



OPIOID TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

Task Force Chair: Seddon Savage/James Vara

February 10, 2016 – 8:30AM-10:30AM

Minutes

Attendees: James Vara, Seddon Savage, Janet Monahan, Rekha Sreedhara, Sandra Kiplagat, Helen Pervanas, Elizabeth Hughes, Kate Frey, Judge Tina Nadeau, Kenneth Carr, James Potter, Joe Hannon, Chris Shambarger, Amy Pepin, Jeanne Moser, Bonnie Weeks, Pamela O'Sullivan (phone), Mike Dupois (phone), Chief Richard Crate (phone)

I. Introductions and Agenda Review/Orientation

II. Minutes

- January minutes were approved by members.

III. Decide on Meeting Schedule

- During the meeting, members decided that the new meeting time will be on the second *Thursday of each month from 8:30-10:30.*

IV. Review Mission Statement and Goals

- Co-Chair, Seddon Savage reiterated the role of the Opioid Task Force as one of several task forces appointed by the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery that promotes informational exchange and active collaboration among stakeholders in business, education, law enforcement, healthcare, legislative, and community and family supports.
- Members reviewed and updated the mission statement.
 - To bring together diverse stakeholders to identify and prioritize concerns relative to opioid-related harm and recommend to the Commission needs and strategies to address the problem as well as to carry out appropriate action items.
- Members identified three goals and how these will be measured over the next two years.
 - **Goal 1:** *To prevent opioid related harm by reducing the number of individuals, particularly young adults in NH, who are misusing opioids by 10% within two years*
 - **Goal 2:** *To reduce the number of opioid associated deaths by 15% within two years*
 - **Goal 3:** *To increase access to medication assisted treatment (MAT) for opioid dependence*
- For goal 3, members noted that measuring access to treatment was too broad in that many components can be looked at. To measure access to treatment, the NH Alcohol and Drug Treatment Locator will be used to determine the number of new treatment sites and the National Survey on Drug Use and Health (NSDUH) will be used as the primary data source to determine the percentage of individuals accessing treatment. Additionally, members identified medication assisted treatment as a specific focus which will be measured by the

number of buprenorphine and naltrexone prescribers obtained from: SAMHSA's DATA 2000 and Alkermes, Inc.; the number of CHCs and CMHCs providing office-based treatment obtained from the NH Bureau of Drug and Alcohol Services; and the wait time across the eight methadone clinics.

V. Review NH Opioid Related Data- NH Drug Monitoring Initiative Report (DMI)

- The NH DMI December data report was reviewed.
- An increase in emergency department visits is reported, but it is not known if the data is statistically significant.
- 399 overdose deaths have been identified; however, the graph does not indicate which opioids are reported on. Over 30 lab/toxicology results are still pending therefore the number of overdose deaths may be higher.
- Illicit opioids are higher than prescription opiates.
- More access to drugs leads to increased access to harm (traffic deaths). Supply leads to harm. A question was raised about what supply reduction strategies by law enforcement are in place. Collaboration of DEA, FBI and Division State Police exists; however, there still is difficulty in reducing supply distribution in the interstate. A law enforcement representative indicated that there is limited staff capacity from state police to prevent interstate supply distribution. James Vara will contact Dave Kelley, Deputy Director of the New England HIDTA (High Intensity Drug Trafficking Area), to see if he is available to discuss drug trafficking and interdiction issues with our task force in March/April.
- A parent who recently lost her son due to fentanyl overdose indicated that fentanyl emergency visits should also be noted in the DMI report.
- Members concurred that more education is needed related to fentanyl vs. heroin among young adults. Peer to peer education on fentanyl among young adults is needed. Target strategies could include reaching out to residential life and the Higher Education Council.
- Although education as a top down approach is less likely to work, the members agreed that buy-in is necessary among administrative officials prior to peer to peer education. Top 5 documents were provided by the Department of Education to educate and inform on drug and alcohol practices to high school students.
- Jim and Jeanne Moser are planning to facilitate ongoing assemblies by grade at Exeter High School to talk about this issue.
- Drug diversion unit has provided presentations to hospitals as requested on what to look for, including the signs and symptoms.
- Rekha Sreedhara will contact Prevention Task Force Chair, Traci Fowler to see if she is available to attend the March or April meeting to provide an overview on what their task force has been working on.

