

**Gaston Community Healthcare Commission  
Gaston Controlled Substances Coalition  
Minutes**

**Gaston County Police Department, December 15, 2017**

**Attending**

- Tetchi Assamoi, CaroMont
- Yvonne Boafu, Gaston DHHS
- Patty Brooks, Gaston Together
- Charles Chapman, GEMS
- Nazrul Chowdhury, Community
- Tammy Chowdhury, Community
- Todd Davis, MD, CaroMont
- William Donigan, DDS, GFHS
- Tiffany Donnelly, DHHS-Social Services
- Jeffrey Ellison, PhD, GFHS
- Andrea Garraway, RHA Health Services
- William Gross, Gaston Together/GCHC
- Barbara Hallisey, Partners Behavioral
- Thomas Henry, CaroMont
- Erin Hultgren, GFHS
- Steven Jentsch, Gaston Co Police Dept
- Becky Jones, Phoenix Counseling
- Brittain Kenney, Gaston DHHS
- Michele Mathis, Olive Branch Ministry
- Earl Mathers, Gaston County Government
- Maceo Mayo, RHA Health Services
- Jamie McConnell, GEMS
- Karen Melendez, MD, CHP
- Wil Neumann, Community
- Abigail Newton, DHHS-Public Health
- Shirley Ocloo, MD, GFHS
- Ami Parker, Gaston County Schools
- Josie Polhemus, Pharmacist, CVS
- Joseph Ramey, Gaston Co. Police Dept.
- Cheri Singleton, DHHS-Public Health
- Anne Wheeler, Community Health Partners

**Welcome and Introductions.** Chief Ramey chaired the meeting for Dr. Taormina. He opened the meeting at 7:34 AM and welcomed the attendees, who introduced themselves and stated their affiliations. Ms. Chowdhury, Ms. Assamoi, and Mr. Mathers attended for the first time.

**Minutes of October 20, 2017.** After adding Ms. Mathis to the list of meeting attendees, Ms. Wheeler moved to accept the minutes, Dr. Ellison seconded, and the minutes were approved.

**Manager's Opioid Summit.** Mr. Mathers, Gaston County Manager, will host the summit on January 10, 2018, from 10AM to 3PM, in the DSS auditorium. The program goals are to: increase the number of county residents working on the opioid crisis, discuss best practices, and identify needed resources. Representatives from municipal governments, local agencies, and the public are invited.

**Updates: Strategic Plan Implementation**

Policy Adoption committee

Dr. Ocloo, chairperson, stated the committee promotes safe opioid prescribing practices. Its CME event in October 2016 had strong attendance and evaluations. Its spring 2017 CaroMont-hosted speed-dating sessions on chronic opioid use was also well attended and received. It is planning a CME event, to be held in February 2018, for 200-250 attendees from Gaston and nearby counties.

Treatment Linkages Committee

Ms. Hallisey, chairperson, reported the committee is building collaboration between physical and behavioral health care providers to improve opioid-related care. It is now developing an Opioid Overdose Response Team to dispatch peer counselors to speak with individuals in the CaroMont Emergency Department, after first responders reverse their opioid overdoses with narcan. These counselors, who must have lived opioid experience, would encourage these persons to meet them

within 72 hours of ED discharge to discuss opioid treatment and harm reduction. Earlier this week CaroMont ED and GEMS staff endorsed and refined the program plan.

Ms. Hallisey also reported that she, Dr. Taormina, Mr. Gross, and Partners' consultant Dr. Thomas McLellan, led a session at the annual meeting of the NC Council of Community Programs on how our Coalition employs collective impact concepts to engage community stakeholders.

#### Community Education & Prevention Committee

Dr. Donigan, chairperson, reported the committee's Clergy Opioid Outreach Subcommittee held the workshop, *People of Faith and the Opioid Crisis*, on November 16, for 114 clergy and community members. The *Gazette* published an article and editorial before the event and six articles on event presentations after the program; Pharr Yarns placed an ad on its electronic billboard along I-85, and purchased an ad in the *Gazette*; the CaroMont Spiritual Care Department emailed and mailed printed invitations to more than 700 clergy; and, the program received in-kind donations of graphic design, printing, photocopying, and meeting space.

Brittain Kenney (Gaston DHHS) is managing the Coalition website and her co-worker, Kayla Earley, is managing our Facebook page. Dr. Donigan encouraged Coalition members to "like" this page and receive a helpful feed of opioid information. The address is: [www.facebook.com/GastonCSC](http://www.facebook.com/GastonCSC).

In two listening sessions, opioid-affected families emphasized the need to prevent new cases of opioid addiction, remove stigma, and for schools to provide opioid education. Maceo Mayo, who helped facilitate the meetings, expressed appreciation for engaging these individuals.

