



# HEALTHCARE TASK FORCE

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

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, October 26, 2017

Minutes

**Present:** Alison Piersall, Lindy Keller, Anna Gosh, Regina Flynn, Ann Branen, Molly Rossignol, Lauri Harding, Julie Hazel Felch, Kimberly Fortier, Rebecca Sky, Peter Ames, Tom Barnes, Cynthia Kohen, Kerry Nolte, Mary Bidgood-Wilson, Gerard Hevron

**On Phone:** Dan Potenza, Susan Latham, Seddon Savage, Amy Pepin

## I. Minutes

- The September minutes were approved.

## II. Newport Data

- The group could not identify an evidence based reason for the difference in the Newport data.

## III. Rise of Methamphetamines and other Stimulants

- It is difficult to find information on the methamphetamine issue that is recent - the message is that: it takes a comprehensive approach, using a matrix model (getting people connected with 12 step and counseling and improved environments, avoiding SSRIs)
  - o There is no effective medication assisted treatment option for stimulants
  - o We can start incorporating very basic information into messaging of other things (message that not all addiction is to opioids)
- People are using "ice" (which is Meth) and thinking that ice gets them off of opioids. This is important to consider in harm reduction messaging.
- If Task Force members run across information on this topic, please bring it back to the group
  - o We should be cognizant of potential campaigns that can be unhelpful (faces of meth)

## IV. Harm Reduction Efforts

- It is important to keep sharing the Harm Reduction document and getting it out there.
  - o Dean's document for patients is being shared as a word document so that sites can tailor it for their area; this should continue to be shared.
  - o **Kerry will put together a new blurb for dissemination with both of these resources incorporated; task force members can resend to their groups.**
  - o **If anyone receives feedback on these documents, please send to Kerry and Dean.**
- Kerry's group is working on documents for comfort meds (prescribing controlled substances for withdrawal symptoms); but these won't be ready for a while.
  - o **Kerry will send this document to Cynthia to review with acute care nurses.**
- Kerry will continue to do trainings; they will likely have a small fee.
  - o **Kerry will provide a promotional tool for her trainings, Rebecca will send to programs.**
- Lindy may ask Kerry to contribute to the New England School of Addiction.
- Kerry will be presenting at the Behavioral Health Conference on November 6 and 7
- There will be a Harm Reduction Conference on January 18 in Concord.
  - o Information about this should be in the Nursing News that is sent to all nurses by mail.
  - o **Seddon or Kerry will send out a save the date when it becomes available.**
- AcuCare Detox – where does the law stand?
  - o This is a pain reduction process and anxiety reducer that works a lot with withdrawal. There are multiple forms of it, and ways to do it.
    - It is used in acute detox and trauma situations but it's also used over time to maintain – to can be helpful to stabilize folks after Narcan administration.

- The evidence is very strong; this is a good opportunity for the State.
- It requires about 40 hours of direct training that will be happening for providers over the next couple weekends.
- Cynthia will check on where the legislation is and report back.
- In Colorado all EMS workers are trained, the protocol is used for all emergent events.
- Ruth James is a Portsmouth physicians that does this and could come speak on her experience as a physician with AcuCare.
  - This will be on a future agenda for the Task Force in early 2018.

#### V. Education on Substance Use Disorder Burnout and Stigma

- Kerry will continue to follow up with the IDNs about incorporating this training with them.
- There are some campaigns on this issue in the early stages with BDAS and Drug Free NH
  - Rebecca can talk to them about hospital needs as they develop targeted messages.
    - It may be helpful in a hospital setting for staff to see blurbs of information over time that culminate engagement into a training
- Could hospitals incorporate an annual competency on the topic of SUD? Some champions may rise to the top this way.
  - It may be better to work with the educators to get SUD content placed into the trainings they already do.
- The Health Care TF could serve as an advisory group to review and plan for work on this issue.
  - Cynthia will be involved in this work to represent hospital care; the group will try to engage someone from ED and outpatient.
  - The NH Disaster Behavioral Health Team tends to work on these topics; they could be used as content experts.
  - Someone from probation and parole should also be included.

#### VI. DMI Data (August and Finalized 2016 Overview)

- The updated 2016 overview that was sent has been finalized.
- There were 485 drug deaths in 2016, it is projected to drop this year.
- Narcan is displayed as the number of episodes.
  - There is data on the average number of doses (the mg average per month) but it is not as clear because the strength of the dose that is being administered is not included.
- On page 9 there is an error; a chart says July and it should be 2016. Kim will update this and send the updated overview to Randy to post on the BDAS website.

#### VII. Concern from Dave Mara

- Moving forward, statements should be framed to say that approaches are based on clinical judgement or when some approaches may be harmful to the patient.
  - The risks of opioids should be discussed as well as the shared responsibility between the provider and patient
  - It would be helpful to have guidelines that we are disseminating and implementing before any potential legislation.
  - The Task Force will consider making a statement on this to be approved by the Governor's Commission that everyone can use in case legislation is introduced.
- Seddon will invite Dave Mara to the next meeting to be held on November 30.
- Colorado may be taking an approach to this issue. Rebecca will look into their guidelines and share with the group.
  - It can be difficult to get alternative pain medications covered by insurance and payors for nontraditional diagnoses.
  - Gerry will bring this issue to Peter Mason so he can bring the issue to a meeting he attends with the insurance companies.

**VIII. Other**

- Laurie brought up an issue of young people coming out of rehab programs on a cocktail of prescriptions.
  - o What is the usual standard of practice for people in 28 day programs? What should people on the other end expect?
  - o Laurie will bring the list of the cocktail that staff are seeing so the group can have a further discussion.
- The next meeting will be held on November 30, this will be the last meeting of the task force in 2018. We will resume our usual schedule (4<sup>th</sup> Thursday of the Month) in 2018.

**Next Meeting**  
**Thursday, November 30, 2017**  
**9:00am-10:30am**  
**NH Hospital Association, 125 Airport Road, Concord**  
**Call In: 719-394-0264, (PIN: 18841)**