Opioid Task Force

Recommended Strategies to Address Opioid Related Harm in New Hampshire

2017-2020

The following recommended strategies to address opioid related harm in New Hampshire were identified over the course of a year of discussions by the inter-professional Opioid Task Force of the NH Governor's Commission on Alcohol and other Drugs with input from representatives of all the indicated sectors. While all strategies are considered to be of potentially high value in addressing opioid related harm, priorities are listed within each domain in order of highest to lowest ranking as a priority for investment of time, energy and funding. Considerations in the ranking included the perceived impact and feasibility of the priority, as well as whether the priority is already being robustly addressed (in which case there may not be a need for specific new investments at this time).

A. **PROFESSIONAL EDUCATION**
1. Require that **core** professional education of all health professionals (MD, RN, ARNP, EMT, pharmacists) offered in N.H. include training on: a. Substance misuse and addiction, including MAT b. Pain and pain management options (beyond opioids), c. Best practices in opioid management d. Instruction on naloxone e. Destigmatization of substance use disorders
2. All safety personnel including law enforcement, fire station personnel and EMTs to receive education on: a. Basics of substance use and addiction and on common co-occurring mental health disorders b. Naloxone(including at NH Police Standards & Training (C4) and to carry naloxone).
3. School nurses and/or health offices at both public and private schools should receive training and engagement on: a. Screening, brief intervention and referral to treatment (SBIRT) b. Naloxone administration and have naloxone immediately available
4. **Require** a specified number of **continuing education** credits for all health care professionals on: a. Best practice in opioid management b. Instruction on naloxone c. Pain and pain management options (beyond opioids) d. Substance misuse and addiction e. MAT training and certification programs And make CE opportunities widely available for all health care professional on these topics. (note: collapsed topics- original priorities had requirements for a & b, opportunities for c-e)

B. PUBLIC EDUCATION

1. Develop targeted campaigns regarding opioid and other substance use using developmentally appropriate messages in high yield venues/contexts directed at:
   a. Young adults
   b. Middle & high school children

2. Launch harm reduction messages to current opioid misusers including:
   a. Carry naloxone
   b. Don't use alone
   c. Variable strength of opioids (risks of fentanyl and its analogues)
   d. Use clean needles & syringes

3. Educate the general public on:
   a. Treatment efficacy for SUDs and available treatment resources
   b. Opioid risks and safe use
   c. Drug take-back and disposal opportunities
   d. Naloxone

C. LAW ENFORCEMENT & JUSTICE

1. Increase transitional housing for people in recovery, needed as drug court system expands

2. Increase high quality, evidence-based, and consistent SUD assessment, treatment & recovery capacity, including medication-assisted treatment as appropriate, for justice-involved individuals across the continuum of the justice system including:

- Jails and prisons
- Drug courts and alternative sentencing
- Pretrial services
- Probation and parole

3. Increase number of collaborative programs between safety/law sector and treatment sector similar to Community Access to Recovery on the seacoast, Laconia PD's Angel program and Manchester Safe Stations

4. Centralize police data on drug enforcement: make submission more uniform and complete and increase access to needed data while maintaining security

5. Develop drug take-back systems including more permanent drop boxes in police stations, pharmacy-based take back programs and optimize incineration for destruction of drugs.

6. Optimize drug unit capacity and structure as well as local law enforcement responses in order to maximally reduce the drug supply chain

D. GENERAL HEALTHCARE SYSTEM

1. Engage third party payors to support best practices, e.g. utilize incentives to reinforce use of best practices, develop criteria for support of abuse deterrent opioids and work to reduce/eliminate prior authorization issues and partial prescription refills
2. Expand training of healthcare professionals at both undergraduate and CE levels in substance use and addiction identification and management and in pain and its management (beyond opioids)
3. Treatment expansion in general healthcare through embedding of psychosocial resources in general healthcare settings (integration of behavioral healthcare)
4. Expand availability of MAT in general healthcare settings such as ERs, PCP offices, inpatient medical setting and ObGYN/perinatal care settings
5. Make screening, brief intervention & referral for treatment (SBIRT) routine in emergency rooms, primary care offices, inpatient settings for substance-related medical problems and perinatal care settings
6. Reduce stigma in healthcare settings (5 Signs Campaign – changedirection.org)
7. Assure that clinicians routinely recommend naloxone and make it available for patients on MAT, patients with active opioid addiction, persons on opioids for pain and family and friends of such patients
8. Post clinical supply reduction (e.g. recommendations to lock medications, providing drug take back information and drug disposal information)
9. Expand awareness within general healthcare of how to access specialty treatment for SUDs
10. Engage all clinicians in best practices in opioid prescribing for acute and chronic pain
11. Establish assessment centers to evaluate patients for appropriate levels of care using standardized patient placement criteria
12. Support recovery in healthcare settings using routine recovery support checklists and engagement with peer recovery coaches
13. Clarify communication options between healthcare and law enforcement
15. Improve oversight of methadone clinics
E. PHARMACY PRACTICE
1. Optimize use of PDMP data to provide feedback to prescribers, identify outlying prescribers and users as basis for assessment and understand trends in prescribing and drug use
2. Improve data acquisition and sharing of information relevant to pharmacists and pharmacy practice in order promote better collaboration between professionals including such things as data on opioid prescribing, naloxone dispensing, etc.
3. Develop pharmacy based drug take back programs in collaboration with the Department of

