1. Agenda topics: Welcome & Introductions / Review of Agenda Charter & Expectations
   Presenter(s): Brian Ingraham & Sheriff Asa Buck

   Discussion
   • Brian Ingraham and Sheriff Asa Buck greeted the Opioid Work Group members, and
     introductions were made. The Co-Chairs reviewed the agenda charter and expectations with
     the work group.

   Conclusions
   • The Work Group outlined their tasks for this meeting through January 19, 2016.

2. Agenda topic: Written Work Assignments on Topical Areas / Recommendations
   Presenter(s): Brian Ingraham
**Discussion**
- Brian Ingraham and Sheriff Asa Buck reviewed the charter for the Opioid Work Group and outlined expectations with milestones and dates. Brian asked that the DMHDDSAS staff complete the following:
  1. Problem Statement
  2. Current Capacity
     - Adequacy of services available
- Brian asked that the Opioid Work Group complete the (3) Recommendations section for the purpose of today’s meeting. The group agreed. He also stated that recommendations must be articulated with appreciation for public policy change and appropriations. The group agreed to begin with the recommendations 1-5, but to work backwards, starting with #5.

**Conclusions**
- Members were to come to the table today with recommendations in each of the five topical areas assigned previously.

**Action Items**

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<thead>
<tr>
<th>Person(s) Responsible</th>
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<tbody>
<tr>
<td>All Work Group members</td>
<td>12/01/15</td>
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3. **Agenda topic:** Rec. 5. Laws Which Are Misaligned

**Presenter(s):** Justice Samuel Ervin IV

**Discussion**
- The Work Group discussed gathering data on the effectiveness of North Carolina’s specialty courts. Justice Ervin asked for a report on specialty courts from McKinley Wooten of the Administrative Office of the Courts (AOC). He is hesitant to go with a broad-based recommendation without this information. Further study might be warranted and recommended. He asked if those on probation that participate in drug court are getting better outcomes for recovery. Noted obstacles are that the drug courts are difficult for attendees, with the number of hours and the potential prison time for those that participate. Externally, folks are resistant to these programs because they may appear “soft on crime”. How do courts keep an incentive or a consequence present to support long-term recovery?

**Conclusions**
- Recommend an assessment of specialty court eligibility criteria.
- Develop standards of care for Medication Assisted Treatment (M.A.T.) for Courts
- Specialty Court participants are sometimes told to go off of their medication due to the stigma with M.A.T. This is incongruent with best practices. The group recommended training for Drug Court staff and participants.
- Identify which specialty court programs work best and model these.
- Establish which goals to include in specialty MH and Drug Courts to reduce recidivism.
- Recommend evaluation of specialty court outcomes.
- Recommend pairing participants with Peer Support Specialists.

**Action Items**

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<tr>
<td>Justice Ervin</td>
<td>12/20/15</td>
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<tr>
<td>Co-Chairs (Brian Ingraham and Sheriff Asa Buck)</td>
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### 4. (b) Agenda topic: Rec. 4. DHHS Recommendation: Review the State Plan to Reduce Prescription Drug Use / Misuse and Provide Recommendations

**Presenter(s):** Brian Ingraham

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</table>
| - All Work Group members have access to the State Plan to Reduce Prescription Drug Use / Misuse. | - Members should add edits and feedback to the plan using “track changes”.  
- Enhance Naloxone funding and promotion.  
- Encourage specific language around metrics and outcomes.  
- Include greater specificity in outcome measures within the plan. |

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<tr>
<td>- Work Group members agreed to review and add edits / comments to the plan by December 18, 2015, using “track changes” and email to Brian Ingraham, Sheriff Asa Buck, and Flo Stein.</td>
<td>All Work Group Members</td>
<td>12/18/15</td>
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### 4. (c) Agenda topic: Rec. 3. Evaluate the use of Heroin in NC and Recommendations to Support Prevention, Treatment and Recovery in NC

**Presenter(s):** Ashwin Patkar

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| - Conduct large scale education efforts to assist in prevention.  
- Include training primary care practitioners within primary care settings that are integrating care.  
- To what extent should the Medical Board do more to encourage safe prescribing?  
- Expand the Controlled Substance Reporting System and making it mandatory.  
- Promote appropriate use of Medication Assisted Treatments (M.A.T.)  
- Require adequate monitoring as part of Medication Assisted Treatment.  
- Payer source is a barrier for access to care involving Buprenorphine or Methadone (out of pocket or Medicaid eligible / $300 per month).  
- Some doctors will not prescribe / some will.  
- Provide funding to support more MEDIUM level residential care (not just Detox beds). | - Conduct statewide initiative for education of responsible Opioid and controlled substance reporting. Educational requirement should be mandatory in terms of meeting licensing requirements of the Medical Board.  
- Expansion of access to medication assisted treatment (M.A.T.) for Opioid addiction in the community to include approved medications and behavioral treatment with appropriate monitoring.  
- Expansion of prevention and early intervention programs targeted to high risk populations (adolescents, individuals with mental illness, and those with injury and chronic pain).  
- Expansion of Naloxone availability in the community to reduce overdose deaths.  
- Educate prescribers and users that commercial insurance will pay for Naloxone. |

