

BARNSTABLE COUNTY REGIONAL SUBSTANCE USE COUNCIL (RSAC)
DRAFT MEETING MINUTES

Regional Substance Use Council

Thursday, January 3rd, 2019 3:30pm-5:00pm

Cape Cod Commission Conference Room, Barnstable County Complex
3225 Main Street, Barnstable, MA 02530

Members Present: Jamie Binienda, Shaun Cahill, Amy Doherty, Lisa Guyon, Suzie Hauptmann, Tom Hostetter, Sheila House, Michael Jackman, John Julian, Mary LeClair, Patty Mitrokostas, Ruth Provost, Judy Scarafile, Regina Yaroch, Jeffrey Soares, Len Thatcher, Bruce Murphy

Guests: Dr. Traci Green & Bilal Abbas, Boston Medical Center

Members of the Public: Chris Russell, Amy Brishane, Emily Simons, Danielle Whitney, Brittany Sampson, Maureen Linehan, Trudy Avery, Carl Alves, Geri Moore, Neil Tanger, Ed Jacobs, David Hale, Fiona Jensen

Barnstable County Dept. of Human Services Staff: Vaira Harik, Kim Slade

- **Welcome and Introductions** – Vaira welcomed all members to the first meeting of 2019 which began at 3:30pm. Introductions were then made by each member at the table.
- **Business:**
 - a. Review and approve minutes of the November 29, 2018 meeting. Vaira mentioned there was a correction on page 3, 3rd line from the bottom that Pam Ciborowski, School Nurse for Town of Barnstable recognized and said the line should read: “Most students who are using do not think they have a problem.” Ruth Provost motioned to approve as amended. Trudy Avery seconded. All in favor. None opposed.
 - b. 2019 meeting locations will be variable until June. Vaira explained the scheduling of the Harborview Conference room and will keep all members updated.
- **Presentation by Dr. Traci Green & Team** (Boston Medical Center) on the **“MOON+ Study: Intervention to Increase Naloxone Engagement and Distribution in Community Pharmacies”**. MOON+ is a randomized control trial focused on pharmacies (CVS in Plymouth and Barnstable counties in MA, and all of NH; Fred Meyer pharmacies in WA and OR) to improve the provision of naloxone, nonprescription syringe sales, and buprenorphine dispensing (see flyer, page 3).

Traci is an epidemiologist studying patterns of disease and drug overdose. The work she has been doing in RI and MA focuses on responses. After 14 years and 25,000 deaths investigated on the medical examiners side she has shifted and started thinking about intervention to prevent these untimely events. A lot of this work is focused on naloxone access. They created legal structures for naloxone to be available and began in 2013 in RI. Within 2 years, they have changed every state

law to allow for pharmacy access. This effort was run entirely by volunteers. People always want to know what they can do to change and help the epidemic. RI and MA were early adopters of these new laws. There is growing demand for this naloxone. Many questions from focus groups were discussed – stigma is profound and different from other health based interventions. The sample outreach materials passed around during the meeting were developed over the past 3 years.