Justice and Department of Safety
4. Provide sensitivity training to pharmacists (and all healthcare professionals) to reduce stigma of substance use disorders
5. Provide education by pharmacists of patients with every opioid prescription, including pamphlet
6. Media campaign re: pharmacy issues (naloxone available, take back system, ask your pharmacist)
7. Continue dialogue on appropriate use of the Prescription Drug Monitoring Program data
8. Require lock boxes to be sold with prominent displays at pharmacies
9. Support federal policies that would provide prominent labeling on opioid bottles to include risks of overdose and addiction and need for safe use, safe storage, safe disposal
F. HARM REDUCTION – PROGRAMS, POLICIES, AND PRACTICES THAT STRIVE TO MINIMIZE DEATH, DISEASE, AND INJURY FROM HIGH RISK BEHAVIORS, WHILE RECOGNIZING THAT THE RISKY BEHAVIORS MAY CONTINUE
1. Support harm reduction legislation including syringe service programs, drug take back initiatives to include illicit drugs and fully fund the alcohol fund
2. Syringe service programs that distribute sterile needles and other harm reduction supplies and collect used needles coupled with public education regarding the importance of such a system
3. Peer support programs to help bring people into recovery and help bridge gaps in services
4. Expand access to medication assisted treatment
5. Identify agency home to target harm reduction initiatives. BDAS vs Public Health, Continuum of Care vs SMPs
6. Expand naloxone and overdose intervention training and distribution to reverse overdoses and prevent brain injuries and deaths
7. Educational outreach to encourage safer behaviors to include DUI prevention campaigns
8. Study supervised consumption facilities to prevent overdoses, diseases and other harms
9. Include Hepatitis C surveillance along with STDs, HIV, Hepatitis B and A78.
G. BUSINESS & INDUSTRY
1. Provide information to EAPs and employers on how to recognize substance use and Media campaign re: pharmacy issues (naloxone available, take back system, ask your pharmacist) mental health issues in employees, refer for evaluation and specialty treatment as needed, and arrange fitness for duty assessments, as well as understanding the legal issues involved in such management
2. Provide education to employers on how to assist employees in recognizing and addressing SUD

and MH issues at home with family members, etc.
3. Assure recovery friendly workplaces, e.g. flexibility to attend meetings, link with transportation if no license, etc.
4. Provide education to employers on how to handle an impaired person at work or in a business situation
5. Encourage businesses to establish appropriate drug testing policies and protocols and utilize appropriate, standardized interpretation of findings
H. EDUCATION SECTOR
1. Increase resources available to address unhealthy substance use in state University and College system
2. Provide teacher education requirements at K-12 levels on signs of use and protocols for acting on concerns
3. Provide requirements for health educators (often gym teachers) in K-12
4. Consider uniform requirements for K-12 student education such as the NH LEAD program, a statewide, evidence-based program now in some schools in place of DARE98. Educational outreach to encourage safer behaviors to include DUI prevention campaigns
5. Provide school nurse education requirements and protocols K-12 for basic assessment and communication and resources for further evaluation
6. Coordinate/expand Safe Schools and Healthy Student projects (now in Concord, Manchester, Laconia, Rochester and other towns) 109.
7. Develop recovery high schools
I. CONTINUUM OF CARE RECOMMENDATIONS
1. Adequate public education and awareness of substance misuse and its risks as well as awareness of the progression of substance use disorders
2. A collaborative and communication-focused model within communities in the region that relays general and specific information that can act as an early warning system if and when new threats emerge, that moves individuals into appropriate levels of care as quickly as possible, that responds to individual and collective need, and that is continually reflecting on and improving services and supports for residents
3. Open, clear communication and referral paths between early identifiers and service providers for general communication and knowledge sharing as well as referrals
4. A robust array of services from assessment and early and brief treatment through residential programs and long-term recovery supports

