of Brief universal interventions for schools and communities, working with the BHDDH SAMHSA-funded task forces and communities
- Mandatory health insurance coverage for the methadone maintenance tx

Data/Surveillance Workgroup

Chaired by: Brown University

Accomplishments:

- 48 hour mandatory reporting of opioid overdoses from hospitals

Goals:

- Develop statewide mechanism to track naloxone distribution and use
- Develop and institute a “dashboard” for tracking quarterly impact of approaches and a “report card” approach for communities (eg., OPIOID SAFE COMMUNITIES), for opioid overdose prevention and safety efforts
- Create a medical examiner case record review group to address unintentional drug overdose

Cross-subgroup accomplishments:

- Rally for Recovery organizing, overdose prevention and response awareness, and naloxone trainings at the rally
- Community Forums
- Poster provision/distribution to local sites
- Trainings ongoing in community
- Representation at local/regional/national meetings (AGs Office, White House/ONDCP events)

Requests for resources, policy changes, and guidance

- Funding for operations (running a centralized naloxone tracking/coordinating the programs of the coalition, cross agency coordinating and managing)
- Funds for Evaluation of our efforts
- More collaborations across agencies, especially for special populations (young people/dept of education, law enforcement; veterans/VA; and prisoners/probation/parole- DOC, law enforcement)



Department of Health
Three Capitol Hill
Providence RI 02908-5097
TTY: 711
www.health.ri.gov

August 1, 2014, 2014

To Whom It May Concern:

During the past decade, drug overdose deaths have dramatically increased becoming a very serious, public health epidemic. Drug overdoses are now a leading cause of accidental death in Rhode Island, with more people dying annually from overdoses than from homicide, fire, and car crashes combined. In this year alone, to date, there have been 88 confirmed, unintentional drug overdoses deaths.


On behalf of the Departments of Health, Behavioral Healthcare, Developmental Disabilities and Hospitals, Rhode Island State Police, and the Rhode Island Police Chiefs Association, we urge RI municipal police departments take advantage of any and all of the resources in the enclosed First Responder Drug Overdose Prevention Toolkit, including:

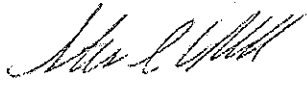
- I. Model naloxone policy that can be adapted to meet the needs of your department
- II. Naloxone First Responder Fact Sheet
- III. How to schedule a naloxone training
- IV. How to obtain a drug disposal unit for your department
- V. How to host a community forum on drug overdose prevention
- VI. Materials officers can leave with at-risk consumers and instructions on administering naloxone.

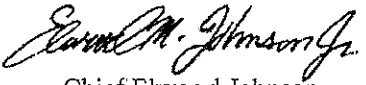
Drug addiction is a serious disease and drug abuse and overdose is a public health problem that not only directly impact families, but also has devastating consequences on neighborhoods, first responders, and the health care system. The role of law enforcement is to protect and serve the public and to preserve life. The resources in this toolkit will provide law enforcement agencies and their officers with the knowledge and materials to educate and engage the community; intervene in reversing an overdose, and save lives.


Thank you for your consideration. If you would like more information, electronic versions of the enclosed tools, or would like to request bulk copies of the educational resources, please contact Jennifer Koziol at 401-222-4964 or Jennifer.koziol@health.ri.gov.

Respectfully submitted,


Michael Fine, MD
Director of Health


Colonel O'Donnell
Superintendent RI State Police


Chief Elwood Johnson
President Police Chiefs Association


Craig Stenning, Director
Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals

I. MODEL NALOXONE POLICY

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilizations of the Nasals Naloxone (Narcan) administered by members of the _____ Police Department.

This policy recognizes the potential life-saving role officers play in their encounters with persons suffering from an apparent opioid overdose. As such, members need to recognize the signs and symptoms of a potential overdose as they attempt to protect and aid the individual at the earliest stage possible.

