

Gaston Community Healthcare Commission
Gaston Controlled Substances Coalition
Minutes
Gaston County Police Department, February 16, 2018

Attending

- Kathy Allen, Carolina Services
- Costa Andreou, MD, CaroMont
- Rev. Joe Bell, Eastside Church of the Nazarene
- Yvonne Boafo, Gaston DHHS-PH
- Jim Burke, Gaston Cooperative Extension
- Dick Forde, Community
- Patty Brooks, Gaston Together
- Charles Chapman, GEMS
- Nazrul Chowdhury, Community
- Tammy Chowdhury, Community
- William Donigan, DDS, GFHS
- Tiffany Donnelly, DHHS-Social Services
- Kayla Earley, Gaston DHHS-PH
- Jeffrey Ellison, PhD, GFHS
- Richard Forde, Community
- April Fulbright, CMG CaroMont
- Shaaron Funderburk, Off the Streets
- Patricia Goble, Junior League of Gaston County
- William Gross, Healthcare Commission
- Barbara Hallisey, Partners Behavioral
- Thomas Henry, CaroMont
- Capt. Steven Jentsch, Gaston Co Police Dept.
- Michele Mathis, Olive Branch Ministries
- Misty McIntosh, Community Health Partners
- Karen Melendez, MD, Community Health Partners
- Charles Moore, Gaston County Government
- Laurel Morris, Gaston County Public Library
- Charles Moore, Gaston County Government
- Rev. Patricia Moore, God's Way Ministry Non-Denominational Church
- Danielle Moore, McLeod Addiction Center
- Laurel Morris, Gaston County Public Library
- Ruth Anne Murphy, DHHS-Social Services
- Wil Neumann, Community
- Shirley Ocloo, MD, GFHS
- Ami Parker, PhD, Gaston County Schools
- Joseph Ramey, Gaston Co. Police Dept.
- Debra Safrit, Gaston Medical Associates
- Joe Shepherd, DHHS-Social Services
- Cheri Singleton, DHHS-Public Health
- Elizabeth Smith, Junior League of Gaston County
- Ernest Sumner, Gaston Community Foundation
- Velma Taormina, MD, DHHS-Public Health
- Celeste Thompson, Junior League of Gaston County
- Darcel Walker, Junior League of Gaston County
- Anne Wheeler, Community Health Partners
- Heather Zampogna, Piedmont Charter School

Welcome and Introductions. Dr. Taormina opened the meeting at 7:33 AM and welcomed the attendees who introduced themselves. Guests were: Ms. Allen, Rev. Bell, Mr. Burke, Mr. Forde, Ms. Fulbright, Ms. Funderburk, Ms. Goble, Mr. Moore, Ms. Moore, Rev. Moore, Ms. Morris, Ms. Smith, Mr. Sumner, Ms. Thompson, Ms. Walker, and Ms. Zampogna.

Minutes of October 20, 2017. Dr. Donigan moved to accept the minutes, Mr. Neumann seconded, and the minutes were unanimously approved.

Presentation: Gaston County Opioid Lawsuit. Mr. Moore, attorney for Gaston County Government described the county's lawsuit against opioid manufacturers:

- Opioids are a large epidemic that must be addressed with great urgency.
- A recent segment on *60 Minutes*, on the reluctance of the Drug Enforcement Agency (DEA) to pursue opioid manufacturers, illustrates the complexity of this issue.
- He received an invitation from the NC Association of Counties to attend a conference with plaintiff's attorneys who are suing drug manufacturers. They described the history of opioid issues and related suits and settlements.
- The county's suit focuses on false marketing which claimed opioids are not addictive. The attorneys stated these companies rigged the system, so DEA couldn't enforce restrictions on opioid manufacturing and distribution.
- In pursuing legal action, local governments are seeking to gain control over the problem in their jurisdictions.

