



# DATA AND EVALUATION TASK FORCE

## Governor's Commission on Alcohol and Other Drugs

*Co-Chairs: Steve Ahnen and Jonathan Ballard*

Tuesday, May 18, 2020 – 1:00PM-3:00PM Virtual meeting <b>Meeting Minutes</b>		
<b>Welcome &amp; Introductions</b> <b>(January minutes approved.</b> <b>Motion by J. Harding,</b> <b>seconded by D. Mara)</b>	<b>Participants:</b> Steve Ahnen, Jonathan Ballard, Jonathan Stewart, Anna Ghosh, Hannah Lessels, Michelle Ricco Jonas, Amy Daniels, Anne Wood, Peter Mason, Mark Cioffi, Dave Mara, Linda Kinney, Ann Branen, Bethany McLeman, Alison Parent, Dan Andrus, Ruth James, Xiaohui Geng, Elyse Bianchet, Joseph Harding, JoAnne Miles Holmes, Randall Hoskinson, Jill Burke, Helen Hanks, Chiahui Chawla, Amy Costello, Alex Casale, Lindy Keller, Regina Flynn, Adriane Apicelli, Patrick (surname unknown)  <b>Presenters:</b> Thomas Stopka, Aurora Drew, David de Gijssel, Kerry Nolte, Peter Friedmann, Eric Romo, Lizbeth Del Toro-Mejias	
Agenda Item	Discussion	Action Steps
DISCERNNE study presentation and discussion Aurora Drew, Kerry Nolte, Tom Stopka, Peter Friedman, Eric Romo, LizBeth Del Toro-Mejias	The Opioid Epidemic in Rural Northern New England: Findings of The Drug Injection Surveillance and Care Enhancement for Rural Northern New England (DISCERNNE) Study. (See attached slides for complete presentation) <ul style="list-style-type: none"> <li>• Focus on HIV risk among rural drug users</li> <li>• Study purpose: 1) Characterize risk, policy and service environment in 11 rural counties in MA/VT/NH, 2) Build capacity to deliver specimens to the Global Hepatitis Outbreak and Surveillance Technology (GHOST) laboratory</li> <li>• Used qualitative and quantitative methods. Conducted 31 stakeholder interviews, 22 interviews with people who use drugs. Administered survey to just under 600 participants who use opioids and/or inject drugs.</li> <li>• Findings show use of medication for addiction treatment remains low and less common than other types of treatment. Clean syringe access is lower among those who inject drugs in NH than the other two states. Close proximity to syringe service program is lower in NH. 77% of participants had injected drugs in the past 30 days, among them 68% tested positive for Hepatitis C virus.</li> <li>• Further study findings included:               <ul style="list-style-type: none"> <li>-NH Community Analyses</li> <li>-HCV Serostatus Among PWID</li> <li>-Drug and Injecting Initiation</li> <li>-Plan for next 3 years (UH3)</li> </ul> </li> </ul>	

	<p><u>Opportunities for policy and programmatic changes include</u></p> <ul style="list-style-type: none"> <li>-Develop innovative systems that retain HCV positive individuals through treatment</li> <li>-Integrate trauma informed care throughout services where PWUD engage</li> <li>-Expand resources for MOUD treatment</li> <li>-Amplify prevention programming that focuses on strategies to cope with stress and trauma</li> <li>-Expand syringe access initiatives through pharmacy and syringe services access</li> <li>-Expand naloxone distribution to PWID</li> </ul> <p>Discussion among task force members:</p> <ul style="list-style-type: none"> <li>• Noted that determining prevalence of HCV is challenging. NH surveillance only reports new infections. Working with harm reduction programs and SSPs is needed to reach those most at risk. Most of those who tested as HCV positive had not reached medical care, therefore finding them requires looking outside traditional medical system.</li> <li>• Request to consider homelessness in upcoming mobile outreach study</li> <li>• Ideas for improving care for HCV: Drop the requirement to have a specialist involved. Many PCPs can adequately treat uncomplicated HCV and many would be interested in treating it. Additional training can be a barrier for PCPs as well.</li> <li>• Requirements for HCV treatment seems parallel to the MAT prescribing requirements and caps. This too could be handled at a primary care level to reduce silos and reduce stigma.</li> <li>• Those who do not have advanced liver disease tend to be uncomplicated to treat as PCPs and we will not be able to eradicate HCV if PCPs are not able to treat this. Outcome data is very good for treating those with SUD for HCV. Even without SUD treatment, there is data supporting HCV treatment success.</li> </ul>	
<p>Current priorities for improved data collection and reporting related to substance misuse / substance use disorders</p> <p>SUD-related data and evaluation challenges in the current environment</p> <p>Future Task Force Meetings and Agenda Topics</p>	<p>Not discussed due to lack of time. Will be on the July agenda meeting.</p>	<p><b>Next meeting: July 20, 2020 1pm-3pm</b></p>