Working Group to Address the Opioid Crisis in the Commonwealth
March 16, 2015
Location: 21th Floor, 1 Ashburton Place, Boston MA
Time: 4 p.m. to 6 p.m.

Minutes

Members present: Marylou Sudders, Secretary of the Executive Office of Health and Human Services; Chris Barry-Smith, Attorney General's Office; Monica Bharel, MD, MPH, Commissioner of the Department of Public Health; Mayor Bill Carpenter, Mayor of Brockton; Colleen Labelle BSN, RN-BC, CARN, Program Director of the State Technical Assistance Treatment Expansion Office Based Opioid Treatment with Buprenorphine (STATE OBOT B) program at Boston Medical Center; Alan Ingram, Ed.D., Deputy Commissioner, Massachusetts Department of Elementary and Secondary Education; Judy Lawler, Probation Officer, Chelsea District Drug Court; Joseph D. McDonald, Sheriff, Plymouth County; John McGahan, The Gavin Foundation; Fred Newton, President & CEO of Hope House, Inc.; Robert Roose, MD, MPH, Chief Medical Officer of Addiction Services at the Sisters of Providence Health System; Ann Marie Harootunian, U.S. Pain Foundation, attending in place of Cindy Steinberg; Steve Tolman, President, Massachusetts AFL-CIO; and Sarah Wakeman, MD, Medical Director, Substance Use Disorders, Center for Community Health Improvement, Division of General Medicine, Department of Medicine, Massachusetts General Hospital; Honorable Paula M. Carey, Chief Justice, Trial Court , Commonwealth of Massachusetts; Honorable Rosemary Minehan, First Justice, Plymouth District Court; Ray Tamasi, President and Chief Executive Officer, Gosnold on Cape Cod.

Members Absent: George Bell, General Catalyst Partners

The following staff were present at the meeting to answer the questions of the working group: Lewis G. Evangelidis, Sheriff, Worcester County; Kim Roy, Worcester County Sheriff's Office; Mary Wheeler, Healthy Streets Outreach Program; Wendy P. Kent, M.A., LADC1, CPS – Project COPE; Sander Schultz, EMS Coordinator, Gloucester Fire Department; Tracy Desovich, MPH, CPS – MassTAPP; Lauren Gilman, MassTAPP; Jack Vondras, MassTAPP.

Working group chair Marylou Sudders called the meeting to order at 4:00 p.m.

The Secretary began with a list of announcements:
1) Middlesex District Attorney Marian Ryan has invited the members of the working group to attend a meeting of the Lowell Opiate Task Force on March 30, 2015 from 9:30 am to 11 am.
2) We have our second listening session on Thursday in Greenfield, at the Greenfield Community College. The executive committee of the Franklin County Task force would like to give us a brief presentation before the listening session – the presentation will start at 3:00 p.m.

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3) The Governor's Opioid Work Group has announced their fourth listening session, which will take place on Thursday April 2nd from 3 p.m. to 5 p.m. in Boston at the State House in the Gardner Auditorium

Discussion: Secretary Sudders began the discussion by asking members if they heard any themes develop during the previous listening session. ***Colleen Labelle*** highlighted that there were emerging themes of 1) a need for more programs, especially oriented towards women and children and 2) concerns of individuals who live with chronic pain around access to necessary medication. ***Dr. Robert Roose*** highlighted themes related to 1) access to treatment; 2) chronic pain patients who are unable to receive needed treatment; and 3) access to care after receiving Narcan. ***Colleen Labelle*** added she was glad to see a Recovery Coach from Rhode Island who documented their intervention program which placed recovery coaches in emergency rooms to discuss treatment and care with patients who have overdosed. ***Dr. Monica Bharel*** highlighted the themes of: 1) lack of access to treatment along different spectrums, including, inpatient, outpatient, early intervention, and recovery 2) lack of information related to where to obtain care, there is a need for information about how to access care 3) lack of education for parents – many parents indicated they did not recognize early symptoms or signs of their child's addiction. ***Secretary Sudders*** highlighted the theme of prevention/education - targeted towards the youth.

