

Opioid Task Force: Prevention and Harm Reduction Meeting Minutes 11/12/15

Attendees: William Paterson, Matt Braun, Lani Graham, Joan Smyrski, Gordon Smith, Eric Haram, Kenney Miller, Rebecca Chagrasulis, Amy Belisle, Rob Rogers, Bruce Campbell, Scott Gagnon, Liz Blackwell-Moore

Guest: Mike Dunkerly (representative for the company that makes Vivitrol).

Initial Comments: Lani: Concerns she has -we should think about some short term actions that we might want to take sooner than later because of the legislative session coming up. She would like to discuss action steps that we can take more immediately. Joan: Early in the legislative session is a great time to give some education to the legislature and the public before we give some recommendations. Bill: Perhaps we come up with a communication plan for the near future and talk to the other groups about what they are thinking about.

Eric: When he reads the things in the Dropbox, there are some themes and natural consensus that is happening on a number of items.

Review of minutes:

- There were some shared minutes from the Treatment Task Force.
- They include the mission for the task force.
- All members should upload things from the Dropbox and talk about what people bring to the table.
- Eric: Looking through the Dropbox, there is a great variety of people on the task force. People from prevention, medical community, public health, etc. Eric wants to make sure that all the strengths of the people on the team are being used.
- Themes from “Hopes”
- Clear harm reduction strategies and who is in charge of creating a plan for Narcan legislation.
- Looking at who has access and who is stocking Narcan

Conversation on Narcan:

Becky: Narcan with EMTs is not a big deal, but getting Rx to police is a problem because they need to have a medical director and lots of them don't in Maine. She wants to look into getting Narcan prescriptions directly from the pharmacy

Kenny: He can also help with getting more info on “Collaborative Practice” in other states as a way to help us all understand what's happening across the county

Joan: SAMHS is having conversations on protocols and training for loved ones on using Narcan. Looking at other states and what trainings they already have. The first pharmacy nationally is Walgreens and you don't have to have a prescription, unless required by state law. CVS and one other pharmacy are also looking into providing Narcan without a prescription.

Becky: talked to Senator Collin's office and they will continue to look at the national level. Cost for intranasal Narcan is very high and we may need to talk to the AG's office to help us with this issue. FDA is looking into making Narcan an over-the-counter drug as well.

Eric: has uploaded into the Dropbox some pictures on how to administer Narcan. People have been calling primary care offices trying to get Narcan. Eric called around to pharmacies, and many said they were not necessarily going to carry Narcan in the near future. We need to have an entity that is ensuring that we have a supply chain.

Joan: SAMHS is providing some training for administering Narcan.

Becky: Is there a desire to expand legislation on administration of Narcan?

Joan: Previous legislation outlined the need for some training. There is training already for EMTs but not for loved ones, etc.

Eric: Need for an entity to track these things: 1. What is the supply chain? 2. What is the cost control for purchasing the medication? 3. Access to stakeholders? 4. Training and competency?

Lani: We could each write a list of things that might go to the legislature for this session.

Kenny and Scott: It is very difficult to introduce new legislation at this point in the year. They can add in late legislation. There are four ways to get a bill in: 1. After deadline bill 2. Governor's bill 3. Use Scott Hamann's bill to get in some of the things that we want. 4. Through the budget

Eric: Amazed at how much stuff can change through the budget.

Gordon: Encourages us to be quite precise in what we want changed through legislation.

Lani: One thing we can do is support the bill that is on appeal.

Kennie: The bill by Bill Hamann has not been released yet. One amendment would be to have police be able to use intranasal, injectable, and other forms of Naloxon as well. Kenny will put other laws from 2013 and 14 into Dropbox for us to see.

- Beckie and Kenny will look at Narcan and how to expand it and check for an entity to oversee it.

Bill: asked about how the conversation about Narcan overlaps with what the treatment task force is working on.

Gordon: there is a desire for the different task forces to get together and for the co-chairs to get together on a regular basis so that there is connection between the groups. The treatment group has not been having conversations on Narcan at this point. Two foundations are interested in putting in resources for the listening sessions with the public. That might happen in January at several locations across the state. Questions about whether the other taskforces are looking to propose legislation.

Eric: It/s likely that the Law Enforcement group will. Other Themes:

- Protection for the Healthy Maine Partnerships (HMPS)
- More Medication Assisted Treatment (MAT)

- Things uploaded on the Dropbox: Link to harm reduction resources-Prevention Dashboard ½ pager from each person Presentation on opioid dependence in Maine and trends on various populations from Commissioner Mayhew MAPSA convention Listening Session Look for notes in the Dropbox. What's working, not working, what's missing. The conversation was structured by the different populations.

Another emerging theme: Focus on the general public and working on destigmatization and the effectiveness of prevention and treatment.

Lani: This is extremely complicated and a huge public health issue that needs to be untangled. Crimesolvers.gov rates all these different programs from an evidence based perspective.

Scott and Liz: Concern that prevention will get lost in the conversation on Narcan and treatment.

Lani: the attention will always get focused on the people dying

Liz: will put in the Dropbox what they are doing on the whole picture of heroin and overdose prevention, treatment, and primary prevention.

Bill: Also concern that prevention gets left behind and the HMPs are under fire.

