

A nighttime photograph of a city skyline, likely New York City, with various skyscrapers and buildings illuminated. The lights from the buildings and streetlights are reflected in the water in the foreground. The sky is a deep blue, and the overall scene is vibrant and urban.

# Overdose Response and the Unregulated Drug Supply

Photos courtesy of SethPhotos.com

# OUR CFRP TEAM AT URI



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## **Learning Objectives**

**At the completion of this activity pharmacists, nurses, social workers, and licensed mental health counselors will be able to:**

- 1. Describe risk factors for addiction and current trends in non-fatal and fatal drug overdose.**
- 2. Recognize signs and symptoms of patient exposure to novel compounds and components of the unregulated drug supply.**
- 3. Describe how to provide education regarding the safer use of unregulated substances, including overdose response with newer opioid antagonists.**
- 4. Explain how to connect people who use drugs and/or caregivers to appropriate resources, supplies and other supportive services.**
- 5. Discuss how to dispel myths and misinformation about drug use and treatment that may exacerbate stigma and barriers to care.**

# Conflict of Interest and CE Information

- Neither Anita Jacobson nor Catherine Ahern have any financial conflicts of interest to declare
- Anita Jacobson is the PI on a federal grant from the Substance Abuse and Mental Health Services Administration, the content of this program is solely developed by the authors and does not reflect the official views of the National Institute of Health.
- **To claim CE credit, all attendees must complete the Google form with their name, credentials and email address. (scan QR code or use link)**

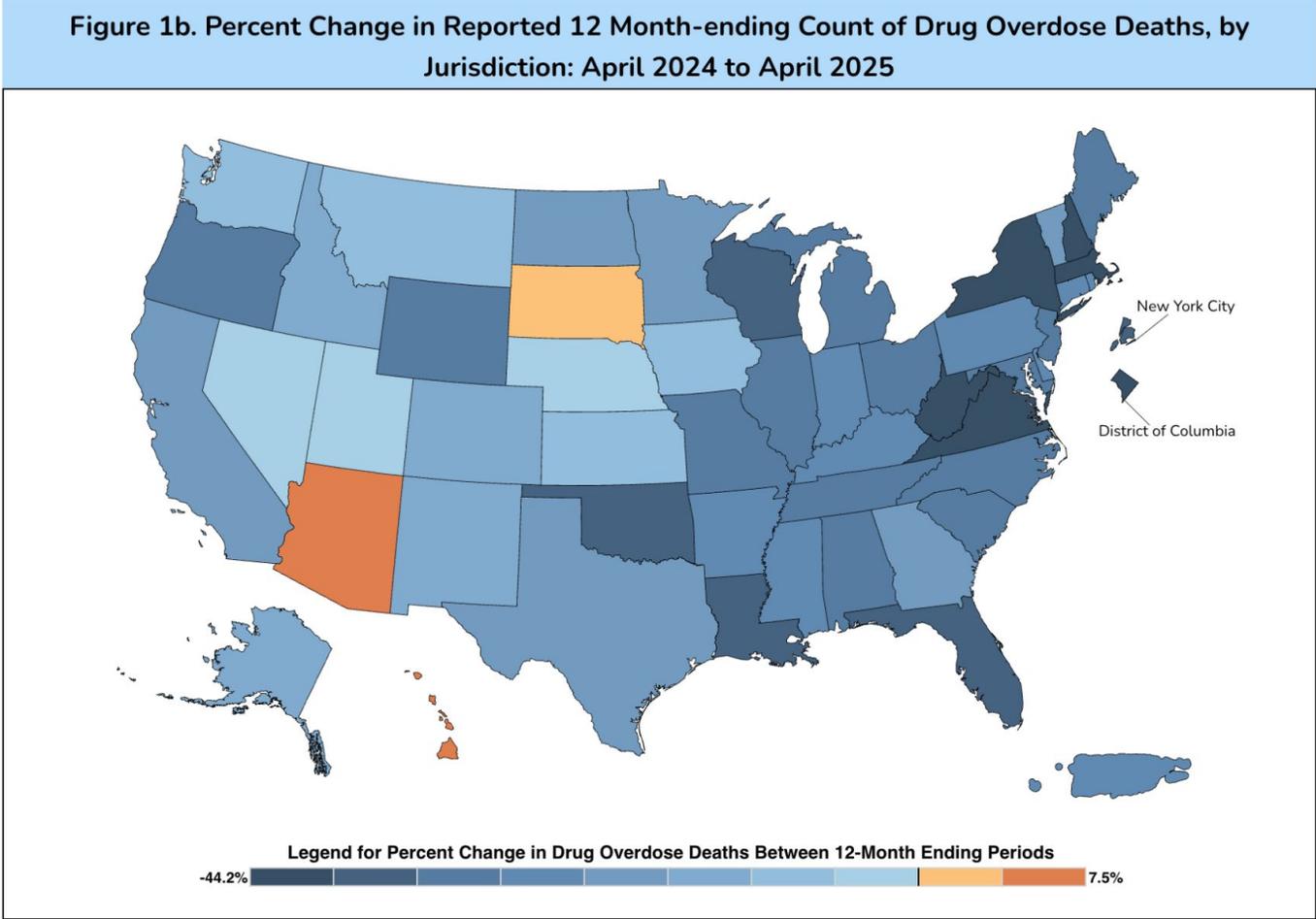
<https://forms.gle/xqrU4n761xriWGDk7>





# NATIONWIDE DATA

- Over 107,000 lives lost to overdose in 2021, 22 & 23, which are the largest numbers per year on record
- For 2024 a significant decrease in in lives lost was observed, with over 82,000<sup>1</sup>
- Since 2011 an estimated 321,544 children lost a parent under the age of 65 to drug overdose<sup>2</sup>



1. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>. Accessed December 29, 2025  
 2. Jones CM, Zhang K, Han B, et al. Estimated Number of Children Who Lost a Parent to Drug Overdose in the US From 2011 to 2021. *JAMA Psychiatry*. Published online May 08, 2024. doi:10.1001/jamapsychiatry.2024.0810