Dr. Alan Ingram led a discussion about prevention education efforts carried out by the Massachusetts Department of Elementary and Secondary Education (DESE).
Documents submitted to the group by Dr. Ingram and DESE include:
Massachusetts Department of Elementary and Secondary Education Summary of Substance Use Prevention Initiatives and Efforts [posted on the working group's website]
Dr. Alan Ingram began by explaining DESE offers technical assistance and support to 400 school districts across the state about 1800 schools. DESE has limited staff and limited resources most of DESE's impact is provided in the form of Technical Assistance and support. Districts choose who to partner with in regards to drug abuse prevention education programs. The state provides aid to schools but there is no earmark directed towards drug abuse prevention education – though some districts opt to use part of the state aid allocation for that purpose. Dr. Ingram reviewed past funding that was available, including the Health Protection Fund (HPF) and Safe and Drug-Free Schools and Communities Act (SDFSCA). The HPF was created by a 1992 state legislative referendum that directed tax revenue on tobacco products to DESE, but the program ended in 2003. The SDFSCA provided federal grants to school districts to support programs that prevent violence and illegal use of drugs through school-based initiatives from 1990-2012. Dr. Ingram also noted the Youth Risk Behavior Survey (YRBS), which is conducted by DESE in collaboration with the Centers for Disease Control and Prevention (CDC) and the Massachusetts Department of Public Health (DPH), is currently underway in Massachusetts and finishing up its 2013-2015 YRBS survey soon, so we will have updates on youth drug use in the upcoming months. He said there was significant progress with recovery high schools, including the opening of a Central Massachusetts location in September. Dr. Ingram concluded by saying, when making recommendations, he does not think there is a one size fits all approach for youth prevention programs. He posed the

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following questions: How do we look for ways to leverage our prevention efforts? How do we reach out to middle and high school students? How do we arm parents with the information they need? There are limited programs available, and context really matters with the different communities across Massachusetts.

Worcester County **Sheriff Lewis Evangelidis** and **Kim Roy** led a presentation on his Face2Face education program, which is a "school program that prevents teen drug use by showing how drugs can alter appearance."
Documents submitted to the group by Sheriff Evangelidis include:
Worcester County Sheriff's Office Presentation of the Face2Face Program
http://worcestercountysheriff.com/about/sheriff-lewis-g-evangelidis/
http://worcestercountysheriff.com/services/community-outreach/face2face/
Sheriff Lewis Evangelidis began his presentation by stating we need an educational approach to preventing opioid and drug abuse. He wants his Face2Face Program to serve as a statewide model, and noted that he has given the presentation to more than 80,000 students throughout communities in the commonwealth. Face2Face is a computerized program that simulates the effects of drug use on a person over time, where middle and high school students are able to see the potential impacts of drug abuse on their very own classmates. It is an innovative drug prevention program designed to make students think twice before making the choice to begin drug and alcohol use. He begins the program by showing students what life is like as an inmate in the Worcester House of Corrections. Then he shows well known celebrities who are drug addicts, and what they look like before and after. The Sheriff asks students why do people do drugs in the first place, then lists numerous myths and facts behind drug use. According to the Drug Enforcement Agency (DEA), nearly as many people tried prescription pain killers for the first time in 2010 as tried marijuana nationally – Sheriff dubs this generation of students, "Generation Rx". Sheriff Evangelidis remarked we need to bring the message of drug prevention to young people in a way that is entertaining and creative – we don't need 351 models – this can be used everywhere. ***Dr. Alan Ingram*** asked how can we sustain the momentum of the program after it is presented at school – the other 364 days? ***Sheriff Lewis Evangelidis*** answered the Face2Face Program presentation typically is meshed into the health and wellness curriculum at different schools, whatever that may be. The ***Honorable Paula Carey*** asked if the Sheriff's office was collecting data on the program's effectiveness. ***Sheriff Lewis Evangelidis*** answered no, because they lack the funding to do so. ***Dr. Sarah Wakeman*** asked about the stigma this program creates towards students already struggling with addiction. ***Sheriff Lewis Evangelidis*** answered the program tries not to stigmatize addiction, and what is more interesting is that 50% of students who meet with him after his presentations talk to him about addiction problems in their families or respective circles. ***Fred Newton*** asked what grades the program is intended for. ***Sheriff Lewis Evangelidis*** answered grades 6-12, optimally grades 7-10. ***Steve Tolman*** remarked the younger prevention education begins the more impactful it is. ***Ann Marie Harootunian*** asked is the program only taught in schools or is it elsewhere too? ***Sheriff Lewis Evangelidis*** answered they do try to reach parents as well. ***Dr. Robert Roose*** noted we need to think about how to sustain resistance to drugs and peer pressure for the other 364 days of the year. ***Secretary***

