



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

February 8, 2018 – 9:00AM-10:30AM

Minutes

Meeting Participants:

In-person: Seddon Savage, Chris Shambarger, Jacqui Baker, David Mara, Rekha Sreedhara, Sandra Kiplagat, Kirk Beattie

By phone: Joe Hannon, Helen Pervanas, and Yashira Pepin

I. January 2018 Minutes

- Reviewed and approved minutes.

II. Membership

- *Rekha to connect with the Bureau of Drug and Alcohol Services/Annette Escalante to determine who will attend future meetings.*
- *A Continuum of Care Facilitator representative to be identified to be on the task force. Jacqui will provide some recommendations to Rekha.*

III. Follow Up From Last Meeting

- *Seddon will touch base with Recovery Task Force to determine if recovery coaching in ER settings is being explored.*

IV. December Drug Monitoring Initiative Data Report & 2017 Overview Report

- Projected deaths seem higher than expected (485 deaths in 2017). However, it is worth noting some reports had been previously marked as suspected OD without toxicology analysis.
- State EMS includes naloxone outcomes.
 - Street outreach of naloxone seems to be under-reported since there is no formal reporting to determine if the naloxone was used to save someone experiencing an overdose.
 - Access to naloxone, both at home and in community settings, is important but tracking use is difficult and is therefore under reported.
 - The AMR system currently tracks what is being reported by first responders. Although, through personal stories it can be sometimes difficult to record these administrations unless it is self-reported.
- The pros and cons of naloxone administration types were also discussed during the meeting.
 - The nasal product is easier to use and train people on but costs more compared to the injectable.
 - Nasal product seems to be touch sensitive.

- The major drawback of the nasal is it cannot be used for testing purposes. Once you “test” it, you do lose the dose amount needed.
 - EMS staff prefer using the injectable due to more favorable results in resuscitating the individual.
- State is currently running low on naloxone distribution but currently looking for funding streams to facilitate the distribution of naloxone across community settings, recovery facilities, etc.
 - There has been discussion to offer training through recovery centers.
 - Syringe Exchange Programs participate in naloxone distribution. SOS Recovery Center has distributed both nasal and injectable naloxone. SOS and the Harm Reduction Coalition offer training through “train the trainer,” events.
 - *Joe Hannon will reach out to Dean LeMire or Kevin Irwin regarding the naloxone distribution source for the SOS program.*
- It was also reported that over half the drug overdose deaths are over the age of 40. EMS naloxone administration to this age group is somewhat low. Only a third of individuals aged 40 and older received EMS naloxone administrations.
 - Questions were also raised about EMS reporting. If someone falls due to alcohol poisoning reports may indicate the primary diagnosis as a fall and not a suspected overdose.
 - Can the NH Medical Examiner determine if drug overdose deaths are accidental or suicidal? *Seddon will reach out to Kim Fortier to request more information.*
- A missing data point in the DMI report is the total number of drug overdoses in the state. Currently, we report the total number of drug death overdoses; however, we are missing data for total drug overdoses that are both non-fatal and fatal.
 - EMS tracks this data and can access it easily. However, it is important to note the EMS numbers may be under-estimated since not everyone calls EMS when a suspected overdose occurs.
 - David Mara mentioned that Manchester has statistically significant lower drug overdose deaths and increase the total number of drug overdoses while Nashua has statistically significant higher overdose deaths and a decrease in the total number of drug overdoses.
 - For now, we can use the EMS naloxone administrations as a data indicator to track the number of overdoses.
 - *David Mara will reach out to Nick Mecuri to see if the ratio of deaths to overdose can be determined.*
 - *Seddon will connect with Lisa Marsh to see if she has any data.*

- On the overview report, the graphs on page 9 are misleading. Methamphetamine use is increasing; distributed through the mail.
- *David Mara will send out a report on what drugs have been distributed throughout the state to Seddon to share with Opioid TF members.*

