



# OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

May 10, 2018 – 9:00AM-10:30AM

## Minutes

**Attendees:** Seddon Savage, Rekha Sreedhara, Helen Pervanas, Helene Anzalone, Elizabeth Duffy, Chris Shambarger, Kim Fortier, Joe Hannon, Jaime Powers, Sandra Kiplagat, Kathy Bizarro-Thurnberg, Nicole Rodler, Alex Casale and Paula Mattis

**By-Phone:** Beth Hughes, Andrea Meier

**Presenters:** Kerry Nolte, Ann Steckowych

### I. Approval of April Meeting Minutes

- *The following edits need to be made and will be reviewed at the June meeting for approval.*
  - Edits from Paula Mattis regarding the DOC system needs to be incorporated.
  - Language regarding needs and services of incarcerated youth needs to be updated.
  - Elizabeth Baker's last name needs to be changed to "Duffy".

### II. Review of March Drug Monitoring Initiative Data Report

- The total number of people reflected as going to treatment in the DMI report is decreasing (pg. 11).
  - Kim Fortier clarified that the treatment facilities reported include only state-funded treatment facilities.
  - Jaime Powers indicated that the number could be declining as a result of more folks enrolling in Medicaid. She stated that the Quality Management team is working to ensure that billing is done properly and accurately.
- Joe Hannon is interested in comparing the number of people receiving MAT vs. those in in-patient treatment.
  - Andrew Chalsma is a good point of contact as he may have more access to MAT data.
  - *Kim Fortier will investigate further and report the findings to the team.*
- Kim Fortier indicated that HIDTA and CDC recently conducted a study on the Good Samaritan Law in NH. The objective of the study is how local and state police officers perceive the effectiveness of the Good Samaritan Law.
  - *Kim Fortier will check in with HIDTA director to distribute the report internally among task force members.*

### III. Opioid Insert Card Update

- Helen Pervanas has been in contact with Sue Delano who is the new Walgreens Regional Manager. She is looking into getting permission to pilot at at least one pharmacy. She will attend the next Opioid Task Force meeting in June to report out.
- Seddon suggested that the Concord Prescription Center may be interested.
  - Helen will connect with Charlie.
- Items that need to be followed up on:
  - Funding to print cards – *Seddon will look into this.*
  - Research QR code to obtain feedback – *Rekha will research this.*
  - Commission endorsement – *Seddon will contact Patrick Tufts.*
    - *Present card at June Governor's Commission meeting.*
  - Determine pilot plan and process (timeframe, process to be used by pharmacies, survey questions via QR code, etc.) – Discuss during June meeting.
- Helen mentioned that Makin' it Happen Coalition did a similar approach: Safely Use, Safely Store and Safely Dispose.
  - Seddon mentioned that Dartmouth did similar approach.

### IV. Presentation: NH Law Enforcement Carrying of Naloxone Findings - Anne Steckowych and Dr. Kerry Nolte

- Naloxone use has been a top priority in New Hampshire in addressing the opioid epidemic. However, Anne Steckowych noted that there has been limited research statewide and nationwide on the use of Narcan by Law Enforcement Agencies (LEAs).
- The specific aims of the project:
  - To assess the use of Narcan by NH LEAs
  - To understand the extent to which LEAs are equipping their officers with Narcan and what influences their choice to carry Narcan
  - To determine whether EMS response time and overdose rates affect the percentage of officers carrying Narcan
- Anne consulted with Dr. Kerry Nolte and NH Chief's Police Association to distribute online survey to 189 LEAs.
  - Of the surveys distributed, there were 87 total responses.
  - Of the total responses, 63 complete responses were submitted.
- Among the survey respondents, eleven agencies mandate carrying Narcan while four are voluntary and one agency mandates for certain members.
  - In the state, only 17% (236 out of 1540) of officers carry Narcan.
  - The estimated mean police response time is 5 minutes compared to the EMS response time of 8 minutes.
- The top reasons people cited why they do carry Narcan include:
  - Administer to potential overdose victims
  - Police protection
  - Long EMS response time

- However, the top reasons LEAs reported that the police officers in their department do not carry because of:
  - Quick EMS response time
    1. However, there was no actual correlation between EMS response times and whether LEAs carry naloxone
  - Not felt to be a police duty
  - Certification process is too burdensome
  - Safety concerns - secure a scene while administering Narcan.
- Based on the study, approximately 75% of NH LEAs do not carry Narcan. Some recommendations include:
  - Promote use and other ways LEAs can continue to address the opioid epidemic
  - Increasing departments who carry Narcan will require more training on supportive approaches for people who use drugs
  - Certification barrier should be removed where appropriate.

#### **V. Discussion on the NH Law Enforcement Carrying of Naloxone Findings Presentation**

- There was discussion regarding the response time by geographic location (rural vs. urban), availability of EMS.
  - Joe Hannon inquired for those places with fast response times to examine if there are any differences among zip codes.
- It was noted that police officers have been trained and mandated to carry Narcan in places like Rochester, NY and Vermont.
  - EMS staff in Rochester are trained on first-aid, CPR and naloxone training.
  - In terms of police safety, Rochester enacted legislation to protect police officers.
- Nurses have expressed concern regarding agitated or violent behaviors on naloxone initiated withdrawal, but there has been minimal assault.
- Concern expressed that injectable naloxone poses more of a threat to the person administering Narcan.
- Seddon suggested that Anna should present to the Police Chief's Association.
- It may be helpful to include information in the presentation on the experience of locations where it is mandatory that LEOs carry naloxone:
  - Sharon Stancliff- Familiar with data from NY State.
  - Nicole Rodler- Familiar with data from Long Island.

#### **VI. Review Current Activities, Needs and Opportunities across NH Justice System (30 minutes)**

- Paula Mattis provided clarification on substance use disorder services available in the corrections systems. See April meeting minutes.

## VII. Other Discussions

- There was discussion on the rise of methamphetamine use particularly among drug court participants. Two years ago, 90% of participants had been diagnosed with opiates as primary SUD and currently 50% of participants have meth as primary SUD.
- Alex indicated that there have been insurance issues related to this. Specifically, counselors are having difficulty justifying increased care for meth use when an individual is diagnosed with an opioid use disorder. If the diagnosis is change MAT or care for OUDs will not be approved.
  - Alex will connect with the NH Insurance Department, Behavioral Health Taskforce.
  - *Seddon will connect Alex with Peter Mason.*
  - *Seddon will add Alex on the agenda for the Healthcare Task Force.*
- National Emergency Threats Initiative Meeting focused in NH will be happening next week.
  - *Kim Fortier will report back on this at June meeting.*

**Next Meeting: Thursday, June 14, 9:00AM-10:30AM**

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