New Hampshire Opioid Abatement Advisory Commission
Regular Meeting
DHHS Brown Building Auditorium, 129 Pleasant St, Concord, NH
Friday, July 16, 2021 at 8:30 a.m.

Attending:
David **Mara** (Governor's Designee)
Attorney James **Boffetti** (Designee for the Attorney General)
Rachel **Miller** (State Treasurer's Designee)
Kerrin **Rounds** (Department of Health and Human Services)
Representative Dennis **Acton** (House)
Senator Cindy **Rosenwald** (Senate)
Patrick **Tufts** (Chair of Governor's Commission on Drug and Alcohol Treatment, Prevention and Recovery);
Attorney Thomas **Velardi** (County Attorney appointed by Governor)
Robert **Buxton** (Municipal Fire Chief appointed by Governor.)
Toni **Pappas** (County of +100k appointed by Governor)
Peter **Spanos** (County of <100k appointed by Governor)
Seddon **Savage**, MD, (Appointed by Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery)
Emily **Rice** (Appointed by Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery)
Michael **Carigna**n (Municipal Police Chief appointed by Governor)
Bobbie **Bagley** (City with 75k+ appointed by Governor).

Absent:
Helen **Hanks** (Department of Corrections)
Jason **Henr**y (County Corrections Superintendent appointed by Governor)
Bianca **Monroe** (Appointed by the Attorney General)

Representative Acton acting as Chair for Senator Rosenwald (Chair) opened the meeting at 8:31 a.m. with a roll call of Commission members. A quorum of the Commission was established.[1]

The first order of business was adoption of the minutes of the May 28, 2021 meeting. The minutes were approved by all members present.

The second order of business was a presentation from Courtney Hunter of Shatterproof, Vice President of State Policy. This and other important and related subject matter material will be available on the Commission website in the coming days.

[1] Eleven members constitutes a quorum pursuant to RSA 126-A:85, IV.

The third order of business was an update from Commissioner Rounds on the progress made by the rulemaking subcommittee. Procedural discussions are ongoing as to the overall approach to take to ultimately disburse settlement funds. Commissioner Boffetti spoke about the objective of getting these funds to the entities in need as soon as possible. He further described his vision of how funds could be deployed to deserving entities for those purposes pursuant to the law in a grant making process. Due to the uncertain timing of receipt of settlement funds going forward, the actual receipt of funds would trigger the Commission to solicit applications, evaluate and rank those applications, and propose grant awards. Commissioner further stressed his suggestion to use the process developed by the Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery rather than reinvent the wheel by developing a new process.

Commissioner Boffetti stated there was no prohibition on State agencies to apply for funding. Commissioner Rounds shared her belief of the importance in restricting the use of the funds to supplant budgeted program funds.

The fourth order of business was an update from Commissioner Rounds on website development. RSA 126-A:86, III, provides that "The commission shall create and maintain a website on which it shall publish its minutes, attendance rolls and votes, including records of all votes on funding requests, funding awards, and reports of funding by recipients." In the spirit of transparency, all minutes, agendas and items presented at Commission meetings should be posted to the website while being sensitive to include only those materials that the Commission has seen and/or presented directly.

The fifth order of business was an invitation for public comment made by Representative Acton. No public comments were made.

The final order of business was a discussion of possible meeting times for the next meeting. A question was raised about whether or not members could participate virtually with respect to Commission meetings held at a physical location with members present. Commissioner Boffetti stated that if a virtual platform is available, members can attend virtually, however, ***voting*** virtually would only be allowed if a quorum of commission members were physically present. Commissioner Boffetti offered to confirm the rules surrounding this prior to the next meeting.

Additionally, there was a fair amount of discussion focused on the desire to keep the work of the Commission moving forward with as little delay as members' schedules would allow while being mindful of the need for a quorum physically present in order to vote. The date of August 26th at 8:30 a.m. was chosen as the next Commission meeting date with September 2nd at 8:30 a.m. as a backup if a quorum could not be reached.

Among topics for the next meeting, Commissioner Savage asked Commissioner Tufts to present an overview of the grant review and award process utilized by the Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery. Commissioner Tufts agreed.

On a motion to adjourn by Commissioner Mara, seconded by Commissioner Boffetti, the meeting was adjourned at 9:50 on a voice vote.