II. DEFINITIONS

- A. **DRUG INTOXICATIONS** – Impaired mental or physical functioning because of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedations, and attention impairment.
- B. **EMS** – Emergency Medical Services – Provide pre-hospital emergency medical care; such practitioners deliver out-of-hospital care for those with an illness or injury.
- C. **MAD DEVICE** – Mucosal Atomization Device – Intranasal Mucosal Atomization Device is used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream, brain, and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.
- D. **NALOXONE** – An opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
- E. **NARCAN** – 2mg/2ml prefilled syringes compatible with the intranasal mucosal atomization device (MAD) for nasal rescue.
- F. **OPIOIDS** – Heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone.
- G. **OPIOID OVERDOSE** – An acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance combined with an opioid, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
- H. **UNIVERSAL PRECAUTIONS** – Is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV, and other blood borne pathogens.

III. POLICY

It is the policy of the _____ Police Department to assist any person(s) who may be suffering from an apparent opioid overdose. Sworn members trained in accordance with the policy shall make every reasonable effort, to include the use of Naloxone, combined with rescue breaths, to revive the victim of any apparent drug overdose.

IV. PROCEDURES

A. TRAINING

1. Prior to issue, members shall be trained in the use of Naloxone by the Rhode Island Disaster Medical Assistance Team (DMAT); or designee;
2. Department recruits assigned to the Rhode Island Municipal Police Training Academy (or Providence Police Department Academy) shall receive training on to overdose emergencies, to include the use of Naloxone, as prescribed by the Police Officers Standards & Training Commission.
3. The Chief of Police, or his/her designee, shall ensure appropriate personnel receive refresher training every ____ years, which may be done in conjunction with First Aid/CPR Training
4. The _____ shall serve as the coordinator responsible for administering the department's Nasal Narcan program. (*NOTE: may add duties below)

B. ISSUANCE

1. Naloxone will be provided in a clearly marked kit for intranasal use
 - a. Each intranasal Naloxone kit shall include:
 - Instructions for administering intranasal Naloxone;
 - One (1) (single use) Luer-Lock prefilled syringe system (*NOTE: or two (2) if agency wishes);
 - One (1) MAD device, and
 - b. Members carrying Naloxone kit shall have a CPR face mask/barrier device available for mouth-to-mouth resuscitation.
2. All members of the Patrol Division are required to maintain the intranasal Naloxone kit and CPR face mask within their assigned cruiser at all times while on duty. (*NOTE: may add Traffic and Community Policing Units)
3. Any sworn member not required by this policy to carry a intranasal Naloxone kit may elect to carry the intranasal Naloxone kit, provided they have been properly trained and have a CPR face mask available. (*NOTE: Consider civilian jailers)
4. The holding facility/booking area shall be equipped with an intranasal Naloxone kit and a CPR facemask.
5. Nasal Narcan kits will be stored with any defibrillators located at police headquarters.

C. USE OF NALOXONE

If a member of this department encounters the victim of what appears to be a drug overdose, the member shall follow the protocols outlined in their nasal Narcan training:

1. Maintain universal precautions throughout overdose incident;
2. Notify communications of a possible opioid overdose in progress and request EMS response as well as a second patrol unit to provide scene cover and control. (*NOTE: additional patrol units is optional)
3. Keep communications apprised of condition of overdose victim throughout overdose incident;
4. Perform assessment – Check unresponsiveness, vital signs such as breathing and pulse. [Is the subject awake and talking; responsive to verbal stimulation only; response to painful stimulation only; or completely unresponsive?]
5. Check for medic alert tags (around wrist, necklace or ankles; indicating pre-existing medical condition).