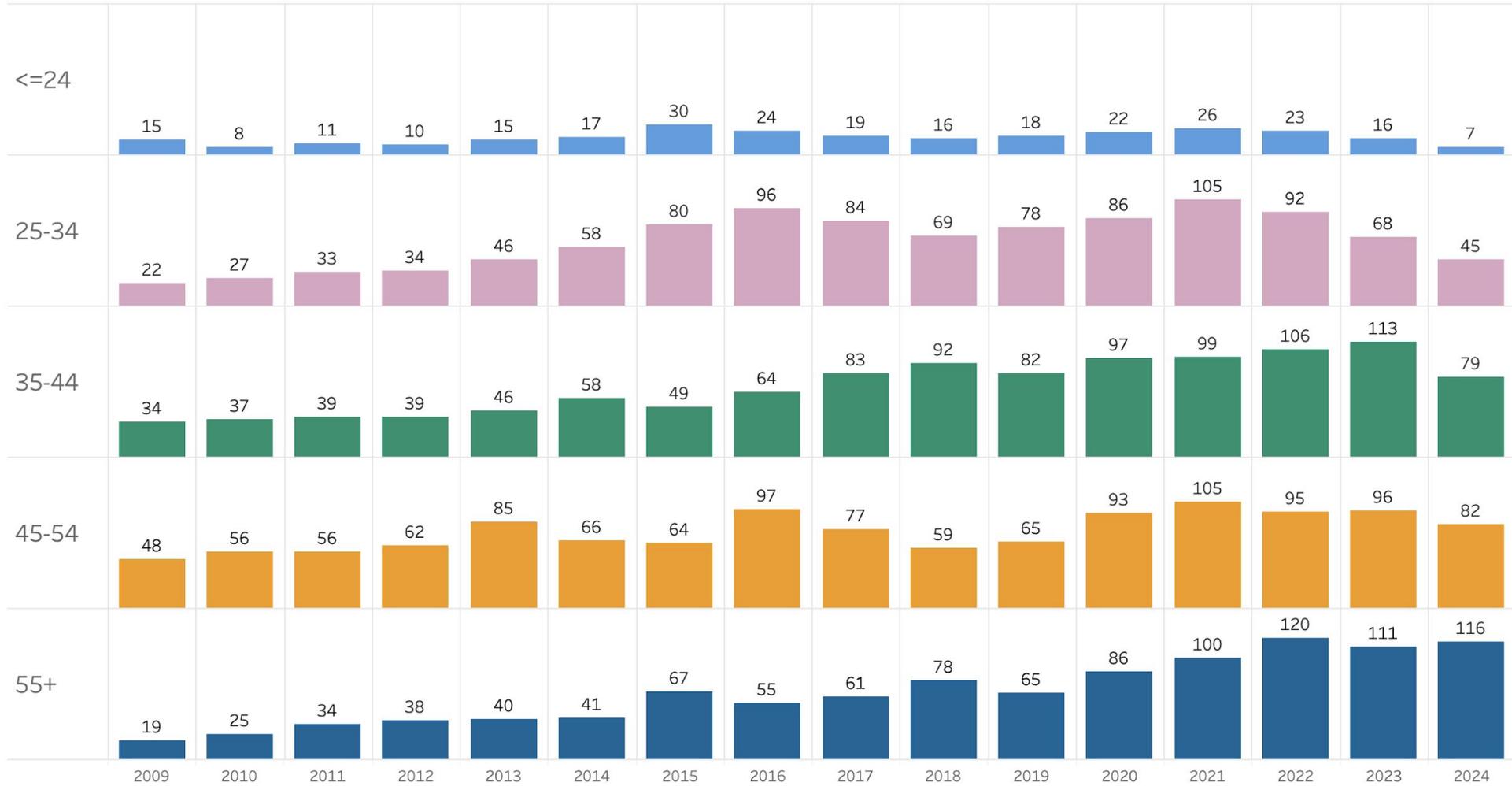
# Bystander Naloxone Access is Key!

- Majority (upwards of 80%) of overdose deaths occur in private residences
- Often someone is in the home and there is a missed opportunity for naloxone administration and overdose support
- Consider screening for more than personal drug use to reach this key demographic that may be able to save a life!!

**“Do you live with or have anyone in your life who uses unregulated substances or prescription medications for a non-medical reason?”**

# Overdose Deaths by Age Group

Overdose Deaths by **Age Group**, 2009 to 2024



Data Source: Prevent Overdose Rhode Island; <https://preventoverdoseri.org/overdose-deaths/>; Accessed July 22, 2025

# WHICH DRUGS ARE *OPIOIDS*?

## COMMON OPIOID AGONISTS

- Morphine
- Fentanyl
- Methadone
- Heroin
- Hydromorphone (Dilaudid)
- Oxycodone (Oxycontin, Percocet\*)
- Meperidine (Demerol)
- Codeine
- Hydrocodone (Vicodin, Norco)

## OTHER OPIOID AGONISTS

- Tramadol (Ultram)
- Dextromethorphan

## PARTIAL OPIOID AGONISTS

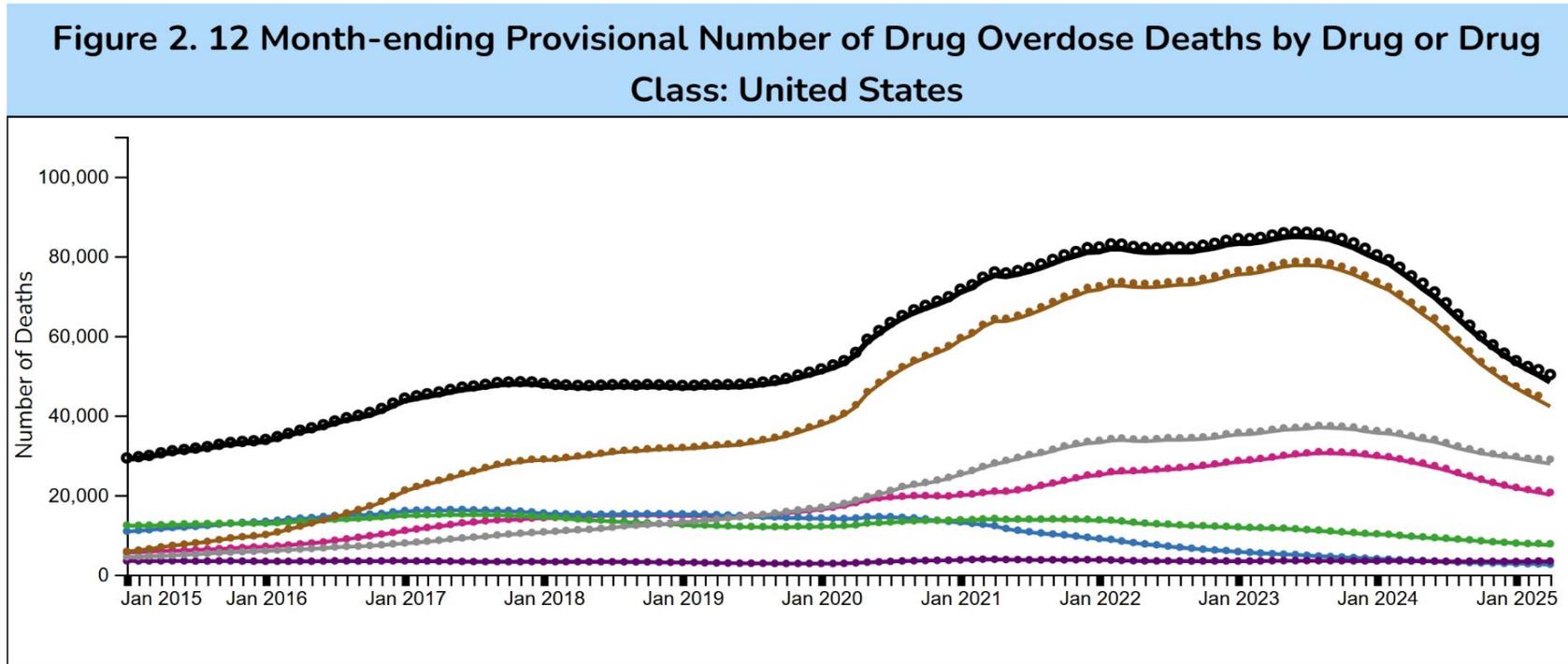
- Buprenorphine
- Buprenorphine+naloxone (Suboxone)

## OPIOID ANTAGONISTS

- Naloxone (Narcan)
- Naltrexone
- Nalmefene



# Opioid Overdose Deaths in the US by Opioid Class: 2015-2025



Legend for Drug or Drug Class

Cocaine (T40.5)	Psychostimulants with abuse potential (T43.6)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Methadone (T40.3)	Opioids (T40.0-T40.4, T40.6)
Natural & semi-synthetic opioids (T40.2)	