STATE SOLUTIONS TO THE ADDICTION CRISIS

Between November 2019 and November 2020, the Centers for Disease Control and Prevention reported a 29% increase in fatal drug overdoses nationally, with over 90,000 Americans dying during this 12-month span – the highest number of drug deaths *ever* recorded[1]. COVID-19 has made the addiction crisis worse as people experience social isolation, financial uncertainty, and healthcare delivery systems continue to be overburdened. Even more worrisome, this trend disproportionately impacts individuals of color[2]. The public health crisis of addiction has not waned during the global pandemic; sadly, we now anticipate that more people will die each year from an overdose than from COVID-19.

Addiction affects Americans from all walks of life, and just like heart disease or diabetes, addiction is a chronic medical condition that is treatable. Fortunately, we have resources and solutions at our disposal to curb this epidemic within a pandemic. **While every state has unique needs, these core initiatives can help frame your states' strategic response to the addiction crisis.** Evidence-based practices will save lives.

IDENTIFY SUBSTANCE USE DISORDER EARLIER

Challenge: We are treating addiction at stage 4 in the disease state, in emergency rooms after drug overdoses. Many healthcare professionals, including primary care physicians, are not equipped to treat addiction and are unaware of where to refer patients for treatment. Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending.

State solutions: Identify and treat addiction sooner by integrating behavioral health services in the primary care setting. Medicaid should cover the Collaborative Care Model codes, which incentivize primary care doctors to screen and treat for mental health and substance use disorders. Over 80 randomized controlled trials (RCTs) demonstrate that collaborative care improves health outcomes and is cost-effective. The Collaborative Care Model is one of very few specific interventions in medicine that have been shown via multiple RCTs to reduce disparities by race/ethnicity and/or socioeconomic status in patients' access to care, quality of care, and outcomes. Despite the evidence base, only 17 Medicaid programs are covering the collaborative care codes.

State example: **Texas** 

Every state Medicaid agency has a unique process to adding new codes or changing their programs and services offered to providers. In Texas, the legislature was engaged to assist with coverage of the collaborative care codes. Shatterproof worked closely with The Meadows Institute in Austin, TX, and many advocates including Shatterproof ambassadors in the state, to share the importance of this policy with legislators and agency officials. The bipartisan bill, SB 672, passed the legislature and was signed into law

[1] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#notes

[2] Zeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

by Governor Abbott in June 2021, enabling payment for the team-based approach to mental health and substance use disorder treatment in the primary care setting.

USE EVIDENCE-BASED PRACTICES IN COMMUNICATIONS INITIATIVES

Challenge: Societal and structural stigma against those who use drugs and those with addiction is pervasive. Stigma prevents those in need from obtaining quality treatment and isolates them from critical resources and supports needed to reach recovery.

State solutions: Evidence-based communications campaigns can reduce stigma associated with substance use disorder diagnosis, treatment, and recovery. They do so by creating social awareness and positive contact through intentional engagement, such as with stories of recovery. These connections are made in person or via digital channels and strengthen when combined with educational interventions. Contact-based approaches are a crucial evidence-based strategy for reducing stigma. Shatterproof's pilot with the Commonwealth of Pennsylvania has shown that stigma related to addiction can be reduced. For more information, "A Movement to End Addiction Stigma," can be read here.

State example: **Pennsylvania**

Shatterproof partnered with the Commonwealth of Pennsylvania through its Department of Drug and Alcohol Programs (DDAP), The Public Good Projects, and The Douglas W. Pollock Center for Addiction Outreach and Research at Penn State Harrisburg *(the chosen local academic partner)* to implement a contact-based approach to reduce stigma by connecting the public with fellow Pennsylvanians in their recovery journey via social media.

Importantly, the campaign engages with more than 350 community-based organizations (CBOs) in Pennsylvania by sharing tools and information about stigma reduction. The project is not solely a messaging campaign to reduce stigma, but further addresses the needs of other stakeholders like government officials, single-county authority personnel, and others in the SUD field. The campaign, called *Life Unites Us*, was officially launched in partnership with Governor Wolf's administration. All stories can be viewed on the campaign website. Within the first six months of the campaign, over three million Pennsylvanians recalled viewing the campaign, and the effort generated significant, measured behavior change using a validated, public health evaluation executed by Penn State University.

FOCUS ON TREATMENT QUALITY

Challenge: Desperate individuals and families go to Google to search for addiction help in a moment of crisis. There is a lack of information about best practices for addiction treatment, and even worse, there are unscrupulous actors that prey upon vulnerable people looking to profit. This results in more emergency room visits, higher overdose rates, and worsening health outcomes.