6. Before the administration of Naloxone, member on scene shall ensure the subject is in a safe location and remove any sharp or heavy objects from the subject's immediate reach.
7. The sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing
8. Administer Naloxone using the approved MAD device;
9. Start rescue breaths using CPR face mask/barrier protection device and continue until victim is revived or EMS responds.
10. If after five (5) minutes of administering Naloxone, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, one (1) additional dose of Naloxone may be administered. Continue rescue breaths using CPR face mask/barrier protection device until victim is revived or EMS responds.
11. Seize all illegal and/or non-prescribed narcotics found on the victim, or around the area of the overdose, and process in accordance with _____ (specific OD property/evidence policy). (*NOTE: may be BCI/Detective function in some departments)
12. Once used, the intranasal Naloxone device is considered bio-hazardous material and shall be turned over to EMS or hospital personnel for proper disposal immediately following administration.

V. REPORTING

After utilization of Naloxone, members will:

- A. Prepare a "Naloxone Administration," no crime incident (OF) report in Records Management System (RMS) for documentation purposes to include a description of the individual's condition, behavior, deployment of Naloxone, medical response, hospital of transport, any narcotics seized and final outcome of department and medical personnel response.
- B. If an arrest occurs on-scene, such report shall be linked to the above offense report and indicated where the arrestee was and the person who reported the suspected overdose. (Note: provides tracking for Good Samaritan Laws)*
- C. The above reports shall be forwarded to _____. (*NOTE: suggest assigned PD coordinator tracking Narcan deployment, also narcotics unit suggested)

VI. STORAGE AND REPLACEMENT

- A. Inspection of the intranasal Naloxone kit shall be the responsibility of the member and shall be conducted during each scheduled shift.
 1. Check the expiration date found on either box or vial;
 2. Check condition of MAD device (considered sterile for approximately 4-5 years).
- B. Naloxone will be stored in accordance with manufacture's instructions and in department issued storage containers to avoid extreme cold, heat and direct sunlight.
- C. Missing, damaged or expired Naloxone kit(s) will be reported to _____. (*NOTE: suggest PD coordinator)
- D. Requests for replacement Naloxone kit(s) will be reported to _____.
- E. Patrol Division Supervisors shall conduct inspection of the Naloxone kits on a _____ basis and denote the equipment's condition in the line inspection report (*NOTE: suggest at least monthly – CALEA standard)

VII. PROVISIONS

- A. In Accordance with RIGL 21-28 8-4, the 'Good Samaritan Law':
 - 1. Any person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance cannot be charged or prosecuted for any crime under RIGL 21-28 (Uniform Controlled Substance Act) or 21-28.5 (Sale of Drug Paraphernalia) except for crimes involving the manufacture or possession with intent to manufacture or deliver a controlled substance, if the evidence for the charge was gained as a result of seeking medical assistance.
 - 2. Any person, who in good faith seeks medical assistance for someone experiencing a drug overdose or other drug-related medical emergency shall not be charged or prosecuted for any crime, except for the crimes described in VII, A, 1 above.
- B. Under the RIGL 21-29.8-3, Authority to Administer Opioid Antagonist-Release from Liability, dated 2012, any person can administer Naloxone to another person if he or she, in good faith, believes the individual is experiencing a drug overdose and acts with reasonable care in administering the drug to the overdose victim.
- C. Any member who administers Naloxone in accordance with this policy shall be deemed to be acting in compliance with RIGL 21-28.8-3 and not subject to civil liability or criminal prosecution.

II. NALOXONE FIRST RESPONDER FACT SHEET

WHAT IS NALOXONE?

- Naloxone, also known as Narcan, **reverses the effects of opioids**, such as heroin, morphine, fentanyl, codeine, methadone, and oxycodone
- Opioid overdose causes a person to stop breathing. Naloxone allows the individual to breath normally.
- Naloxone is a **prescription medication**, not a controlled/scheduled substance. It is non-addictive and does not lead to drug abuse.
- EMS and hospitals have used Naloxone for decades.
- Naloxone has no effect on those overdosing from benzos, cocaine, methamphetamine, or alcohol

BENEFITS

- Existing law enforcement-naloxone programs have resulted in **thousands of lives saved**.
- Increasing Naloxone access **does not increase drug use**.
- Naloxone training can help drug users find resources.

