



# OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Seddon Savage

February 13, 2020

## Meeting Minutes

<p>Welcome &amp; Introductions</p>	<p><b>Participants:</b> Seddon Savage, Rekha Sreedhara, Adriana Lopera, Eliza Zarka, Jeffrey Stewart, Steven Kelly, Ken Bradley, Chris Shambarger, Jaime Powers, Julie Yerkes, Alex Casale  <b>By Phone:</b> Jessie Daigneault, Nicole Rodler, Bridget Aliaga, Ryan Fowler, Kiera Latham, Thomas Donovan, Joe Lindbeck, Anna Thomas, Janice Spinney, Rose Normandin, Kerry Nolte, Joe Hannon, Gail Parker, Helen Pervanas, James Boffetti, Kathy Bizarro</p>	
Agenda Item	Discussion	Action Steps
<p>Review January Meeting Minutes</p>	<ul style="list-style-type: none"> <li>Members made a motion to accept the January minutes.</li> </ul>	<p>CHI will post minutes on the task force webpage.</p>
<p>2020 Membership List</p>	<ul style="list-style-type: none"> <li>Members reviewed membership list.</li> </ul>	<p>CHI will update the membership list.</p>
<p>NH Syringe Service Programs: Presentation and Discussion</p> <p><i>Janice Spinney, Director and Rose Normandin, Lead CRSW, Mount Washington Valley Support Recovery Coalition</i></p>	<ul style="list-style-type: none"> <li>Janice Spinney presented the Mount Washington Valley Support Recovery Coalition's (MWV-SRC) SSP program. The program was implemented on January 1<sup>st</sup> 2020, as a grass roots organization. Her comments included:             <ul style="list-style-type: none"> <li>The program was initiated due to an increase in SUD deaths, particularly among the younger generation, as well as the limited availability of resources.</li> <li>MWV-SRC discussed the need for initiating an SSP. Hepatitis C and HIV are often overlooked in the opioid crisis. SSPs can support individual safety and the health of those using drugs intravenously and can decrease the spread of blood-borne diseases. SSPs are also a path to recovery.</li> <li>MWV-SRC has participated in the Valley Pride clean-up since 2016. They have partnered with public safety for on-call pickup services. The purpose of this service is to be in contact with individuals, provide harm reduction services, provide an avenue for recovery, provide clean syringes, and promote proper disposal practices, which benefits everyone and the community.</li> <li>SSPs have been found to reduce death and are five times more likely to reduce use among individuals than those not participating in the program.</li> <li>By providing clean syringes, SSPs help to reduce infections. Nonsterile injections can lead to transmission of HIV, viral hepatitis, bacterial, and fungal infections and other complications.</li> <li>By providing access to sterile syringes and other injection equipment, SSPs help people prevent transmitting blood-borne and other infections when they inject drugs.</li> <li>Healthcare services provided at SSPs can detect these problems early and provide easy access to</li> </ul> </li> </ul>	



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treatment to a population that may be reluctant to go to seek medical care.

