



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage/James Vara

December 9, 2015 – 8:30AM-10:30AM

Minutes

Attendees: Lisa Mure, Janet Monahan, Kathy Bizarro-Thurnberg, Nicole Rodler, Diane Casale, Kenneth Carr, Joseph Hannon, Alex Casale, James Vara, Sandi Coyle, Sandra Kiplagat, Charla Stevens, Rekha Sreedhara, Seddon Savage, Dick Crate (phone), Helen Pervanas (phone)

The meeting was devoted to reviewing the Governor's recommendations to the Special Legislative Opioid Task Force. This engendered discussion that netted the following recommendations. Responses to the Governors recommendations are noted following the Opioid Task Force recommendations.

The following recommendations were determined through consensus.

1. **Special messaging for opioid users relative to the dangers of street fentanyl and certain myths related to use.** The Attorney General's office reports that there will be over 400 drug-related deaths in 2015, with many associated with the powerful illicit drug fentanyl. Task force members reported that misinformation "on the street" needs to be counteracted with immediate and effective messaging relative to the following:
 - i. Fentanyl is 100 times more potent than heroin. The variability of the potency of street opioids when fentanyl and heroin are mixed in unidentified proportions is leading to unintended overdose deaths in all parts of the state and is the #1 contributor to the continued escalation in opioid overdose deaths in 2014 and 2015.
 - ii. Fentanyl is being sold in various forms on the street, sometimes openly as fentanyl and sometimes as other opioids. IT is being cut into or sold as heroin. Also, the Attorney General's office has reported that fentanyl has been pressed into pill form, stamped, and sold as oxycodone/Oxycontin to be able to garner a higher street value and/or to make the drug appear safer to use.
 - iii. Snorting opioids of any kind rather than injecting does not reduce the risk of overdose nor reduce the likelihood of addiction.
 - iv. Injection drug use can cause life-threatening infectious diseases including HIV/AIDs, Hepatitis C and bacterial endocarditis (potentially devastating heart infection).
2. **Real-time access to a fully staffed warm line for the public to call to receive information and consultation on treatment and recovery support services available and to receive support accessing those services,** including assistance in making contact with service agencies to schedule intakes, etc. This line must be answered by a live voice 24 hours a day 7 days a week.

3. **Additional staffing and other resources within the Attorney General's office to prosecute cases of drug trafficking and sales.** (Task force member from the AG's office abstained from this recommendation)
4. **Full funding of the Alcohol Fund at the original formula level of 5% of state profits from the sale of alcohol to support prevention, treatment and recovery support services.** As substance misuse is a long-standing and underserved public health and safety issue that will continue even after the opioid crisis abates, this recommendation includes the necessity that the Alcohol Fund be provided at its original formula each year without budget footnotes or other legislative action that suspend or reduce the formula amount.
5. **State agencies addressing substance misuse must be allowed to request and expend funds at budget levels that are sufficient to meet the need for adequate law enforcement, forensic testing, investigation and prosecution, prevention, early identification, treatment and recovery support services and other services** without reductions and fluctuations in budgets that compromise the systems' ability to adequately address substance misuse and substance use disorders.
6. **Increased resourcing and utilization of the prescription drug monitoring program (PDMP)** to support effective prescribing practices and to reduce doctor shopping.
7. **Adequate resourcing of drug courts across the state** to provide treatment and recovery support services to individuals in the justice system as a result of a substance use disorder.
8. **A process be established and carried by the state's licensing boards to address rule changes, education and other actions to improve opioid prescribing practices to reduce the likelihood of diversion and to prevent the development of addiction.** This process should include consideration of prescriber utilization of the state's PDMP.
9. **Safe storage and disposal of prescription opioids should be supported through consideration of 1) expanding to drop boxes to more law enforcement agencies and to non-law enforcement entities such as hospitals and/or pharmacies and 2) through the promotion and sale of lock boxes and/or products such as Deterra™ at pharmacies** for individuals to use to safely store opioids and other medications in their home, or, in the case of Deterra™, to deactivate opioids until proper disposal is possible.
10. **Reinforce messaging that calling 911 is essential** as a companion to naloxone messaging in that with the stronger opioids available, such as fentanyl, two doses may not be enough to reverse an opioid overdose.