---- Reported Value

○ Predicted Value



# **UNREGULATED DRUG SUPPLY IN THE US & MA**

# Overview

# MASSACHUSETTS DATA

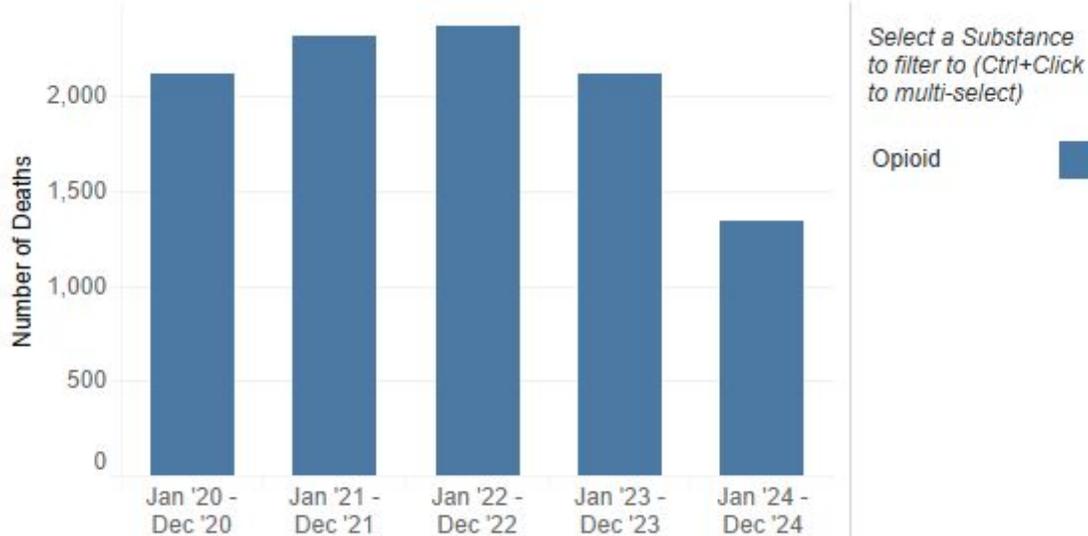
% of Any Deaths that were Opioid-Related Overdoses  
(Jan 2024 - Dec 2024)  
**2.2%**

% of Opioid-Related Deaths that were Overdoses  
(Jan 2024 - Dec 2024)  
**94.8%**

Number of Opioid-Related Overdose Deaths  
(Jan 2024 - Dec 2024)  
**1,336**

## Number of Opioid-Related Overdose Deaths Trend

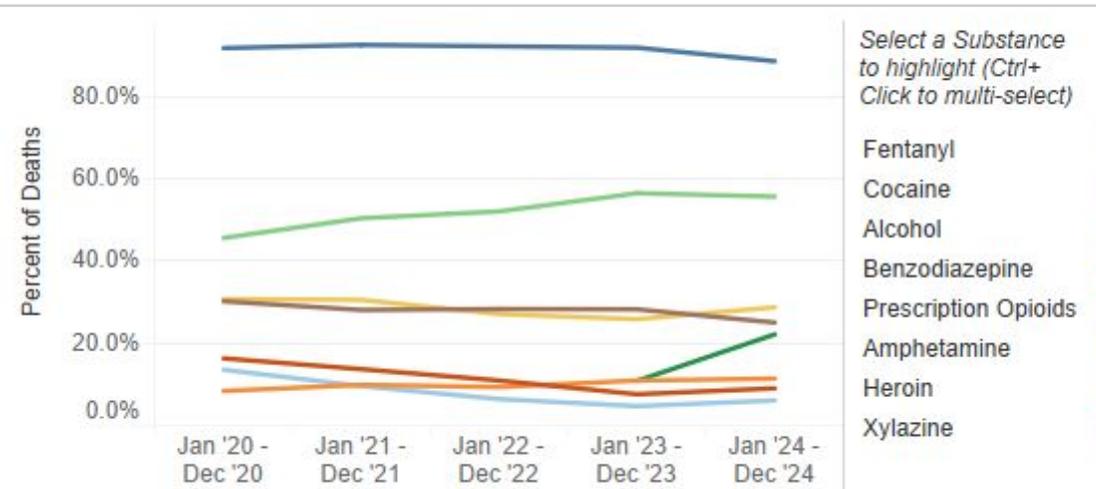
Select a Breakdown:  Show by:



## Percent of Opioid-Related Overdose Deaths with Specific Substances Present

In Jan 2024 - Dec 2024, **87.5%** of opioid-related overdose deaths in Massachusetts had a toxicology screen available.

Percent of Deaths w/ Substance Present  
 Number of Deaths w/ Substance Present



Source: Massachusetts Bureau of Substance Addiction Services Dashboard. Available at: <https://www.mass.gov/info-details/bureau-of-substance-addiction-services-bsas-dashboard> Accessed Sept 23, 2025

# XYLAZINE IN NEW ENGLAND

~30%  
Opioid samples  
containing xylazine  
in 2025

## SEDATION

- Profound sedation and muscle relaxation
- 6-8 hours after use
- **Unresponsive to naloxone**
  - high affinity for presynaptic alpha-2 receptors

## WITHDRAWAL

- May include anxiety, insomnia, dysphoria

## SOFT TISSUE DAMAGE (WOUNDS)

↓ **blood flow** (*need O2 in blood to heal wounds*)

↑ **time for wound to heal**

↑ **chances of infection & complications**

Medetomidine - Similar to, more potent than Xylazine  
Emerging substance, 10.1% sample in NE & growing

# NEW ENGLAND TRENDS



## M30/Percocet<sup>+</sup>

- Fentanyl
- *Oxycodone*



## Adderall

- Methamphetamine
- *Amphetamine*



## Xanax<sup>+</sup>

- Bromazolam
- Etizolam
- Clonazolam
- *Alprazolam*

# NEW ENGLAND TRENDS

## Nitazenes

- Common synthetic opioid in Europe
- Increased risk of overdose & sedation
- Similar or higher potency than fentanyl
- **Naloxone *is effective* in treating nitazene-related overdose**

## Tinuvin 770 / BTMPS

- UV blocking component added to plastic, candle fragrance & adhesive for food stickers
- Highly noxious, not psychoactive
  - Unusual taste, cough, blurry vision
  - Burning when injected

## Cocaine (rock + powder)

- Cocaine
- Fentanyl (5 - 10% of samples)
- Methamphetamine
- Levamisole

# MYTH: FENTANYL IN CANNABIS

## Growing Hysteria

Fentanyl-Tainted Marijuana Is A Myth That Refuses To Go Away

False reports of fentanyl in cannabis.

The Pernicious Myth of Fentanyl-Laced Cannabis

No fentanyl has been found inside vape pens or marijuana by Tennessee labs

Mayor apologizes for spreading false story about teen dying from fentanyl-laced vape

Viral story shared across social media about two teens overdosing on fentanyl-laced marijuana in Springfield was untrue