SIDE EFFECTS

- If a person is not experiencing an opioid overdose and is given Naloxone, no harm will be done.
- After Naloxone begins working, the individual will experience an opioid withdrawal, which may include pain, nausea, vomiting, sweating, and anxiety.
- Rarely, individuals become combative or violent.

STORAGE

- Store Naloxone out of direct sunlight (I E a standard orange medication bottle or inside its box).
- Naloxone must be kept at room temperature (59-86 F or 15-30 C)
- If stored improperly, Naloxone becomes weaker, not dangerous

HOW TO USE

- Naloxone begins to work in 3-5 minutes, lasting for 30-90 minutes.
- Rescue breathing must be preformed until the Naloxone begins to work, otherwise the body will lose oxygen, causing organ and brain damage.
- Any person given Naloxone must be taken to the emergency room/hospital immediately.

LIABILITY

- The Good Samaritan Overdose Prevention Act protects non-medical first responders and laypeople from civil and criminal charges when they administer Naloxone to another person in "good faith" and "with reasonable care".

ESTIMATED COST

- All prices will vary depending on the distributor and quantity ordered. Contact your municipal EMS for assistance ordering supplies

ITEM	MANUFACTURER	QUANTITY	UNIT PRICE	COST
Naloxone (2mg/2mL leu jet prefilled syringe)	Amphastar	2	\$30.00	\$60.00
MAD nasal atomizer	Teleflex	2	\$6.00	\$12.00
Nitrile gloves, pair	Various	1	\$0.50	\$0.50
CPR mask/barrier device	Various	1	\$7.00	\$7.00
Instruction pocket card	NOPE-RI	1	\$0.50	\$0.50
Carrying Case	Various	1	\$5.00	\$5.00
TOTAL				\$85.00

III. HOW TO SCHEDULE A NALOXONE TRAINING

CONTACT

Ariel Engelman, NRP CCP-C
RI DMAT – Naloxone and Overdose Prevention Education Program of RI
aengelman@riresponds.org

OBJECTIVES

1. Identify risk factors for overdose
2. Recognize and respond effectively to an overdose.
3. Give rescue breathing
4. Administer intranasal (IN) naloxone
5. Understand how the Good Samaritan Overdose Prevention Act applies to law enforcement, lay responders, and the individual experiencing the overdose.

OUTLINE

1. Opioids and Overdose in Rhode Island (5 minutes)
 2. Addiction, Overdose and Risk Factors (10 minutes)
 3. Overdose Recognition and Response (5 minutes)
 4. Law Enforcement Concerns (10 minutes)
 5. Hands-on Practice (15 minutes)
- 60 minutes total – 15 minutes reserved for pre and post-test evaluations

TEACHING METHODS

- Lecture (PowerPoint and handouts)
- Demonstration
- Hands-on practice
- Evaluation

IV. OBTAINING A DRUG DISPOSAL UNIT

WHAT?

- Drug disposal units allow for the anonymous collection and destruction of unused, unwanted, and expired prescriptions and other medications by providing a disposal unit accessible 24-hours a day at police department headquarters.
- A current list of drug disposal units in RI can be found at: <http://noperi.org/drugdisposal.html>

WHY?

- Keep potentially dangerous medications out of the home and away from children, teenagers, and thieves, while reducing the introduction of potentially harmful substances into the environment.

HOW?

FUNDING:

- CVS announced they will provide 1,000 police departments throughout the Country with Drug Disposal Units: www.cvs.com/promo/promoLandingTemplate.jsp?promoLandingId=saferr-communities&stop_mobi=yes
- Consider requesting funds through your local City/Town Substance Abuse Prevention Task Force: www.riprc.org/providers/page/2/?provider-type&provider-location

VENDORS:

- Most police departments utilize MedReturn who will provide specification and pricing. Current standard unit price is \$995.00. There is a smaller unit for \$695.00: www.medreturn.com
- Your local post office may be able to donate an old mailbox to re-purpose.