Eric: there is a toolkit in the Dropbox from SAMSHA. We may want to use the general guidelines as a way to guide the work as we go forward and not reinvent the wheel.

Lani: Crimesolutions has all that information in it.

Eric: ONDCP 10 Point Plan on reducing heroin dependence is in the Dropbox.

Kenny: Harm reduction community feels like they often aren't heard because people think of them as promoting use.

Logistics: There has been feedback on the meeting times and duration of the meetings-what do people think?

Joan: Thinking that we can meet in small groups and then have the larger meetings be only 2 hours.

Kenny: subcommittee could be active and moving things forward and then just reporting out at the larger group meeting.

Lani: We could use these meetings to come up with some consensus on what we should be doing in the short term. We could have in the Dropbox people's thoughts on what we need to do in the next legislative session-short term goals.

Becky: Can this group put out a statement that we think that there should be money for prevention and harm reduction and not just enforcement.

Gordon: Use the right tone for this statement. Gordon and Dan Perry could work on writing a piece that talks about the importance of all three entities being financially responsible.

Lani: Will look at the Dropbox and pull out what people want to do for short term legislative ideas.

Eric: The three things that he hears are:

- the conflict in the two LDs around Narcan.

- Protecting and possibly expanding roll of HMPs
- Money for PSAs around reducing stigma and effectiveness of prevention and treatment.

Bill: Heard PSAs from New Hampshire on beefing up the good Samaritan law. Mike Dunkerly: (works for company that makes Vivitrol)“Anyone, Anytime” is the name of the campaign. Prevention-brought in superintendents to do work on curriculum development of reducing stigma.

Bill: Lots of schools have evidence based curriculum but need more consistency. And clear guidelines on what works in prevention.

Matt: Focus on coping skills and development of helping kids develop social skills. Working with Rotary and other service organizations.

Eric: Looks like there is another subcommittee forming on PSAs and on stream of prevention services. Liz, Matt, Bill, Bruce and Sally can work on this. Probably Scott as well.

Subcommittees:

Narcans supply chain and administration: Becky and Kenny

Legislative issues: Lani and Kenny

Prevention and PSAs (stigma and efficacy): Liz, Matt, Bill, Bruce, Sally, Scott?

Medical Community: Amy and Eric to talk about this and share with group.

Next meetings: Conversation on timing for next meetings:2 hour meetings,2 times a month, with subcommittees meeting in-between. 1pm-3pmon Thursdays instead of mornings.

- Dec. 3 from 9-12
- Dec. 17 from 1-3
- January 7 from 1-3
- January 21 from 1-3
- Feb. 4 from 1-3And then every two weeks from there on Thursdays from 1-3

Prevention and Harm Reduction: Here are who we are focused on right now:

- Adolescents
- Young adults: 18-26
- People with chronic pain
- Women who are pregnant
- General public
- Medical community Who’s missing?
- Tribes and Native Americans

- Veterans (Randall Liberty is a resource for issues on veterans)
- LGBT populations
- Seniors (medications and mixing medications-Adcare is looking at this population)

Bruce: Harm Reduction-the term denotes the idea that not dying is good enough, and takes out the hope of recovery. Medication Assisted Treatment being put into the harm reduction bucket could be problematic.

Eric: Using language is important-changing to using the words, Medication Assisted Recovery.

Kenny: How would we like to proceed going forward? Should we have definitions in the Dropbox.

Eric: Harm Reduction definitions in the Dropbox. Amy Belisle of the Pain collaborative and Project

Echo:(high level overview) Maine Quality Counts has several initiatives:

- Pain Collaborative: 8 practices in learning collaborative.
- *Project Echo, a model for delivering education through video links.
- Project Echo Buprenorphine: Technical assistance for prescribing buprenorphine. Creating common data sets.
- Interested in linking this work to prevention through medical care practices.
- SBIRT
- Snuggle Me-work on moms and babies who have been exposed to substances.
- Working with MRBN on trauma informed care and getting it built into the work.

Eric: Amy and Eric can touch base on the projects that the group should be kept apprised of. Snuggle Me and SBIRT are projects that could have large impact on a high risk groups. Their hospital has been using Snuggle Me and has been effective at reducing days in hospital and savings.

SBIRT: Eric getting questions from ICUs and ERs for technical assistance on SBIRT.

Lani: what are the ideas that Maine Quality Counts has for legislation?

Eric: There are concerns on "prior authorization" for buprenorphine among providers.

Medicaid expansion: To preserve the Fund For Healthy Maine, we need to talk about Medicaid expansion because they are taking money from prevention to back fill.

Liz: There have been states that had law enforcement educating the public on how lack of insurance is a public safety and public health issue.

Amy: Worked with Dr. Flannagan to talk to health insurers on opiate prescriptions. The insurers are interested in having conversations on prescribing practices.

Lani: Prescribing practices?

Amy: Change prescribing practices and trainings. Bangor is using lots of common documents, common practices. MMA has a safe opiate practice project sending people out to help with prescribing practice. Having a consistent way of doing things. Eric: We are not out of the woods on opiate tablets. The number of pills being prescribed are static. There has been reduction in Medicaid prescription but a rise in prescriptions from other insurances. Kenny: Concur that people are using heroin and opiates as well. Matt: When we have guests or speakers, we may want to keep that in mind in the time-frame of the meetings.

Meeting was adjourned.