- These suits are being consolidated in the Northern District of OH to streamline decision-making, making it easier for local governments to secure funds. State Attorneys General are also suing. If not settled in Northern Ohio, individual county cases will be heard in Federal court.
- The NC Attorney General has not been decisive about supporting action by individual counties.
- Opioid manufacturers earn \$100 billion a year while the estimated cost of opioid epidemic exceeds \$1 trillion. A 2016 assessment in Lorain OH found costs of: \$140 million in lost wages, earnings, and productivity; \$45 million in health care; \$7 million in law enforcement; and, \$40-60 million in child assistance.
- The litigation is predicated on public nuisance action, as it will take more than 20 years to control the distribution of drugs, given the many persons transitioning from using opioid pills to heroin.
- Given the time it took to secure a settlement with tobacco companies for false advertising, there is little confidence this litigation will conclude quickly. While the cases are likely to be tried next year – as the judge has weeded out pre-trial procedures – the drug companies have an edge in Congress and will fight hard.
- While the companies were devious in sponsoring friendly researchers and academics, they will claim they used academic science. With their influence, pain was added as a vital sign – which required clinical providers to ask patients about their pain and to provide pharmacological solutions.
- Perdue Pharma's payment of \$660 million is not admissible and will not hasten a settlement. The plaintiff's attorneys have substantial skill and will seek a financial settlement in support of local drug interventions. Their strategy includes bringing Racketeer Influenced and Corrupt Organizations Act (RICO) charges against drug company executives.

Program Updates

Policy Adoption Committee

Dr. Ocloo, chairperson, stated the committee promotes safe opioid prescribing practices. She noted the offering of nearby and free continuing education programs on opioids:

- 2018 Mecklenburg County Opioid Summit, March 22, 2018; Charlotte, NC.
- Partners Health Summit: Treating the Opioid Crisis, April 6, 2018; Hickory, NC.
- Controlled Substance Prescribing: What every Provider Needs to Know; May 8, 2018, Shelby, NC. This program will be conducted with the NC Medical Board.
- The Controlled Substances Coalition is organizing its second large CME event in two years. Tentatively scheduled for September 15, it will provide continuing education hours for up to 150 physicians, dentists, podiatrists, advance practice professionals, nurses, and allied health professionals. The Coalition will contract the Mountain Area Health Education Center to organize, market, manage, and award continuing education hours. The program will be sponsored by CaroMont, Partners Behavioral Health Management (PBHM), and Gaston Family Health Services. CaroMont Regional Medical Center will host the program and there will be no registration fees.

Treatment Linkages Committee

Ms. Hallisey, chairperson, reported the committee is building collaboration between physical and behavioral health care providers to improve opioid-related care. PBHM is using a portion of its new 21st Century Cures Act funding to purchase Medication Assisted Treatment (MAT) for uninsured persons at the McLeod Center for Addictive Disease and in the offices of prescribers who provide MAT.

The committee developed an Opioid Overdose Response Team with CaroMont and GEMS, that will assign Certified Peer Support Specialists to meet individuals in the CaroMont emergency department who have been resuscitated from overdoses and arrange to meet with them within 48 hours to discuss harm reduction and treatment. The Peer Support Specialists will work with clients for up to six months to prevent subsequent overdoses. PBHM is contracting Olive Branch Ministry to conduct the program; Ms. Mathis of Olive Branch Ministry described how the program will integrate with its syringe exchange and harm reduction activities.

Education and Prevention Committee

Dr. Donigan, chairperson, stated at the height of the AIDS epidemic there were over 41,000 annual deaths; 58,000 Americans died in the Vietnam war; and, by contrast, more than 30,000 Americans died from opioid overdoses in 2016. Upcoming educational activities include:

- An opioid presentation by Dr. Davis, Ms. Mathis, and Chief Ramey at a Gaston County Public Library at a staff development program. Ms. Morris, Library Director, stated this will help her staff understand opioids and provide good resources. In time, the library will have Naloxone at its branch locations.
- Dr. Parker organized a similar program for 90 school counselors on March 7.
- A meeting with Jeffrey Booker, Superintendent of the Gaston County Schools, is scheduled for February 28, to discuss how the Coalition might collaborate with the County Schools to provide opioid education for students and their families.
- The Coalition will have a table at the April 14 Community Run in downtown Gastonia.
- Thanks to PBHM for testing, designing, and printing 5,000 Coalition brochures; copies were given to the Coalition.
- Coalition members were encouraged to *like* the Coalition's Facebook page.
- Dr. Taormina cited her presentations at Rotary meetings in 2017 and the Coalition's need for a business perspective.
- Ms. Singleton asked the Coalition to consider having a booth at the Healthy Highland program in April.