POLICY:

- Warwick Police has a Prescription Medication Disposal directive available upon request:
Sergeant Joseph Petrarca
401-468-4330
Joseph.a.petrarca@warwickri.com

SUGGESTIONS:

- Hold **press conference** to raise awareness
- **Post announcements** in public buildings and treatment centers, with permission.
- Provide signage that show accepted and not-accepted items. Provide **instructions** on where not-accepted items can be disposed of (i.e., syringes, aerosol cans, etc.).
- Provide substance use treatment **information/resources** on display near the unit.
- **Notify ALL staff** in your agency.

V. HOW TO HOST A COMMUNITY FORUM ON DRUG OVERDOSE

WHAT YOU WILL NEED

- *Time to plan* – prepare a few months in advance to arrange site, set-up speakers, promote event, etc.
- *Space*
- *Volunteers* - help promote event, copy materials for the event, set up, break down, greet attendees, pass around a sign-in sheet, etc.
- *Speakers* – see resources below for help with speakers
- *Promotional efforts* - press release and other marketing tools (social media, list serves, local paper, etc.)
- *Handouts* – see resources below for help with handouts
- *Sign-up sheet* for future communication and advocacy
- *Refreshments* - optional according to timing and length of event

INFORMATION OFTEN INCLUDED

- Background on overdose deaths in RI
- Efforts by the State to address overdose deaths
- What the community can do to decrease overdose deaths
- Addiction and Recovery information
- Time for community to share stories

HELPFUL RESOURCES – (data, speakers, handouts, press release, etc.)

- The Miriam Hospital's Preventing Overdose and Naloxone Intervention (PONI) Program: Michelle McKenzie, mmckenzie@lifespan.org, 401-487-2194
- R.I. Department of Health's Violence and Injury Prevention Program: Jennifer Andrade Koziol, JenniferAndradeKoziol@health.ri.gov, 401-222-4964
- RI Communities for Addiction Recovery Efforts: Holly Cekala, hcekala@ricares.org, 401-475-2960
- R.I. Behavioral Health Developmental Disabilities and Hospitals – Rebecca Boss, Rebecca.Boss@bhddh.ri.gov, (401) 462-0723
- Naloxone and Overdose Prevention Education Program of RI – Ariel Engelman, aengelman@riresponder.org, www.noperi.org
- Community Education Programs: Drug Prevention and Early Intervention Education for Parents and Youth: <http://pact360.org/programs/parents360>

LOCAL PARTNERS

If your community has a City/Town Substance Abuse Prevention Task Force, they are good partners in putting together a forum: www.riprc.org/providers/page/2/?provider-type&provider-location

FIND TREATMENT

STATEWIDE DETOXIFICATION SERVICES:

Phoenix House 295-0960
SSTAR 294-0419
Roger Williams Hospital 456-2000
Butler Hospital 455-6214

CENTRAL FALLS, CRANSTON, FOSTER/GLOCESTER, JOHNSTON, NORTH PROVIDENCE, PAWTUCKET, SCITUATE, SMITHFIELD AREA:

Community Mental Health Center: 723-1915
Gateway Healthcare, Inc. 553-1031
Pawtucket area
Johnston area

OPIOID TREATMENT PROGRAMS (METHADONE MAINTENANCE)

Addiction Recovery Institute 725-2520
The Journey to Hope, Health and Healing 946-0650
Center for Treatment and Recovery 727-1287

PROVIDENCE AREA:

Community Mental Health Center: 274-7111
The Providence Center
OPIOID TREATMENT PROGRAMS
(METHADONE MAINTENANCE) 942-1450
CODAC Providence 461-9110
Discovery House 941-4488
Providence Metro

COVENTRY, EAST GREENWICH, WARWICK, WEST WARWICK, WEST GREENWICH AREA:

