

THE  
UNIVERSITY  
OF RHODE ISLAND



CFRP

COMMUNITY FIRST RESPONDER PROGRAM



# Learning Objectives

- Describe the implementation of naloxone distribution and other harm reduction services in rural New England
- Distinguish components of the unregulated drug supply
- Develop harm reduction care plans for people who use unregulated substances
- Dispel myths related to overdose response



# Self Assessment Question 1

Which of the following may be a barrier to appropriate naloxone administration in an overdose situation?

- A. Beliefs that naloxone should be dosed until the person wakes up
- B. Use of hands-only CPR
- C. Difficult to use dosage form
- D. Potency of fentanyl and fentanyl analogues

## Self Assessment Question 2

Which of the following is a common active cut in the unregulated drug supply that may result in vasculitis and agranulocytosis?

- A. Xylazine
- B. Phenacetin
- C. Levamisole
- D. Tramadol

# Goals of the Community First Responder Program

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- Educate rural communities about substance use and opioid use disorder
- Provide resources to rural 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 in Rhode Island (ROTA 2019)

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- Educational seminars on demand at “Request a Seminar” [uri.edu/CFRP](http://uri.edu/CFRP)
  - General public, police/fire/rescue, medical staff
- Naloxone distribution at CVS locations
- Naloxone distribution by US Mail
  - Online interactive training module “Become a Community First Responder” at [uri.edu/CFRP](http://uri.edu/CFRP)
  - Prevent Overdose RI - Get Naloxone
- Continuing Education programs for healthcare providers (live in-person & online)
- Collaboration with RIDoH to provide naloxone distribution to non-profit community partners







# CFRP Website

[uri.edu/CFRP](http://uri.edu/CFRP)

## Learn how to reverse an overdose

Become a Community First Responder with our ten minute certification module and receive free Narcan.

[TAKE THE COURSE](#)

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

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](#)



# Current staffing and distribution model

## – CFRP and PORI

- Program Director
- Program Manager
  - Massiel Almond Frias, LMHC
  - Fluent in Spanish
  - Operational aspects, program development and translation, purchasing, student scheduling
- Pharmacy Technician II
  - Tammy Whan, CPhT
  - Labeling, mailing, delivery, data entry
- Supplies mailed and/or distributed
  - Fentanyl test strips
  - Intranasal naloxone 4mg
  - Safer smoking kits
    - Straight pipe glass
    - Bubble pipe glass
    - Screens, lip care, push sticks
      - Help reduce exposure to toxic fumes
      - Help reduce shattering from thin glass
  - CFRP certificates of completion for online educational modules

# Distribution Data

## March 2020 to March 2023



# CFRP

COMMUNITY FIRST RESPONDER PROGRAM

**PREVENT  
OVERDOSE RI** 

Distribution efforts at community events and via US mail:

- Over 9,000 naloxone kits
- Over 21,000 Fentanyl Test Strips
- 60 safer smoking kits

Distribution to community non-profit partners:

