



Wellness Roadmap



**Southern Providence County
Regional Coalition**
Communities. Prevention. Collaboration.



Medications, Mental Health
& Substance Use

SPCPrevention.org

Opioid Misuse Does Not Discriminate

Opioid overdose is the leading cause of accidental death in Rhode Island. Opioid misuse is something that does not discriminate. The opioid crisis affects people of every race, gender, ethnicity, and age. However, older adults and individuals who are Black and or Hispanic are some of the most at-risk populations.

A range of factors can put individuals at risk of opioid use disorder (OUD), which may, in turn, contribute to fatal overdoses and or significant neurological problems.

Individuals who are Black and or Hispanic are often discriminated against and treated differently due to their racial or ethnic background. This makes it harder for people to find a nice place to live, a good job, and healthcare.

Older adults are more likely to have chronic conditions like cancer and arthritis, illnesses that may require opioid prescriptions.

Because of these things, older adults and people who are Black and or Hispanic have a greater risk of opioid misuse and overdose.



What are Opiates/Opioids?

The term opioid is largely used to describe both opiates and opioids. Both are highly addictive and can make an individual susceptible to dependence and addiction. Both opioids and opiates are used for pain and or coughs.

Opiates refers to any drug derived from the opium poppy plant.

Opiates include: Opium, Morphine, Codeine, Heroin

Opioids refers to any drug that produces a similar effect to an opiate but is often synthetic or partially synthetic.

Opioids include: Methadone, Percocet, Vicodin, Demerol, Oxycodone

Prescription Opioids can come in a variety of forms:

Buprenorphine, Codeine, Diphenoxylate, Pethidine, Fentanyl, Hydrocodone, Hydromorphone, Tramadol, Propoxyphene, Oxycodone, Oxymorphone



It is important to be aware that individuals are also at risk with other prescription drugs like benzodiazepines (Valium, Xanax, Klonopin) and stimulants (amphetamines, caffeine, nicotine, cocaine).

If your medications contain one of the opioids or other prescription drugs listed above, it requires caution and vigilance in use, storage, and disposal.

Many people are developing addictions without knowing it. Physical dependence can onset within five days of first using opioids. The longer someone takes opioids, the higher the risk of developing a dependence on the drug, their tolerance increases meaning they need to take more to achieve the desired effects.



Nationwide Surge in Counterfeit Pain Medication

Fake pills look nearly identical to those you get at a legitimate pharmacy.



Left: Authentic oxycodone M30 tablets (top) vs. counterfeit oxycodone M30 tablets containing fentanyl (bottom). Center: Authentic Adderall tablets (top) vs. counterfeit Adderall tablets containing methamphetamine (bottom). Right: Authentic Xanax tablets (white) vs. counterfeit Xanax tablets containing fentanyl (yellow).

However, many are laced with fentanyl—a powerful and often deadly painkiller. **A small amount can be deadly.**



This means it's more important than ever to get any prescription pain medications from a legitimate pharmacy, and it's essential that you find a safe solution to address pain.



Sharing Prescription Pain Medications is Dangerous

Did You Know?

According to the National Center for Drug Abuse Statistics, **75% of people who misuse prescriptions reported receiving them from a friend, relative or healthcare provider.**

Think twice before taking prescription pain medication not prescribed to you or sharing it with family or friends. Even if your intention is to help someone manage pain. Misuse can lead to serious consequences.

FINANCIAL BURDEN

Medications can be expensive, whether insured or not.

HEALTH RISKS

Your doctor customizes your prescription just for you. Using someone else's prescription, even if you have a similar medical condition, may not be the right medicine or proper dosage.

It could cause unexpected side effects such as an allergic reaction.

Also, taking medications that aren't prescribed for you might interact with other medicines you're taking, leading to an overdose or other severe health problems.

ADDICTION

Using prescription opioids differently than how a doctor advises can be habit-forming and lead to reliance on that drug. It has even been linked with eventual heroin use, which can lead to many additional health and legal problems.

LEGAL IMPLICATIONS

It's against the law to share prescription painkillers. They are controlled substances. Both of you could end up facing charges.

To protect your health and community, never share or misuse prescription pills. Only use prescription medications prescribed to you by your doctor that has your name on the label.