Mr. Neumann, a Medicine Take-back Subcommittee member, stated it would be good for all police departments in the county to have drug drop boxes. Chain pharmacies are beginning to install boxes, but it is difficult for independent pharmacies given the cost of complying with DEA requirements for drug pickup and disposal. Mr. Neumann is working with officials in Raleigh to expand the groups of persons who are authorized to pick up and dispose of discarded medications.

Partners Behavioral Health Management is printing 5,000 copies of the Coalition brochure. And, the committee will give certificates to practices when all of their prescribers sign a pledge to follow safe prescribing practices; nine practices submitted paperwork at the November meeting of the Gaston County Dental Society; Dr. Claytor brought a copy of the certificate to the state as a model program.

#### **Partner Activities**

Data Dashboard: Ms. Boafu distributed the following maps, which she will add to the dashboard on the Coalition website: (1) drug drop-off locations, (2) pharmacies with drug drop-off boxes, (3) substance abuse treatment centers, and (4) items 1-3 on a single map

CaroMont Health: Dr. Davis reported: Kirsten D'Amore, MD is leading their Opioid Management Committee; they have adopted non-pharmacological analgesia and non-opioid analgesia protocols, and will gladly share them with others; CaroMont reduced its opioid prescribing for inpatients ... in six months it cut use of morphine by 45%, Dilaudid by 35%, Oxycodone by 25%, and only use Fentanyl during surgery; the ED issued 35% fewer opioid prescriptions and is using intravenous Tylenol instead of opioids, at a sizably higher cost. The CaroMont website offers opioid education for providers and it is developing an ED overdose outreach program with our coalition. CaroMont Medical Group now presents patients with alternatives to opioids, has implemented a template for best continuing education practices, a database to monitor patient opioid use, and is installing opioid signage in clinical offices. It is also conducting a 6-week continuing education program for its 1,700 nurses (1.5 CEU hours) on non-pharmacological pathways for pain management, with a

goal of having families encourage movement, heat, and ice for managing discomfort and pain; feedback on the program has been strong. The hospital is limiting Fentanyl use to the ED, OR and the Birthplace for procedural pain. It no longer uses Demerol for managing parenteral pain.

Dr. Davis stated Michael Smith, MD closed his practice after his medical license was revoked for exchanging opioids for sex. As he issued opioid prescriptions to many of his 1,600 patients, area physicians are challenged in managing these individuals; many were frequent users of the CaroMont ED. Dr. Ocloo reported Gaston Family Health Services emphasizes compassion when working with Dr. Smith's opioid-dependent patients. When setting appointments, staff tells them GFHS providers are unable to prescribe medications they formerly received, and they ask the patients if they are willing to work with staff to find the best way to handle their situations. Dr. Davis stated Chris Peek, CaroMont CEO is passionately supportive of this work.

Mr. Henry stated CaroMont Regional Medical Center set an absolute threshold of prescribing less than 100 minimum morphine equivalents in primary care clinics. As this poses difficulties for opioid-dependent patients, prescribers must slowly taper their opioid use. Ms. Wheeler stated the Community Health Partners website describes best pain management practices; their suboxone services are available even though the program has full panels. Ms. Hallisey stated suboxone providers did not cite a surge of patients at a recent meeting with PBHM; prescribers authorized to issue suboxone can now serve 275 patients, an increase from 110. Physician Assistants and Nurse Practitioners can also conduct Medication Assisted Therapy; after 12 months of serving 30 patients, they can be waived to serve 100 patients.

Ms. Wheeler stated Subutex is more readily abused than other medications and patients become angry when denied this medication; Subutex does not include naloxone.

Medications that help control opioid cravings include: Naltrexone, which is available by pill and intramuscular shots; Vivitrol, which is injected every 30 days once patients are fully withdrawn – a Sheriff in NC county offers Vivitrol to discharged inmates; Sublocade, an injected suboxone product that works for 30 days, is being fast tracked by the FDA and may be available by February; Zubsolv, a fucal suboxone; and Bunabail, a film that is placed on the tongue.

Dr. Davis stated he is humbled by the work we must do. He spoke of a nurse who has taken custody of her grandchildren because of their parents' addiction.

Partners Behavioral Health Management (PHBM): Ms. Hallisey reported Bess Stanton, MD is the new PHBM Chief Medical Officer; she is a psychiatrist and is addiction certified. PHBM is looking for Masters-prepared clinical addiction specialists to work in the offices of community physicians.

She reported on Oxford House, a program that provides sober living residential facilities for persons in recovery who receive opioid-replacement therapy; residents may live in these homes indefinitely. There is a males-only house in Gaston County, a house for females will open in January, and a second female home may open in 2018, and three new homes may open in the next 18 months. While it is not clear if children will be allowed to live in these homes, in other communities, Oxford House permits mothers and fathers to live with their children.

PHBM is one of 40 companies in the US working with the National Quality Forum on the opioid epidemic. At a meeting in October, Forum staff affirmed their work.

