



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Seddon Savage

June 13, 2019

Meeting Minutes

<p>Welcome & Introductions</p>	<p>Participants: Seddon Savage, Rekha Sreedhara, Abbie Shervinski, Leena Joshi, Helen Pervanas, Christopher Shambarger, Kathy Bizarro-Thurnberg, Jaime Powers, Joe Hannon, Caitlin Duffy, Helene Anzalone, Gianna Ricco, Michelle Jonas-Ricco, Alex Casale, Hannah Lessels Phone: Nicole Rodler, Ryan Nix, Beth Hughes, Andrea Meier</p>	
<p>Agenda Item</p>	<p>Discussion</p>	<p>Action Steps</p>
<p>May Meeting Minutes</p>	<ul style="list-style-type: none"> Minutes were accepted. 	
<p>Justice System TA Request – Update on Next Steps</p>	<ul style="list-style-type: none"> Rekha Sreedhara distributed the draft report. There will likely to be a vote at the next Governor’s Commission meeting next Friday 6/21/19. Suggestion and discussion on whether to identify information as recommendations or opportunities. <ul style="list-style-type: none"> Task Force members voted to keep “Recommendations”. Task Force members who are involved in the criminal justice system volunteered to field questions about the report. Some formatting changes will be made before the report is presented to the Governor’s Commission. 	
<p>HB 359 & Opioid Safety Card Update</p>	<ul style="list-style-type: none"> This bill has passed the house with amendments. The bill includes one orange, removable sticker on the cap that says “opioid” and one sticker on the side of the bottle that says “Risk of addiction and death”. The information card created by the Opioid Task Force would also be included in the prescription bag. This is likely to pass; however, it may need to go to a committee of conference first. The Board of Pharmacy opposed this bill. The Board of Pharmacy is considering requiring counseling by the dispensers of the opioids. This would increase opportunities for the patient to hear messaging about Opioid risks. 	
<p>Syringe Service Programs Presentation Joe Hannon</p>	<ul style="list-style-type: none"> Joe Hannon presented a PowerPoint about Syringe Service Programs. Harm reduction: reducing negative consequences due to drug use, social justice movement Goals: Dignity, Respect and Empowerment; Disease prevention Syringe service programs increase entry into treatment for SUD, reduce needle-stick injuries, reduce overdose deaths, save money in disease treatment, and reduce new HIV and viral hepatitis infections. 	



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- Evidence-based: does not increase crime or drug use, cost-effective
- Effective SSPs
 - Low threshold, ensure anonymity, minimize administrative burden, maximize access with multiple locations and hours
 - Promote secondary syringe distribution: peer educators, no limits on needle numbers
 - Maximize responsiveness to characteristics of the local IDU population: meeting specific needs of subgroups
 - Provide or coordinate the provision of other health and social services: STD testing referrals, medical issues, etc.
 - Include diverse community stakeholders: church groups, SUD providers, recovery centers, etc.
- Communication: word of mouth, internet
- Coordination and communication with local law enforcement is crucial.
- The Seacoast area has given out nearly 250,000 syringes and has increased the syringe return rate to about 80%.
- Avoid:
 - Single-use syringes, many people will titrate or ration doses which is dangerous with single-use syringes
 - Limiting frequency of visits or number of syringes
 - Requiring one-for-one exchange; this creates a barrier
 - Imposing geographic limits
 - Requiring identifying documents
 - Requiring unnecessary data collection
- Models of Delivery:
 - Brick and mortar
 - Temporary structure
 - Mobile: locations identified through word of mouth and trial and error
 - Home delivery
 - Street outreach
 - Syringe service program
- Is there any data collection around client outcomes?
 - It is difficult to track this population and data collection can create an administrative burden.



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	<ul style="list-style-type: none"> In 2017, SB 234 allowed SSPs to become established. Hand Up is completely volunteer run and operates using grant funding and private donations. Syringes and sharps disposal are the main costs. Hand up had 379 contacts in May 2019. Return rate has risen steeply. 	
Naloxone Training for Task Force Members	<ul style="list-style-type: none"> Tabled until the next meeting. 	<ul style="list-style-type: none"> Add to July meeting agenda
NH Drug Monitoring Initiative April 2019	<ul style="list-style-type: none"> As of this report, there have been 472 drug overdose deaths for 2018 in NH. <ul style="list-style-type: none"> These numbers are usually not finalized until the end of the summer. Belknap and Cheshire counties are experiencing an increase despite the statewide decrease in overdose deaths. Why was heroin not mentioned in the graphic on page 4, why cocaine and fentanyl? <ul style="list-style-type: none"> We have seen a drastic decrease in heroin overdose deaths while cocaine, fentanyl and methamphetamine overdose deaths are rising. Big jumps include ER visits and treatment. ER jump may be due to confusion about where the Doorways are located. Some Doorways are co-located with hospitals, but clients believe they must access the Doorway through the ER. MAT induction in ERs may also be responsible for the jump. Methamphetamine: what we are seeing in the state is due to drug trafficking bringing it across the border, not residential production operations. Mostly from Mexico. 	

Next Meeting: July 11, 2019 – 9:00AM-10:30AM // Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Call-In Information: Call-In Number: 719-284-5949 // Pin: 55982