State Solutions: Connect patients to unbiased information about the quality of treatment and help inform consumers about the different levels of care. Rather than directing patients to the highest bidder, ATLAS offers patients and family members a transparent way to receive a recommendation on the appropriate level treatment, search for and compare facilities on evidence-based measures shown to improve patient

outcomes, and ultimately select the facility best suited for them. A treatment quality initiative such as ATLAS should be essential for every state and can easily be incorporated in states' existing strategies, oftentimes using federal SUD block grant or State Opioid Response (SOR) funding. ATLAS launched its free, not-for-profit website, TreatmentATLAS.org in 6 states in July 2020, and has seen over 100,000 visits since.

State example: **West Virginia**

To facilitate ATLAS implementation, each state designated one lead agency or organization (typically the single state agency designated to address substance use) and identified additional collaborators across key stakeholder constituencies. The West Virginia Department of Health and Human Resources designated an action officer who worked in partnership with Shatterproof state directors to implement ATLAS activities such as the data collection survey.

Multi-stakeholder advisory boards were also established to inform implementation approaches and disseminate information across the state, so that providers could be a key voice in ATLAS design and help drive quality improvement for addiction treatment. Shatterproof state directors managed the formation and convening of these State Advisory Committees within each state. The State Advisory Committee in each state was formed in partnership with the Action Officer and includes agency staff, payers, providers, consumer advocates and other key state leaders. This group met approximately quarterly to provide guidance throughout execution of implementation activities and continues to meet to disseminate information across the state and ensure the project's successful continuation.

To request more information, please contact

Courtney Hunter, VP, State Policy | chunter@shatterproof.org

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State Solutions to the Addiction Crisis