Behaviors that May Elevate Overdose Risk

- **Mixing Drugs**

Taking multiple medications can lead to dangerous drug interactions. Mixing opioids with sleeping medications can cause extreme sedation and breathing problems.

Many overdoses occur when people mix prescription opioids and/or alcohol with benzodiazepines such as Klonopin, Valium, and Xanax.

- **Medication Dosage**

Adults using opioids longer than the recommended dosage limit of 3 days.

- **Chronic Pain**

Adults experiencing serious health conditions can become addicted when opioids are prescribed to treat chronic, or recurrent pain.

- **Medical Conditions**

Anyone who uses opioids should be aware of increased overdose risk if they have any of the following health characteristics: smoke or have COPD, emphysema, asthma, sleep apnea, respiratory infection, or other respiratory illness, kidney or liver disease or dysfunction, cardiac illness, AIDS, heavy alcohol consumption.

Factors that can affect the way your body metabolizes medications/ substances:

- **Tolerance**

Tolerance is your body's ability to process a certain amount of a drug. Low tolerance means that your body can only process a small amount of a drug. Tolerance develops over time and depends on several factors including, weight, size, illness, stress, compromised immune system, and age.

- **Quality**

Quality refers to how pure, or strong a drug is. Know the strength and understand the dosage.

- **Age & Physical Health**

Your age and physical health are going to impact your body's ability to manage drugs. Older people and/or those with a longer history of drug use are at increased risk for fatal overdose. Dehydration, not eating or sleeping also puts you more at risk for overdose.





Knowing the Signs of Opioid Addiction

If you suspect someone is suffering from opioid addiction, look for these signs:

- Agitation
- Withdrawal symptoms after stopping use
- Needing medication to relieve pain
- Neglecting personal hygiene
- Lack of interest in favorite activities
- Unexplained recurrent pain
- Memory problems
- Confusion
- Irritability

Recognize the Signs of an Opioid Overdose

Common signs to look for:

- Slow Breathing
- Trouble waking up
- Turning pale





How to Prevent an Overdose

Be Proactive. Steps you can take to help prevent an overdose:

- Never mix pain medicines with alcohol, sleeping pills, or illegal substances
- Take your medicine exactly as prescribed by your healthcare provider
- Check your tolerance: when you do not use a substance for a while, it lowers your tolerance level. If you must restart, start with a low dose and go slow to avoid overdosing.
- Consider using a lockbox where others can't access your medications.
- Dispose of unused, unwanted or expired Rx drugs. Secure drop boxes are available at local Police Departments and 24/7 at CVS Pharmacies.
- If you take an opioid, it is also important to teach your family and friends how to respond to an overdose.

If you are at high risk for an overdose, ask your health care provider about naloxone.

How to Obtain and Use the Reversal Agent Naloxone

What is Naloxone?

Naloxone is a life-saving medication that when given in time can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications such as Oxycodone, Methadone, Fentanyl, Codeine, Hydromorphone, and Buprenorphine.

There are two forms of naloxone that anyone can use without medical training: prefilled nasal spray and injectable.



Narcan nasal spray is the most FDA-approved naloxone product. Narcan is easy to use and small to carry. The nasal spray has prefilled medication in the devices that can be sprayed in the nose. Narcan is small, compact, and easy to carry.



How Does Naloxone Work and How Do You Use It?

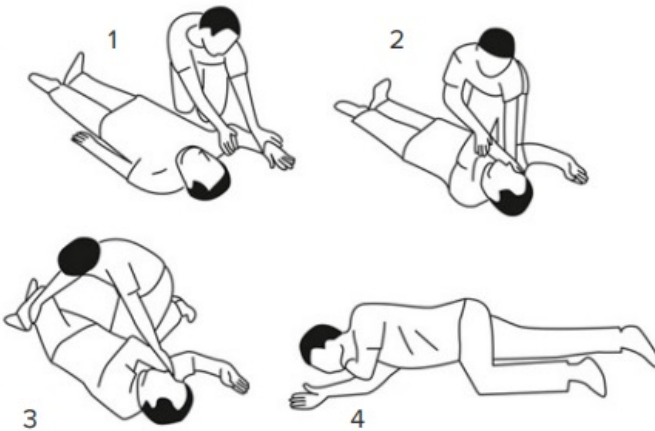
Naloxone quickly reverses an overdose by blocking the effects of opioids. It can restore normal breathing within 2 to 3 minutes for a person whose breath has slowed, or even stopped, as a result of opioid overdose. More than one dose of naloxone may be required when stronger opioids like fentanyl are involved.