5. Strategies for population health promotion, prevention programming and resiliency development
6. Widespread, universal screening in multiple settings and with all populations
7. Trained “early identifiers” in a wide range of community settings
8. Assessments centers for triage to appropriate level of care
J. Prevention Strategies
1. Alternative activities Gap: 18-25 YOs
2. Environmental strategies • Media Campaign: parental monitoring, parental/youth approval of use alcohol/illicit drugs, mental health stigma • Policy: Prescription Drug Monitoring, Syringe Exchange, Access to treatment, Prescribing Practices, Harm Reduction, Continuum of Care, Healthcare • Safer California Universities Study (undergraduate, outcome(s): alcohol use and disorders) Community Trials Intervention to Reduce High-Risk Drinking (municipal/business/law enforcement policies, outcome(s): alcohol consumption)
3. Program-identification and referral • Project ASSERT (13-55 YO, implementation of SBIRT, outcome(s): opiate abstinence, marijuana use, alcohol use) • InShape Prevention Plus Wellness (college, outcome(s): alcohol use, marijuana use) • Family Check-Up for Adolescents (2-17 YO, outcome(s): Substance use, family monitoring skills, deviant peer involvement) • Kognito At-Risk for High School Educators (High School Staff, psychological distress intervention) • Kognito Family of Heroes (Family of military home from deployment, psychological distress intervention) • Lifelines Curriculum (11-19 YO, suicide intervention) • Mental Health First Aid (18+, mental health intervention)
4. Other co-occurring mental and substance use disorder strategies • Dynamic Deconstructive Psychotherapy (18+ w/ Borderline Personality Disorder + other behavioral complexities, outcome(s): alcohol use, mental health) • Functional Family Therapy for Adolescent Alcohol and Drug Abuse (13-19 YO w/ SUD and delinquency, HIV risk behaviors, and/or depression (or other behavioral and mood disturbances) + families, outcome(s): marijuana use, delinquent behavior) • Treatment Foster Care Oregon (TFCO) (13-17 YO w/ severe and chronic delinquency in families, outcome(s): substance use, criminal and delinquent activities) • Seeking Safety (13+ clients with history of family trauma/substance use, outcome(s): drug use)

- Multisystemic Therapy for Youth with Problem Sexual Behaviors (13-17 YO committed sexual offenses, outcome(s): delinquent activities, substance use)
- Multidimensional Family Therapy (6-17 YO outpatient/partial hospitalization, outcome(s): substance use, delinquency, school performance)
- Project MAGIC (12-18 YO first time offenders + parents, outcome(s): academic achievement, parental monitoring)

5. Education

- AlcoholEdu for Colleges (undergraduate, outcome(s): alcohol use and disorders)
- Peaceful Alternatives to Tough Situations (8-19 YO, outcome(s): antisocial behaviors)
- Al's Pals: Kids Making Healthy Choices (3-8 YO, outcome(s): antisocial behavior)
- Narconon Truth About Drugs Video Program (11-19 YO, outcome(s): alcohol, opioid, cocaine, cannabis (non-medical), hallucinogen, and amphetamine/stimulant non-medical use and disorders)
- Caring School Community (5-12 YO, outcome(s): alcohol use, marijuana use, academic achievement)
- Creating Lasting Family Connections (9-17 YO, outcome(s): alcohol and drug use)
- I Can Problem Solve (4-12 YO, outcome(s): Prosocial behaviors, problem behaviors, school bonding)
- LifeSkills Training (8-19 YO, outcome(s): drugs, alcohol, delinquency)
- Lions Quest Skills for Adolescents (11-14 YO, outcome(s): success in school, misconduct, alcohol use, marijuana use)
- Positive Action (6-19 YO + parents, outcome(s): substance use, social-emotional mental health, problem behaviors, academic achievement)
- Project ALERT (11-14 YO, outcome(s): alcohol use, marijuana use)
- All Stars (11-14 YO, outcome(s): School bonding, alcohol use)
- Rock in Prevention, Rock Plus (6-12 YO, outcome(s): perception of harm of substance use)
- Strengthening Families Program (10-14 YO + parents, outcome(s): substance use, school success)

6. Information dissemination

- Increase information dissemination about Good Samaritan Law, Syringe Exchange
- Prescription Take Back, Naloxone Distribution Events, how to access naloxone
- ModerateDrinking.com and Moderate Drinking (18+, outcome(s): alcohol abstinence)

7. Community-based process

- Communities that Care (Entire community, outcome(s): substance use, delinquent behaviors)
- Lead and Seed (11-19 YO, outcome(s): alcohol use, ATOD prevention, knowledge of environmental strategies)

Cross Cutting Priorities
1. Reduce Stigma
2. Expand Treatment Workforce (Increases salaries, increase reimbursement for services, other strategies TBD)
3. Develop Recovery Housing