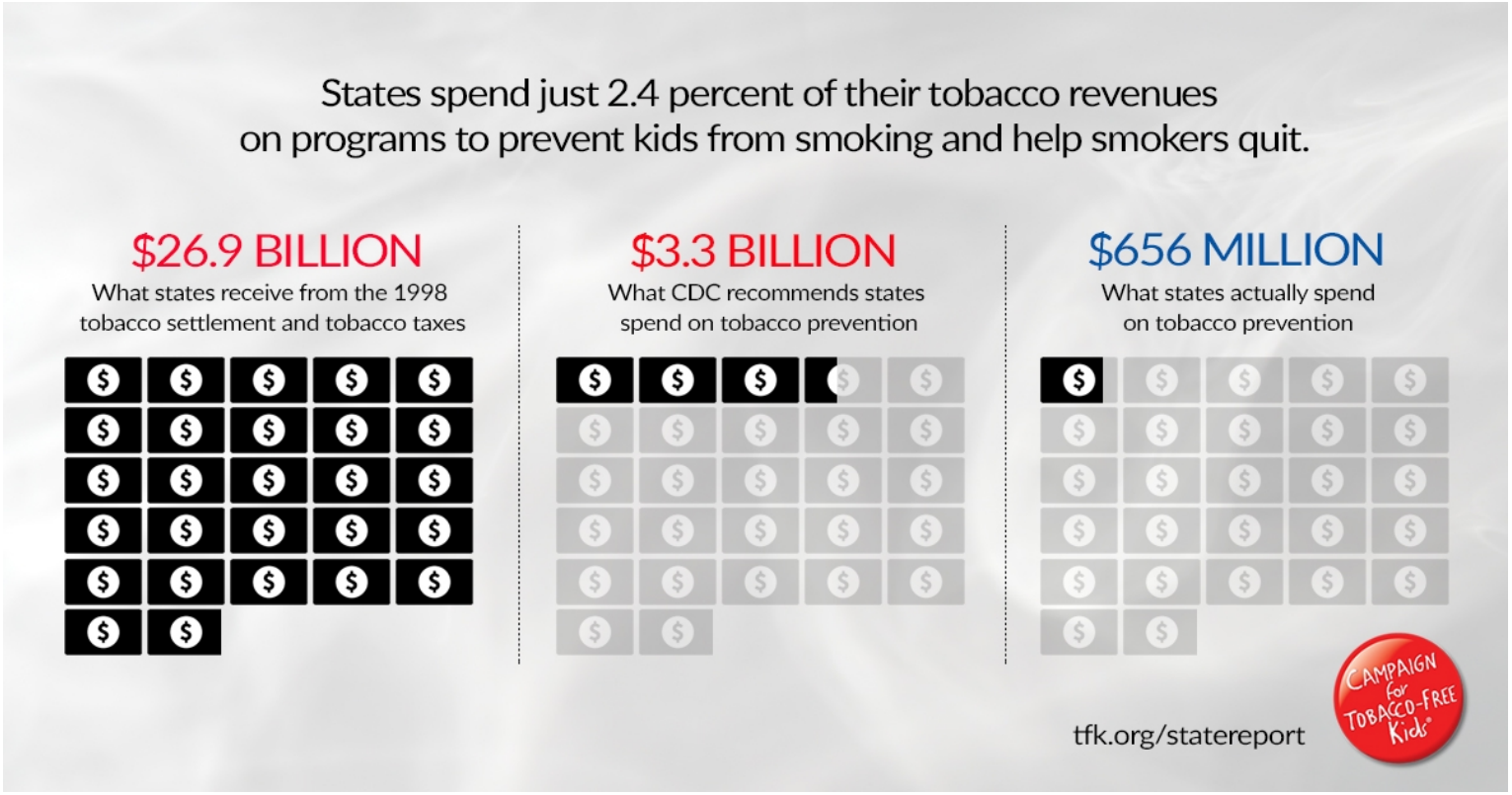
July 16, 2021

Who We Are and What We Do

- Founded in 2012, **Shatterproof is a national nonprofit dedicated to reversing the addiction crisis in the United States.**
- We are focused on revolutionizing the addiction treatment system, breaking down the stigma of addiction and empowering and supporting communities.

- Shatterproof is helping states develop guardrails for the use of opioid settlement funds and is providing opioid abatement evidence-based strategies and programs.

Cautionary Tale of Tobacco



2-3% of tobacco settlement funds and cigarette tax dollars have been spent on nicotine prevention and cessation programs (Campaign for Tobacco-Free Kids)

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Guiding Principles for Use of the Opioid Funds

• Shatterproof worked with Johns Hopkins University, School of Public Health on the "Principles for the Use of Funds from the Opioid Litigation"

1. Spend money to save lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on racial equity
5. Develop a fair and transparent process for deciding where to spend the funding

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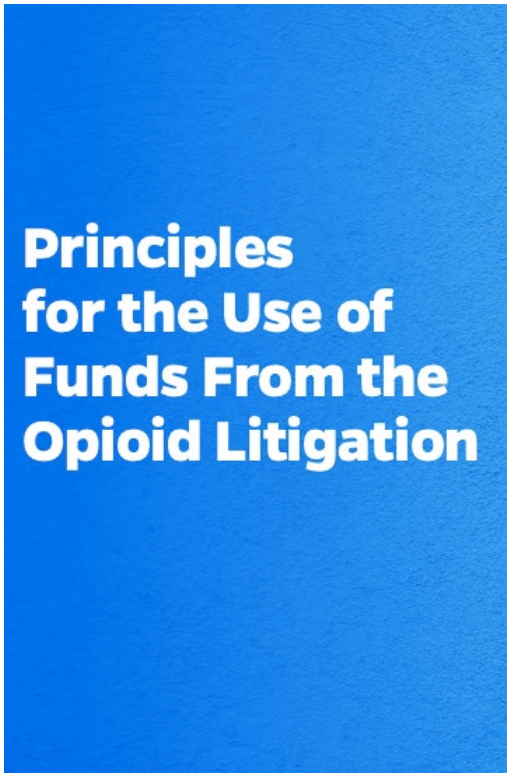
Principles in Action – Spend Money to Save Lives

- Establish a dedicated fund for the settlement dollars, so they do not go into the state's general treasury.
- Supplement current programs and interventions, rather than supplant existing funding
- Report to the public where the money is going
- Don't spend money all at once