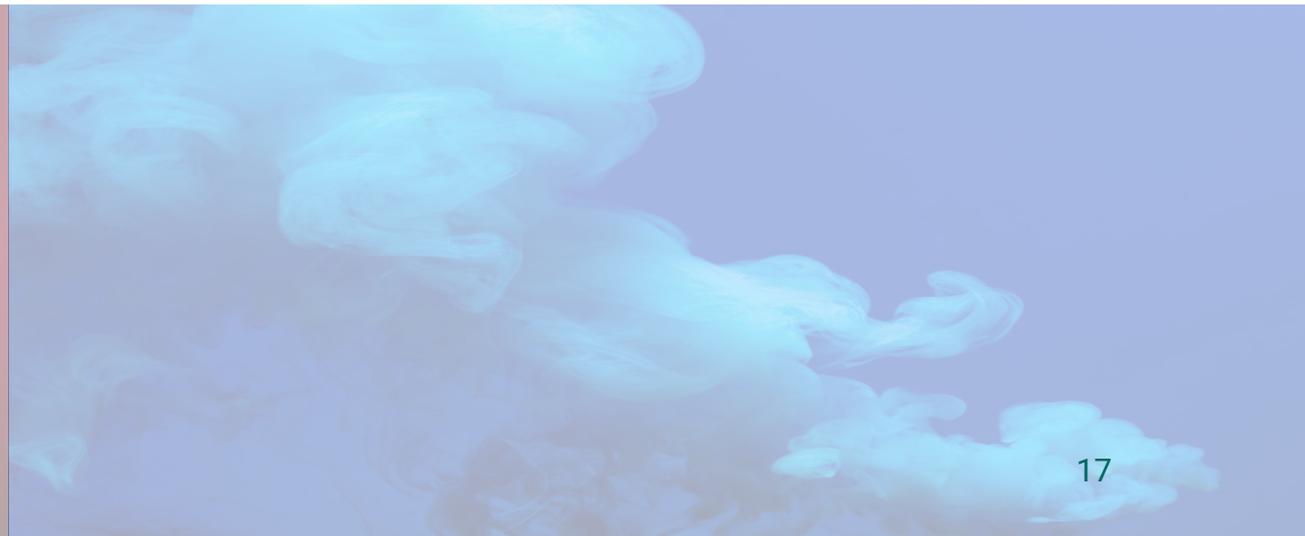
Dozens of CT overdoses were falsely linked to fentanyl-laced marijuana, official says

Test that detected fentanyl in marijuana inaccurate, Brattleboro police say

# ***MYTH: FENTANYL IN CANNABIS***

**FENTANYL COMBUSTS WHEN TOUCHED BY FLAME**

**MAX VAPE TEMP ~100C TOO LOW TO VAPORIZE FENTANYL**



# LANGUAGE MATTERS!

One person was referred to as a  
"substance abuser"



The other person as  
"having a substance use disorder"



No further information was given about these hypothetical individuals.

**THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE  
"SUBSTANCE ABUSER" WAS:**

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

CHOOSE THIS	NOT THAT
Positive urine	Dirty urine
Recovery	Clean
Substance use, misuse	Substance abuse
Condition	Habit
Person with SUD	Addict
Unregulated substances	Illicit or illegal drugs

# Charting Language: Before



*Ms. J is a 44-year-old female with a **long history of polysubstance abuse** with **poor compliance** with outpatient treatment and **little insight into her addiction** who presents **complaining of pain** and swelling in her right lower extremity. She also has a **history of drug-seeking behavior**. I suspect this and homelessness are the **primary reasons** for her visit (i.e., **secondary gain**).*

Source: Stigma: Its Impact and What You Can Do; Cathy Schultz, Director Governor's Overdose Task Force, EOHHS

# Charting Language: After



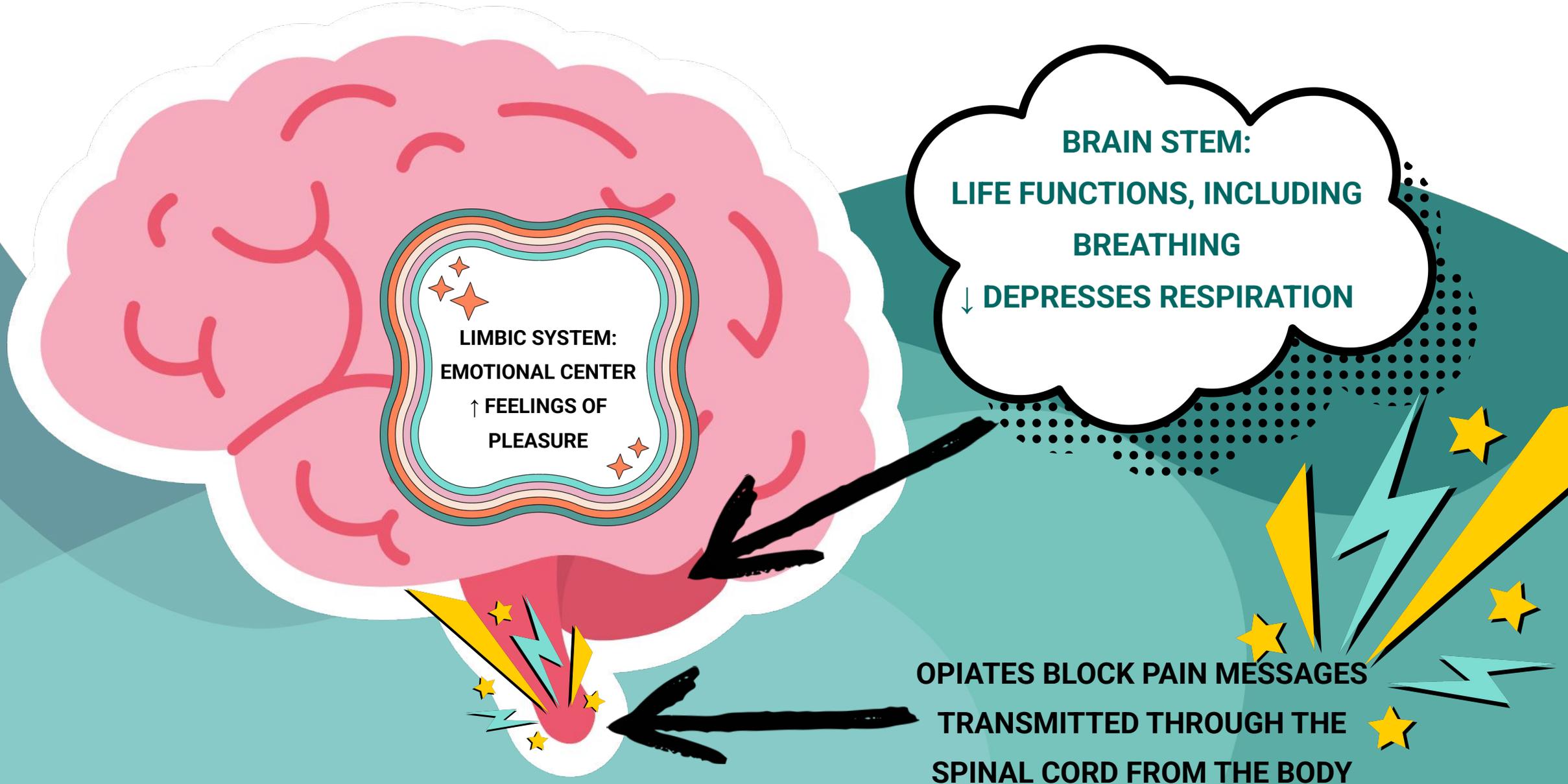
*Ms. J is a 44-year-old female with a **past medical history of substance use** who presents with pain and swelling in her right lower extremity. She has previously **been lost to follow-up** in outpatient treatment possibly due to housing insecurity.*

Source: Stigma: Its Impact and What You Can Do; Cathy Schultz, Director Governor's Overdose Task Force, EOHHS