1. Specifically defines and includes Fentanyl as a drug for which there are criminal penalties associated with possessing, transporting, selling or distribution.

>>>Support

2. Establishes a uniform standard for insurers to utilize to reimburse for substance abuse/behavioral health treatment services and allows immediate care for substance abuse by eliminating the requirement of prior authorization for the first two provider visits and first 72 hours of in-patient care.

>>>Support

3. Establishes a Statewide Drug Court Office supervised by the Judicial Branch. This program is based on a nationally recognized drug court model. Drug courts are a judicially supervised, multi-discipline approach that seeks to identify appropriate participants through a structured assessment who would otherwise be sentenced to jail or prison and place them in treatment. The goals of drug court include a reduction in recidivism, enhanced community safety, providing treatment for addicted individuals who would be sentenced to jail or prison, restoring families, reducing substance abuse within the community and saving taxpayer dollars.

>>>Support

4. Establishes a state grant program to assist state and local law enforcement agencies in addressing the opioid crisis. The purposes of this dedicated fund is to enable and support coordinated law enforcement efforts among the state, county and local levels to reduce the number of opioid-related overdoses and deaths; to enable and support coordination between uniformed law enforcement officers and undercover drug enforcement units; and to improve the collection, analysis and dissemination of criminal intelligence information and data in furtherance of such efforts.

>>>*The group concurred that state agencies should be funded at a level that supports their core work, rather than developing state funded grant programs to make up budget short falls*

5. Appropriates additional funding for the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery.

>>>Support. *In addition see Opioid Task Force recommendation #4 above*

6. Appropriates additional funding for the Department of Corrections for salary expenses for six new probation and parole officer II positions to be deployed to work with state police and local departments in high-need areas of the state and for matching grants to counties for adult drug courts.

>>>Support

7. Appropriates additional funding for New Hampshire's Prescription Drug Monitoring Program to enhance capability of mandatory requirements.

>>>Support. *In addition see Opioid Task Force recommendation #6 above*

8. Appropriates additional funding for the New Hampshire Department of Justice for an attorney position dedicated to prosecution of drug cases.

>>>Support. *In addition, see Opioid Task Force recommendation #3 above*

9. Appropriates additional funding for the purpose of statewide coordination and administration of adult drug courts in each county of the state.

>>>Support

10. Amends the Prescription Drug Monitoring Program statute by striking language limiting funding to grants, gifts and contributions and would allow the program to accept non-federal funds and amends current language to allow PDMP access to federal healthcare providers working in New Hampshire and Vermont, and the Medical Examiner's Office to assist in determining time of death and cause of death.

>>>Support

11. Adds two physicians to the medical review subcommittee of the Board of Medicine to assist with the review of complaints filed against licensees. One of the new members would be a pain specialist.

>>>Not discussed (almost certainly would support)

12. Limits a prescription for controlled drugs of schedules II or III to no more than a 34-day supply or 100 dosage units, whichever is less.

>>> There were divergent views on this recommendation among Task Force members. There was general agreement however that prescribing rules and statutes are in the domain of the Board of Medicine and belong under Governors recommendation 13 below. It was noted the Healthcare Task Force opposes the 100 dose unit for multiple reasons noted in minutes of its October 22, 2015 meeting.

13. Requires the board of medicine, the board of dental examiners, the board of nursing, the board of registration in optometry, the board of podiatry, the naturopathic board of examiners, and the board of veterinary medicine to adopt rules for prescribing controlled drugs. This bill contains mandatory standards for such rules and requires using the controlled drug prescription health and safety program database.

>>>Support for the general concept that the Board of Medicine and other licensing boards make rules and recommendations related to controlled substance prescribing. The group did not review or comment on specific mandatory standards contained in the Governor's recommendations.

Additional recommendations will be developed by Seddon Savage and Charla Stevens and will be included later as they work with other work groups on contributions to this discussion relative to the health care work group and the NH Business and Industry Association respectively.

Next Meeting:

Wednesday, January 13, 2015, 8:30AM-10:30AM,
Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Call In #: 1-866-210-1669

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