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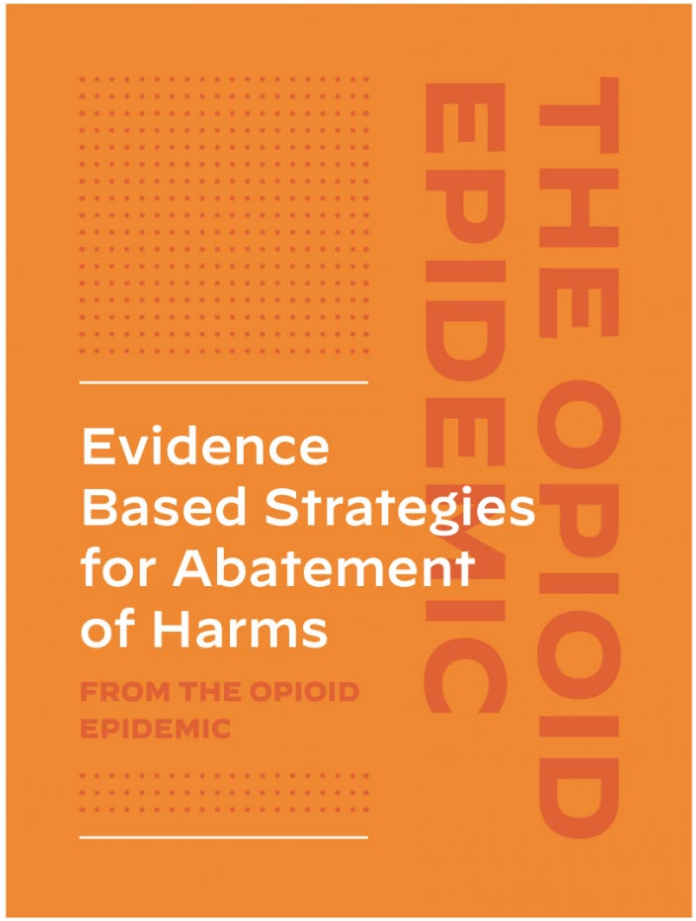
Use Evidence to Guide Spending

- States and Localities should use information and data on what works to guide their appropriations decisions.
- Build data capacity to continue to grow evidence base for programs and initiatives.
- Fund evaluations of programs utilizing settlement funding.



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Evidence-Based Strategies

TABLE 2.3: RECOVERY SUPPORT SERVICES IN OPIOID USE DISORDER (OUD) TREATMENT[1]

Component	Summary	Key Supporting Evidence	Level of Supporting Evidence
Drug-Free Housing	• Offers substance-free environments and support from fellow recovering residents.	• Decreases substance use and increases employment. • Supports sustained abstinence over six months. • Reduces illegal activity.	Well-supported[2]
Self-Help/ Mutual Support Groups	• Free, widely accessible sources of peer support for recovery and abstinence. • Alcoholics Anonymous is the most researched and supported program. • Other programs may have similar positive outcomes, but require more research.	• Not a "paid service" that could be purchased with settlement funds. • Recommended, but more rigorous evaluation is needed.	Well-supported[3]
Childcare	• Enables patient engagement and treatment retention.	• Little evidence to support including childcare in OUD treatment. • One study found bundling childcare and social services is effective.	Promising[4]
Employment Counseling and Support	• Non-clinical wrap-around service that supports recovery.	• Logical adjunct to treatment services. • Few studies address employment counseling and support. • Receiving treatment should not depend on being employed.	Promising[5]

Evidence Based Strategies for Abatement of Harms, Richard Frank, Harvard University, Arnold Ventures

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Invest in Youth Prevention

- Direct money towards evidence-based school and youth prevention programs.
  - Screening and brief interventions within all middle and high schools
  - Integrate behavioral healthcare services into primary care settings through the Collaborative Care Model
  - Family skills training interventions
  - Programs that focus on all risk factors for youth substance use (trauma, mental disorders, etc.) and protective factors known to decrease risk
- Fund long-term evaluations on usage and prevalence rates; consider perception of risk or social norms research among youth.

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Focus on Racial Equity

- Support diversion from incarceration; incentivize treatment whenever possible
- Fund stigma reduction initiatives.
- Implementing guidelines for prosecutorial and law enforcement discretion to reduce arrests and requiring police to collect racial and ethnic data from all traffic stops and arrests and make this information publicly available in order to track disparities
- Expanding Good Samaritan laws for overdose reversal, rejecting recent laws on drug-induced homicide, and ending involuntary manslaughter charges against people at the scene of an overdose
- Review and reform of child welfare policies to prioritize child health outcomes
- Support “clean slate” policies that expunge or seal dismissed charges, not-guilty verdicts, and qualifying (usually nonviolent) criminal convictions to reduce the punitive effects of a criminal record

Expert Recommendations for the Use of Opioid Settlement Funds for Policy Makers and Advocates, FXB Center for Health and Human Rights at Harvard University

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Develop a Fair and Transparent Process

- Solicit input from various stakeholders and involve community members from across the state to weigh in on decisions.
- Conduct a needs assessment to determine greatest areas of need.
- Report to the public where the settlement dollars are going.