- 2023 - 7,168 naloxone kits
- 2022 – 34,872 naloxone kits



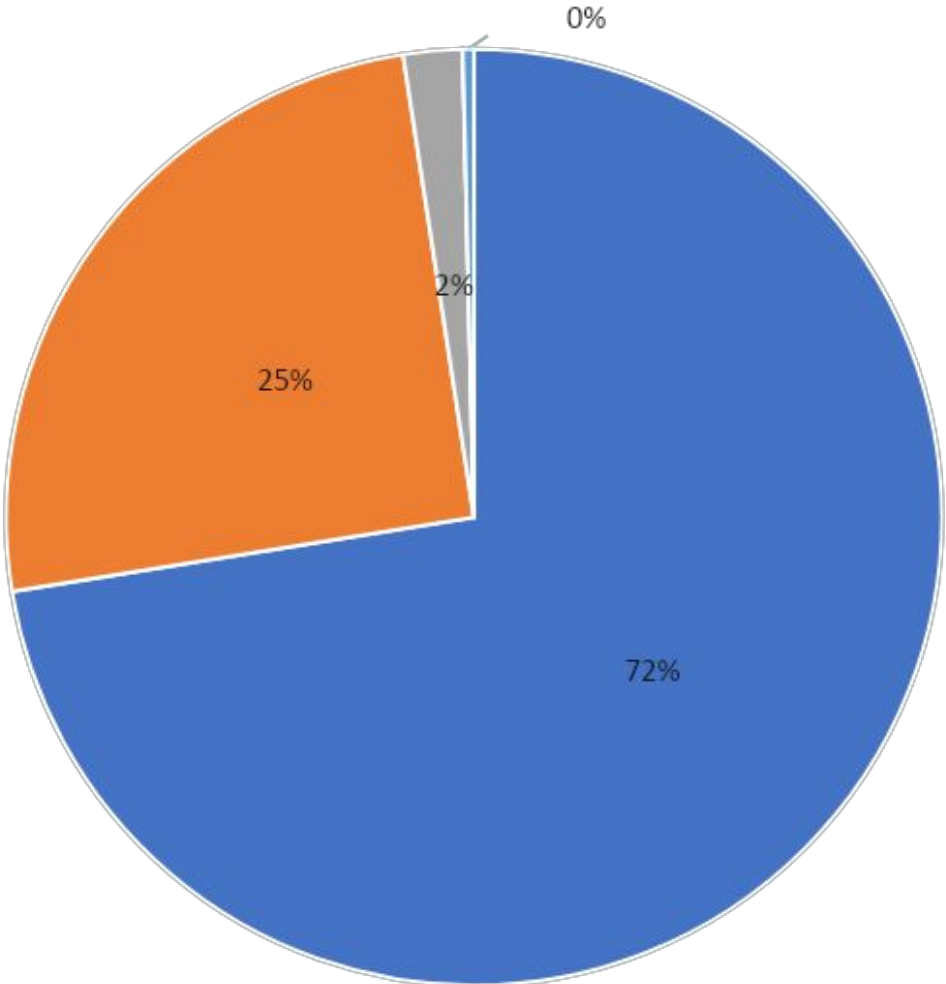
# Trainings and Continuing Education March 2020 to March 2023

- 2,925 people attended live one-hour seminars
  - Includes public trainings and local HCP continuing education 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?