Naloxone won't harm someone if they're overdosing on drugs other than opioids and/or not overdosing at all, so it's always best to use it if you think someone is overdosing.



What To Do If the Person is Unresponsive

- 1 If you suspect an overdose and the person is unresponsive, call 911.
- 2 If you must leave the person alone to make the call, put them in the recovery position—on their side with the bottom arm under the head and top leg crossed over the body (see images 1-4).



- 3 Administer Narcan.
Narcan is very easy to use.

- Each package comes with two devices prefilled with a single dose each.
- Simply hold the device with your thumb on the bottom and your first and middle fingers on either side of the nozzle.



- Gently insert the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Once in place, press the plunger firmly to spray the entire dose of Narcan into one nostril. There is no need to spray into both nostrils.

4 It is vital to **conduct rescue breathing** if the person has labored breathing or is not breathing at all.

- Tilt the head back, pinch the nose closed and give one slow breath every five seconds until the person resumes breathing on their own or until the paramedics arrive.
- Watch to see that the chest rises and falls with each breath.

5 **Comfort and support.**

- Once the person is breathing on his or her own, place them in the recovery position until help arrives.
- Comfort the person, he or she may be confused, upset and going through withdrawal

RI and most states have the Good Samaritan Law which protects a person who is overdosing and/or the person who called for help from legal trouble.

Learn more at tinyurl.com/goodsamaritanRI



Where Can You Get Naloxone?

You can get naloxone at your local pharmacy without a prescription. It is usually behind the counter. Talk to a pharmacy employee.

To get **FREE Naloxone** – Visit: PreventOverdoseRI.org/get-naloxone

Carrying naloxone is no different than carrying an EpiPen for someone with allergies. It simply provides an extra layer of protection for those at a higher risk for overdose. Naloxone saves lives.

Medicine cabinets can become an unintended source for drug misuse and a means for suicide attempts.

Lock your medications. Visit tinyurl.com/lockbagRI to order your FREE medication Safe Storage Lock Bag by mail.

Count it!



Lock it!



Drop it!



*Don't be
an accidental
drug dealer.*

Dispose of unused or expired medications. Secure 24/7 Drop-off Boxes are located at all local Police Departments, Scituate State Police Headquarters and most CVS Pharmacies.

For a list of all drug take back disposal sites in RI visit SPCPrevention.org/RI-drug-disposal-sites



What Are Some Non-Opioid Treatment Options?

Before taking an opioid prescription pain medication, talk to your healthcare provider about these effective, non-opioid alternatives.

Discuss these effective, non-opioid options for treating pain:



Exercise



Ice Therapy



Non-prescription acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)



Physical Therapy



Acupuncture



Cognitive Behavioral Therapy



Chiropractic Care



Massage

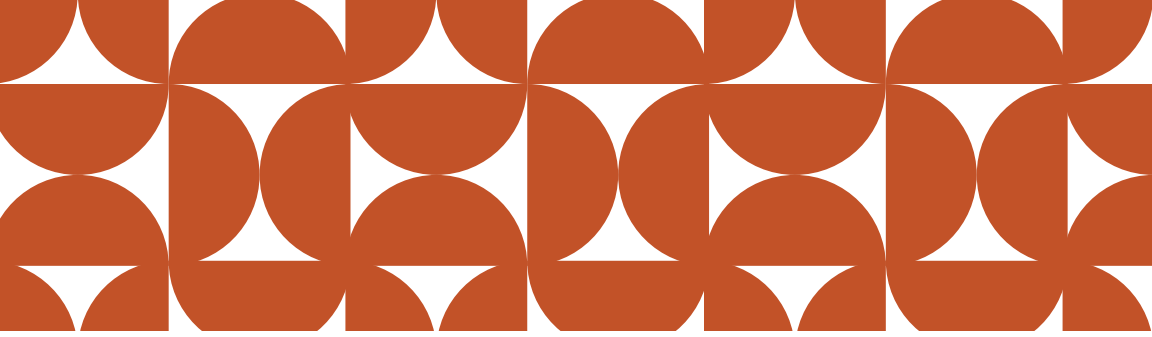
Legal Guardianship or Caring for Grandchildren

In RI, the overdose death rate is 29.5 out of every 100,000 residents which is 42.5% higher than the national average.* Many of the people who misuse opioids or die from opioid overdoses are parents.