Program category	Program type	Outcome measure	Outcome	Dollars spent
Overdose reversal	Naloxone distribution	Amount of naloxone distributed	5,000 units	$400,000

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How can states best utilize opioid settlement dollars to save lives now and reduce future harms?

- Evaluate current challenges or gaps and address those with evidence-based strategies
  - **Shame and social isolation**; for those addicted, reduces a "whole" person to someone who is "**broken," with little or no self-esteem;** less than 20% of Americans are willing to associate closely with someone who is addicted to prescription drugs as a friend, colleague, or neighbor
  - **Individuals not seeking help for their addiction –** around 20% of those addicted cite stigma as a reason for not seeking treatment
  - **Insufficient treatment capacity -** less than 50% of Emergency, Family, & Internal Medicine providers believe opioid addiction is treatable; 24% of EM and FM/IM doctors report "*if my practice treats for OUD, it will attract undesirable patients*"; ~40% of US counties do not have a physician licensed to prescribe buprenorphine.
  - **Health care coverage and reimbursement disparities** relative to other chronic conditions making payment for the disease cost prohibitive to many
  - **Non-evidenced based treatment -** less than 20% of doctors use an evidenced based tool to screen for OUD; less than 40% of treatment programs offer even one of the three FDA approved medications and only 2% of programs offer all three
  - **Criminalization of people with SUD -** instead of compassionate evidence-based treatment; less than 1% of prisons offer medications for OUD
  - **Social and structural barriers to recovery –** loss of housing, employment, and social isolation; only ~60 of employer's cover medications for OUD

Seven of the nine key drivers of the epidemic are driven by pervasive stigma

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Our Approach

Shatterproof embarked on a six-month project rigorously reviewing and analyzing analogous movements to inform Shatterproof's plans to significantly reduce the stigma associated with substance use disorder and, ultimately, behavioral health more broadly

Assessed

11 analogous social-change movements to understand how they shifted beliefs & behaviors

- Tobacco smoking
- HIV/AIDS
- Sexual assault
- Teenage drug use
- Mental health
- Obesity
- Substance use
- Cancer
- Gender equality
- Intellectual disability
- Same-sex marriage

Prioritized and reviewed

100 publications and reports related to stigma reduction

- **30** News/social media articles
- **25** Presentations/websites
- **24** Academic papers/journals
- **19** Book chapters
- **17** Public campaigns
- **7** Reports
- **2** Books

Conducted interviews

50+ experts in social change, mental health, and addiction

- **10** Academics/researchers
- **10** experts in specific behavioral change campaigns
- **8** Government offices/policymakers
- **7** behavioral change marketing/advertising experts
- **5** Nonprofit organization leaders
- **4** Healthcare experts
- **3** Criminal justice experts
- **1** Individual in recovery

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6 Key Success Factors in Previous Movements

1. A well-funded, central actor or set of coordinated actors benefitted the creation of rapid change
2. Key actions taken in three categories: educating, altering language, and changing policies
3. Educational initiatives using contact-based strategies (messaging between those with a stigmatized condition and those without it) to humanize the disease and emphasize treatment is effective
4. Movements sequenced to first activate influential institutions and ultimately achieve mass adoption by the public
5. Positive and negative incentives employed to change relevant stakeholder behavior
6. Action was mobilized at both the “grassroots” and “grasstops”

Action Items

Educate

- **Sharing Stories:** Implement campaigns sharing stories using contact-based strategies connecting those with SUD and those without SUD
- **Just Five©:** Implement education program to educate on six specific topics related to addiction

Language

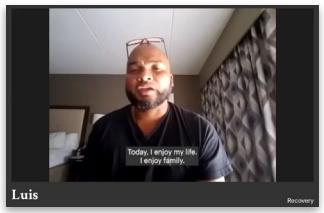
- **Language:** Initiate standards to remove stigmatizing language across all communications

Policy

- **Benefits:** Align organization health benefits to support those with SUD
- **Policies:** Update corporate and public policies to better reincorporate people with addiction into the workplace

Shatterproof and The Public Good Projects embarked on a six-month project rigorously analyzing analogous movements to inform our plans to reduce the stigma associated with SUD

State Campaign in Pennsylvania – Intervention



Evidence-based stories of recovery

Earned media, website, and social channels

General public, and regional communities

Digital influencers and targeted paid media

Targeted messages to reach specific communities

Community-based organizations*

People in recovery, their loved ones, and community-based organizations

- In addition to distributing content, the campaign plays an active role providing technical assistance and capacity building to local community-based organizations to amplify the outreach and further impact.

