



Opioid Abuse Advisory Committee

Meeting 2 Minutes
Wednesday, January 4, 2017

Teleconference

The second meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Tom Martinec at 1:05 p.m. (CST). The following members of the Advisory Committee were in attendance: Tom Martinec, Chair; Kristen Bunt; Sara DeCoteau, Maureen Deutscher; Dr. Chris Dietrich, Margaret Hansen; Amy Hartman; Amy Iversen-Pollreis; Rob Loe; Kari Shanard-Koenders; Jon Schuchardt, Senator Jim White; and Brian Zeeb. Advisory Committee member not in attendance was Representative Craig Tieszen.

Support staff in attendance included: Sharon Chontos, Melissa DeNoon, Kiley Hump, Ashley Miller, Susan Sporrer, Laura Streich, and Nato Tarkhashvili.

NOTE: All referenced documents distributed at the meeting can be found on the Department of Health website at <https://doh.sd.gov/news/Opioid.aspx>.

November 2, 2016 Minutes Approval. Rob Loe motioned to approve the minutes and Margaret Hanson seconded the motion. The Advisory Committee approved the motion.

SAMHSA Opioid Crisis Grant. Amy Iversen-Pollreis reported the South Dakota Department of Social Services will be applying for the SAMHSA State Targeted Response to the Opioid Crisis Grant (Opioid STR) due February 2017. The Opioid STR grants are meant to supplement current opioid-related activities, increasing the ability of grantees to address the nation's opioid crisis. The purpose of the grant program is to a) increase access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) including prescription opioids as well as illicit drugs such as heroin; b) supplement current opioid activities; and c) support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments.

Since the CDC grant managed by the South Dakota Department of Health and overseen by this Advisory Committee is completing a needs assessment and state-wide strategic plan, the focus of the South Dakota application will be on OUD treatment and recovery services (80% of required effort) as well as implementing the recommendations of the strategic plan created by this Advisory Committee. Per formula based on the number of people who meet criteria for dependence or abuse of heroin or pain relievers who have not received any treatment and the number of drug poisoning deaths, South Dakota would receive \$2,000,000 per year over a two-year period.

Prescription Drug Monitoring Program (PDMP) Unsolicited Reports Threshold Comparison. Melissa DeNoon, SD PDMP Director with the South Dakota State Board of Pharmacy, summarized a decision by the SD PDMP Advisory Council to update unsolicited reporting thresholds. As noted in the table below,

the threshold is defined by: a) number of prescribers who write an opioid prescription for an individual patient; b) the number of pharmacies the individual patient uses to fill their prescriptions; and c) both occurring in the specified period of time. The PDMP staff generates a monthly report to identify patients who meet the threshold criteria and sends education letters to the involved prescribers and pharmacies for their further review. The Advisory Council recommended 4 prescribers/4 pharmacies/30 days threshold level.

Threshold Comparison	Aug '16	Sept '16	Oct '16	Aug 1- Oct 31, '16
3 prescribers/3 pharmacies/30 days	200	151	160	N/A
4 prescribers/4 pharmacies/30 days	23	15	17*	N/A
5 prescribers/5 pharmacies/30 days	6	3	2	N/A
6 prescribers/6 pharmacies/90 days	N/A	N/A	N/A	17*

*October 2016: 7 of 17 patients fit criteria

**August 1 – October 31, 2016: 9 of 17 patients fit criteria

Based on an action item from the November 2nd Advisory Committee meeting, the table above summarizes if unsolicited reports were tightened from the previous 6/6/90 threshold.

Prescription Drug-Associated Hospitalizations, ER visits, and Deaths for South Dakota during 2004 – 2015. Please refer to PowerPoint presentation. Nato Tarkhashvili, SD Department of Health, presented data on drug-associated hospital discharge data, emergency admission records, and death certificate records in South Dakota from 2004 to 2015. The methodology was proven by the Council of State and Territorial Epidemiologists (CSTE) which provided direction on which codes to include in analysis and how to analyze the data on drug overdoses and deaths. The data included primary cause due to drugs and more specifically, opioids.

During this timeframe, there were 493 deaths as noted in primary cause of death. The most frequently listed cause was accidental poisoning by drugs (61% of cases) and codeine and morphine was listed a most frequently involved in medications (43% of cases).

In 2014 – 2015, there were 1,080 total emergency room admissions with codes associated with drugs. The three top causes of emergency room admissions in 2014 – 2015 were drug-induced mental disorders – drug withdrawal, poisoning by benzodiazepine-based tranquilizers, and nondependent abuse of drugs – amphetamine or related acting sympathomimetic abuse. The top three causes accounted for 50% of all admissions.

In 2004 – 2015, there were 3,007 total hospital admissions with codes associated with drugs. The three top causes of hospital admissions in 2004 – 2015 were poisoning by benzodiazepine-based tranquilizers, poisoning by opiates and related narcotics, and drug dependence. The top three causes accounted for 62% of all admissions.

Overall, there has been 839 deaths, hospitalizations and emergency room admissions per year or 98.3 per 100,000 population per year. The Advisory Committee agreed with the conclusion the data

represents the tip of the iceberg. Drug misuse and abuse is sometimes listed as the secondary cause or not listed at all on death certificate data or admissions data. Therefore, those cases are not included in the data above. Nato suggested the Advisory Committee explore solutions with our children aged <15 years old.

Needs Assessment. As part of the Center of Disease Control grant, a needs assessment is required to inform the statewide strategic plan to address prescription opioid misuse and abuse in South Dakota. Proposed evaluation methods include:

- Logic Model
- Asset Mapping
- Outpatient and Inpatient Hospital Discharge Data
- Death Certificate Data
- Survey Instruments to Assess Surveillance, Prevention, Response, and Recovery

The Advisory Committee agreed to survey the following population groups:

- Pharmacists
- Prescribers (MD/DO, Physician Assistants, Advanced Practice Nurse, Dentists, Podiatrists)
- Substance Use Disorder Counseling and Treatment (Accredited and Unaccredited)
- Non-profits supporting patients and families
- Criminal Justice System (City Police, County Sheriff, Division of Criminal Investigation, Highway Patrol, UJS (probation officers, judges), Department of Correction (parole agents), prosecuting attorneys, and defense attorneys.

The Advisory Committee provided advice on the study population and how to best distribute the surveys. Sharon Chontos will work with sub-committees to edit the survey instruments, test the instruments, and provide guidance on distribution.

April 2017 Meeting. The Advisory Committee will meet in April after the legislative session and the needs assessment report is completed.

Action Items. Action items based on this meeting are as follows:

Sub-groups will work with Sharon to design survey instruments for needs assessments. Survey instruments will be tested by volunteers from each target audience.	Advisory Committee members Sharon Chontos
Explore adding opioid overdose reportable on death report	Tom Martinec