- Many SSPs give clients and community members “overdose rescue kits” and teach them how to identify an overdose, give rescue breathing, and administer naloxone, a medication used to reverse overdose.
- The state of NH has decriminalized paraphernalia laws and allows pharmacies to sell clean syringes to anyone 18 years of age or older with a valid ID, as well as provide accompanying literature on disposal and referral help (ex: 211 and syringe access pamphlet).
- MWV-SRC discussed barriers to providing clean syringes, with some pharmacists refusing to sell syringes. Janice discussed her advocating to the Board of Pharmacy to provide clean syringes to the public. She also discussed updating the NH Syringe Access Initiative pamphlet and provide as handouts to pharmacies.
- Janice discussed providing access to proper syringe disposals aims to provide education for SSP participants on appropriate disposal and safer use. Information would also be provided on where to purchase sharps containers or how to create one with plastic container and biohazard stickers.
- The goal of the NH Syringe Access Initiative is to provide sharps containers in public restrooms. The program would initially identify community sites where sharps can be disposed in 2-3 sites in the county, then in public restrooms.
- MWV-SRC’s SSP plans to confirm town waste facilities’ willingness to accept sharps or biohazard marked containers.
- MWV-SRC has collaborative agreements with local clinics throughout the community. The White Mountain Community Health Center works with DHMC for Hepatitis C and HIV.
- MWV also collaborates with Saco River Medical Family Practice, which provides referral and wound care for suspected injection use.
- MAT collaborative agreement provides referrals to Groups Recovery Together, WMCH, Saco River and Memorial Hospital PC and New Life program and White Horse Recovery (contract with ROADS).
- MWV-SRC introduces a 3<sup>rd</sup> model with a grass roots method. The program has been recently implemented and distributed since the first of the month. Sharps containers and clean syringes are ready to be dispensed.
- MWV-SRC will be utilizing their own funding and fundraising efforts for supplies. They have estimated costs at \$250 minimum per quarter by weight, through contract with Bio-Serv, ideally for a 1:1 exchange for participants.
- MWV-SRC provides data collection, with a form for reporting data quarterly. The state does not provide technical assistance or oversight.



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	<ul style="list-style-type: none"> <li>• Discussion of the MWV-SRC model and contrasts with other SSPs models followed. This model was noted to differ from others in being largely self-funded and directed by families of affected persons, an impressive community based effort.</li> <li>• It was noted that concerns had been recently raised about at least one SSP and that it would be helpful to process these. Asked if anyone wanted to speak to concerns, there was no response.</li> </ul>	
Agenda Item	Discussion	Action Steps
<p>Finalize Governor's Commission Investment Recommendations</p> <p><i>Seddon Savage</i></p>	<ul style="list-style-type: none"> <li>• Jeffrey Stewart reviewed a DRAFT budget he had created for estimated operational costs of SSPs for one year based on input from existing SSPs which identified ~\$156,000/SSP to service 200 individuals per year. Based on that and past meeting discussions, the group arrived at a proposed request of \$625,000 of which \$500,000 might be directed at development or expansion of SSPs and \$125,000 could be used to support supplies at existing SSPs (\$25,000 @)</li> <li>• The need for coordination, technical assistance, and oversight of services was noted and potential support for a facilitating entity discussed.</li> <li>• The investment recommendation proposal will include a request that DHHS consider using funds to pilot the SSP model the Task Force has explored which would link regional EMS/Project First sites with Hospitals and Recovery Community Organizations to provide SSP services.</li> <li>• It was noted that actual allocation will be determined by DHHS.</li> <li>• Jeffrey Stewart made a motion in favor of the recommendation to request \$625k towards the expansion and development of SSPs. Alex Casale seconded this motion. James Boffetti, Kiera Latham, Bridget Aliaga, Joe Hannon, Nicole Rodler, Kathy Bizarro, Seddon Savage, Chris Shambarger and Helen Pervanas were all in favor. Jaime Powers abstained.</li> <li>• Other Task Force Chairs have asked Seddon if the Opioid Task Force would support their investment recommendations. Seddon provided an overview of the recommendations which include:             <ul style="list-style-type: none"> <li>○ The Healthcare task force plans to recommend supporting improved inpatient identification and treatment of OUDs in medical/surgical hospital settings</li> <li>○ The Treatment task force plans to recommend funding 1. Increase ASAM level 3.0 and 4.0 capacity statewide 2. Increase transitional living beds 3. Address compassion fatigue among all providers</li> <li>○ The Military task force request support for training of military liaison in CHC around the State to improve care of Veterans, service members and their families.</li> <li>○ The Perinatal task force plans to recommend training for existing recovery coaches to become</li> </ul> </li> </ul>	<p>Governor's Commission meeting for investment recommendations will be held March 6, 2020.</p>



