Community forum seeks ways to quell overdose epidemic in RI
Less than 20 percent of physicians use prescription monitoring database

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PROVIDENCE – At a community forum on overdose prevention held February 19 at the Miriam Hospital, Director of the R.I. Dept. of Health Dr. Michael Fine’s words gave the grim statistics: seven more dead of drug overdoses in the past week, 45 since January. He said that 28 of the dead had shown evidence of fentanyl-laced heroin in their bloodstream.

On the podium, gold lights remembered the dead and symbolized the hope that something can be done to reverse the epidemic. Kim, a mother from Woonsocket, was one of a handful of parents who put a face to the numbers. “I lost my son from an overdose a week-and-a-half ago. He is being buried tomorrow.”

One man related how he has been in recovery for 40 years. He has lost one son to addiction; another has been sober for six years. He also has a grandson in recovery, he said. His purpose in speaking was to describe the sense of isolation a person suffering from addiction often feels, and the stigma attached to it.

“This stigma can keep people from accessing care,” said Rebecca Boss, the administrator of Behavioral Healthcare Services for the state. She said the medical community, too, has much to learn about medication-assisted addiction recovery and related the story of a physician who would not prescribe methadone to a patient, because he didn’t like the drug. “That’s like offering a patient open-heart surgery because the doctor doesn’t like angioplasty. Abstinence does not work – medicated-assisted recovery in a treatment plan does.”

She said expanding treatment options in “health homes” and access to the opioid antagonist Narcan once patients leave treatment can save lives. “Patients are most vulnerable when they first step out the treatment door,” she said.

A.T. Wall, director of the Dept. of Corrections, said those leaving incarceration are at great risk of relapse into drug use and said the department is engaged with Dr. Jody Rich in a pilot project providing suboxone and

Data source: Office of the Rhode Island Medical Examiners, 2009–2012
educational training to inmates before returning them to the community.

Miriam Hospital researcher Michelle McKenzie, director of the Preventing Overdose and Naloxone Intervention (PONI) program at Miriam, educates high-risk populations on drug-overdose risk and prevention, and trains them to administer Naloxone, and then distributes the drug following training. She said making the drug available, such as Walgreen’s does, saves lives.

Dr. Fine said key intervention strategies have been implemented in the state over the past year and that Naloxone is now available to anyone at all Walgreens pharmacies without a prescription. In addition, the Dept. of Health launched its prescription monitoring program, but it has been under-utilized. Only 18 percent of prescribers have registered. He would like to more physicians utilize it, and for the program to expand and include schedule IV and V drugs prescribed nationwide. The program now allows prescribers to currently see what schedule II and III drugs their patients are taking in the state.

At the forum, Craig S. Stenning, the director of the Department of Behavioral Healthcare, said the department recently issued emergency regulations requiring that all substance abuse and mental health treatment agencies in Rhode Island have their staff educated in overdoses and the use of Naloxone and then to provide that education to all of their patients.

In addition, state police officers are now being trained to administer the opioid antidote and should soon have Narcan on the job as they are often first responders to overdose cases. Kim, the mother from Woonsocket, hoped it gets to her town’s local police.

Presenters at the forum stressed prevention, expanded treatment options, increased behavioral health funding, and reducing the stigma attached to addiction all need to happen before the epidemic can be controlled.

The forum was sponsored by RI-CARES, an advocacy and recovery organization, the Miriam Hospital, the Department of Health, and the state department of Behavioral Healthcare.