Stigma Reduction Campaign Results in PA [6 Month Evaluation]

- **Campaign reach:** 23.4% of a representative sample of Pennsylvanians recalled campaign over the past six months, equating to approximately 3 million Pennsylvanians.
- **Educational value of the campaign:** 51.0% of those who viewed the campaign feel more prepared to talk with others about stigma against OUD, equating to approximately 1.6 million Pennsylvanians.

Topic Area	Statement (% of people who agreed with each statement)	Not Campaign Aware	Campaign Aware
Disease State	Opioid addiction is a medical illness like diabetes, arthritis, or heart disease	58.3%	**65.7%**
Medications	Buprenorphine (also called suboxone, subutex, or sublocade) is an effective treatment for opioid use disorder	22.3%	**40.8%**
Naloxone	I would be willing to purchase or obtain naloxone, a medication that can quickly help a person experiencing a life-threatening drug overdose	48.7%	**64.5%**
Social Exclusion	I would be willing to have a person with OUD as a neighbor	38.3%	**49.8%**

Analysis above presents an overview of trends from the evaluation of the Life Unites Us campaign, from data collected as of April 6, 2021.

Revolutionizing Addiction Treatment: National Principles of Care©

Shatterproof collaborated with a group of subject matter experts to distill the guidance from the Surgeon General's Report on Addiction into 8 principles of evidence-based addiction treatment, backed by decades of research.

#1. Routine screenings in every medical setting

#5. Coordinated care for every illness

#2. A personal plan for every patient

#6. Behavioral health care from legitimate providers

#3. Fast access to treatment

#7. Medication for addiction treatment

#4. Long-term disease management

#8. Recovery support services beyond medical care

23 major healthcare payers, representing over 250 million lives, have committed to identify and reward care that aligns with these Principles.

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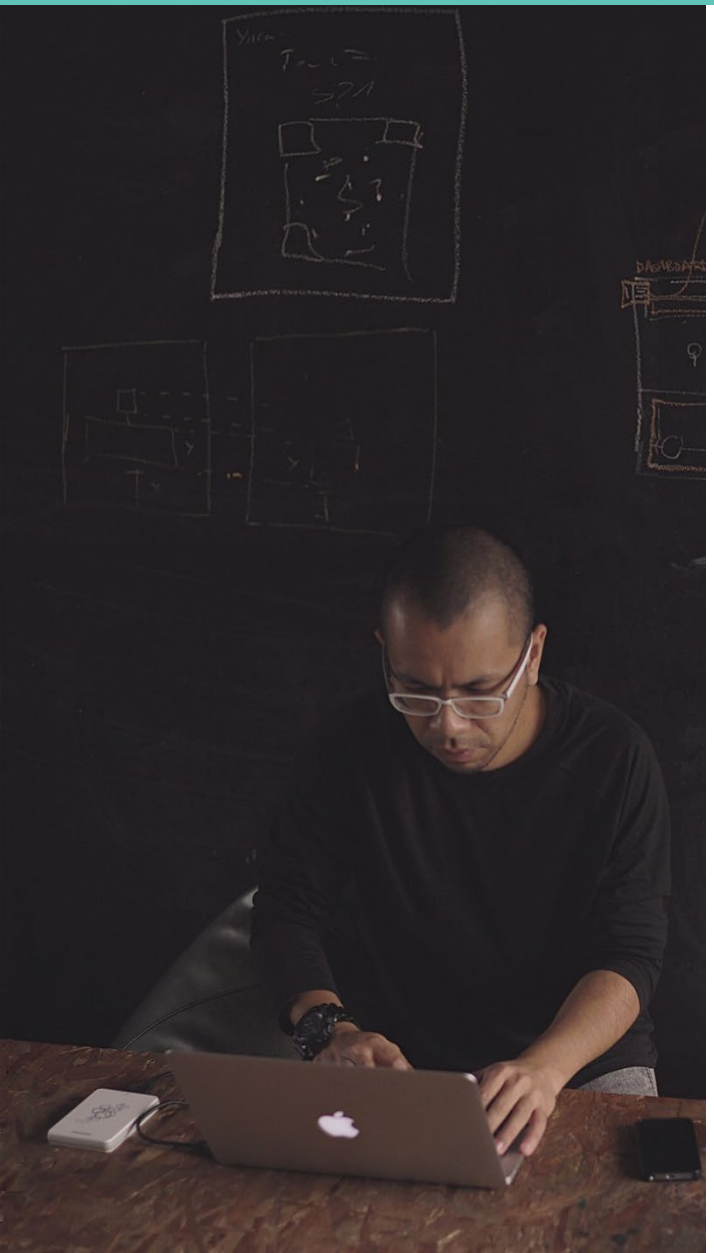
Revolutionizing Addiction Treatment: ATLAS®