V. Determine Plan to Pilot Opioid Pharmacy Insert Card

- Beth shared the Opioid Pharmacy Insert Card with the Hannaford District Manager but they are not interested in piloting. It will be difficult for pharmacies to purchase cardstock and print materials and this may also bring extra attention to the customers picking up their opioid prescriptions, even if the information is included in the bag.
- Opioid TF members indicated that the card needs to be piloted within a small pharmacy store. *Helen will reach out to Tiffany Bartke to see if Walgreens is interested in piloting the card.*
- There was also discussion and questions on how to measure the impact of the Opioid Pharmacy Insert Card as it may be somewhat difficult to track the metrics and impact of the card.
 - Track distribution – Was a card given for each prescription picked up?
 - Track number of visits to nhtreatment.org
 - Do customers ask more questions if there is an Opioid Pharmacy Insert Card in their prescription?
 - Feedback survey – What are customer reactions?
- Jacqui Baker mentioned that Upper Valley is conducting the Twin State Safe Meds campaign: Safe Use, Safe Storage and Safe Disposal. They track this using the Upper Valley Community Survey. Twin State Safe Meds is currently expanding to become the Northeast Safe Meds campaign going beyond the upper valley community.
 - *Jacqui Baker will send out the Campaign Card to the Opioid Task Force.*

VI. Priority 2 - Seamless SUD Care Across Justice System.

- David Mara reviewed the judicial system in New Hampshire exploring types of criminal offenses and the penalties.
- In the state, there are 11 jails, 12 superior courts (two in Hillsborough County) and 3 prisons - Berlin, Concord and Women's Prison in Goffstown, NH.
- Adult Drug Courts or Court Diversions are in all but one county. It is expected that there will be 11 drug courts in each county by 2019. Drug Court can be used as an alternative to jail or prison time.

A. Misdemeanor (Class A and Class B)

- Class B offenses include the lightest criminal offenses. When committed by a person, a class B misdemeanor can result in a maximum fine of \$1,200.
- Class A misdemeanor include more serious criminal offenses and can result in penalties of jail time up to one year, a fine of \$2,000 and the possibility of probation.

B. Felonies

- Drug cases are usually prosecuted by County Attorney Cases. The attorneys can also determine who will be a good candidate for drug courts etc.
- The drug court panel will review the cases and determine who will be admitted to the program based on a variety of factors.
- Sentencing: either a fine, probation, house of corrections or all three
- People released from jail: 10 years in prison, served all of it: do the minimal sentence in prison, serve the other prison in parole.
- Probation - part of sentence is suspended, and meet with probation office. Could be drug testing, restitution etc.

C. Discussion

- a. After discussing the relatively complex movement of individuals through the justice system it appears that there are four key opportunities to address SUDs, each a unique context:
 - Sentencing with potential diversion to drug courts. (The drug court system is currently evolving fairly robustly.)
 - In the jails. (Special challenges due to the independent, non-centralized systems of county jails in NH.)
 - In the prison system. (Department of Correction is doing considerable work in this area.)
 - In the parole system with links to the community. (Uncertain as to status)
- b. It was agreed to move forward examining each of these components of the systems for current activities and opportunities.

VII. Sector/Department Updates & Other Business

- Governor's Initiative on Business Strategies is currently moving along.
- Dartmouth Hitchcock will be hosting a presentation with business and industry people. The meeting will be held in Manchester. More information to come.
- Governor's Office and Department of Education (DOE) will be launching a Prevention program for all middle school and high school students focusing: on drugs, and opioids. It will be an interactive school website process. Free to any students (public and private). However, schools cannot be mandated.
- Massachusetts Governor's Office is planning a regional meeting on opioids. David Mara will attend, and relay back to the task force.

Next Meeting: Thursday, March 8, 9:00AM-10:30AM

Community Health Institute, 501 South Street, Bow NH

Conference #: 719-284-5949

Pin #: 55982