



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

**March 11, 2021
Meeting Minutes**

Welcome & Introductions	<p>Members present: Seddon Savage, James Boffetti, Chief John Bryfonski, Alex Casale, Mark Cioffi, Sarah Cleveland, Ryan Fowler, Kate Frey, Joe Hannon, Paula Holigan, Donald Hunter, Kiera Latham, Stacey Lazar, Nicole Rodler, Chris Shambarger, Jeffrey Stewart, Elizabeth Zarka</p> <p>Members not present: Ken Bradley, Lauren Chambers, Paula Mattis, Matthew McKenney, Helen Pervanas, Dave Mara</p> <p>Public participants: Micheala Hedberg, Kent Thompson, Kerran Vigroux, Liz Quinn, Kenny Ng, Melanie Boyd, Elizabeth McGowan, Melissa Magdefrau</p> <p>JSI/CHI Staff: Adriana Lopera, Anna Laurence</p>
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Agenda Item	Discussion	Action Steps
Welcome and Introduction	<ul style="list-style-type: none"> Quorum was reached. 	
Review and Approve February Meeting Minutes	<ul style="list-style-type: none"> Jeffrey Stewart motioned to approve February meeting minutes, Donald Hunter seconded the motion to approve the meeting minutes. There were no comments on the minutes and a unanimous vote for approval of the meeting minutes. 	CHI will post the February meeting minutes to the task force web page.
Drug Monitoring Initiative – <i>Kiera Latham</i>	<ul style="list-style-type: none"> Kiera Latham of the CDC Foundation (formerly of HIDTA) presented the 2020 Drug Monitoring Initiative Overview. Another overview will be published in August with finalized data. The current report does not have finalized overdose death data. The report recently added data on methamphetamine related deaths to the drug overdose death data based on a recommendation from Opioid Task Force. There has been an increase in methamphetamine related deaths. As of January 15th, drug overdose deaths projected to decrease by 3.1% from 2019. Projected overdose death total is 402 down from 415 in 2019. Strafford County had the largest decrease in overdose deaths from 2019 to 2020. EMS naloxone administration incidences decreased by 30.1% from 2019 to 2020. This data presents the number of naloxone incidences not the number of doses, one incidence could result in five doses. Emergency Department visits for opioid related visits data is not comparable to previous years due to changes in data collection. Data collection changed due to Overdose Data 2 Action Grant (OD2A). 	Seddon will share prework activity prior to April meeting’s discussion around decreasing overdose deaths in the state.



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	<ul style="list-style-type: none"> • Treatment admission for state funded facilities decreased by 32% from 2019 to 2020. • Seddon Savage suggested the group look at all the variables that feed into the steady decline in drug overdose deaths. New Hampshire is one of only four states in the US that has seen a decrease in drug overdose deaths. • Chief Bryfonski supports this suggestion to look into this data to determine what has worked that we can capitalize on. He proposed we consider what hasn't worked for us to improve on in terms of supply, treatment, and education. • Mark Coiffi asked whether there is a drug list that defines methamphetamines. Kiera stated all the data is directly from the medical examiner's office. • There was discussion around the reasoning for the naloxone administration data going down. This is likely due to naloxone becoming more widely available to the public, however, this is not noted in the data because this reasoning cannot be explicitly captured in data. Jeffrey Stewart has seen a dramatic increase in the amount of naloxone available and usage within the community but from an EMS side it hard to know if naloxone was given or if it was given correctly, which makes it challenging from a data collection stand point. • TEMSIS data has a data collection point for bystander naloxone administration. Paula Holigan will look into this data to see if this is something can be shared with HIDTA for inclusion in the DMI. Kiera will look into adding this data based on what is available. • At the next Opioid Task Force meeting the group will discuss why the drug overdose trend is consistently going down. Seddon Savage will share pre-work prior to the meeting. Seddon will send out a request for perspectives prior to the meeting to focus the discussion. • Chief Bryfonski told the group that drug price has traditionally been used as a marker of drug availability. He noted there is data on pricing available to law enforcement that track pricing and could let us know more about these. 	<p>Chief will identify drug pricing data sources and if available.</p>
<p>Legislative Updates</p>	<ul style="list-style-type: none"> • Kate Frey, New Futures, presented a legislative update. Since this session is so unusual, it has affected the legislature and many bills are being retained. This may mean that there is a mini session in the fall to work through some of the retained bills. New Futures is also watching the state operating budget. Kate highlighted a few bills of interest, including: • HB143, relative to electronic prescription drug program, moved through the house • HB247 treatment alternative to opiates, retained in committee along with HB333 	