# OPIOIDS & THE BRAIN

# Opioids in the Brain and Nervous System



# TOLERANCE, DEPENDENCE & WITHDRAWAL

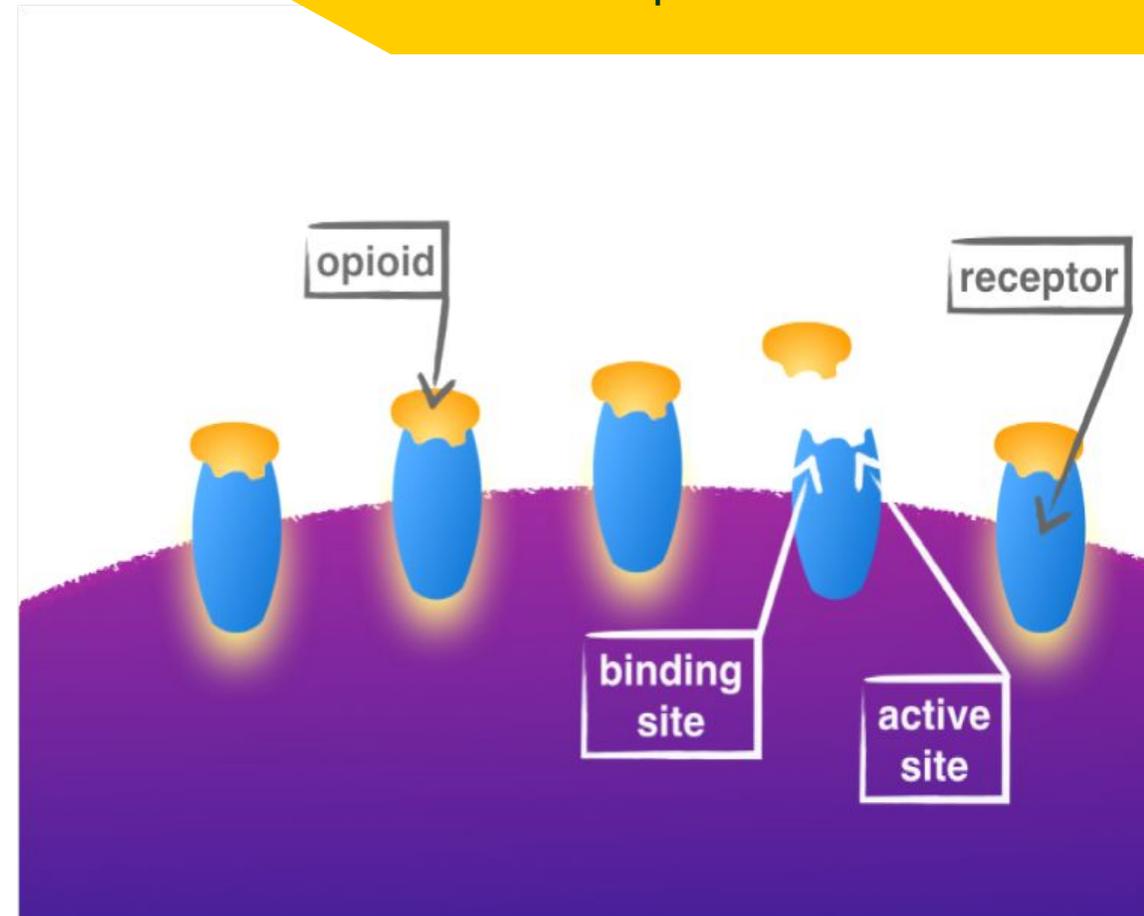
## TOLERANCE

1. ↑ exposure to opioids (for any reason)
2. ↓ receptor sensitivity
3. ↑ more opioid required to cause desired effect

## DEPENDENCE

*When the body requires a specific dose of a drug in order to prevent withdrawal symptoms*

Physical dependence does *NOT* equal addiction



# Opioid Use Disorder (OUD)

Severe OUD is a chronic and reoccurring condition characterized by a change in the structure and function of the brain.

The evidence-based treatment of OUD is multifaceted and often includes pharmaceutical treatment, such as methadone, buprenorphine, or naltrexone.

The background of the slide is a solid teal color with a pattern of various pills and capsules scattered across it. The pills are in shades of teal and white, some with visible markings like lines or dots. The text is centered in the lower half of the image.

# **OVERDOSE RISK FACTORS, PREVENTION & NALOXONE**

# OVERDOSE

- Occurs when a toxic amount of a drug or a toxic combination of drugs overwhelms the body
- *Opioid* overdose characterized by:
  - Inadequate breathing (respiratory depression)
  - Loss of consciousness
- Leads to lack of oxygen in body which will lead to death if no intervention is made

Overdose can happen with Rx opioids or unregulated substances

Amount of drug needed to cause breathing emergency is different person-to-person!



# OVERDOSE RISK FACTORS

- Decreased tolerance due to abstinence
  - incarceration
  - rehabilitation
- Prior nonfatal overdose
- High dose opioid prescription
- Long-acting formulations
- Using unregulated substances alone
- Mixing of prescription/unregulated opioids
  - with benzodiazepines (e.g. Xanax, Ativan, Valium, Klonopin)
  - with alcohol
  - with xylazine
  - with any sedating substance
- Compromised health conditions
  - Pneumonia, influenza, COVID-19 or other acute illness
  - Sleep apnea
  - COPD, asthma or respiratory conditions
  - Liver or kidney conditions

# OVERDOSE PREVENTION TIPS



**CARRY  
NALOXONE**



**NEVER MIX  
SUBSTANCES**



**NEVER USE  
ALONE**



**FENTANYL  
TEST  
STRIPS**

# Available Opioid Antagonists

## Naloxone

- Brand Narcan OTC (\$40-45), generic naloxone
- Providing a prescription can facilitate ease of access and insurance coverage
- Free access refer to community groups or [URI.edu/ROTA-R](http://URI.edu/ROTA-R)
- Can be given as an injection (IM) or nasal spray (IN)
- Brands: Narcan 4mg IN, ReVive 3mg IN, Kloxxado 8mg IN, Zimhi 5mg IM
- Generics: naloxone 4mg IN, naloxone 0.4mg IM
- **Onset of 2-3 minutes, duration of 30-90 minutes**

**Naltrexone** (not for overdose response)

## Nalmafene

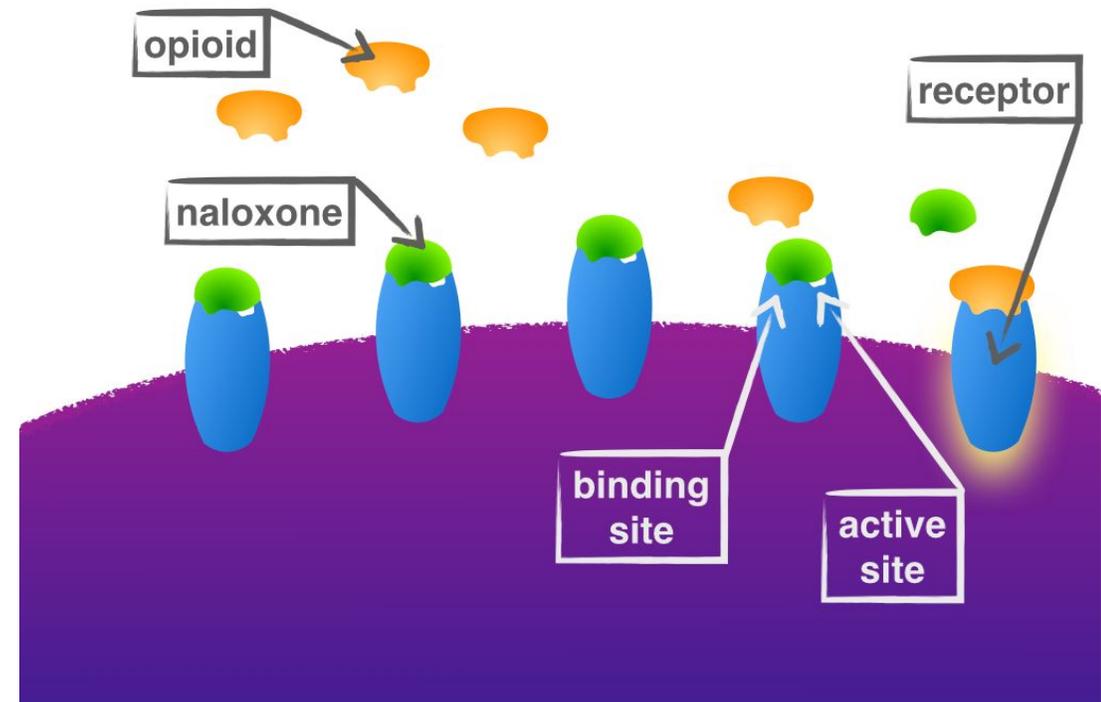
- Available as Brand Opvee 2.7mg IN, Zurnai 1.5mg auto-injector, generic 2mg/mL IM/IV vial
- IM/IV formulation dosing dependent on opioid naïve versus opioid dependent
- **Duration of 10-11 hours = Risk of severe and prolonged precipitated withdrawal due to long duration of action of nalmafene**