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	<p>doulas to support pregnant and parenting women affected by substance use.</p> <ul style="list-style-type: none"> <li>o The Recovery task force is seeking development and expansions of recovery community organizations in high need areas.</li> <li>• Seddon asked if the Opioid Task Force would support these recommendations as good potential uses of funding, without our knowing the specifics monetary requests. It is expected that funding amount will be negotiated at the Governor’s Commission meeting.</li> <li>• James Boffetti, Kiera Latham, Bridget Aliaga, Joe Hannon, Nicole Rodler, Kathy Bizarro, Seddon Savage, Chris Shambarger and Helen Pervanas were all in favor. The vote was unanimous with Jaime Powers abstaining.</li> <li>• The Healthcare task force discussed an investment recommendation for ECHO education. It was noted that ECHO education is an identified priority of the Opioid Task Force and might best be proposed through this task force. ECHOs provide an evidence-based web conferencing model. ECHOs work with clinicians prior to presentation to review and practice presentation, share recommendations, and provide case based learning, for clinical and nonclinical professionals. Models originated from University of New Mexico, which are utilized internationally. These programs can cost as much as \$200k (costs range from \$25 to \$200k). These costs include preparation work for participants for presenting and developing cases, technology assistance, evaluation, and facilitation.</li> <li>• Seddon asked if the task force would like to recommend this investment. Alex Casale motioned to request allocation of \$600k towards SUD Technology Based education, Jeffrey Stewart seconded. The vote was unanimous. Jaime Powers abstained.</li> <li>• The Governor’s Commission meeting is open to the public and will be held on March 6, 2020.</li> </ul>	
<p>Update from Governor and AG Offices on other Opioid Initiatives</p> <p><i>James Boffetti, NH Attorney General’s Office</i></p>	<ul style="list-style-type: none"> <li>• James Boffetti provided an update on opioid initiatives throughout the state. NH Attorney General has sued Sackler Family in an Opioid Lawsuit, including manufactures Purdue, Johnson &amp; Johnson, and Mallinckrodt.</li> <li>• All cases are currently held in Merrimack County Superior Court, with Mallinckrodt currently in a litigation status. A lawsuit is currently active against two distributors in Merrimack County Superior Court.</li> <li>• NH Attorney General’s Office has been actively participating in settlement talks and won a motion to dismiss defendants. The trial is scheduled in New York in March.</li> <li>• Settlement proposed to provide Suboxone in pill form for ten years. NH Attorney General’s Office is currently reviewing this settlement to determine if this would be beneficial for the state.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• James discussed conversation with the Department of Corrections and NH DHHS, who is not interested in this settlement. James is asking for feedback from opioid task force members and participants.</li> <li>• If this money is received, the Attorney General’s Office will work with political subdivisions to create an opioid trust fund. Meetings have been scheduled to review for an agreement with legislature for money to go to opioid debate purposes.</li> <li>• NH Governor’s Office discussed the Opioid Prescribing Advisory Council is currently in the process of finalizing reports. Families in Transition has recently opened a 24 bed facility, which already has a wait list.</li> <li>• SB 477, the Drug Overdose Fatality Review Committee is currently reviewing with senators to develop framework.</li> </ul>	
Drug Monitoring Initiative Deep Dive	<ul style="list-style-type: none"> <li>• Agenda item deferred to next meeting on March 12, 2020.</li> </ul>	Deep Dive will be added at the beginning of next month’s agenda.
Other Business & Sector Updates	<ul style="list-style-type: none"> <li>• Joe Hannon will discuss the bill hearing for granite hammer shield during the next meeting.</li> </ul>	Business update will be added to next month’s agenda.

**Next Meeting:** March 12, 2020 – 9:00AM-10:30AM // Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

**Zoom Information:** <https://jsi.zoom.us/j/601328716>

**Phone Number:** 646-558-8656; **Meeting ID:** 601-328-716