Gaston County Department of Health and Human Services: Ms. Singleton reported the STAR Program, which integrates substance abuse services and maternity care, completed its first year of

collaboration with GFHS, which provides STAR patients with Medication Assisted Therapy. STAR recently won a Child Health Recognition Award from GlaxoSmithKline and will use its \$5K award for staff training and for patient incentives. The Healthy Communities Program continues to develop community-based education programs on opioids; it recently videotaped interviews for the Cable Access Channel. A proposed expansion of opioid programming for mothers and children is on hold, pending Congress' budgetary decisions on the federal Child Health Insurance Program.

Gaston Family Health Services (GFHS): Dr. Ellison reported on their delivery of Medication Assisted Therapy to STAR patients and individuals who are HIV-and Hepatitis C-positive; a large percentage of these 35 patients have been successful, which reduced the incidence of Neonatal Abstinence Syndrome and Neonatal Intensive Care Unit stays. GFHS is expanding its MAT program to Catawba County. It also offers Naloxone to patients, at no charge. In January it will add a staff chiropractor to provide non-pharmacological pain management services at a discounted per visit charge of \$25.

Drug Diversion and Treatment Program: Chief Ramey reported by the end of October 22 of 23 patients successfully maintained sobriety. DDAT recently ran out of funds and County Manager Earl Mathers secured \$140,000 to continue the program in addition to an \$8,800 grant from a pharmaceutical provider. Chief Ramey expects the program will soon resume full operations.

Clean Needle Exchange: Ms. Mathis elaborated on Ms. Earley's work with the Healthy Communities Program. She also stated Olive Branch Ministry (OBM) received a donation enabling it to sustain its Gaston County needle exchange outreach program. She presented the syringe exchange kit they will distribute at fixed needle exchange sites; they include: Narcan, needles and syringes, cotton balls, condoms, dental dams, a sweet snack, first aid supplies, and information on HIV prevention, pre-exposure prophylaxis medications (PrEP), securing treatment referrals, and the Good Samaritan Law. OBM will begin monthly needle exchange sessions at the Phoenix Community and Outreach Center (PCOC), the former As One Ministry, on December 30 from 1-4PM. They will leave supplies between sessions and, as demand warrants, will increase the frequency of sessions.

### **Pilot test: Community Presentation**

The Coalition tested a community opioid program designed by its Community Education & Prevention Committee: it watched two segments of *Chasing the Dragon*, an FBI videotape on persons affected by opioids, and held a panel discussion with Tammy Chowdhury, Tiffany Donnelly, Todd Davis, MD, Andrea Garraway, Maceo Mayo, and Chief Ramey.

Comments made during the panel discussion included:

- Our community needs programs to reduce the stigma associated with opioid misuse.
- We need an educational approach where each one reaches one, and each one teaches one.
- One in fourteen persons who try opioid pills recreationally becoming addicted. When people try opioids, it is not trying ... it is their new path.
- Do not keep opioids at home unless you are using them as prescribed. Do not hoard pills.
- It is deadly for people who quit opioids to return to using the same amount they last consumed.
- Dealing with a physical addiction is easier than dealing with psychological addiction.
- We must fill the void faced by people who quit opioids with jobs, support, and full-person healing.
- Opioid misuse is like diabetes: people live with it for the rest of their lives. We must provide support systems to help these individuals control their cravings.
- Gaston County residents are obtaining opioid prescriptions in other counties. While there is still overprescribing, prescribers are now sharing data to eliminate doctor shopping. We must give the STOP ACT time to become institutionalized.
- If you encounter physicians practicing outside the scope of the STOP Act send complaints to the NC Medical Board, which is legally obligated to investigate all complaints.

- A member said she showed *Chasing the Dragon* to her 12 and 16 year olds, who understood and were comfortable with the content.
- The video shows marijuana is a gateway drug.

In a discussion of this program format the group suggested:

- Tell audiences it is okay if they need to leave the room, before we show the video.
- Having counselors, possibly clergy, outside the room for people who need help.
- Giving audiences time to process the video by asking them: What is your reaction? What did you take away? How did you respond to the portrayals of active addiction?
- Adding people in active addiction / recovery to our panels.
- Asking audiences: Are you comfortable enough to talk about opioids with family and friends?
- Asking audiences: What do you need/want from the Coalition?
- Including a slide on addiction pathways.

The Coalition endorsed this program format for community presentations. The following members volunteered to serve on discussion panels:

Nazrul Chowdhury

Tammy Chowdhury

Tiffany Donnelly

Charles Chapman, GEMS

Jamie McConnell, GEMS

Jeffrey Ellison, GFHS

A Medication Assisted Therapy provider, from GFHS

A counselor, from Phoenix Counseling

Individuals in long-term recovery, from PHBM

Individuals in active use, from Olive Branch Ministry

**Adjourn:** The meeting adjourned at 9:34 AM following a motion by Tiffany Donnelly and a second by Jamie McConnell.