Partner Activities

Manager's Opioid Summit: Dr. Taormina described the strong results from the Summit held on January 10, which was attended by more than 110 persons. She said the Coalition needs to engage leaders from our county's 13 municipalities and suggested forming a committee of elected and appointed officials to address opioid policy and related issues.

CaroMont: Dr. Andreou stated over the next five years the number of persons over age 60 will increase substantially, raising the question of how we will manage chronic pain and track the use of pain medicines through databases in NC, SC, and VA. A particular concern is polypharmacy, or the interaction of medications which cause falls and injuries. Because prescribers fear leaving patients in pain, the key is getting this situation in balance.

CaroMont's use of pain medications has dropped greatly as it educates providers and patients about its evolving medication policies. The hospital now uses a Pain Assessment Scale before re-issuing prescriptions. It is also establishing systems to resolve challenges in auditing the use of pain medications. It defines high-risk patients as individuals who are long-term users of pain medication and/or high doses of pain medications. As patients become tolerant to medications, CaroMont is working with providers to titrate them to safer doses and refer them to pain management specialists, which may unmask opioid misuse and provide insights for their management. Cigna HealthSpring found no high-rate prescribers among CaroMont clinicians, reflecting the hospital's aggressive approach to helping providers change their prescribing practices. Independent pharmacies may not be checking opioid use as closely as other pharmacies as they often do not record prescriptions in the state database. Health insurance companies are not paying for alternative pain management treatments, which is alarming as the US, at 4% of the world population, uses 80% of all opioids.

Ms. McIntosh said the NC Injury and Prevention Branch requires pharmacies to report, within 24 hours, when they fill narcotic prescriptions. She asked the Coalition to tell her when pharmacies break these rules, so she can file reports.

Drug Diversion and Treatment Program: Chief Ramey stated the County Police will use county funds to re-start DDAT. They will also apply for a grant from the NC School of Government to integrate innovative policy and practice responses to the local opioid crisis in ten communities.

Clean Needle Exchange: Ms. Mathis stated Olive Branch Ministry established a fixed-site needle exchange program at Phoenix Community Outreach Center (PCOC), that operates daily from 8:30-2:30. To alleviate demands on their mobile service, Olive Branch Ministry is asking clients to exchange used needles and syringes at PCOC. Recently, two people referred by the Gastonia Police Department turned in the syringes they used to administer insulin.

Healthy Communities Program: Ms. Earley, who manages the Coalition Facebook page, asked the members to like and ask others to like the Coalition page; the greater the number of likes, the lower the cost for advertising the Coalition. In December and January, she used Facebook ads, at a cost of \$30, to reach 2,000 people. She asked the Coalition to send her articles to Kayla for our Facebook page.

Ms. Earley also manages the Healthy Communities Program, which purchased time at the Regal Franklin Square Stadium 14 theater in Gastonia to show a 30-second CDC video on opioids. The theater estimates more than 42,000 views of the video at a cost of \$3,000. The program is producing a video featuring Mr. and Ms. Chowdhury, which should be released

in a month, and a video with Ms. Mathis, Chief Ramey, and Mr. McConnell on naloxone, the Good Samaritan Law, and the importance of calling 911 when opioid overdoses occur. In March the program will begin a six-month campaign by placing placards from the CDC Drug Campaign, on Gastonia Transit buses. PA Stop, a campaign in Pennsylvania, educates people about the link between prescription medicine and heroin. PA Stop is willing to adapt this campaign for NC (NC Stop) for \$6k. This information is being considered by a statewide opiate coalition of public health directors. Funding for the Healthy Communities campaign will continue in the new state fiscal year, which begins on July 1.

Child Health Insurance Program: Because of budget delays in Congress over CHIP, the state did not submit our request to provide STAR patients with additional transportation and housing resources. Dr. Taormina reported DHHS-Public Health will continue to look for funding.

Community Foundation Request: Dr. Taormina stated the Coalition's request for \$29,800 from Austin's Opioid Education Fund at the Community Foundation of Gaston County, would be used for: (1) additional staff hours; (2) a community education campaign; (3) opioid education in public, charter, and private schools; (4) the Opioid Outreach Response Team; and, (5) the CME event. She thanked Mr. and Ms. Chowdhury for their generous support of the fund. If awarded, these will be the Coalition's first program funds; to date, we have relied on generous in-kind donations.

