



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Seddon Savage

September 12, 2019

Meeting Minutes

Welcome & Introductions	Participants: Seddon Savage, Rekha Sreedhara, Kathy Bizarro-Thurnberg, Ashley Greenfield, Joe Hannon, Helen Pervanas, Chris Shambarger, Elizabeth Atwood, Meghan Hagaman, Jessica Katiaj, Amy Slater, Caitlin Duffy	
Agenda Item	Discussion	Action Steps
August Meeting Minutes	<ul style="list-style-type: none"> • An edit was made to the minutes on page 2, agenda item Syringe Service Program Presentation, bullet three. The second sentence was changed to “Over one month in the spring, more than 400 syringe exchanges and 100 self-reported overdose reversals took place.” • Updated minutes were accepted. 	
Discussion on How to Expand Harm Reduction Services	<ul style="list-style-type: none"> • Seddon Savage has been developing a template of information to collect from each syringe service program in the state. The following information will be collected: <ul style="list-style-type: none"> ○ Name ○ Responsible parties running the organization ○ Locations/range ○ Physical setup (mobile unit, brick and mortar) ○ Operating times ○ Client notification method ○ Estimated monthly contacts ○ Services offered ○ Staffing (volunteer, paid) ○ Funding source • Seddon suggests holding presentations from each of the harm reduction organizations in upcoming Opioid Task Force meetings, starting with Keene or Nashua. • Syringe service programs report quarterly to the state. • John Ballard, the state medical director, will be coming to the next task force meeting and can answer questions about the state’s records of and commitment to syringe service programs, along with sharing his experiences on harm reduction in Kentucky. • Joe Hannon shared that some of the syringe service programs are still growing (e.g. Manchester), and some have reached saturation (e.g. Seacoast). • BDAS has a list (https://www.dhhs.nh.gov/dphs/bchs/std/syringe-service.htm) of syringe service programs on their website. 	<p>Seddon Savage will email John Ballard and ask for the contact information of the person at the state who tracks syringe service programs.</p> <p>Joe Hannon will send Rekha Sreedhara the list of services that harm reduction organizations in the state offer.</p> <p>CHI will invite a representative from the syringe service programs in Keene (Jessica White) or Nashua (Jessica Parnell) to attend an upcoming Opioid Task Force meeting to share their experiences.</p>



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- Ashley Greenfield shared her experience working with the syringe service program in Sullivan County. She relayed the following information about the program:
 - The program serves residents of both Vermont and New Hampshire.
 - There are three sites, all brick and mortar in health care facilities. They are in Lebanon, NH, Springfield, VT, and Claremont, NH. The program recently won a grant to expand to Ascutney, VT.
 - All services are available at all locations.
 - A positive aspect of operating out of health care facilities is that it brings people into the health care sphere who may have previously held mistrust for health care professionals. A negative is that the location may intimidate people and prevent them from participating in the syringe service program.
 - The program has paid staff, including a case manager.
 - In Vermont, funding comes from the state. In New Hampshire, the funding is a federal grant that runs through the state. The Department of Health in Manchester, NH was also awarded the grant.
 - The funding expands syringe access through staff capacity and site costs but does not pay for any materials.
 - Marketing for the program consists of individuals taking photos of the program's business cards and texting them to their friends.
 - To operate the Claremont Syringe Exchange program out of Valley Regional Hospital, Ashley worked with the school board to accommodate the drug free school zone that the hospital situates in. The new policy states that a syringe exchange program can take place in a drug free school zone as long as it is within a health care institution, the school approves it, and the program is transparent with its data and challenges.
 - The program tracks data and secondary exchanges, which are the number of people who receive the program's syringes from someone who went to the site. Secondary exchange numbers can be as high as 5-10, but it is self-reported.
 - The program does non-mandatory harm reduction counseling, naloxone distribution, and HIV testing.
 - The program does not currently do 1-for-1 exchange but is starting to put more pressure on individuals to return used syringes. They currently have a 40-50% return rate.
- Disposal is one of the biggest costs to syringe exchange programs.



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	<ul style="list-style-type: none"> ○ Ashley got Dartmouth Hitchcock Hospital to agree to take the program's sharps as long as it isn't a burden on their staff. ○ Ashley goes around to police and fire departments to provide disposal containers for sharps and to collect full containers. ○ The Opioid Task Force will recommend to the state that it provides a service to collect sharps, which is also a need of people who have diabetes or pets with injectable medications. ● Joe Hannon's program markets its services through word of mouth, posting on its website, and responding to questions by text. The funding is all private, mostly from foundations, with 5% coming from individuals. ● Manchester would be a good place to have a supervised injection site, as would Rochester. ● The task force will prepare a table to include the similarities and differences between programs in the state. 	
<p>Naloxone Training for Task Force Members Update</p>	<ul style="list-style-type: none"> ● Project FIRST will conduct the naloxone training at the 10/10 Opioid Task Force meeting and will distribute naloxone kits. ● Seddon Savage proposed the training to the Governor's Commission, and it will be discussed further at the next Commission meeting. 	
<p>Opioid Safety Card Update</p>	<ul style="list-style-type: none"> ● The Opioid Safety Card designed by the Opioid Task Force was adopted by the state. ● Seddon Savage shared the Task Force's sentiment with Representative Tom Loughman that an at-a-glance card is more effective than a pamphlet. ● A PDF of the card is posted on the Opioid Task Force Website. ● The card has not yet been implemented or tested at any of the 313 pharmacies in the state. ● The Opioid Task Force will request that the Board of Pharmacy consider the following: <ul style="list-style-type: none"> ○ Disseminate information about HB 359 and reference the information posted on the NH Center for Excellence website to the 313 pharmacies in NH. ○ Discuss and determine who from the Board of Pharmacy will respond to questions and whether this can be posted on the NH Center for Excellence website. ● The Board of Pharmacy will be the body overseeing body overseeing HB 359 compliance during their inspections. 	<p>Rekha Sreedhara will email Mike Bullock at the Board of Pharmacy informing him of HB 359 requirements, asking that he communicate them to the 313 pharmacies in the state, and requesting permission to post a Board of Pharmacy representative's contact information on the Center for Excellence website.</p>
<p>NH Drug Monitoring Initiative – July 2019</p>	<ul style="list-style-type: none"> ● Discussion around the July DMI report consisted of the following questions/clarifications to be discussed at the 10/10 meeting when a representative from the DMI is present: <ul style="list-style-type: none"> ○ 1. On pages 2 and 3, the task force recommends using a dotted line to connect to previous years' data since data for 2019 are incomplete. 	<p>CHI will follow up with Ryan Nix to see if these questions can be discussed at the 10/10</p>



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	<ul style="list-style-type: none"> ○ 2. On page 4, why isn't cannabis included in the table? Is this a tested substance? ○ 3. On page 10, for the opioid use visits in emergency departments data, why did Sullivan County's data increase from 0.91 in May 2019 to 8.68 in June 2019? Is this discrepancy related to the data reporting or was there an actual increase in the number of emergency department visits related to opioid use? 	meeting.
Other Business & Sector Updates	<ul style="list-style-type: none"> ● No updates 	

Next Meeting: October 10, 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