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	<ul style="list-style-type: none"> • HB420, voted ITL • HB578, relative to standards for mental health courts, in committee and expect a vote this week. • HB602, relative to reimbursement for telemedicine, this has also been retained • HB601, relative to privacy for those in recovery. This bill impacts overall data gathering and collaboration efforts within social services. There was a public hearing in February but no action since then. This bill has been amended and may be killed. 	
Status of State Plan and Lived Experience Input	<ul style="list-style-type: none"> • Adriana shared a summary of the suggestions the Task Force made around which groups of people with lived experience should be engaged to inform the Commission's next 3 year Action Plan. The data is divided into two areas: 1) lived experience of those engaged in substance use; 2) lived experience of frontline workers. CHI is looking at overlap in data from all the task forces, open to getting the experiences of frontline staff, anyone impacted by the work • At the last Task Force meeting, the group discussed working with drug task force investigators who work closely with those who have gone through treatment. Through their work, the drug task force members could provide insight into what has lead people to seek treatment. 	
Data Update	<ul style="list-style-type: none"> • Seddon Savage provided an update on the Task Force data project. Seddon has created a template of data sets reviewed to date. The data sets can be drawn on to help inform discussion on trends in overdose deaths. We have not looked at any drug trafficking data. • The group will look at pricing and purity as well as drug seizure data. • Paula Holigan is waiting to hear back from Chip Cooper about whether TEMSIS data can be shared publically. Chip Cooper may be able to share data the Task Force meeting next month. 	Paula to check whether TEMSIS data can be presented to Opioid TF
Opioid Task Force Investment Recommendation	<ul style="list-style-type: none"> • Seddon Savage shared information on investment recommendations. From the residual funds \$15 million of funding is available with \$3 million for the upcoming fiscal year. In preparation for the next round of funding in June, are there gaps or areas of need that the Task Force would like to consider addressing? <ul style="list-style-type: none"> ○ Project FIRST funding is ending and this may be an area we want to fund. • The recommendation the Task Force submitted for methamphetamine education toward DCYF and other works that work with children and families was accepted and integrated into a larger requests from the Treatment Task force focusing on trauma-informed care, treatment in persons with brain injury, and a number of other topics. \$650,000 allocated over four years for diverse topics . 	



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	<ul style="list-style-type: none"> • Paula Holigan presented on Project FIRST. Project FIRST is a program funded by SAMHSA and its funding is ending September 2021. Working with SAMHSA, Project FIRST has been able to use funding to address methamphetamine and other stimulants, not just opioids. Project FIRST created a framework for first responders to train people to use naloxone and has program for opioids, methamphetamine, and mental health, all done through first responders. At the state level Project FIRST connects first responders with their local Doorway. The trainings are to help reduce stigma around use of drugs. In addition, the trainings focus on recovery coach training to help first responders communicate with patients in a different way. Almost 30 recovery coaches have been trained under the program. Compassion fatigue training, seen a measurable reduction with compassion fatigue in first responders. Cultural competency data collection for reporting to SAMHSA. Training community on naloxone administration. • Project FIRST has: Distributed over 1000 naloxone kits, trained almost 922 first responders on all topics discussed, reached 541 at risk individuals and support networks, and connected 54 individuals to treatment. Project FIRST naloxone kits have been used to reverse 8 individuals from an overdose. There are 13 communities currently using this program, two of which are regional programs. • In the City of Concord's Project FIRST program gave out 897 naloxone kits over a 19 month period. 80% of those kits going to person at risk. • The Project FIRST compassion fatigue training is extending beyond just first responder to healthcare providers. This is an online training specific to first responders, but can be adapted to make it applicable for other professions. Paula has another version for health care providers and can tweak it to make it work for other professions. The compassion fatigue training best served in person. • What is the level of funding required to support current level of effort? \$350,000 • Project FIRST currently buys their own naloxone kits and go through another vendor in another state, but looking into other options for getting kits. • Donald Hunter supports Governor's Commission funding of this program and would not want to see any gaps in these services. 	
Other business & Sector Updates	<ul style="list-style-type: none"> • Project FIRST Methamphetamine training for first responders – This training will roll out end of August statewide. Targeted toward first responders. Offering three sessions to accommodate 	



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	<p>various shifts. Make online available for NH as well as other states. Paula will send invite to distribution list</p> <ul style="list-style-type: none">• Alex Casale provided an update on the Drug Courts' housing program. This has been running for several months and placed about 110 people in housing. Emergency housing contracted with 211, contracted with recovery houses and landlords. We could have a presentation on this for the Task Force.	
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Task Force Chair: Seddon Savage

Next Meeting: April 8, 2021 // Community Health Institute (Virtual Meeting Only)

Zoom Information: <https://jsi.zoom.us/j/601328716?pwd=ZmlTaVVJVkdhWTAXB2FsQWNnVFBxZz09>

Meeting ID: 601-328-716; **Password:** 394029