

New Law Expands Access to Prescription Monitoring Program

PROVIDENCE – Last week, Gov. Lincoln Chafee signed into law legislation to expand the categories of individuals authorized to access and use the Prescription Monitoring Program database and requiring all practitioners to register with the Department of Health monitoring database as a condition of the initial approval of or renewal of the practitioner's authority to prescribe controlled substances.

The new law takes immediate effect. It will allow other authorized designees of a practitioner or pharmacist to access the database on the practitioner's or pharmacist's behalf, provided the designee is employed by the same professional practice or pharmacy, that that practitioner or pharmacist takes reasonable steps to ensure that such a designee is sufficiently competent to use the database and that the ultimate decision as to whether or not to prescribe or dispense a controlled substance remains with the practitioner or pharmacist.

Under the ongoing DoH monitoring program, prescribers and pharmacies must use the program each time a controlled substance is prescribed and review the database to see if other prescribers have already given a patient a similar medicine or medication that might cause a serious drug reaction.

If a pattern of overuse or over-prescribing is detected, prescribers and pharmacists are encouraged to help stop it; pharmacists, for instance, may refuse to fill a prescription based on a concern of addiction. ❖

State Troopers now Equipped with Narcan

PROVIDENCE – Colonel Steven G. O'Donnell, Superintendent, of the Rhode Island State Police and Commissioner of Public Safety, announced the full deployment of Narcan to members of the Rhode Island State Police. This is in response to the epidemic of drug overdose deaths in Rhode Island this year. Narcan counteracts the effects of opioid overdoses.

The Rhode Island Disaster Medical Assistance Team (DMAT) conducted a training for all sworn members of the Rhode Island State Police on the administration of Narcan, which is delivered by nasal spray. Concurrent with the training, the State Police Planning, Research, and Accreditation Unit, in consultation with other law enforcement agencies, developed a policy for Narcan use and administration. This policy is now serving as a model policy for other state and municipal police departments.

DMAT ordered 300 doses of Narcan for the State Police that they made up into a kit including a tamper evident, sealable carrying case, a single dose of Narcan, a laminated instruction card, gloves, and atomizer to deliver the Narcan nasal spray. The total cost to the State Police for the 300 complete kits is \$35.50 per kit. DMAT also assembled the kits at no cost to the State Police. The kits were paid for with federal drug forfeiture funds.

The kits will be distributed as follows: 158 kits to uniformed patrol troopers and 23 kits to detectives. Training will then be held for the Rhode Island Division of Sheriffs, who will receive 55 kits, and the Rhode Island Capitol Police, who will receive 15 kits. At the request of Richmond, Burrillville, and Hopkinton Police, they will receive 15 kits each. The remaining 4 kits will be kept for surplus. ❖

Health Department Reports Number of Babies Born Dependent on Drugs Doubles *Neonatal Abstinence Syndrome rates rising in tandem with drug overdose rates*

PROVIDENCE – Rates of Neonatal Abstinence Syndrome have continued to rise in Rhode Island after nearly doubling from 4.4 per 1,000 live births in 2005 to 8.3 per 1,000 live births (90 cases) in 2012. Already in the first quarter of 2014, 26 newborns (11.0 per 1,000* live births) have received the Neonatal Abstinence Syndrome diagnosis. The rising rates are significant in that they parallel the rising rates of unintentional drug overdose deaths in recent years.

Neonatal Abstinence Syndrome refers to the withdrawal and series of ill effects often experienced by a child born to a mother dependent on illicit drugs or pharmaceutical drugs (most commonly opioids like prescription

pain medications or heroin).

"This is an example of the intergenerational tragedy in our state caused by the disease of addiction," said Director of Health Michael Fine, MD. "Every baby deserves a healthy start in life. We can—and must—minimize the devastating impact of Neonatal Abstinence Syndrome by supporting women and families at risk for addiction before, during, and after pregnancy through evidence-based services like our Nurse-Family Partnership, Healthy Families America, and Parents as Teachers home visiting programs."

Mothers giving birth to babies with Neonatal Abstinence Syndrome are on average about 30 years old, and many

have completed some post-secondary education. The majority holds at least a high school diploma or GED and is single, on public health insurance, white, and non-Hispanic.

HEALTH analyzed newborn screening and hospital discharge data for babies born to Rhode Islanders in the state's birthing hospitals to calculate rates of Neonatal Abstinence Syndrome and associated maternal demographics.

Rhode Island already screens all newborns for a variety of health conditions and risk factors, including Neonatal Abstinence Syndrome. I

* Data are provisional