



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

November 8, 2018 – 9:00AM-10:30AM

Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Minutes

Attendees: Jaime Powers, Chris Sharmbarger, Seddon Savage, Alex Casale, Adelaide Murray, Ryan Nix, Peter Baptistia, Krystal Sieradzki, Abby Sherrinskie

On Phone: Ashley Greenfield, Nicole Rodler, Juan (SAS)

I. October Meeting Minutes (5 minutes)

- a. The October minutes were approved

II. NH Drug Monitoring Initiative – September Report & Interactive Viewer (20 minutes)

- a. The August, September DMI, and the 2017 final report were released last week.
- b. In 2017, 15 deaths involving methamphetamine were found. 73% included opioids and meth – as of October 12, the 12 meth related deaths so far have been 9 opioid related.
- c. Deaths are projected to fall significantly in 2018. They're expecting 420 this year.
 - i. The projection is made by the medical examiner's office. Last year, there were more pending cases at this time, then there are right now.
- d. EMS Narcan administrations are steadily decreasing – there is not data that indicates why this is happening. More naloxone used by non EMS persons? Or less need?
 - i. DMI staff will clarify if the data provided in the DMI is on episodes of administration or doses of Narcan.
 - ii. **On page 6 of the DMI which states "Narcan is administered in cases of cardiac arrest" – this language needs to be updated to say "respiratory arrest"**
- e. The DMI group will be meeting with the PDMP and the Fire Academy in the new year in an effort to include information from the PDMP and civilian administration of naloxone.
- f. The Treatment admissions data need to include Medicaid data.
 - i. On January 1 when everyone goes to Managed Care, BDAS admissions are likely to reduce. **Ryan and Jaime will connect on this.**
- g. Ryan walked the group through the new interactive viewer made available on the DMI. This allows the DMI data to be uploaded and made public very quickly.
 - i. This viewer has also allowed for additional information be included such as links to other dashboards from other states and drop box information with maps. This is new data that is not included in the paper product.
 - ii. Traffic can be measures to see how often it is being visited
- h. There is a lack of recent and available data in the state related to alcohol.
- i. Other valuable data is DEA Argos data (licit controlled substance data) which provides information that is sent to pharmacies in terms of grams of substances prescribes and can compare states. NH may be higher in terms of doses per prescription, even if their # of prescriptions is lower.

III. Update on Opioid Safety Information Card (10 minutes)

- a. Data was provided on the pilot of the safety information card for opioid prescriptions in Walgreens and Concord.
- b. It was suggested that at the end of the pilot, sites be asked to compare the numbers of prescription opioids dispensed vs. # of cards dispended.

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- c. DEA is doing a similar program in Rite Aids statewide – it could be interesting to get data from Gail on this program and compare to see all the pharmacies overall.
- d. No surveys have been completed, there was a discussion on how to illicit responses:
 - i. The information about the survey on the card is not presented very well. **It should say outside the stop sign, “was this helpful? Give us anonymous feedback” and then give them two options.**
 - ii. We could send the updated card to the sites for the last month of the pilot.
 - 1. If we start to get a bit of data, we could extend one more month.
 - 2. **Rekha and Adelaide will reach out the pilot sites and see if it would be feasible to implement these changes and potentially extend the pilot.**
 - 3. **Rekha, Adelaide, and Seddon will explore a potentially survey for the pharmacists about any feedback they may have received.**

IV. Discuss Disposal, Destruction & Safe Storage Initiatives (30 minutes)

- a. The group had a discussion about Drug Take Back Day, October 27 – related to data about which drugs are being brought back, and how much are controlled substances?
 - i. The police departments are unable to collect this data, so we do not definitively know how effective these programs are in diverting controlled substances.
 - 1. It would be very complicated to try to collect data, and could potentially deter people from bringing medications.
- b. The group discussed engaging pharmacy representatives in further discussion about selling medication lock boxes. This would involve discussing a potential campaign to encourage sale, the barriers to sale, the level of effort put in to talking about disposal, moving the lock boxes in the store closer to the pharmacy?
 - i. **Krystal will reach out to the district managers of Walmart stores to try to engage in discussions around this.**
- c. Many hospitals are giving out Deterra bags to patients.
- d. The Upper Valley is doing work with the police departments on safe disposal of sharps. They are putting sharps containers in the police department (completely free of charge). They have collected closed to 300 pounds of sharps in the last year.
 - i. **Syringe disposal conversation for 20 minutes in December.**

V. Plan for Upcoming Meetings (10 minutes)

- a. Merrimack, Sullivan and Belknap are very similar in their jail programming. People have to be fully sentenced and then have a year of programming. Programming is embedded
- b. All the other programs have programming supplements – you can apply into treatment programs inside. The group agreed to have a presentation from this type of program.
 - i. **Alex will reach out to Strafford County or Rockingham County and ask them to present at the December meeting.**
 - ii. There is a team looking at pharmacologic treatment in the jails starting in Merrimack County. We may want to hear from this group as well
- c. Probation and Parole
 - i. **Adelaide will let Paula know this presentation has been rescheduled for January**

VI. Other Business & Updates (10 minutes)

- a. [The FDA just approved Dsuvia – a new prescription opioid that is 10 times more powerful than Fentanyl.](#)
- b. The RFPs for the advisors of Recovery Friendly Workplaces have been released.

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