Community Mental Health Center: 738-4300
The Kent Center
OPIOID TREATMENT PROGRAMS
(METHADONE MAINTENANCE) 737-4788
Addiction Recovery Institute

JAMESTOWN, LITTLE COMPTON, MIDDLETOWN, NEWPORT, PORTSMOUTH, TIVERTON AREA:

Community Mental Health Center: 846-1213
Newport County Community Mental Health
OPIOID TREATMENT PROGRAMS (METHADONE
MAINTENANCE) 846-4150
CODAC Newport

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FIND TREATMENT (continued from overleaf)

BURRILLVILLE, CUMBERLAND, LINCOLN, NORTH SMITHFIELD, WOONSOCKET AREA:

Community Mental Health Center: 235-7120
NRI Community Services
OPIOID TREATMENT PROGRAMS
(METHADONE MAINTENANCE) 762-1511
Discovery House

BLOCK ISLAND, CHARLESTOWN, EXETER, HOPKINTON, NARRAGANSETT, NORTH KINGSTOWN, SOUTH KINGSTOWN, RICHMOND, WESTERLY AREA:

Community Mental Health Center: 364-7705
Gateway Healthcare Inc.
South Shore Center

OPIOID TREATMENT PROGRAMS (METHADONE MAINTENANCE)

CODAC Wakefield 789-0934
The Journey to Hope, Health and Healing 569-0969

BARRINGTON, BRISTOL, EAST PROVIDENCE, WARREN AREA:

Community Mental Health Center: 246-0700
East Bay Center
OPIOID TREATMENT PROGRAMS
(METHADONE MAINTENANCE) 434-5999
CODAC East Bay

GET RECOVERY SUPPORT

ANCHOR COMMUNITY RECOVERY CENTERS PEER-TO-PEER SUPPORT SERVICES

www.anchorrecovery.org
249 Main Street, Pawtucket, RI 721-5100
890 Centerville Road, Warwick, RI 615-9945

**Telephone recovery support and
recovery coaches available every day.**

ADDICTION IS A DISEASE.

RECOVERY IS POSSIBLE.

TREATMENT IS AVAILABLE.

For additional resources call the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals at 462-4680 or visit www.bhddh.ri.gov/SA/application



HOW TO RESPOND TO AN OPIOID OVERDOSE

Signs of an overdose include:

- can't be woken up
- slow or no breathing
- fingernails or lips turning blue

1. Call 9-1-1

- tell them someone isn't breathing
- give an accurate description of your location

2. Perform rescue breathing

- tilt head back
- pinch nose
- seal your mouth over theirs
- give 1 breath every 5 seconds
- keep going until help arrives or they start breathing on their own

3. Give naloxone (Narcan®)

- injectable
- nasal naloxone

4. Stay until help arrives

- if you have to leave, roll the person on their side
- Don't let the person take any more drugs

DON'T BE AFRAID TO CALL 9-1-1!

Rhode Island has a Good Samaritan Law.

Callers to 911 and overdose victims are protected from prosecution if drugs are found at the scene.

SAVE A LIFE. GET NALOXONE.

Naloxone (Narcan) is an antidote used to reverse a drug overdose from heroin or prescription pain medications.

Naloxone is available without a prescription at ALL Walgreens locations across Rhode Island, and may be available at other pharmacies.

The cost may be covered by your health plan, and is covered by Medicaid.

HOW TO PREVENT AN OVERDOSE

- ▶ Don't trust your dealer.
- ▶ Don't use alone (no one can help you).
- ▶ Teach friends and family how to respond to an overdose and use naloxone.
- ▶ Don't mix drugs like benzos, alcohol, heroin, or pain pills.
- ▶ Not taking drugs for a while lowers your tolerance level. If you must restart, use a lower dose.
- ▶ Get treatment.
- ▶ Get recovery support.
- ▶ Stay in recovery. It works.

Naloxone treats the symptoms. Recovery treats the problem.