With the rise in heroin and other opioid use, more relatives are raising children because the parents have died, are incarcerated, are using drugs, are in treatment or are otherwise unable to take care of their children.

It is unclear whether the increase of children in foster care is directly attributed to the opioid epidemic, however, it is likely to at least be a contributing factor. Child welfare agencies have reported that intergenerational drug use is impeding the placement of children with other family members. Overall, parents with an OUD seem to achieve family reunification slower than parents who use alcohol or other drugs.

Decades of research confirm that children who cannot remain with their parents thrive when raised by relatives and close family friends.



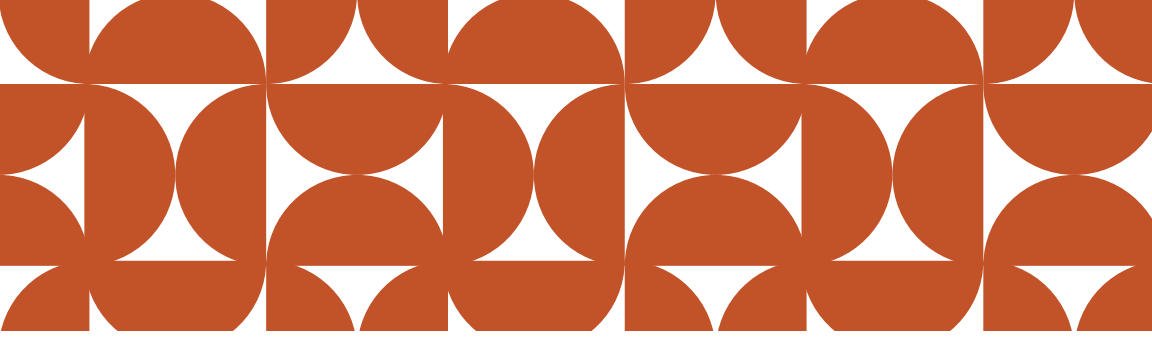
You Are Not Alone

According to the Rhode Island Grandfamilies Fact Sheet updated April 2021, there are 4,632 grandparents responsible for their grandchildren in RI.

According to recent congressional estimates, approximately 2.5 million grandparents have found themselves back in the role of primary caregiver because of the opioid crisis.

With this role can come enormous satisfaction, as well as many challenges. You may have been unexpectedly thrust into the role and feel overwhelmed by the many needs of children. It is important to preserve your own health and well-being so that you can give the best possible care to your grandchildren or to children in your custody.





Impact on Caregivers

- Grandchildren have complex mental & behavioral health needs
- Coping with grief
- Raising a second family creates financial challenges
- Foster care is confusing
- Many subvert their own needs





Helpful Tips

Create a safe, healthy and welcoming environment.

Focus on Basic Needs

- Provide a safe place to sleep, healthy food, clothing, medication needs and get any equipment needed such as stroller, car seat, or crib
- Encourage open communication and make sure they know they can always talk to you
- Set up house rules together

Address Education, Medical, Social Needs of Child

- Create a folder or binder for important documents such as birth certificates, social security cards, medical records, consent forms, and school papers
- Keep good communication with the child's school and with his/her extracurricular activities
- Make all necessary appointments for the child's physical and mental health, ensuring vaccinations are updated
- Set aside time for shared activities to build a nurturing relationship, for example, read together, play a board game



Care for Yourself So You Can Care for Others

Self-care is necessary for mental and emotional well-being when faced with the daily stressors that may arise in kinship care.

- **Exercise.** Engage in regular physical activity
- **Laugh.** Laughter soothes tension, improves your immune system and improves your mood
- **Connect with nature.** Direct access to nature can increase resilience, protects against stress and improves concentration
- **Eat a healthy diet.**
- **Get adequate sleep.**
- **Practice saying “no”.** Too many activities can deplete your energy.
- **Create a priorities list.** Create a list of priorities for home, work and family. Figure out which ones are a daily-must and which ones create more stress than peace.
- **Schedule free time.** It’s time to schedule time for yourself to do something fun and relaxing.
- **Keep doctor appointments and medication refills up to date**
- **Find Support.** Talking about your problems without censoring details can be liberating. Vent to someone you trust and/or consult with a professional.
- **Reach out** in your community for childcare help. Consider faith-based organizations, libraries, neighbors and reliable teens for support.