**December 1, 2023: American College of Medical Toxicology and the American Academy of Clinical Toxicology position statement: nalmafene should not replace naloxone as the primary opioid antidote at this time**

# NALOXONE

1. Naloxone works by “pushing” opioids off their receptors.
2. It then binds to the opioid receptors and blocks opioids from binding.
  - This rapid removal of opioids from receptors can cause symptoms of withdrawal, although the severity varies from person to person.
  - The opioids have NOT been removed from the body and re-attach as the naloxone wears off in 30-90 minutes.

**Naloxone** is used to reverse an **opioid** overdose and will **restore breathing**



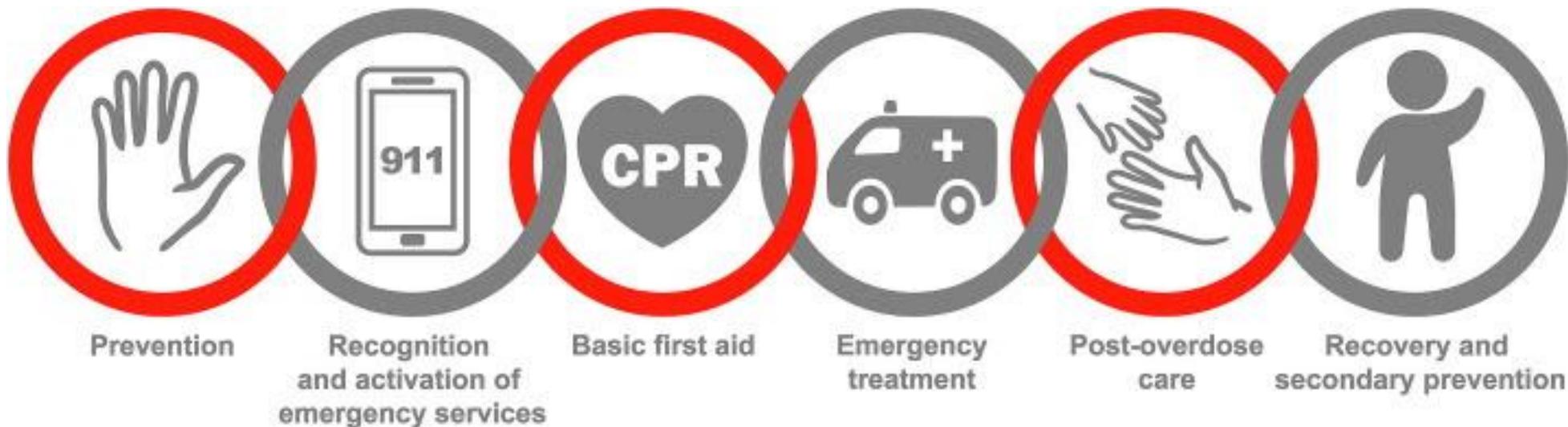
# EXPIRATION DATE & STORAGE

- All naloxone products have an expiration HOWEVER any naloxone is better than no naloxone.
  - A recent study found that a 25+ year old vial of naloxone retained potency at >50%
- Narcan OTC shelf-life just extended to 4 years
- Store at room temperature 68°F to 77°F (20°C to 25°C) Excursions permitted between 41°F to 104°F (5°C to 40°C)
  - Consider soft- or hard-sided cooler with NO ICE for car or boat to insulate against extremes of heat/cold
- Do not freeze or expose to excessive heat above 104°F (40°C), protect from light



# OVERDOSE ASSESSMENT AND RESPONSE

# Overdose Response



Evaluate for an Overdose



Call 911\*



Administer naloxone, if available\*



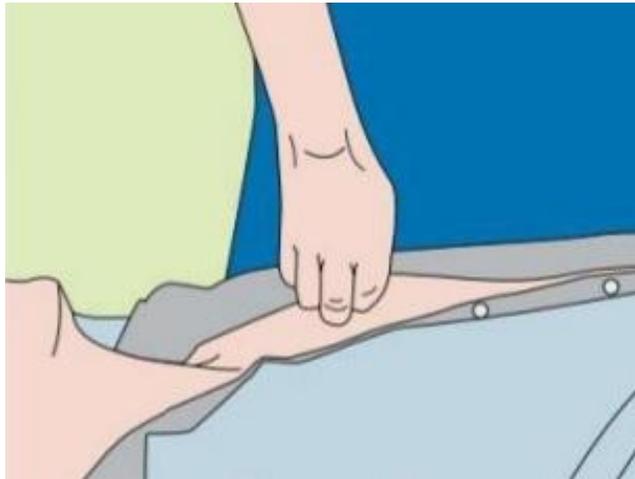
Support Ventilation



\* If two people available, one call 911, one administer naloxone

If no response after 2-3 minutes, give 2<sup>nd</sup> dose of naloxone

# EVALUATE FOR AN OVERDOSE



Can gently check for responsiveness with sternum rub

**NEVER** administer naloxone to a conscious person

**Can't be woken up  
(unresponsive)**

**Slow or no breathing  
(may sound like snoring)**

Pale/Ashen skin

Fingernails or lips turning blue

# *Recognize and Respond* ACTIVATE EMERGENCY RESPONSE

## THE “GOOD SAMARITAN” LAW

Civil and criminal immunity for the “good faith” administration of naloxone by a layperson to someone experiencing an overdose.

Massachusetts Law protects the caller for emergency assistance and the overdose victim from arrest and/or prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence. It does not protect people from arrest for other offenses, such as selling or trafficking drugs, or from existing warrants.



# Recognize and Respond ADMINISTER NALOXONE

1. REMOVE THE DEVICE FROM THE PACKAGE – ONLY DO THIS WHEN READY TO USE!
2. HOLD WITH THUMB ON THE BOTTOM OF THE PLUNGER WITH YOUR FIRST AND MIDDLE FINGERS ON EITHER SIDE OF THE NOZZLE.
3. TILT THE PERSON'S HEAD BACK AND PROVIDE SUPPORT TO THE NECK THEN INSERT THE TIP OF THE NOZZLE INTO NOSTRIL UNTIL YOUR FINGERS ARE AGAINST THE PERSON'S NOSE.
4. PRESS THE PLUNGER FIRMLY TO GIVE THE DOSE – EACH DOSE IS A ONE-TIME USE!