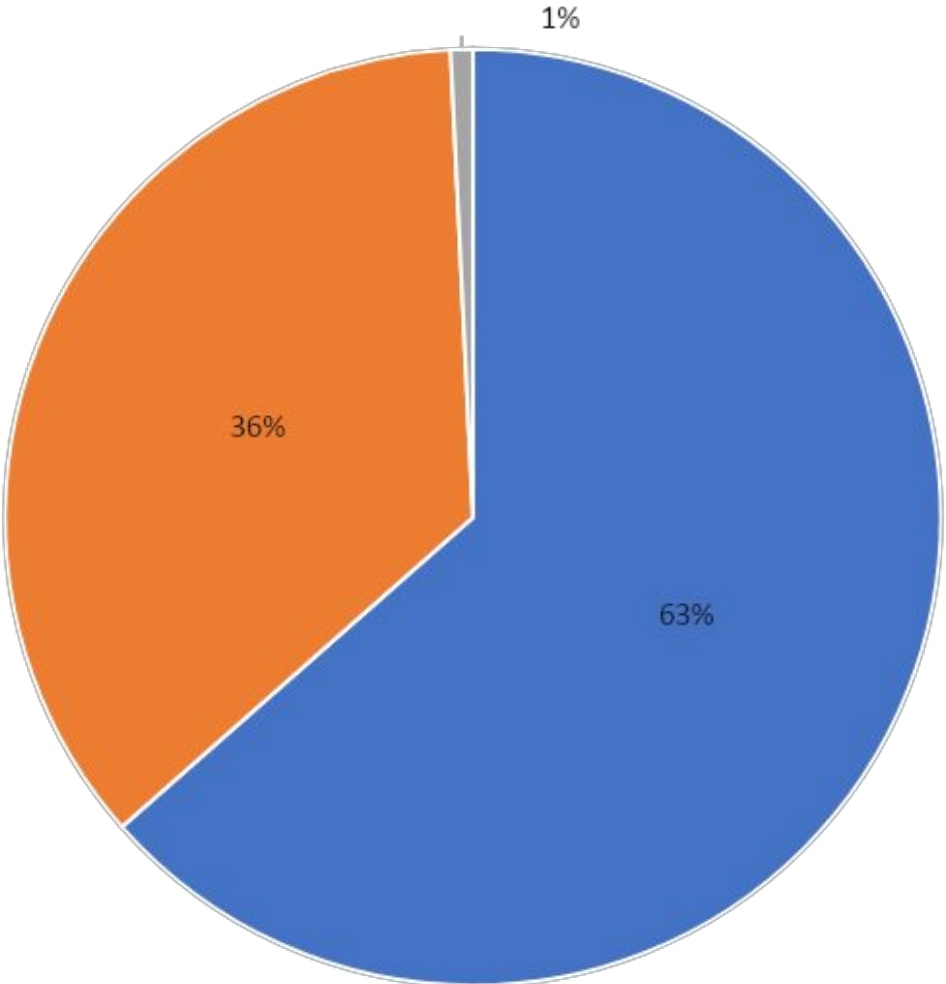
Online Modules



Very Sat Sat Neutral Dissat Very Dissat

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

Live Seminar



Completely Somewhat Not at all



# Proposed CFRP Activities Region 1 (ROTA-R 2022)

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- Educational seminars for faculty, staff and students at partner institutions
  - Pre- and Post-training evaluation surveys for knowledge and confidence with overdose recognition and response
- Naloxone distribution by US Mail (per state regulations)
  - Online state-specific interactive training modules “Become a Community First Responder”
  - Housed at partner institution websites
  - Post-training evaluation survey for confidence and satisfaction with module
- Continuing Education programs for healthcare providers created in collaboration with partner Colleges of Pharmacy (Maine, Massachusetts and Connecticut)



The University of Vermont



THE UNIVERSITY OF  
**MAINE**

**CFRP**  
COMMUNITY FIRST RESPONDER PROGRAM

**UPGRADE YOUR FIRST AID KIT**



**PREVENT OVERDOSE RI** 

**GET NALOXONE!**



**NALOXONE HCl NASAL SPRAY 4mg**

OPEN HERE FOR QUICK START GUIDE

4 mg NALOXONE NASAL SPRAY 4 mg NALOXONE NASAL SPRAY

VISIT [preventoverdoseri.org/get-naloxone](http://preventoverdoseri.org/get-naloxone)



**WNE**  
WESTERN NEW ENGLAND  
UNIVERSITY

**HUSSON**  
UNIVERSITY  
School of Pharmacy



# Trends in the Unregulated Drug Supply

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Counterfeit pills - may appear identical to Adderall, Percocet, Xanax, etc

May contain enough fentanyl to be deadly to a person who is opioid naive

Impact of Adderall shortage? Impact of refusing to fill opioid Rx for pain?





Providence Sept 2022 sold as  
Percocet blue 30mg

- Fentanyl\* (O)
- Para-fluorofentanyl (O)
- Beta-hydroxyfentanyl (O)
- Xylazine (A)
- Caffeine (A)
- Tramadol (O)
- Phenacetin (A)
- Acetylfentanyl (O)
- Cocaine (S)
- Levamisole (A)
- Acrylfentanyl (O)

Key:

O = opioid

A = active cut

S = stimulant



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## Xylazine

- Centrally acting alpha 2 adrenergic agonist
- Hypotension, bradycardia, profound and prolonged sedation not responsive to naloxone, severe SSTI from peripheral hypoxia
- Harm reduction for sedation, education related to overdose response





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## Tramadol

- Found as an active cut in substances across RI from low levels to most of the sample
- Increased risk of seizures, hypoglycemia and drug interactions
- SSRIs and/or methamphetamine may increase risk of serotonin syndrome



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East Greenwich November 2022

sold as Crack

- Cocaine\* (S)
- Levamisole (A)
- Phenacetin (A)
- Fentanyl (O)
- Nicotine (A)
- Methamphetamine (S)

