

MONTGOMERY COUNTY OPIATE TASK FORCE MEETING

February 28, 2012

2:00 PM – 4:00 PM

Present: Robert Carlson, WSU/CITAR
Jim Gross, Public Health-Dayton & Mont. Co.
Chief Deputy Scott Landis, Sheriff's Office
Gary LeRoy, WSU
Dwight Richard, Project CURE
Heather Stevens, WSU/CITAR
Monica Sutter, Good Samaritan Hospital
Amy Wendell, CareSource
Helen Jones-Kelley, ADAMHS
Andrea Hoff, ADAMHS
Lynn Voisard, Staff

WELCOME

Helen Jones-Kelley thanked everyone for joining us. We hope this group will continue the good work that was done by the Montgomery County Unintentional Prescription Drug Poisonings Coalition which ended December 2011. The issues are still the same: how do we stop the tragedies and other health consequences due to the consumption of prescription opioid drugs? Thank you to the Health Department for partnering with us on this initiative. Our State Association (the Ohio Association of County Behavioral Health Authorities) and the Ohio Department for Alcohol Drug Addiction Services is also focusing on these areas. Andrea Hoff represents ADAMHS at the state level Opiate Task Force and Fahlgren-Mortine, a marketing firm out of Columbus, is providing materials for community outreach for the state initiative.

Self introductions were made. This group is not limited to those at the table today; we will invite others to join us in this process. We will meet quarterly face-to-face and, when necessary, will convene small work groups or we will call special meetings in between the quarterly meetings.

Many of the individuals who served on the Unintentional Prescription Drug Poisonings Coalition are now on the new Task Force. Andrea Hoff is the point person at ADAMHS for this Task Force. We have been given the opportunity to continue this work by combining forces from money received by Public Health – Dayton & Montgomery County from the Ohio Department of Health and money received by ADAMHS from ODADAS.

TASK FORCE GOALS

Andrea Hoff shared that there are deliverables in the contract that WSU and Public Health need to accomplish and those items will be a standing item for updates at our meetings.

There are not a lot of strings attached to the funding received by ADAMHS other than the fact that they are intended to be used for action and not planning or research.

Our goal for today's meeting is to develop actions and compliment the work that WSU has been doing. What story is the data telling us? And how can the data be used to develop strategies and actions to combat the opiate fatalities in Montgomery County?

ODH REQUIREMENTS

Robert Carlson provided a handout showing the Poisoning Death Review summary report for 2011, which encompasses data from January 2011 to October 2011. Information for November and December will be available for our next meeting.

A handout was provided on the Methodology Work Plan which was reviewed and will serve as the template for our work:

Objective 1- Coalition Building

1A: Ensure the Montgomery County Drug Poisoning Coalition membership is maintained in year three (3). Ensure the coalition consists of the following representatives: local health department, coroner's office, sheriff's office or police department, prosecutor's office, substance abuse/mental health provider, pain/palliative care provider (if available), local private practice provider, local hospital ED provider, local pharmacist, toxicologist (if available) and a survivor of prescription drug abuse who is in recovery. Ensure the coalition maintains a level of participants needed to address the problem of unintentional drug overdose. The coalition will meet a minimum of four times, one per quarter by December 31, 2012

Is this data similar to other counties in Ohio? Do we know why the numbers are so high in Montgomery County? It could be our toxicology lab does more sensitive testing compared to other labs. The opioid epidemic is a national problem. We are 2 ½ years into the study and we're beginning to see that prescription opioid use seems to lead to heroin use, particularly as pill mills are being shut down.

Objective #2: Surveillance and Needs Assessment.

2A: By December 31, 2012, the Montgomery County Drug Poisoning Coalition will maintain a "county or multi-county" PDR process to identify the circumstances surrounding all new drug poisoning/overdose deaths, and will conduct reviews on at least 8 decedents from 2008-2012, to inform prevention initiatives. The reviews will be conducted by representatives from the drug poison coalition according to guidelines provided by ODH. The coroner's office will assist in identification of cases.

2B: By December 31, 2012, the Montgomery County Drug Poisoning Coalition will enter all decedent data based on the PDR results into the ODH-provided data base. The database will contain the drugs involved in the death, circumstances of the death

and may other available and informative details of the decedent's history (e.g., history of substance abuse). Database and all data will be shared with ODH>

2C: by December 31, 2012, the Montgomery County Drug Poisoning Coalition will provide a written summary of de-identified review data to ODH and to coalition/taskforce members.

Objective #3: Policy Enactment (Adoption) and Enforcement

3A: By December 31, 2012, Public Health-Dayton & Montgomery County will take action to implement the prioritized list of policy recommendations approved by the Montgomery County Drug Poisoning Coalition.

Objective #4: Environmental, Engineering and System Change

4A: By December 31, 2012, the Montgomery County Drug Poisoning Coalition will contact at least 8 prescribers to obtain their written commitment to register for OARRS and use it when prescribing controlled substances. This process will include providing education to the physicians about the epidemic of prescription drug overdoses and resource material.

Objective #5: Training and Education

5A: By December 31, 2012, the Montgomery County Drug Poisoning Coalition will conduct a minimum of four training/education opportunities to health care providers focused on the target population, adults ages 34-55. The training/education topics are from the approved strategies listed in the 2012 RFP.

