OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage/James Vara

March 10, 2016 – 8:30AM – 10:30AM

Minutes

Attendees: James Vara, Seddon Savage, Rekha Sreedhara, Sandra Kiplagat, Helen Pervanas, Elizabeth Hughes, Jim Moser, Jacqui Baker, Mike Dupois, Andrew Thomits, Melissa Silvey, Janet Monahan, Laurie Harding, Richard Crate, Kayla Fogg (phone), Pam O'Sullivan (phone)

I. Introductions and Agenda Review/Orientation

- February minutes were approved with the inclusion of an edit from Jim Moser to change language to state that substance misuse assemblies by grade at Exeter High School are being planned.

II. Review & Approve Mission Statement and Goals

- After the February meeting, Seddon, James, and Rekha worked on the task force goals and measures further. Members reviewed and approved the Opioid Task Force mission statement and goals with the following changes:
    - A measure was not decided on for goal 2 during the last meeting. James recommended a 15% decrease in the number of opioid associated deaths over two years. He indicated that a bell curve would most likely be seen especially with changing prosecution models and funding becoming available for law enforcement and treatment.
    - For goal 2, there was discussion to include PDMP data as an additional data source to examine the impact of opioid- associated deaths. Some members mentioned using the PDMP to measure contributing factors while others stated that the PDMP does not directly measure the reduction of opioid associated deaths, but may be useful in trend analysis. Task force members agreed on reaching out to Michelle Ricco-Jonas for data as needed.
    - The third goal was reworded to: "*To increase access to treatment including medication assisted treatment (MAT) for opioid use disorders.*"

III. Youth and Young Adult Population Strategies

- In reviewing the task force goals, members discussed current strategies in place to address substance misuse among adolescents and young adults.
    - *Twin State Safe Meds* allows for the expansion of prescription drug dropboxes in the state
    - *Life of an Athlete* has been conducted across 80 programs.
    - 2015 *Youth Risk Behavior Surveillance Survey* (YRBS) data collection.
    - *Safe Schools, Healthy Students* established in Laconia, Concord and Rochester communities.
    - *Young Adult Assessment* to include Facebook survey and Focus Groups

- *SB 369* has been enacted to encourage public schools to include drug and alcohol education as part of their health education curriculum.
- *Needle Syringe Collection*
- *Student Assistance Programs*

IV. Review NH Opioid Related Data – January Drug Monitoring Initiative Report

- Seddon reiterated the importance of reviewing and using the DMI reports during task force meetings to monitor overdose deaths and emergency room visits across New Hampshire by county level data. Members agreed that DMI reports can be informative and align with the mission and goals. It was recommended that it would be helpful to have town-level data versus county-level data in an effort to provide funding appropriately. For example, in Conway, the number of deaths compared to the number of naloxone kits distributed is disproportionate. It was indicated that naloxone administration has dramatically reduced in recent months because of increased availability in pharmacies and community health settings. Use of naloxone at home is not recorded unless EMS is involved. It was also suggested that a trend analysis of treatment admission by age would be helpful.
- 14 deaths are still pending. James Vara estimates that the final overdose death count will be 434 deaths.
- ER visits in 2015 are down compared to 2013 and 2014.
- Members discussed what happens when a person is arrested or has an overdose and whether there is a way to categorize these actions. According to law enforcement, for those who have overdosed they are transferred to the hospital. Due to funding issues, it was suggested that Recovery Coaches be utilized. Drug courts are also an option but are limited to high risk, high need populations. Currently, there are only 5 counties with operational drug courts.