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## Phenacetin

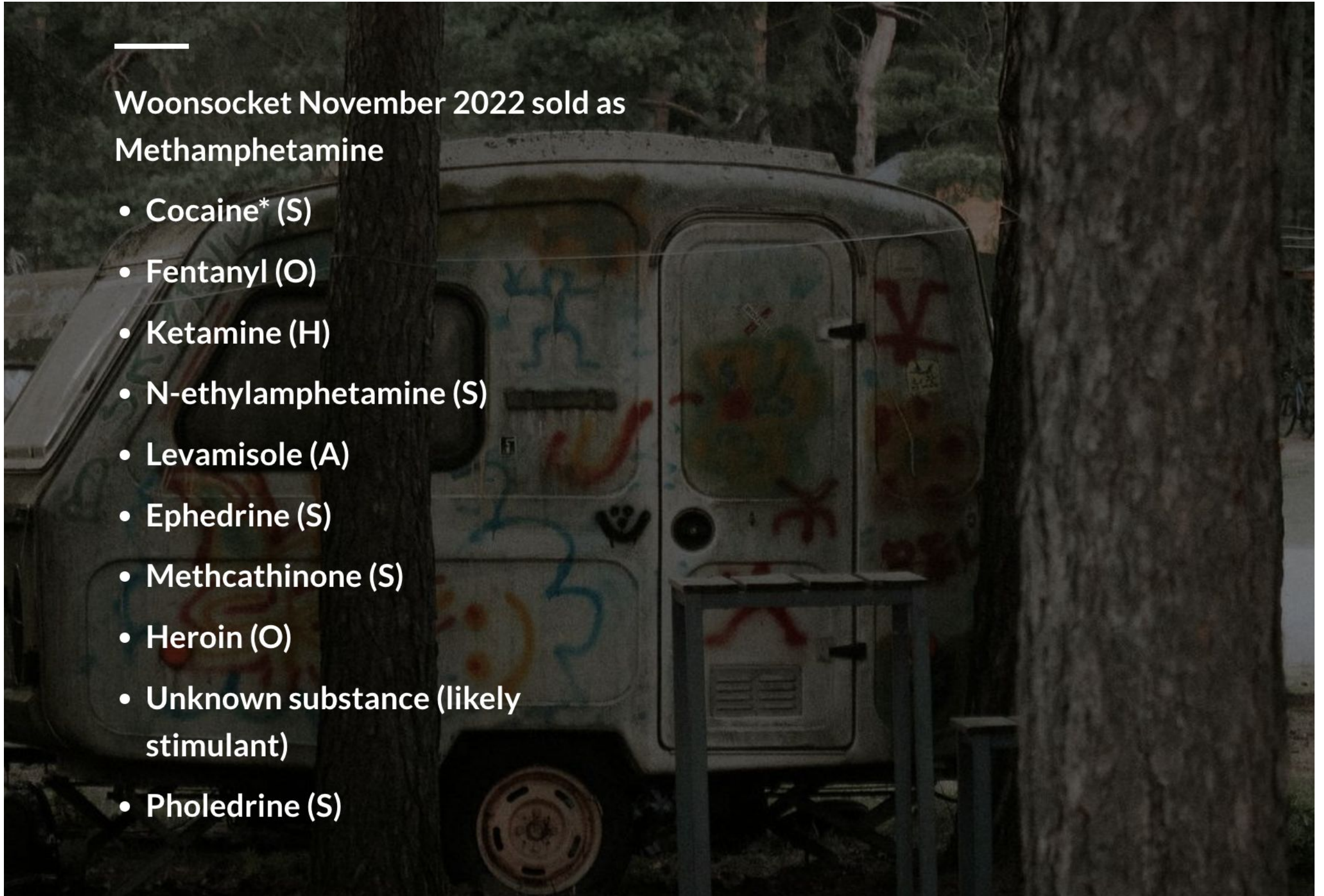
- Commonly administered for pain in the early 1900s
- Withdrawn by the FDA in 1983 due to nephrotoxicity and carcinogenesis
- Increasingly present in the unregulated drug supply as a cutting agent sometimes referred to as "magic"



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**Woonsocket November 2022 sold as  
Methamphetamine**

- Cocaine\* (S)
- Fentanyl (O)
- Ketamine (H)
- N-ethylamphetamine (S)
- Levamisole (A)
- Ephedrine (S)
- Methcathinone (S)
- Heroin (O)
- Unknown substance (likely  
stimulant)
- Pholedrine (S)