What is the Stigma of Addiction?

A major barrier to overcoming the challenges of addiction and overdose in the community we serve is stigma. “Stigma” is a word that comes from Latin and Greek, and originally meant a burn, tattoo or other mark inflicted on another person to signify their disgrace.

Today, stigma means labeling, stereotyping and discrimination. One example is using disparaging or judgmental terms to refer to addiction, people with substance use disorder, or treatments for the disease.

**Stigma
is real.**

The stigma of drug addiction is associated with negative perceptions and can be a barrier to treatment and recovery.

For millions of Americans, and those who love them, ending stigma is a matter of survival.



Shifting Stigma of Addiction

What we saw then versus what we see now:

THEN *(how we saw an addicted person)*

- The homeless person, visibly withdrawing and panhandling to fund their next fix
- Strung out and desperate teenager
- The young adult from an urban area that we avoid on the street for fear of our safety and personal possessions
- The emaciated and nervous twenty-something with track marks on their arms
- Someone who relapsed was thought of as a failure

NOW *(what addiction really looks like)*


- A lonesome teenager who was bullied
- A grandmother who was depressed and didn't want to tell anyone
- A doctor who was injured and in pain
- A stay at home mom who was isolated and didn't know where to turn to for help
- A rich and famous person who couldn't get out of the party scene
- An emergency responder who has access and wanted to reduce the burden of their job
- Someone with a reoccurrence of symptoms needs more support

The reality is that the prescription drug addiction epidemic along with other factors, has changed the face of addiction in the United States. Drug addiction can affect anyone, including our parents, our grandparents, our significant others, our children, and our friends. It's time to stop letting ingrained feelings of judgment, stigma, and moral superiority get in the way of genuine and viable reforms.



Research indicates that stigma is persistent, pervasive, and rooted in the belief that addiction is a personal choice reflecting a lack of willpower and a moral failing.

Rates of stigma are extremely high both in the general public and within professions whose members interact with people with addiction, including the health care professions.



Research demonstrates stigma damages the health and well-being of people with substance use disorder and interferes with the quality of care they receive in clinical settings.

Loved ones and colleagues may also face courtesy stigma simply for associating with them or not preventing opioid use. For instance, a community may blame parents for their teen's Opioid Use Disorder, claiming they must have caused the child's drug use.

People who use opioids aren't the only ones who experience stigma.

Stigma Kills

Addiction may be the most stigmatized condition in the US and around the world. Across 14 countries and 18 of the most stigmatized conditions, illicit drug addictions ranked 1st and alcohol addiction ranked 4th.*

With the rise in opioid overdose deaths, understanding stigmatizing attitudes towards individuals who use opioids is a crucial matter.

Substance use disorders are associated with discrimination and social disapproval—more so than any other medical condition.

How to Combat Stigma

- Recognize that OUD (Opioid Use Disorder) is treatable and recovery is possible.
- Support loved ones and encourage treatment (e.g., go with to appointments or give a ride, ask how things are going, provide a listening ear, etc.).
- Read or listen to stories from the opioid crisis, spread hope and healing.
- Acknowledge and understand the contributing factors for OUD.



What We Say Matters

Person-First Language Guide

DON'T SAY:



SAY:

Addict, Addiction, Dirty



A Person with a Substance Use Condition

Former Addict, Getting Clean



A Person in Recovery/ With Lived Experience

Clean, Sober



Substance Free

Treatment is the Goal



Treatment is One Path to Recovery

Opioid Replacement, Opioid Management



Medication Assisted Treatment

Relapse



Recurrence of Symptoms, Return to Substance Use

Opioid Abuse



Opioid Use Disorder

Drug Abuse, Substance Abuse, Drug Habit



Substance Use

Suffering/Battling from an Addiction



Living with an Addiction

Dirty Drug Screen

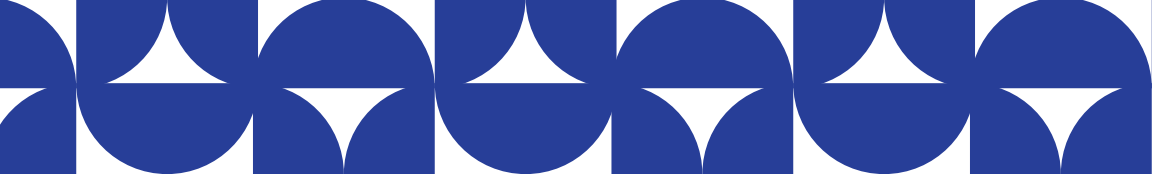


Tested Positive

Efforts to address the drug overdose crisis must include action to reduce stigma.

We all have a part to play in reducing stigma and can start by coming together to support treatment access and recovery

Reducing stigma saves lives, treatment works and recovery is possible.



Advocacy Resources

Many financial, educational, legal, health, housing, citizenship, employment, advocacy, and support services, are available to assist individuals at risk for opioid use disorder.

Catholic Charities of RI

Provides immigrants and refugees housing, counseling, and legal support.

Contact: 401.421.7833

dioceseofprovidence.org/immigration-refugee-services

Dorcas International Institute of RI

Empowering immigrants, refugees, and the underserved to thrive and succeed by utilizing a holistic approach to meeting the education, resettlement, language, and skill development, citizenship and immigration, and interpreting needs of newcomers, as well as those who are native-born.

Contact: 401.784.8600 | diiri.org

National Association for the Advancement of Colored People

Addresses racial disparities and advocates for equality.

Contact: naacpprov.org/contact-us



Refugee Dream Center

Engaged in reception, placement, and post-resettlement refugees. Direct services are available in the areas of adult education, employment, legal, case management services, youth support services, health promotion, language and access services, psychosocial support, food and hygiene products distribution, housing, and cash assistance to refugees.

Contact: 401.300.0544 | refugeedreamcenter.org

United Way of Rhode Island 2-1-1

Contact: unitedwayri.org | 211

Generations United's National Center on Grandfamilies

A Washington-based advocacy group cofounded by AARP, works to enact policies and promote programs to help grandfamilies address challenges. Grandfamilies or kinship families are families in which children reside with and are being raised by grandparents, other extended family members, and adults with whom they have a close family-like relationship such as godparents and close family friends.

Contact: GU.org

Resource Guide

Cranston, Johnston, North Providence,
Scituate, Smithfield, Foster & Gloucester

Mental Health/Substance Use Treatment

- **Tri-County Community Action Agency**
Mental health/substance use treatment & services.
401.351.2750
- **Comprehensive Community Action Program**
Mental health/substance use treatment & services.
401.467.9610
- **WellOne**
Mental health/substance use treatment & services.
401.567.0800
- **Our Lady of Fatima Hospital**
(Outpatient, age 18+)
Mental health/substance use treatment & services.
401.456.3034
- **Gateway Healthcare**
401.553.1031

- **Inner You Counseling Center**
401.773.7116
- **LifeStance Health**
401.349.3131
- **Child-Help USA**
1.800.422.4453
- **RI BH Link (age 18+)**
24/7 mental health support and services.
401.414.LINK (5465)
- **KidsLink RI (under age 18)**
24/7 mental health support and services.
1.855.543.5465

Medication-Assisted Treatment (MAT)

- **Tri-County Community Action Agency**
401.351.2750



- **Comprehensive Community Action Program**

401.467.9610

- **WellOne**

401.567.0800

- **Our Lady of Fatima Hospital**

401.456.3034

Recovery Support

- **ADCARE** (age 18+)

Medical Assisted Treatment, and Recovery Support.

| 600 Putnam Pike
Greenville, RI

401.949.2220

- **CODAC** (age 18+)

Medical Assisted Treatment, and Recovery Support.

| 1052 Park Avenue
Cranston, RI

401.490.0716

- **Behavioral Health Group**
(age 18+)

Medical Assisted Treatment, and Recovery Support.

| 985 Plainfield Street
Johnston, RI

401.946.0650

- **Anchor Recovery Community Center**

Provides support network/variety of programming.

| 890 Centerville Road
Warwick, RI

401.615.9945

| 310 Reservoir Avenue
Providence, RI

401.889.5770

- **Alcoholics Anonymous**

401.438.8860

rhodeisland-aa.org

- **Narcotics Anonymous**

1.866.624.3578

gpana.org

- **Al-Anon/Al-Ateen**

1.888.425.2666

riafig.org



- **My Life My Quit**

Text or Call

Free, confidential help to quit vaping and other tobacco for youth under 18.