ATLAS is a **web-based platform** that deploys validated measures to assess the quality of **addiction treatment facilities**. These data are then **publicly displayed** as trustworthy, standardized information for people to use when seeking care. Implemented in DE, LA, MA, NC, NY, WV and expanding to FL, NJ, OK, PA in 2022.

ATLAS also offers **password-protected portals** for providers, states, and health insurers to use the data to drive the adoption of best practices through policy and payment reform and provider quality improvement efforts.

By setting a standard of quality for and bringing transparency to the addiction treatment space, ATLAS empowers patients to make informed care decisions while encouraging efforts to improve overall treatment quality.

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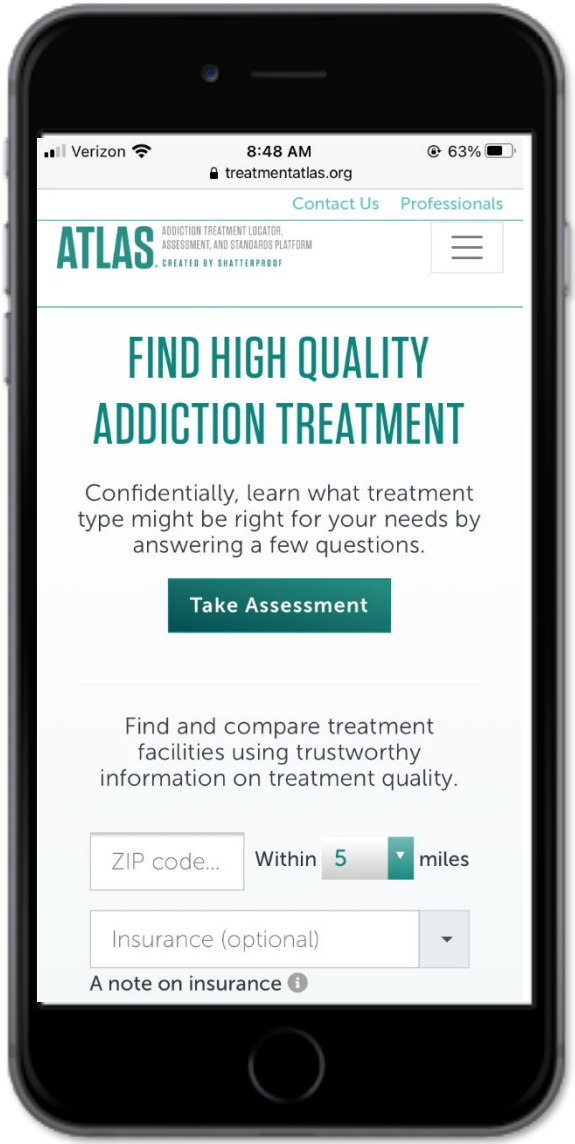
A One-of-a-Kind Resource



- Consumer-friendly needs assessment
- Transparent indicators of treatment quality
- Not funded by providers or “pay-to-play”
- Comprehensive list of facilities
- Educational content
- Professional Portals

www.TreatmentATLAS.org

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ATLAS Funders To Date

Payers

aetna™

Cigna®

beacon health options

Magellan HEALTH℠

OPTUM

BlueCross BlueShield of North Carolina

UNITEDHEALTH GROUP

Anthem

blue california

State Agencies

LOUISIANA DEPARTMENT OF HEALTH

NEW YORK STATE | Office of Addiction Services and Supports

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

WEST VIRGINIA Department of Health & Human Resources Office of Drug Control Policy

OKLAHOMA State Department of Health

pennsylvania DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Foundations

Arnold Ventures

LONGWOOD foundation

Robert Wood Johnson Foundation