Objective #6: Media Advocacy, Campaigns, Information, and Support

6A: by December 31, 2013, Public Health—Dayton & Montgomery County will implement a media/social marketing campaign directed at middle-age adults and other demographic groups identified by the Montgomery County Opiate Task Force, addressing the dangers of prescription pain medication. Related activities will include:

- Development of materials or alteration of existing materials addressing:
 - Importance of taking medication as prescribed
 - Dangers of sharing medication
 - Dangers of taking multiple medications, especially CNS depressants
 - Local resources for substance abuse treatment
- Use of multiple local media outlets to disseminate written, verbal, and multiple-media campaign materials (such as newspaper articles, radio PSAs, on-line videos).
- Identification of credible spokespeople (for example, addiction medicine physician, pharmacist, pain medicine physician, emergency department staff) to respond to media inquiries.

- Development of a media toolkit containing state and local data, sample article template, policy recommendation information, prevention information, sample campaign materials, contact information and resource list.

Robert Carlson distributed a handout from the Centers of Disease Control and Prevention MMWR (Morbidity and Mortality Weekly Report) regarding community-based Opioid Overdose Prevention Programs Providing Naloxone – United States, 2010.

To conduct naloxone distribution, resources need to be committed. Robert announced that other Ohio counties have received \$40,000 to conduct this program. He's unsure what the cost would be to do it here in Montgomery County, but could pull those figures together for a future meeting.

STRATEGIES/NEXT STEPS

Andrea Hoff shared samples of media posters on the Don't Get Me Started Campaign prepared by Fahlgren-Mortine. All of the individuals represented in the campaign have been touched by loss from opiates. They were created with space at the bottom so local communities can include information for their communities. If anyone has space where they would like to exhibit the posters, please let ADAMHS staff know. The Don't Get Me Started media materials also include refrigerator magnets with the website where individuals can go to receive additional information. ADAMHS had a campaign during Red Ribbon Week called Lock Your Meds. We originally wanted to provide lock boxes for local realtors, but the cost was prohibitive. Refrigerator magnets were created and distributed at several locations in the county.

Does Montgomery County have a 24-hour drop box location? Andrea mentioned a recent article that supported the 24-hour drop box is more successful than the typical Take Back Programs. Has this been considered in Montgomery County? Scott Landis shared that law enforcement must be involved and there is the worry regarding theft if it's not located inside a law enforcement facility. At a previous Take Back Program, over 750 pounds of pills were collected in one community. We could consider doing a partnership with CVS, United Health Care, and other interested parties to work on this. Amy Wendell will provide information on a website on how to work with the state and law enforcement to develop drop boxes in the community and at law enforcement facilities.

Amy Wendell shared that CareSource has initiated a statewide program which began January 2012 called Coordinated Services Program (CSP). It is a program for Medicaid and fee-for-service members, where members will be identified as doctor shopping, get prescriptions from multiple providers, etc and are put in a program where they will be case managed for 18 months. Other states have implemented similar programs and they are seeing results. In addition, the Care For You Program has been initiated and is similar to CSP and locks a member into only one pharmacy. It also looks at members quarterly who receive 12 or more controlled substances at four (4) or more pharmacies. They take the top 100 and staff review their records. When a member is identified, they are placed with a controlled substance abuse case manager. Case management is a

voluntary service at CareSource and if a member does not participate, staff will work through the provider and educate the provider on issues related to that particular member. Again the member is locked in for 18 months and it is a rolling 18 months.

Helen recommended using the work plan developed by WSU and adding other identified strategies to it. Events/activities/marketing/community awareness needs to be added to the current plan so progress can be tracked. The plan will be updated and provided to all members.

Dr. LeRoy suggested creating a template on policies and procedures that doctor offices can use on prescribing controlled substances because many offices do not have a policy.

The group discussed the OARRS program indicating that it is a voluntary program. Dwight Richard shared that Project CURE uses this program and agrees that doctors and dentists need to be encourage to check with OARRS before they prescribe controlled substances. Local legislators are currently looking at legislation that would require individuals to show identification when controlled substances are picked at a pharmacy; North Carolina has instituted this policy. There has been some resistance from the pharmacies about this.

It would also be very beneficial if physicians check OARRS for every new patient they see. It takes approximately two minutes to check. Regulations have changed and a doctor can assign a surrogate to run the report (nurse or medical assistant) and then the information would be available when the physician is ready to meet with the patient.

The OARRS report would not be part of an electronic health record. However, Monica Sutter shared that she references the OARRS report in her documentation of clients. OARRS is only for Ohio; however, there are efforts to produce a system that takes a regional approach and includes surrounding states. It also shows whether the patient paid with insurance or cash.

VISITING SCHOLAR

Andrea Hoff shared information on Ohio's 2012 Opiate Summit: *Miles Traveled – Miles Ahead* which will be held May 7-8, 2012 at the Hyatt Regency Columbus.

In addition, Montgomery County has been offered the services of Christy Porucznik, an Assistant Professor in the Public Health Program at the University of Utah. She has worked on projects on drug overdose deaths. She will be doing Grand Rounds at WSU and she was offered to use to do an additional training. Andrea asked if there was a particular population we need to target with this educational opportunity. The group decided that everyone needs to be educated. We should look at the demographics in the mortality data and target those areas by advertising in non-traditional places (i.e. barber shops, beauty shops, etc.). However, this information would be more data focused and a professional symposium would be better. The group agreed that it would

be better to target the general professional community to include physicians, law enforcement, social workers, chemical dependency councilors, educators, etc.

SET FUTURE MEETING DATES

Since there is no requirement to meet monthly, we will keep in touch through e-mails. If necessary work groups need be formed, we will do so and they will meet more frequently.

Next meeting: Tuesday, May 22, 2012 @ 2:00 at ADAMHS Board. Reminders will be sent to all committee members.

ADJOURN

With nothing further the meeting was adjourned.