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Sudders thanked the Sheriff for his commitment to the issue and noted that she has heard from individuals who suffer from addiction that they wish they had received education about drugs early - as early as middle school.

The Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) presentation

Tracy Desovich, **Lauren Gilman**, and **Jack Vondras** all spoke

Documents submitted to the group by MassTAPP include:

- *MassTAPP's Presentation to the Opioid Working Group [posted on the working group's website]*

http://www.cdc.gov/nchs/data/databriefs/db190.pdf
http://www.ena.org/practice-research/Practice/Safety/Injury%20Prevention/SBIRT/Documents/Supplement/Benefits.pdf
http://healthyamericans.org/assets/files/TFAH2013RxDrugAbuseRpt16.pdf

Lauren Gilman described MassTAPP's role in drug abuse prevention, which is to guide communities in combating drug abuse. MassTAPP provides consistent information to all communities in Massachusetts and facilitates collaboration among communities. SAMHSA's Center for the Application of Prevention Technologies (CAPT) is MassTAPP's federal counterpart and serves as a resource. Lauren Gilman provided a map of communities served by the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) Program (included in presentation). All these communities use the Strategic Prevention Framework (SPF) as designed by SAMHSA, and all the programs use evidence-based programs in their prevention efforts. She also noted that the MOAPC programs across the Commonwealth are our boots on the ground in terms of finding what is effective and ineffective in combating drug abuse, and anyone can always go to any MOAPC Program with questions regarding the programs implemented. ***Tracy Desovich*** submitted four recommendations to the working group: 1) Universal prevention, including expanding prescriber education to address overprescribing of opioid pain medications as well as parent education to raise awareness of risk for addiction when children begin taking prescription pain medications. 2) Increase access to Narcan and expand overdose education, including supplying all police and fire departments in Massachusetts with Narcan and providing training in administering the drug; expanding access to Narcan and providing overdose prevention training to active users, their family members and friends; raising awareness of the Good Samaritan Law; and educating public safety officials about the barriers still experienced by drug users who are reluctant to call 911. 3) Intervene with inmates prior to release & provide Narcan to anyone who might be returning to an environment with peers at risk of overdose. 4) Hospital interventions to reduce overdose by expanding SBIRT (Screening Brief Intervention and Referral to Treatment) into all hospital emergency room across the Commonwealth, hiring and training community health workers to reach out to young adults ages 18-24 at high risk for overdose who may not be using other health services or currently seeking addiction treatment. ***Tracy Desovich*** discussed how to get parents to notice early symptoms and get parents to intervene early – suggesting the implementation of mandatory school meetings for parents to get them up to date with prevention. ***Jack Vondras*** remarked that provider education was essential especially: 1) proper practices in prescribing opioid pain medications, 2) dental prescription education, and 3) increased SBIRT training. He noted that the 18-24 age group isn't going for treatment, and we need to

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figure out how to effectively reach that age group. ***Ray Tamasi*** asked if the signing of declarations to not go to the ER have been increasing in people who have overdosed and treated by first responders. ***Sander Schultz*** answered yes, but there is nothing that can be done about it because people are legally, medically allowed to reject treatment even if they are high.