FIND TREATMENT

STATEWIDE DETOXIFICATION SERVICES:

Phoenix House 295-0960
SSTAR 294-0419
Roger Williams Hospital 456-2000
Butler Hospital 455-6214

CENTRAL FALLS, CRANSTON, FOSTER/GLOUCESTER, JOHNSTON, NORTH PROVIDENCE, PAWTUCKET, SCITUATE, SMITHFIELD AREA:

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Pawtucket area 553-1031
Johnston area

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727-1287

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OPIOID TREATMENT PROGRAMS (METHADONE
MAINTENANCE)
CODAC Newport 846-4150

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BURRILLVILLE, CUMBERLAND, LINCOLN, NORTH SMITHFIELD, WOONSOCKET AREA:

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OPIOID TREATMENT PROGRAMS (METHADONE MAINTENANCE)

CODAC East Bay 434-5999

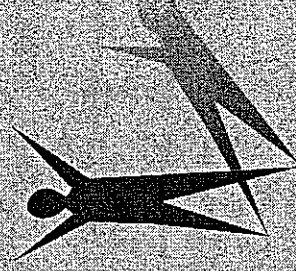
GET RECOVERY SUPPORT

ANCHOR COMMUNITY RECOVERY CENTERS PEER-TO-PEER SUPPORT SERVICES

www.anchorrecovery.org
249 Main Street, Pawtucket, RI 721-5100
890 Centerville Road, Warwick, RI 615-9945

**Telephone recovery support and
recovery coaches available every day.**

HOW TO RESPOND TO A DRUG OVERDOSE TO SAVE A LIFE: USE NARCAN®



For additional resources call the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals at 462-4680 or visit www.bhddh.ri.gov/SA/application



STEP 1: IDENTIFY OVERDOSE

If someone is not breathing or is struggling to breathe, call his or her name and rub your knuckles on the chest.

Other signs that may help you identify an overdose are:

blue or pale skin • small pupils • low blood pressure • slow heart beat • slow or shallow breathing
snoring sound • gasping for breath

STEP 2: ENSURE EMS IS ON THEIR WAY

Get medical help as quickly as possible.

STEP 3: GIVE RESCUE BREATHS

- Make sure nothing is in the person's mouth blocking the airway.
 - Place one hand on the chin and tilt the head back.
 - With the other hand pinch the nose closed.
 - Administer two slow breaths and look for the chest to rise.
 - Continue administering 1 breath every 5 seconds until the person starts breathing on his or her own. Continue this for at least 30 seconds.
- If the person is still unresponsive, administer Narcan (naloxone).

STEP 4: GIVE NARCAN

Follow the instructions on the naloxone package insert. While preparing the naloxone for administering, continue giving rescue breaths.

STEP 5: STAY UNTIL MEDICAL HELP ARRIVES

Naloxone can make someone enter withdrawal.

They can also go back into overdose if they took a long-acting opioid. Repeat doses of naloxone may be needed.

STEP 6: MAKE SURE FAMILY AND FRIENDS KNOW HOW TO ACCESS TREATMENT AND RECOVERY

Rhode Island has a Good Samaritan Law. Callers to 911 and overdose victims are protected from prosecution if drugs are found at the scene.

**CALL 9-1-1
DON'T BE AFRAID TO**

**SAVE A LIFE.
GET NALOXONE.**

Naloxone is an antidote used to reverse a drug overdose from heroin or prescription pain medications.

health.ri.gov

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Naloxone (Narcan®) is available without a prescription at ALL Walgreens locations across Rhode Island, and may be available at other pharmacies. The cost may be covered by your health plan and is covered by Medicaid.

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Treatment is available.**

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Free 24 hour Confidential Helpline:

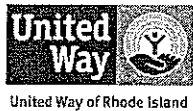
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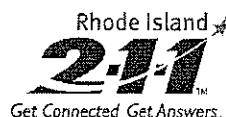
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