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## Levamisole

- Antihelminthic drug approved for use in veterinary medicine
- Metabolized to aminorex which enhances stimulant effects
- Common active cut with crack, meth and/or cocaine
- Vasculitis (severe), agranulocytosis, may decrease metabolism of alcohol



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**More and more states legalizing recreational use**

**Is there fentanyl in cannabis?**

**Synthetic cannabinoids "Spice" "K2"  
MDMB-4en-PINACA was found in  
two donated drug samples in Rhode  
Island reported to be sold as  
fentanyl**



# Harm Reduction

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Examples of harm reduction include:

- Housing first
- Safe kits
- Naloxone and FTS
- Wound care, ID testing
- Nutrition, medical care
- Safe locations
- Drug checking services
- Safe supply





# How to use a fentanyl test strip to help prevent overdose



A deadly opioid called **fentanyl** is being added to drugs like **heroin, cocaine, and pills**.

Fentanyl test strips can tell you whether or not you have fentanyl in your drugs. You can follow these steps to use a fentanyl test strip to prevent overdose.

## Step 1 - Add water

Testing residue



Add 10 drops of sterile water to your cooker after you have drawn your shot and stir well.

Testing pills or powder



Add water to an empty bag with residue in it and mix well. If you have pills, break a piece off and stir it into water.

## Step 2 - Test



Hold the blue end of your test strip and dip it into the water for 15 seconds. Be sure you only dip up to the wavy lines.

## Step 3 - Wait



Wait two minutes until you can see lines show up in the middle.

## Step 4 - Results



1 line - Positive for fentanyl



2 lines - Use caution

Read your test results. One line means that your drugs have fentanyl in them. **No drugs are 100% safe.**

## What can I do after I get my test result?

1. I can have naloxone with me
2. I can have someone with me who can call 911 and give me naloxone if I overdose
3. I can go slow and use less

**\*\*Fentanyl test strips are designed to detect fentanyl and fentanyl analogues – however they are not guaranteed to detect all possible derivatives of fentanyl and no drug use is 100% safe\*\***

# Harm Reduction for Sedation

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- Never use unregulated substances alone
- Keep a close eye on anyone who is intoxicated or “nodding”
- Monitor breathing and heart rate – normal is 12-18 breaths per minute and 60-100 beats per minute
- Don’t allow people to be sedated or “nod” in weird positions
- Place padding under bony areas – heels, hips, shoulders, ankles, knees, etc
- Put people in the recovery position
- Roll person who is sedated from one side to the other every hour or more frequently

# Possible Naloxone Responses

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Breathing improves and person becomes responsive within 2-3 minutes

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Person starts breathing within 2-3 minutes but remains groggy and not fully responsive

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Person does not respond to first dose (RR < 10) and naloxone must be repeated in 2-3 minutes (continue to provide CPR - ventilation support)

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## KEY POINT

**The goal of naloxone is to restore breathing!**

**Not necessarily to restore consciousness!!**



# FREQUENTLY ASKED QUESTIONS



# Frequently Asked Questions

*What is my liability for helping someone who is overdosing?*

*What if I administer too much naloxone or it isn't an overdose?*

*Will the person I give naloxone to be combative with me when they awake?*

*Will naloxone or FTS distribution enable heroin users?*

*Is there fentanyl in Halloween candy?  
Is it being marketed to children?*

*Is fentanyl something I will inhale or absorb when trying to help someone?*



Rainbow fentanyl — fentanyl pills and powder that come in a variety of bright colors, shapes, and sizes (DEA)

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**Using dyes in street drugs is NOT a new phenomenon... Ecstasy, as an example, has for years come in different cartoon character shapes and colors, designed for adult recreation/clubs/pleasure**



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**According to the American College of Medical Toxicology and the American Academy of Clinical Toxicology:**

**"It would take 200 min of breathing fentanyl at the highest airborne concentrations to yield a therapeutic dose, but not a potentially fatal one"**



Feldman © 2022 Prehospital and Disaster Medicine

**Figure 1. Hand and Wrist Visibly Soiled with Fentanyl.**  
Note: Larger liquid volumes appear more visible, however nearly full surface area was exposed. Arrow shows 0.5cm abrasion.

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Questions?

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