Healthy Gloucester Collaborative – **Sander Schultz** of the Gloucester Fire Department reported to the work group on their effects as first responders.
Documents submitted to the group by Sander Schultz are posted on the working group's website

Sander Schultz reported on the Healthy Gloucester Collaborative, which received an Opiate Overdose Fatality Prevention Grant. The collaborative' s efforts have led to a decrease in opioid overdose deaths. The Healthy Gloucester Collaborative found that there were two primary barriers to care for addiction: 1) there was a resistance in the community to calling 911 – too few know of Good Samaritan Law; and 2) there was a bottleneck at the emergency department, individuals would receive treatment for an overdose, but would not enter treatment – public health professionals were missing the opportunity to get individuals in need into treatment. Gloucester implemented several strategies to address these barriers to care, which include the use of Nasal Narcan and SBIRT. ***Sander Shultz*** highlighted that Gloucester utilizes EMS overdose data to make informed decisions and indicated that the state should utilize EMS data to obtain close to real-time information about opioid overdoses in the commonwealth – this will allow local, county, and state offices to engage in data-driven decision-making. The ***Honorable Paula Carey*** asked what data is Gloucester collecting currently? ***Sander Schultz*** answered all the details about the overdose, such as is this suspected overdose intentional / suicidal or accidental. ***Steve Tolman*** remarked the cost of Narcan has increased. ***Sander Schultz*** agreed, due to demand. The ***Honorable Rosemary Minehan*** noted: 1) the local ER in Plymouth is filing numerous Section 35's; 2) she has 37 pages of overdoses in three weeks in Plymouth - she wants to know who is showing up in the ER and how to enter them into long-term treatment to get them away from drugs – for the full 90 days. ***Sander Schultz*** noted the problem is they are released on average after 22 days. The ***Honorable Rosemary Minehan*** stated it would be better to have them stay the full 90 days. ***Mayor Bill Carpenter*** asked if Gloucester records data for overdose victims who walk away. ***Sander Schultz*** answered we try. ***Mayor Bill Carpenter*** asked does Gloucester record deaths of overdose victims. ***Sander Schultz*** answered they do not if the individual is dead on arrival. ***Mayor Bill Carpenter*** remarked families have convinced doctors to not put actual cause of death on records. ***Tracy Desovich*** commented that this is a big issue because it creates disparities within the accurate data, this needs to be addressed. ***Dr. Robert Roose*** remarked we need to figure out how to protect families and children when an overdose happens and the victim refuses treatment. ***John McGahon*** highlighted that many individuals refuse to call 911 or seek treatment for fear of losing public housing.

Wendy Kent of Project COPE presented on their education and awareness efforts in Lynn.
Documents submitted to the group by Wendy Kent are posted on the working group's website

Wendy Kent remarked that opioids/heroin is the drug of choice for the majority of people in treatment that Project COPE works with. Project COPE receives every police report of an overdose across the Commonwealth and the organization helps with trying to intervene and engage addicts into treatment. She noted not a huge number of providers want to learn about prescribing pain medications properly – when doctors learn of a patient doctor shopping, they will drop the patient, rather than refer them to treatment. Now more prescribers aren't prescribing opioid pain medications, whereas before providers were prescribing too much. With less prescribing, addicts turn to heroin instead. She also noted there is a need for more suboxone providers and that the majority of providers don't want to be a suboxone provider. Ms. Kent noted there needs to be treatment on demand. She also remarked that physicians and dentists need to learn more about prescribing and ongoing education should be a part of that. She noted that families should be trained on family histories and addiction – should be incorporated just like any other disease such as diabetes or cancer.

Mary Wheeler of Healthy Streets Outreach Program in Lynn, submitted her recommendations in writing as well as testimony of those battling addiction.
Documents submitted to the group by Mary Wheeler are posted on the working group's website

Dr. Sarah Wakeman *submitted an article to the work group:*
http://lac.org/wp-content/uploads/2014/07/LAC-The-Case-for-Eliminating-Barriers-to-Medication-Assisted-Treatment.pdf