VI. Review of New Federal Initiatives that May Inform State Work

- FDA <http://www.fda.gov/NewsEvents/Newsroom/FactSheets/ucm484714.htm> - The FDA is looking to tighten the approval of drugs and increasing their advisory committee. 1.5B will be invested on opioid-related interventions.

- CDC Draft Guidelines - (see summary) – These rules may inform the guidelines developed by the NH Medical Society.
- White House – (<https://www.whitehouse.gov/the-press-office/2016/02/02/president-obama-proposes-11-billion-new-funding-address-prescription>)

VII. Review of State Initiatives (i.e. Outcomes of special session, current pending legislation)

- Drug court legislation passed in the house (24-0). The bill will be presented to the senate. If passed, the bill will go to the Governor by March/April. This bill will approve for increased funding to support a statewide Drug Court Coordinator, technical assistance and the initiation of new drug courts starting with Hillsborough County and Merrimack County.

Status Update on HB 1684

- Andrew Gyorda proposed adding language to HB 1684 as discussed at our last meeting. The hearing is scheduled for January 16 at 10 am.
- The Healthcare Taskforce strongly opposes this bill for the following reasons:
 - Disproportionately affects hospice and chronic pain care/palliative patients;
 - Causes physicians to write for longer-acting meds rather than short-acting which may not be appropriate;
 - Creates obstacles in providing access to medical care. For example, increase in provider time and writing multiple prescriptions causing patients to have to pay a copay each time they are seen resulting in increased cost; and
 - Doesn't reduce the number of prescription opioids as most patients do not need 100 dosage units.
- Members agreed that the solution for medical providers and prescribers is to prescribe smaller amounts of longer-acting meds as compared to maximum amount for short-acting meds (50 Oxycontin vs. 150 Percocet) to reduce drug diversion activities.

Status Update on HB 1423

- HB 1423 would require all healthcare boards to adopt rules on prescribing controlled drugs. Debate is related to specificity of these rules.

Pending Legislation

- SB 533 provides additional funding (\$5 million) to Governor's Commission. Priorities and how funding has been used in the past will need to be presented on Thursday, February 11.
- Representative Joe Hannon proposed HB 1681 which exempts trace amounts of controlled substances in hypodermic syringes and needles from provisions of the controlled drug act. The bill also allows persons to dispense hypodermic syringes and needles promoting needle exchange.
- HB 1603 will require Department of Safety, Division of State Police to establish and administer a registry for habitual offender drug dealers and requires the offenders to

register upon conviction for a third or subsequent offense under the controlled drug act. Healthcare and Justice/Safety oppose this bill.

VIII. Reports from active groups and inputs from attendees

Governor's Office

- The Governor is actively looking to fill Jack Wozmack's position.

Integrated Healthcare Workgroup

- This workgroup is focused on the opioid prescribing guidelines.

Naloxone Task Force

- This task force is no longer meeting and has been replaced by the legislative task force. There is an internal naloxone group that meets every other Friday.
- All Rite Aid pharmacies are dispensing naloxone. Walgreens has announced that they will dispense naloxone without a prescription nationally. CVS/Target have reported that they are working toward moving in this direction.
- 34 community events have been held with 1,820 kits disseminated.
- Walgreens is looking to include drop boxes at stores. The Attorney General's Office will need to review statute to move this forward.

Next Meeting:

Thursday, March 10, 2016 - 8:30-10:30

Community Health Institute, 501 South Street, Bow NH

Call in # 1-866-210-1669

Passcode: 9060313