V. New England High Intensity Drug Trafficking Area (HIDTA) Presentation

Dave Kelley (Deputy Director), Ken Bradley (Drug Intelligence Officer), Kimberly Fortier (Public Health Analyst)

- NE HIDTA was created in 1999 and comprises of six New England States that work to reduce drug availability in our states and increase efficiency and effectiveness of law enforcement efforts on the ongoing drug epidemic.
- Recently, two new positions were added to the HIDTA to include law enforcement intelligence who is responsible for feeding information to the investigation center and a data analyst who is responsible for tracking trends. Adding these two positions has allowed HIDTA to utilize an integrated and collaborative approach in an effort to answer (1) Where drugs are coming from? (2) Why NH? (3) What are we doing?
- HIDTA is multi-disciplinary working not only with law enforcement, but also deals with prevention (e.g. Scope of Pain).
- Most drugs are transported on our highway roads (I-90, I-93). The Domestic Highway Enforcement (DHE) is responsible for identifying supply coming through Massachusetts and New York. Currently, the DEA is working on establishing a plan to reduce drug trafficking in our state.

- Jim Moser questioned efforts related to the dark net. Dark nets are defined by a collection of websites that have hidden IP addresses. Sites like this provide access to drugs that are directly mailed to homes. HIDTA mostly works on commercial vehicles; however, DEA has specialists on the dark nets.
- DMI reports are produced by the HIDTA in which data is retrieve from a wide array of state sources including law enforcement, EMS, hospitals, public health etc. As of October 2015, diagnostic codes were reworked and the narratives from the public health department to allow for more accurate reporting. It was mentioned that some hospitals fail to provide needed data, thus the reports do not represent the actual emergency visits on the reports. Co-chair, Seddon Savage requested that the HIDTA meet with the Healthcare Task Force in an effort to minimize the data gaps while promoting partner collaboration.

VI. Review 2015 Priority Areas & Establish 2016 Priorities

- Tabled for April meeting.

Priority Area	Lead(s)	TF Tasks/Other	Status/ Accomplishments	Updates
Central help line	2-1-1	Help identify funding opportunities Support as needed	Center for Excellence is providing training and collecting data to identify the types of calls received and TA needed	
Market research of young adults (18-24)	-Center for Excellence -Regional Networks	Center to conduct focus groups related to how to reach young adults, first initiation of use, etc.	Center for Excellence is conducting Young Adult Assessment.	To date 475 surveys received; focus groups being conducted
Continuum of care work within regional public health networks	-Healthcare Work Group -CoC Facilitators	Once in place, have a CoC Facilitator attend Opioid Task Force and Healthcare workgroup		11 out of 13 facilitators have been hired
Recovery Centers	BDAS NHCF BRSS TACS		-HOPE has a new director; Holly Cekala	-Recovery Center started in Manchester and two other centers in the works. -Assessment being conducted to identify level of readiness to deliver peer recovery support services (PRSSs).
SBIRT in ER	Healthcare Workgroup	-Center to help convene and coordinate activities		Differed

		-Seddon to contact ACEP		
Online Treatment Locator	Center for Excellence		-Launched January 2015 -Awareness campaign in progress	Ongoing marketing with organizations and agencies
SBIRT in Primary Care	Tricia Tilley Center for Excellence to help convene and coordinate activities	Healthcare Work Group to monitor, network & facilitate dissemination	-All CHCs in the State are funded by BDAS to develop and implement in SFY2016-2017 -7 organizations and 15 practice sites are funded by NHCF to implement SBIRT	AHEC received large grant to train health professionals in all schools (funded through NHCF and other funding sources)
Broader prescribing & dispensing of naloxone	Center for Excellence Medical Society MGMA	-Center to review prescribetoprevent.com and create materials -Healthcare Work Group to coordinate promotion within healthcare	-Enabling legislation passed 5/15 -NHMS disseminates info to docs 7/15	
Optimum use of PDMP	Board of Pharmacy	HC WG to determine data needs, support development	-Launched October, 2014 -Deadline registration 6/15 -Enrichment legislation 5/15 -Data collections underway	Healthcare Task Force is providing optimal recommendations.
Crisis Response and Recovery Promotion Teams	TBD	Pilot with Strafford County if funding available		
Assessment Centers	Jack Wozmak		Met with NH Hospital Association, Chief Medical Officers for each hospital; 85% willing to assess patients using ASAM criteria	Pilot in Keene

Next Meeting: Thursday, April 14, 2016 – 8:30AM – 10:30AM

Community Health Institute, 501 South Street, Bow NH

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