

GOVERNOR'S TASK FORCE ON DRUG OVERDOSE

MEETING HELD ON 3/16/15

RI DEPARTMENT OF HEALTH, ROOM 401

The meeting began at 10:05 a.m. by Dr. Fine. Everyone went around the room and introduced themselves to the new Director of BHDDH, Maria Montanaro.

Dr. Fine updated the group on data that he had just received this morning from the medical examiner's office. There is a struggle with Fentanyl in RI. He said RI's data is the best in the country and that we're doing better than other states, but we have a lot more work to do. He briefly talked about his meeting at the medical examiner's office. The total of unintentional overdoses so far this year (2015) is 51. In 2014, there were 238 unintentional drug overdoses, but the number may be adjusted again.

BHDDH Director Maria Montanaro introduced herself and gave some remarks.

Dr. Traci Green presented RI accidental drug overdose data from July 2013 - Feb 2015 which demonstrates that RI is experiencing a similar spike in Fentanyl-related deaths now to what we saw in the beginning of 2014. The 2015 data shows different methods of drug use, such as snorting and smoking as opposed to only injections. The 2015 data also shows that the average age of the people dying from an overdose is younger than last year, including several deaths under the age of 30. This is a disturbing trend. Most of the deaths were white males and several had past involvement with a treatment facility and/or the Department of Corrections.

Traci made several requests on behalf of the statewide Drug Overdose Prevention and Rescue Coalition that she chairs. (1) She requested better partner access to timely data from the Department of HEALTH and BHDDH. (2) She talked about the need for consistent, standardized, electronic reporting from EMS (not all departments are electronic) and from law enforcement (currently no standardization). (3) She suggested convening a task force to review law enforcement cases would be very helpful and could be based on models from other states. (4) Traci suggested that Rhode Island would benefit from offering a rebate on naloxone. This has happened in other states (Ohio and New York) through the Attorney General's Office. (5) Community-based agencies that are distributing naloxone need clarification on health regulations. (6) There are two current bills that would benefit from support from the Governor's Task force: a bill that requires naloxone in schools and a bill that makes the Good Samaritan Law permanent.

A question and answer period and discussion followed. The two state agencies, BHDDH and DOH committed to setting up data MOUs as soon as possible. There was a discussion of the need for clarification on the issue of community-based distribution of naloxone. The Board of Pharmacy led by Peter Ragasta stated that the agencies should not have any problem distributing, but the agencies do not feel like they are protected by the regulations. Dr. McDonald suggested that Peter Ragasta meet with HEALTH legal department and send language to community-based agencies regarding their right to

distribute naloxone. Director Montanaro stated the data issue and the distribution of naloxone issue should be achieved in a relatively short amount of time.

The group discussed the formation of a task force to review law enforcement cases. Law enforcement, including the Police Chiefs Association needs to be at the table. There was a discussion on identifying 'hot spots' and targeting interventions (e.g. the distribution of naloxone through health centers). Weekly 'data blasts' to stakeholders were suggested, but better, more timely access to data is necessary. Contact tracing was also suggested; this is not happening now. Dr. Fine reminded the group that naloxone, alone will not solve the problem. The demand is there; so the supply will follow. We need to get at the route of the problem.

Linda Mahoney from BHDDH updated the group on prescription drug take-back programs, which are continuing at 13 police stations. Police departments are now taking the drugs they collect to two out-of-state repository sites in CT and MA. Linda talked about her meeting with the emergency department's physicians and leaders of the Opioid treatment network. Several ED case management challenges were identified and some eliminated. The physician's consulting program has had very few referrals since its conception; the group will work on raising awareness/improving the program. There is still too long a wait time for MAT treatment due to the centers not having the staffing necessary on weekends, which is still a significant barrier. The ED Doctor's suggested it would be helpful to have a liaison to call to help get patients directly into treatment. The OTP Health Home liaisons could meet that need as well as the peers in the ED. There are also gaps to transitional services, Bus passes and phone cards would be helpful. More funding is needed, especially a sustainable way to continue naloxone distribution from the EDs (currently, only RI hospital leadership are donating money for the cost of the Narcan). They are also looking into increasing access to buprenorphine providers. The BHDDH funding for recovery coaches needs to be expanded to a 24/7 service.

Holly Fitting of the Providence Center discussed the Anchor ED program which provides on call recovery coaches to patients who have experienced a drug overdose and are still in the emergency department. The program is thriving at Rhode Island Hospital because it is an automated part of their EMR. Other hospitals need to get on board and more sustainable funding is needed. Data were presented showing that most patients have been serviced at RIH (a total of 135) and a much smaller number at Newport Hospital and The Miriam Hospital. A discussion followed about why the recovery coaches are not in hospitals statewide. Director Montanaro suggested that insurance agencies should fund this service, rather than grant money. Director Montanaro asked for a meeting to be arranged with various insurers on this issue. She requested data on the "payer mix". A discussion followed regarding the need for insurance participation. David Spencer volunteered to work on this and will get back to the group. Director Montanaro also suggested that other organizations throughout the state could create their own recovery coach program based on the Anchor model and service neighboring hospitals so there is more buy-in from the community. Who else is willing to put a recovery coach program into place? It was suggested that 'hot spot' data analysis would be helpful in guiding these decisions.

A discussion was had around the lack of primary prevention of drug overdose work done in RI. The possibility of a media campaign targeted at the general population was discussed. Linda Mahoney will convene a workgroup to discuss this further and to identify the target groups.

Dr. Fine was acknowledged for starting this group last year and he will be missed.

Director Montanaro asked for time frames and action steps before the next meeting. The naloxone distribution issue and data sharing issue should be resolved by the next meeting. Ongoing issues that will be reported on are increasing number/sustainability of recovery coach model, primary prevention media campaign, the potential for a naloxone rebate, the law enforcement taskforce, and 340B pharmacy access.

The next meeting is scheduled for April 20, 2015, 10:00-11:00 AM at BHDDH, Room 126.

The meeting adjourned at 11:10 a.m.