



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, July 27, 2017

Minutes

Present: Julie Hazell-Felch, Rebecca Sky, Kerry Nolte, Lindy Keller, Tom Barnes, Susan Latham, Regina Flynn, Lori Harding, Peter Mason, Claire Reed, Mary Bidgood Wilson, Gerard Hevern, Allison Piersall, Cynthia Cohen, Yashira Pepin

I. Minutes

- The June minutes were approved.

II. DMI Data

- The May DMI came out yesterday, June is due out within the next week.
- A Task Force member noted the reemergence of cocaine in Manchester; MAT does not address cocaine and it appears there is shift back to cocaine along with methamphetamine
 - o Those receiving MAT methadone and Suboxone can still get high, they need to be getting SUD counseling to address potential use of other drugs
- It is unclear if this report addresses carfentanil.
- Earlier this month two big dark web websites that were trafficking illegal drugs were taken down. This could create a short-term shortage of drugs, so we should do everything we can to get people in treatment while they have limited access to their drugs
 - o Additionally, if usual supplies are cut off, people may get drugs from somewhere else and could contain more synthetics

III. Review of "Promoting Health with people who Inject Drugs" and Harm Reduction

- Kathy and Jim are working on companion documents to this document; they are not here so review of this is tabled.
- Kerry presented the document to the Governor's Commission, they didn't provide any feedback but will have additional time to discuss and approve the document on the August agenda.
 - o This should be a major topic for the August Governor's Commission meeting
- It would be valuable to piggyback this document with the dissemination of information on the needle exchange program that was approved
 - o Yes, but this document should not just be for addiction specialists
- A discussion was inspired for the Dartmouth Study HotSpot Report: How will we get information directly to drug users?
 - o The study showed that people who are using drugs are not getting the information we're putting out (Good Samaritan Law, Naloxone, etc.)
 - o Utilize Peer to Peer networks.
- All materials will need the full report and endorsement of the Governor's Commission before things get disseminated.
 - o **Once this has been approved Rebecca will begin to help think of trainings because these documents should be distributed with companion training**
 - o Training should also go around to Emergency Departments
- Work needs to begin in the hospitals, identifying champions of the process from each of the relevant disciplines, e.g. nurses, physicians, administrators, etc.
 - o Need champions at each of the hospitals, Community Health Centers, and DH
 - Each system needs to have an engaged champion

- The DH SUMHI (substance abuse mental health integration) group is setting up a Knowledge Map to identify evidence based practices and get them out to the other Dartmouth sites and develop champions
 - Charlie Brackett at DH may be a resource
 - The level of receptivity and willingness to engage will vary by organization but can be improved with tools to help people move forward
- Areas need to be considered that could potentially limit provider willingness to engage

IV. Upcoming Events

- There will be a conference on opioids in the fall (October 6) with a possible harm reduction track at CMC, they are looking for suggestions for a Keynote speaker.
 - This will have an audience of care providers, recovery coaches, anybody who helps care for the addicted patient
- Lebanon will have a harm reduction conference on November 30
 - Carrie and Kevin Irwin will present on principles of harm reduction
- St. A's is putting on a conference on November 28, maybe there will be a coordination happening with those
 - This one is specifically for nurses on co-occurring conditions (SUDs, mental health, and pain)
- The Behavioral Health Summit will be at the Radisson on November 6 and 7
- At these events, it could be valuable to take 10 minutes to tell success stories (both programmatic and personal)
- Maybe this year is the year to focus on the acute care setting and address the stigma in those programs – over the next few years we can get some of those success stories

V. State Template Priorities

- There are four priorities, each has multiple projects. These will set the agenda for future meetings
 - A focus on training would cross all the priorities (SBIRT-R, harm reduction, MAT, stigma, psychosocial)
 - There may be an opportunity to get these trainings out through the schools to nursing students and new nurses coming into the field
 - Stigma and discrimination have to be addressed first, setting the stage for SBIRT-R, harm reduction and MAT.
 - Stigma and discrimination should be addressed as something we all have, thoughts and feelings that burden us, no one is immune to it.
 - Important to provide training that encourages people to explore their own biases and recognize how it affects their practice.
 - Also need to address compassion fatigue and resiliency for providers.
 - Share programmatic success stories.
 - It was proposed that we focus this training on acute care environments over the next year.
- Currently, the natural progression of the group is around harm reduction
- The Governor's Commission meeting is on August 31 at the Legislative Office Building from 9:30-11:30 (rooms 301 and 302)

Next Meeting
Thursday, August 24, 2017
9:00am-10:30am
NH Hospital Association, 125 Airport Road, Concord