Naloxone Hydrochloride  
Nasal Spray  
4 mg

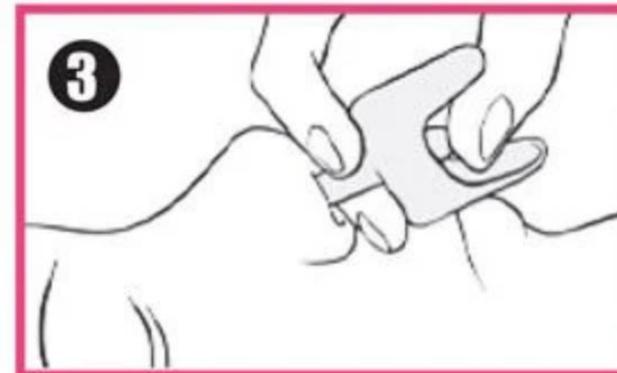
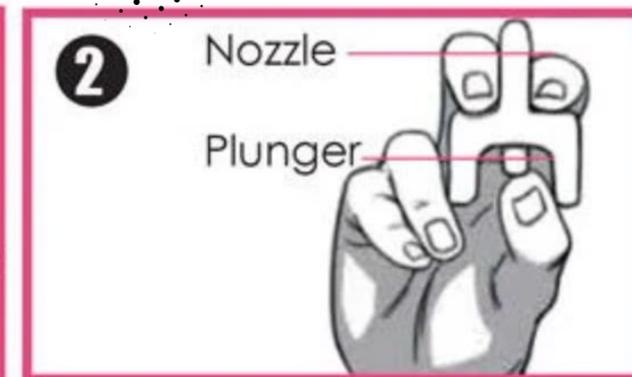
Use Naloxone Hydrochloride Nasal Spray for known or suspected opioid overdose in adults and children.  
Important: For use in the nose only.  
Do not remove or test the Naloxone Hydrochloride Nasal Spray until ready to use.  
This box contains two (2) 4 mg doses of naloxone HCl, USP in 0.1 mL of nasal spray.

Two Pack  
CHECK PRODUCT EXPIRATION DATE BEFORE USE.

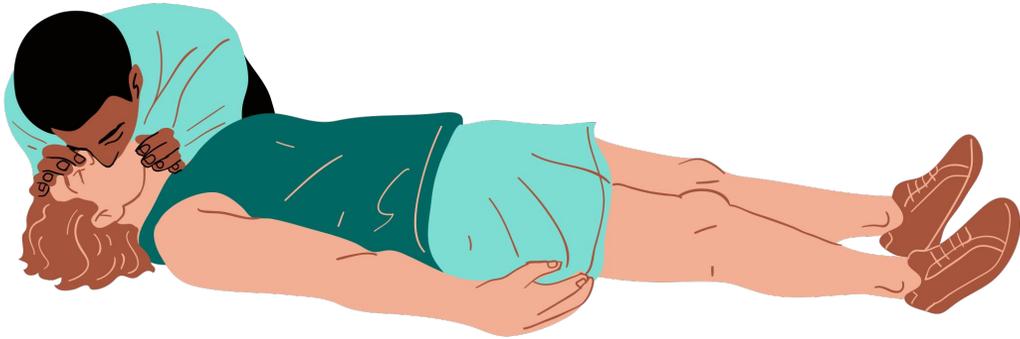
TEVA



EACH BOX  
CONTAINS 2  
NASAL SPRAYS



*Recognize and Respond*  
**SUPPORT VENTILATION**



**RESCUE BREATHING**

- 1. HEAD BACK**
- 2. LIFT CHIN**
- 3. 2 FULL BREATHS**
- 4. ONE BREATH EVERY**

**5 SECONDS**



**HANDS-ONLY CPR**  
FULL CHEST COMPRESSION  
100 COMPRESSIONS PER MINUTE



**Provide support  
based on training  
and comfort level!**

## Recognize and Respond

# POSSIBLE NALOXONE RESPONSES

### Response 1

**BREATHING IMPROVES AND PERSON BECOMES RESPONSIVE WITHIN 2 MINUTES**

### Response 2

**PERSON STARTS BREATHING (RR>10) WITHIN 2 MINUTES BUT REMAINS GROGGY & NOT FULLY RESPONSIVE**

### Response 3

**PERSON NOT BREATHING (RR  $\leq$  10) AFTER FIRST DOSE AND NALOXONE MUST BE REPEATED IN 2 MINUTES (CONTINUE TO PROVIDE VENTILATION SUPPORT)**

**GOAL OF NALOXONE IS TO RESTORE BREATHING**

**NOT NECESSARILY TO RESTORE CONSCIOUSNESS**



**SET A TIMER**

**In a stressful situation 2 minutes will feel like seconds**

# *Recognize and Respond* **RECOVERY POSITION**

## **WHEN TO USE THE RECOVERY POSITION:**

- **IF YOU MUST LEAVE FOR ANY REASON**
- **IF THE INDIVIDUAL BEGINS BREATHING, BUT REMAINS GROGGY**
- **IF THE INDIVIDUAL STARTS**

**VOMITING**



# Post Overdose Support

## TELL THEM:

- Your name
- They were not breathing, naloxone administered
- Emergency services is on the way

"HELLO MY NAME IS \_\_\_\_\_.  
YOU WERE NOT BREATHING AND  
I WAS WORRIED, SO I GAVE YOU  
(1 OR 2 DOSES OF) NALOXONE.  
911 IS ON THE WAY TO HELP!"

## OFFER:

- A safe, quiet place to rest
- Water or other basic needs
- Naloxone to have for later

NALOXONE  
WEARS OFF IN  
30-90 MINUTES



# SAFETY MEASURES FOR SEDATION

- 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

*Scenario Practice*

# OVERDOSE IN A PUBLIC OR PRIVATE SETTING

**YOU FIND SOMEONE  
UNRESPONSIVE**

**WHAT SHOULD YOU DO  
STEP-BY-STEP?**



# MYTH: TOUCHING FENTANYL

A Guide to Fentanyl Touch Overdoses,  
Which Do Not Exist

**Cops Are Still Fainting When They Touch  
Fentanyl**

Training to reduce emergency responders'  
perceived overdose risk from contact with  
fentanyl: early evidence of success

**After My Brother's  
Overdose Death,  
Misinformed People  
Added to Our Grief**

"There's never been a toxicologically confirmed case,"

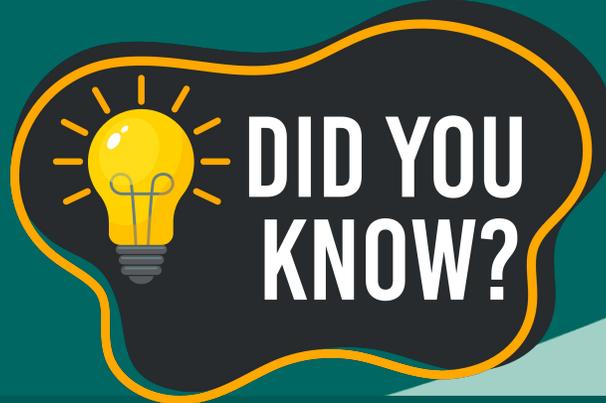
Fentanyl panic goes viral: The spread of misinformation about overdose risk from  
casual contact with fentanyl in mainstream and social media

**Sheriff's No. 2 Apologizes For, But  
Doesn't Disavow, Viral Fentanyl  
Video**

Police reports of accidental fentanyl overdose  
in the field: Correcting a culture-bound  
syndrome that harms us all

## Growing Hysteria

# MYTH: TOUCHING FENTANYL



PEOPLE REGULARLY EXPOSED TO ILLICIT FENTANYL,  
THOSE WHO DISTRIBUTE/CUT/SELL DRUGS,  
DO NOT WEAR PPE  
PEOPLE MUST INJECT, SMOKE, SNORT, OR INGEST  
ORALLY FOR EFFECT

FENTANYL PATCH (DURAGESIC) DEVELOPED  
DUE TO NEGLIGIBLE ABSORPTION OF  
FENTANYL THROUGH SKIN

“IT WOULD TAKE 200 MINUTES OF  
BREATHING FENTANYL AT THE HIGHEST  
AIRBORNE CONCENTRATIONS TO YIELD A  
THERAPEUTIC DOSE, BUT NOT A  
POTENTIALLY FATAL ONE”

