



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

August 11, 2016 – 8:30AM – 10:30AM

Minutes

Attendees: Seddon Savage, Helen Pervanas, Kimberley Fortier, Ken Bradley, Chris Shambarger, Benjamin Agati, Melissa Silvey, James Potter, James Vara, Tina Nadeau, Joe Hannon, Elizabeth Hughes, Pamela O'Sullivan, Kate Frey, Nicole Rodler, Rekha Sreedhara, Sandra Kiplagat, Claudia Greene (Guest)

I. Reviewed NH Opioid Related Data

June Drug Monitoring Initiative Report

- During the last meeting, members suggested integrating PDMP data, DEA ARCOS data for controlled substances in the state, and IMF or other data mining company information into the DMI report. Kimberly Fortier from HIDTA reported during this meeting that she has obtained and gone through DEA Arcos data but cannot find substantive data to show a change in prescribing. She has a meeting scheduled with Bert Fichman from DEA Arcos to review data and determine what could be useful to include in the DMI report.
- Kimberly also mentioned that the state supply of naloxone kits changed from 2mg to 4mg and therefore can only be tracked by kits and not doses. Additionally, she has been unable to determine what pharmacies are distributing naloxone because data is only available by pharmacy location rather than the location of the buyer.
- It was indicated that it would be helpful to have PDMP data by zip code and county. Specifically, one area of interest mentioned was to know if physicians are utilizing the PDMP. *Helen Pervanas will contact Michelle Ricco Jonas to obtain these data.*
- The NH Medical Society is planning to schedule a full-day information session on the PDMP in the next month with all Boards, organizations and key stakeholders.
- Treatment admissions increased which may be in response to new contracts released from the NH Department of Health and Human Services, Bureau of Drug and Alcohol Services including the Statewide Addiction Crisis Line, Regional Access Point Services (RAPS), and Substance Use Disorder Specialty Treatment Services Capacity Building contracts.

Naloxone Dispensing Data

- Helen Pervanas contacted all pharmacies dispensing naloxone and obtained data from Rite Aid, Hannaford and Walmart. CVS and Osco Shaws have not sent data to date. A total of 383 doses were dispensed. Rite Aid dispensed the most doses. These data do not distinguish over-the-counter versus standing orders. It was flagged that Rochester dispensed a lower number of doses than expected however this may be due to the many community events hosted by the regional public health network, police departments, etc.

II. Reviewed & Discussed Key Domain Strategies

- Members finished reviewing and discussing key strategies by domain that were submitted by each member (see list of strategies).
- Members discussed issues with third party payers including not approving treatment and prior authorization issues and the use of incentives to motivate and reinforce use of best practices. For example, Vivitrol was not approved because buprenorphine was not tried as a first attempt. *Seddon will research criteria for abuse deterrent opioids.* It was mentioned that New York has developed a set of criteria. Additionally, prior authorization restricts individuals from accessing treatment. It was mentioned that it can take up to eight hours for one patient to obtain authorization. *The NH Medical Society will convene key stakeholders to determine and discuss barriers/challenges.* Specifically, New Futures, NHID, Goodwin, Joe Hannon and Judge Tina Nadeau have been identified to participate in this group.

III. Presentation & Discussion on Needle Exchange Grant and Legislation (Guest: Department of Public Health intern, Claudia Greene)

- The Department of Public Health Services (DPHS) is working on submitting a Determination of Need grant to the CDC. Funding is available if NH can provide evidence for risk of injection drug use and the importance of needle exchange programs. Every state besides NH has some form of needle exchange.
- Currently, NH is one of the last states without a Hepatitis C registry. It was questioned if this would be a barrier for the grant. Claudia indicated that the prevalence of Hep C does not need to be reported and that other data sources may be used. DPHS will utilize overdose rates, etc. The study committee which is to initiate soon will include the Hep C registry on its agenda.
- It was questioned if more syringes would be found on the street with increased access to needles. Claudia mentioned that in addition to personal disposal boxes community drop boxes are helpful as well. She also mentioned it is legal to possess an unlimited number of syringes therefore offering clean syringes for used syringes helps keep needles off the street. At one of the needle exchange programs she works at, up to 200 syringes are given out per day to an individual. For every needle brought in, the same amount of new needles are given plus an additional ten needles.
- International Overdose Awareness Day is August 29th.

IV. Other Updates

- A Buprenorphine Waiver Training is scheduled for November 4th. To register, click on this link: <http://www.nhms.org/buprenorphine-waiver-training>. This is a free event hosted by the NH Medical Society, Bureau of Drug and Alcohol Services, and other stakeholders open to MDs, PAs and APRNs. Even though PAs and APRNs

cannot obtain a buprenorphine waiver at this time they can work towards obtaining the 24 hours of training required of them. It is anticipated that in the next 18 months these professionals will be able to prescribe buprenorphine.

Next Meeting: Thursday, September 8, 2016 – 8:30AM – 10:30AM

Community Health Institute, 501 South Street, Bow NH

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