Text “Start” to 36072

855.891.9989

- **Dispose of Unused or Expired Medications**

Secure 24/7 Drop-off Boxes are located at all local Police Departments, Scituate State Police Headquarters and most CVS Pharmacies.

spcprevention.org/ridrugdisposal

- **National Association for Children of Addiction**

Helps kids hurt by a parent’s alcohol use.

301.468.0985 | nacoa.org

- **SMART Recovery**

Peer support group to overcome addictive and problematic behaviors.

440.951.5357

smartrecovery.org

24/7 Help Lines & Support Services

- **National Suicide & Crisis Lifeline**

Call or text **988**

- **RI BH Link** (age 18+)

Mental health support and services.

401.414.LINK (5465)

- **The Trevor Project**

Confidential support for LGBTQ individuals.

Text **START** to 678-678

or call 1.866.488.7386

- **Problem Gambling Service of RI (PGSRI)**

1.877.942.6253

- **RI Hope & Recovery Hotline**

401.942.STOP

- **Day One**

Sexual abuse helpline and victim advocacy.

401-421-4100

Please call 911 if you are experiencing a life-threatening emergency.



- **RI Nicotine Helpline**

Nicotine quit support including nicotine replacement therapy for those medically eligible. Services available in English, Spanish and other languages.

1.800.QUIT NOW

(1.800.784.8669)

Quitnowri.com

- **RI Office of Healthy Aging**

A free and confidential service connecting individuals to housing, food, affordable childcare, and much more.

Translation services available

Call 211 or 401.462.4444

- **State of RI Department of Human Services Office of Child Support Services**

Financial assistance services.

401.458.4400

- **Partnership to End Addiction**

Family-focused teen treatment resource to improve family dynamics.

1.855.378.4373

drugfree.org/get-support/

- **RI Parent Information Network**

Info and referral to community resources for health and education.

401.270.0101

RIPIN.org

- **The Village for RI Foster and Adoptive Families**

Resources and support services, including for kids impacted by a caregiver's substance use.

401.481.5483

rivillage.org

Parent Support Services

- **Bradley Hospital Kids Link RI**

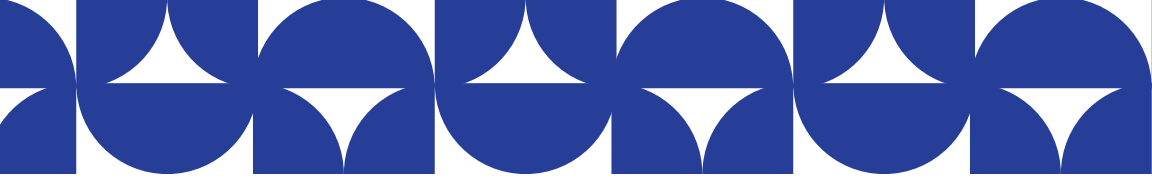
Behavioral health triage and referral network.

1.855.543.5465

- **Parent Support Network of RI**

Mental health challenges support.

401.467.6855 | psnri.org



It's Okay to Not Be Okay.

Help us change the conversation around substance use disorder so that we come to understand that it is not a moral failing. It's a chronic illness that needs to be treated with skill, urgency and compassion.

Know the Five Signs of Emotional Suffering



Hopelessness



Agitated



Personality Change



Poor Self-Care



Withdrawn

Look for these signs in yourself, your family and your friends.

There is no shame in reaching out for help!



Southern Providence County Regional Prevention Coalition



Our Community Coalitions

- Cranston Substance Abuse Task Force
- Johnston Prevention Coalition
- North Providence Prevention Coalition
- Scituate Prevention Partnership
- Smithfield Prevention Coalition



To connect with your local prevention coalition coordinator, visit our website at SPCPrevention.org or email us at SPCRegion1@gmail.com

For coalitions in your community outside of the SPC Region visit: RIPrevention.org

Regional Director: Patricia Sweet | PSweet@TriCountyRI.org



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