AMERICAN COLLEGE OF MEDICAL TOXICOLOGY  
AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

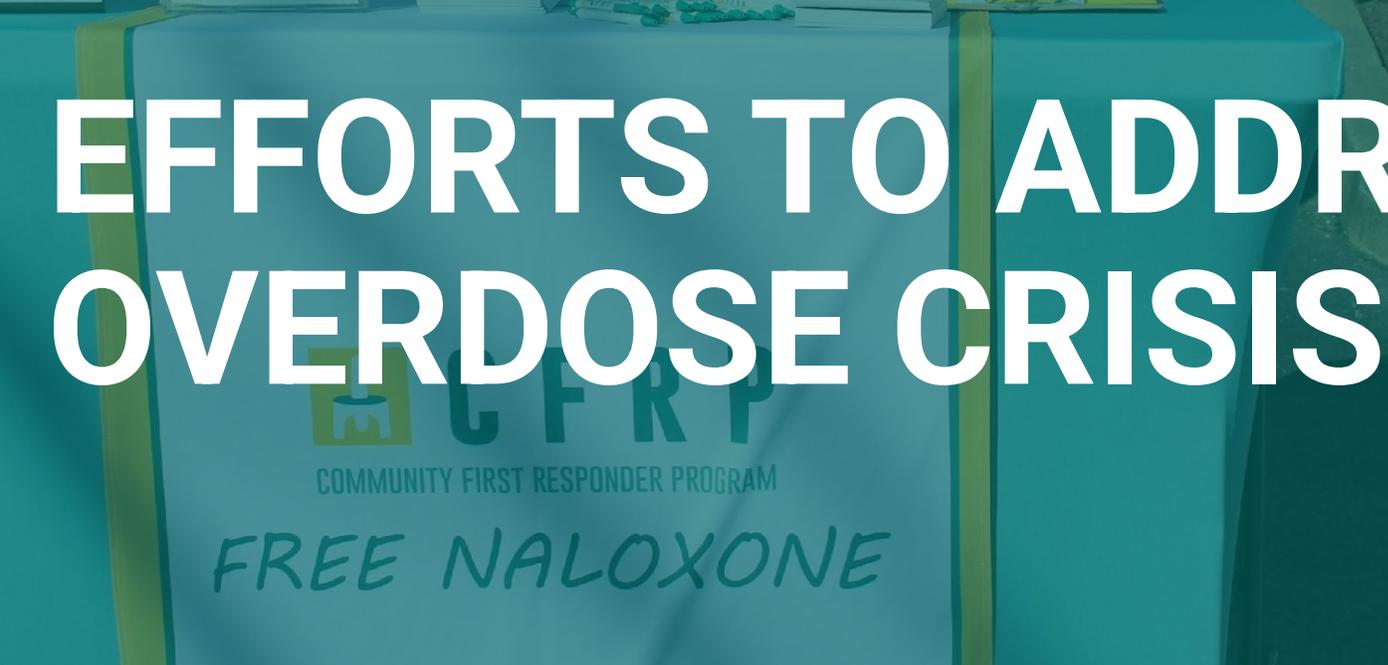
Fentanyl Patch



Photos: CFRP



# EFFORTS TO ADDRESS THE OVERDOSE CRISIS



SUPPORTIVE. CONFIDENTIAL. SECURE.

7/22/23



The Massachusetts Substance Use

**HELPLINE**

HelpLineMA.org  
prevention | treatment  
adults, youth, & young adults

CALL OR TEXT  
**988**

Confidential support &  
connection to care  
for mental health &  
substance use



**2.1.1**

Get Connected. Get Help.™

Mass211.org  
substance use services  
crisis | mental health



tapestry

TapestryHealth.org  
telehealth | WIC  
LGBTQ+ services

\*Western Mass counties



# MYTH: NALOXONE ENABLES DRUG USE

- for every dollar spent on OEND programs, there was a societal benefit of \$2,742 due to opioid overdose deaths prevented.
- The availability of naloxone through community-based programs enhances client engagement and referrals for substance use treatment. Clients are five times more likely to enter treatment and three times more likely to stop using drugs than those who don't use the programs.<sup>2</sup>



1. <https://www.sciencedirect.com/science/article/abs/pii/S0376871619302959?via%3Dihub>

2. Centers for Disease Control and Prevention [https://d13b0295-a9f2-46af-8c70-857523aa8424.filesusr.com/ugd/6a0553\\_f359dabd19fb416ebb9fe91ec9987c5b.pdf](https://d13b0295-a9f2-46af-8c70-857523aa8424.filesusr.com/ugd/6a0553_f359dabd19fb416ebb9fe91ec9987c5b.pdf)



# FREQUENTLY ASKED QUESTIONS

# FAQs

*What if I administer naloxone, but it is not an overdose?*

*What if I administer too much naloxone?*

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

*Is it safe to administer expired naloxone?*

What questions do you have?



# RHODE ISLAND NALOXONE RESOURCES

URI.EDU/CFRP



- Free naloxone training module
- Free naloxone & supplies mailed to your home
- Additional learning modules

## General Public

We offer two ways to become certified as a Community First Responder and receive free naloxone. You can either schedule a live webinar/in-person seminar for your group, or complete the interactive learning module from the comfort of your own home.

For our New England program (residents of NH, CT, VT, MA or ME) please visit [URI.edu/ROTA-R](http://URI.edu/ROTA-R)

## Live Webinars or In-person Seminars

### Live Accredited Seminars

Help members of your school or organization become a certified Community First Responder and receive free naloxone kits to support individuals in you community.

REQUEST A SEMINAR

## Online Learning Modules

Community members are invited to browse through our 6 interactive, educational learning modules with in-depth information about the opioid epidemic, including how to recognize and respond to an overdose. Each module takes about 10 minutes to complete and provides valuable resources to help you or a loved one connect with prevention, treatment and recovery options in Rhode Island and nationwide.



### Become a Community First Responder: Naloxone (Narcan) Training

What increases a person's risk for an opioid overdose? And how can we save someone who is overdosing on opioids?



### Why Do People Misuse Drugs?

In order to fully appreciate the extent of the opioid epidemic, we must understand how these drugs work in the body and can lead...



### What is the Difference Between Opioid Dependence and Addiction?

Understand the main differences between opioid misuse, opioid dependence and addiction ...



### Myths & Facts: Unraveling Rumors About the Opioid Epidemic

Identify myths and facts about opioid use disorder, Describe effective treatment methods for an opioid use disorder ...



### How Does Stigma Affect People with Addiction?

Learn ways to reduce stigma and help people struggling with addiction connect to treatment and recovery centers

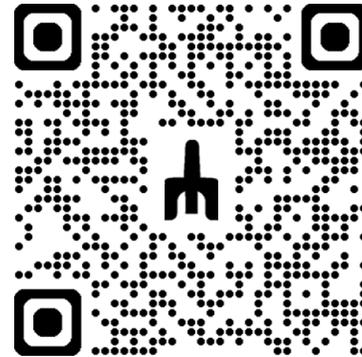


### How Did We Get Here? Background on the Opioid Epidemic

Come learn about the background of the opioid epidemic in America and gain some unique perspectives ...

# NEW ENGLAND NALOXONE RESOURCES

[URI.EDU/ROTA-R](http://URI.EDU/ROTA-R)



- Free naloxone training module
- Free naloxone & supplies mailed to your home
- Additional learning modules

## Online Training Modules for each of the New England States

Click on your state below to complete a short training module and receive free naloxone by mail in rural areas! Each interactive training reviews how to recognize and respond to an opioid-involved breathing emergency and provides valuable resources in your area.



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