➤ **Member Updates –**

- **Lisa Guyon:** Congratulated Justin Campbell on his promotion to Assistant Director of Emergency Services of Recovery Specialist Program for Cape Cod Hospital and Falmouth Hospital Emergency Departments. In regards to the Recovery Coach Commission (on which she sits) it has asked us (Cape Cod) to host a listening session about Recovery Coaching to provide input to the legislature. Vaira and Kim will follow up with Lisa to assist.
- **Sheila House:** Stated she was speaking on behalf of the Behavioral Health Innovators about the Recovery Build APG Program which is an after school program for adolescents trying to stay “clean and sober”. They are working with various organizations on how to address the needs of the Cape’s rising population of teens with mental health issues and substance use issues. They will be having their 2nd annual fundraiser which is a Yoga-thon at Monomoy High School on June 8. She will email Vaira a flyer on fundraiser.
- **Ruth Provost:** Will email Vaira the annual survey report from the Boys and Girls Club.
- **Tom Hostetter** said that they began enrolling new clients into their post-incarceration recovery program. Tom to speak with Jeannie on the Recovery Coach Training Program. Vaira to follow up with email.
- **Jaimie Binienda** from the Cape Cod Alcohol Coalition spoke at the Cape and Islands Selectman’s Association about a report the Coalition put together. The ABCC just finished up its safe holiday program on drunk driving prevention. A few establishments on the Cape participated.
- **Regina Yaroch – a.** Stated that she is stepping away from her role as faculty advisor to CCCC students participating in the Achieving Recovery Together program at the College; she is unsure if anyone will be replacing her as faculty advisor. The program has been structured as a student club in and this is not a viable structure for it – it needs strong student leadership. Some CCCC administrators are open to creative thinking on how to make the program more meaningful for students. They need students to show up and be advocates. **b.** The RSAC Recovery Workgroup is planning an event in the spring which will bring together stakeholders to discuss the housing needs of persons in the recovery community. The format for the event will be that of a ‘World Café’--designed to stimulate discussion and creative problem solving. ‘Recovering Housing’ will be first in a series of discussions.
- **Len Thatcher** from Pier Recovery Center introduced David Hale, a member from the center and serving as a recovery coach. He will be certified in March. David has already started coaching at the center.
- **Senator Cyr’s Office** is expecting Sen. Cyr’s committee appointments to be announced in next few weeks.

➤ Adjournment – 4:45pm

Next Meeting:
Thursday, **March 7th, 2019**
LOCATION TBD

Intervention to Increase Naloxone Engagement and Distribution in Community Pharmacies

A four-state randomized trial funded by the National Institute on Drug Abuse (NIDA)



LONG-TERM GOAL

Reduce opioid-related harms, including overdose risk, by improving access to and education for naloxone, buprenorphine, and syringes in community pharmacy settings

AIMS

Integrate the MOON and RESPOND toolkit materials into one cohesive educational program

Evaluate the effectiveness of RESPOND TO PREVENT in community pharmacies across four states

Using a mixed methods approach, identify facilitators and barriers to intervention implementation and effectiveness

CONTACT

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Lindsey Alley, MS | lalley@healthinsight.org

BACKGROUND

Overdose is preventable

More than 72,000 Americans died from drug overdose in 2017, the majority linked to opioids, which include illicit drugs like heroin and fentanyl, but also medications to treat pain and opioid use disorder. Pharmacists' frequent access to patients and advanced expertise in medication safety make them a critical stakeholder for providing tailored patient education and counseling to reduce opioid-related harms. Nonprescription syringe sales and pharmacy-based naloxone policies enhance pharmacists' capabilities to promote healthy behavior and reduce risks of opioid-related adverse events including overdose.

Through the current initiative, the PRESCRIBE TO PREVENT (PI: Traci Green, PhD, MSc) and RESPOND (PI: Daniel Hartung, PharmD, MPH) toolkits, developed for community pharmacists, will be combined to create RESPOND TO PREVENT.

RESPOND TO PREVENT will provide tools and training to promote patient education for opioid safety and enhance access and dispensing rates for naloxone, buprenorphine, and syringes. The toolkit will be implemented and evaluated across four states (OR, WA, MA, and NH) in 160 pharmacies representing two large pharmacy chains.

APPROACH

This project will integrate multiple methodologies to capture comprehensive data on the study environment (e.g., policy updates, trainings, initiatives), pharmacy readiness (i.e., needs assessments), intervention fidelity (i.e., academic detailing, secret shopping), behavioral outcomes (i.e., daily naloxone encounter logs, self-report surveys, knowledge quizzes), psychological outcomes (e.g., self-report surveys), and intervention feedback (i.e., post-intervention focus groups).

Implementation of RESPOND TO PREVENT will occur using a stepped wedge design across five waves: 8 stores per state will be introduced to the intervention every 3 months until all 160 stores have participated. Pharmacists will receive online training, academic detailing, and pharmacist- and patient-focused materials and resources to host on-site and integrate into their daily workflow. Fidelity checks will ensure consistency. Each store's participation period will last 6 months.

STUDY INSTITUTION



STUDY PARTNERS

