

Vermont Governor’s Opioid Coordination Council

Meeting Minutes 09/10/2018 APPROVED

Location and Time: 2:00 – 4:00 p.m. Waterbury State Office Complex, Sally Fox Conference Center, Cherry (2nd Floor)

Present: Chairs: A. Gobeille, T. Anderson, J. Leddy. Members: D. Allaire, B. Bick, K. Black (for J. DeLena), M. Bucossi, S. Byers, G. Cowles (for C. Nolan), C. Davis (for A. Gobeille), S. DiSanto, L. Genge, B. Grearson, M. Levine, P. Mallary, K. Sigsbury, S. Thompson. Staff: J. LaClair, R. Gowdey

Guest: J. Searles

Visitors: Chris Bell (VDH/EMS), Jason Broughton (Libraries), Diane Derby (Sen. Leahy), Kayla Donohue (CCOA/BPD), Tony Folland (ADAP), Devon Green (VAHHS), Jane Helmstetter (AHS), Julie Larsen (Bennington TPC), Aimee Marti (Aspentti), Chris Powell (Aspentti), Kristin Prior (AHS), Judy Rex (DCF), Jill Sudhoff-Guerin (VT Med. Soc.), Kathryn Van Haste (Sen. Sanders), Kevin Veller (Congr. Welch)

Agenda Item	Discussion	Action/ Next Steps
Director’s report (J. LaClair)	<ul style="list-style-type: none"> • Announcement from Aimee Marti/Aspentti Health: Conference: Innovations for Outcomes. Oct. 16, 11:30 – 4:30 • Director’s report: <ul style="list-style-type: none"> ○ OCC/MAC alignment on strategies ○ Deep dive into SIFs report (on this agenda) ○ Joint Committee meeting on Sept. 20. Thanks to our committee chairs Sara Byers and Stephanie Thompson (this year), and to Peter Mallary, Bob Bick, Roger Marcoux and Stephanie (last year) ○ Transportation process improvement initiative in AHS ○ This month’s site visits: Lund (residential treatment for women, other services); Marijuana dispensary center. Both powerful experiences. ○ Attorney General Donovan: Lawsuit against Purdue Pharma; just opened opioid website with resources ○ The big grants: USDA Rural Development, SAMHSA SOR (State Opioid Response): to be announced soon ○ Data interoperability – waiting to hear on grant • Upcoming: <ul style="list-style-type: none"> ○ Sept 20 Joint Prevention and Recovery Committee: Intersections ○ Oct 1 OCC meeting: Criminal Records and Expungement: Office of State’s Attorneys and Sheriffs <ul style="list-style-type: none"> ▪ OCC named in Act 178 to review report being prepared ○ OCC Report to Governor by Dec 1 	
Introductions		
Approval of Minutes		Tabled for next meeting

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TOPIC: Health and Public Safety Updates: Fentanyl, neo-natal abstinence syndrome, prescription drugs		
<p>Mark Levine, MD, Commissioner, VT Dept. of Health;</p> <p>Tom Anderson, Commissioner, VT Dept. of Public Safety</p>	<p>Slides: 28% decrease in the MMEs (amount prescribed per person) between Q1 2016 and Q1 2018; strategies for limiting supply of opioids at prescriber level</p> <ul style="list-style-type: none"> • Fentanyl – undeniably prevalent: before 2017, less than 50% of overdose deaths showed fentanyl on autopsy. 2017 – 67% with fentanyl. 1st five months of 2018 – 76% with fentanyl <ul style="list-style-type: none"> ○ There will be a summit in the next month/planning ○ Pilot initiative: Equip those with OUD with test strips. Bad press about these is not true (that people will use strips to identify the most potent opioid – with fentanyl). Outcome shows a positive change in behaviors: 80% of those who found fentanyl in their drug said it precipitated a behavior change – to not use it alone, to have naloxone on hand, to use less than usual, etc. Some indicated, “I didn’t use it.” ○ Law enforcement view: people use strips to get more/stronger ○ Selection bias has some impact on outcomes – possibility that those in study are more inclined toward safety ○ Funding for strips is a challenge ○ 50 – 60% of street drugs have fentanyl • Increased seizures/arrests <ul style="list-style-type: none"> ○ Predict that in a year, everything will have fentanyl in it. Also, increase in cocaine • Neonatal abstinence syndrome: 2014 – 48.6/1,000 delivery hospitalizations – among highest in US <ul style="list-style-type: none"> ○ We’re actually doing well – providing data, OB/GYN screens are identifying women in need of treatment. 4 out of 5 VT babies born exposed to opioids were exposed to buprenorphine – because the mom was in treatment – this is good. Most had minimal/mild NAS ○ CHARMS program – neonate, Hub 	
BUSINESS: Safe Injection Facilities: Review of report for Senate Judiciary Committee		
<p>Jolinda LaClair, Dir. Drug Prevention Policy</p>	<ul style="list-style-type: none"> • Process: report to Governor’s office in approx. 10 days • Thanks to the team 	
<p><u>Overview:</u> Tom Anderson, Mark Levine</p>	<ul style="list-style-type: none"> • Slides: S107 – what it did; request from SJC to OCC; draft report conclusions; summary of legal issues; review of efficacy data and interpretation; public safety issues; costs; public health and safety measures; local governments; role of syringe services programs. 	
<p>Discussion</p>	<ul style="list-style-type: none"> • Thank you for the work • Expressions of agreement with conclusions <ul style="list-style-type: none"> ○ More issues than benefits ○ SIF would be a good place to go for drugs 	

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	<ul style="list-style-type: none"> • Expressions of agreement with conclusions in principle, but note that: <ul style="list-style-type: none"> ○ SIF federal and state implications were also in play for introduction of methadone as MAT, and for medical marijuana, and VT took it on ○ Tone of report communicates dismissiveness to the InSite (Vancouver) data without consideration ○ Tone cuts off the conversation/continued consideration ○ Conclusion should also state that SJC and VT overall should continue to monitor new data and information on SIFs as it becomes available, and respond as circumstances change ○ Step back on tone without changing conclusions ○ Report notes no accurate overdose data for Vancouver. <u>Can</u> calculate overdose rate, and overdoses saved, by using the # of injections (175,000) ○ Tone is important from Public Health perspective – can’t rule out anything that would save one life. A lot of the community wants SIFs to be operative. Can keep conclusions without combatting the passion. (ML) ○ In everything we do in VT, we’re pushing the edge. At those points, tone is important. (AG) • Clear economics are not presented – should show costs were the State to fund (vs. non-state entity) • Outcomes – the health outcomes are programmatic outcomes. The public safety list is hypothetical impacts. • Right to question data – InSite should have had hard data points but used modeling instead • Hard to apply SIF data to VT – most SIFs in urban areas – even Vermont’s larger towns are likely to present different conditions/challenges. 	
Sense of the Council	Do Council members support the report and its conclusions (knowing it will be edited with today’s feedback in mind)	Voice poll indicates favorable. No Nays
Public Comment		No remarks
Announcement	<p>Mayor Allaire – In Rutland, we received USDA funding for Recovery/Serenity House!</p> <p>Ken Sigsbury: In Bennington – working on an educational acknowledgement flyer – agreement that athletes will sign (drafting/working with Stephanie Thompson)</p>	
Closing remarks. Adjourn.	<p>Motion to Adjourn: D. Allaire</p> <p>Next meeting: October 1, 2018: Criminal Records & Expungement</p>	Adjourned: 3:55