Strategic Planning. Dr. Taormina asked members and guests to break into small groups to review the Coalition's current Strategic Plan and suggest ideas for our 2018 update. The following is a summary of their suggestions:

Principles, Mission, and Functions

1. The Neutral coalition principle should be changed to reflect the Coalition as a brand.
2. Under Mission, develop a tagline, for example "Promote a drug-free Gaston."
3. Under Coalition Membership change the text to: Organizations and individuals committed to preventing and solving the problems caused by substance abuse in Gaston County are invited to join the Coalition.
4. Under Coalition Priorities: March 1, 2017 to February 28, 2018, add: Increase use of non-pharmaceuticals and have committees.

Policy Adoption Committee

1. Increase awareness and education about the problem of prescription opioid abuse among prescribers
Evidence of success:
 - a. Data from CaroMont shows a significant drop in opioid prescribing among CaroMont prescribers
 - b. Cigna insurance reports no prescribers in Gaston County on its "high prescriber" list
2. Next steps:
 - a. Continue to reach out to the small pockets of inappropriate prescribers in the county
 - b. Conduct ongoing education on the STOP Act and new CME requirements from the NC Medical Board
 - c. Make a true push for achieving balance in patient care
 - 1) Provide evidence-based alternatives for managing chronic pain
 - 2) De-stigmatize opioid addiction
 - 3) De-vilify patients with multi-substance addictions
 - 4) Reach gap patients – who have dropped out or have been thrown out of medical practices, or who could not afford chronic pain management and turned to heroin or illegally prescribed opioids
 - 5) Normalize office-based opioid addiction treatment with buprenorphine and suboxone

Community Education and Prevention Committee

1. Help charter and private schools adopt opioid prevention curricula and train their teachers and counselors on them.
2. Conduct a series of public opioid education events at the county library.
3. Conduct a conference on opioids for school teachers and administrators at Gaston College in August 2018.
4. Conduct a summit for 4-H Youth in Gaston and nearby counties and a summit for Rotary Interact Club members.
5. Conduct a workshop on alternatives to pain medications.
6. Have a table at the upcoming Junior League Truck Fest, which will draw over 1,000 children and parents. Consider the mock child's room program to teach parents about warning signs of opioid use and misuse.

7. Conduct an essay contest for high school juniors and seniors with the winners receiving scholarships; provide incentives to guidance counselors to promote the program.
8. Provide opioid education packages for employers to give to employees.
9. Provide opioid education to retirees who are members of the Association of NC State Employees.
10. Present strategies for managing pain without narcotics to seniors at area churches and senior centers.
11. Promote the idea that pain is part of life and is often temporary.
12. Address stigma by emphasizing that addiction is a disease.

Treatment Linkages Committee

1. Highlight the work of the Opioid Overdose Response Team by emphasizing it:
 - a. Was developed quickly
 - b. Starts in early March with staff training
 - c. Has strong support from community partners: CaroMont, Olive Branch Ministries, Partners Behavioral Health Management, and GEMS
2. Secure and establish a process for regularly updating a list of recovery support providers, including privately run programs not directly associated with behavioral health providers. Put the list on the GCSC website so providers know can find resources for their patients. We need a greater focus on independent programs; two privately funded programs were represented in the group:
 - a) Off the Streets has been operated for 20 years by Shaaron Funderburk. The program has six beds where women stay 120 days, or longer, and has an 88% success rate. Cornerstone Christian Center, a partner, has noon NA meetings on Tuesday/Thursday at First United Methodist Church; 34 participants are in recovery.
 - b) Carolina Services, LLC run by Kathy Allen, serves residents in Cleveland, Gaston, and Lincoln Counties.
3. Find ways to provide financial support to independent programs that demonstrate success.

Other Business. DHHS-Public Health will conduct its Community Health Assessment in March and April. Ms. Boafu asked the members to share the online survey with family and friends in Gaston County. DHHS will prepare a report with the data identifying and prioritizing local community health needs.

Next meeting. The Coalition will meet on April 20, 2018.

Adjourn. Dr. Ocloo moved to adjourn, Mr. Neumann seconded the motion, which was unanimously approved.