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<td>- Recommendations will be made to the larger Task Force on MH and SUD.</td>
<td>Co-Chairs (Brian Ingraham and Sheriff Asa Buck)</td>
<td>01/19/16</td>
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### 4. (d) Agenda topic: Rec. 2. Examine Efforts to Heighten Awareness of M.A.T. and Reduce Stigma

**Presenter(s):** Kurtis Taylor
Discussion

- Reduce stigma around Medication Assisted Treatment (M.A.T.) and the possibility of recovery as a whole.
- Discussion about payment (Medicaid and State) for M.A.T. Those that are uninsured or underinsured receive state funds—but how do you determine who gets what within your catchment area given limited funding?

Conclusions

- Conduct Town Hall style educational opportunities about M.A.T. with medical professionals.
- Strive to put a human face on recovery, which includes M.A.T.
- Develop and air Public Service Announcements particular to Opioid Addiction using recovery language.
- Show that M.A.T. is safe, effective, and enticing.
- Appoint / include people with lived experience and in recovery from substance use disorders (SUDs), including Opioids, on work groups throughout the state and invite them to participate.
- Governor’s Task Force should include someone in recovery from Opioid Addiction.
- In base messaging and communications, include science, efficacy, and personal stories.
- Increase availability of Naloxone throughout the State.
- Show either the full 88-minute or the abbreviated 55-minute version of *The Anonymous People* on PBS and host a call-in option for questions regarding resources and information after the viewing.
- Offer a sufficient number of reputable treatment programs in the right places throughout the state.
- Medication Assisted – means assisted! Best practice calls for M.A.T. coupled with psychotherapy. M.A.T. should not be administered alone – it needs to be inclusive of therapy.
- Provide long-term recovery supports like recovery community centers, Peer Support, collegiate recovery programs, and recovery clubs in high schools.
- Stigma impacts outcomes because of outdated beliefs and customs. Suggest a campaign of medical professionals, individuals with lived experience, and practitioners together to train at their own facilities using science-based evidence. Use powerful stories of success around M.A.T.

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4. (e.) Agenda topic: Rec. 1. Examine Efforts to Heighten Awareness of the Dangers of Prescription Opioid Misuse and Provide Recommendations to Improve These Efforts

Presenter(s): Sheriff Asa Buck

Discussion

- Rules and regulations can't be addressed until you deal with overprescribing.
- A lot of awareness has been brought forward, but much is left to be done.
• If people are getting these prescription opioids without them being prescribed to them, that is not only illegal, but we need to address HOW they’re getting them.
• Look into other states that have a best practice in law enforcement diversion. Use this language to make changes to the CSRS. Designated local law enforcement agents that are specially trained should have access to the CSRS.
• **G.S. 90-107** affecting the Pharmacists: a federal DEA agent or a SBI agent can ask for a prescription drug profile on a person.
• What are the ramifications of not registering or checking a patient in the CSRS? The Medical Board will have to decide that.

### Conclusions

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<th>M.E.D.S.</th>
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<tr>
<td>- Monitoring and Enforcement</td>
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<td>- Education and Training</td>
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<td>- Disposal</td>
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<td>- Storage</td>
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• Increase utilization of the CSRS by prescribers. Less than half of prescribers are registered. Of prescribers that are registered, about 50% use it and not consistently. They should be checked upon the first prescription – checked as a new patient.
• Encourage prescribers to provide patient education, particularly about mixing various classes of drugs (including alcohol).

### Action Items

| Recommendations will be made to the larger Task Force on MH and SUD. | Co-Chairs (Brian Ingraham and Sheriff Asa Buck) | 01/19/16 |

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**Meeting Adjourned:** 8:43 p.m.

**Next Meeting:** 01/19/16 (Larger Governor’s Task Force on MH and SUD)

PowerPoint draft of presentation for the larger Task Force due to the Opioid Work Group no later than 01/08/15 (Dr. Wei Li Fang)

### Parking Lot

- Responsibility of Pharmaceutical companies in funding prevention, education etc. given their “relationship to the problems”
- Residential Care Beds – shortages
- Medium term treatment stays
- Sponsoring Drug Take Back Programs (includes citizen involvement)
- Insurance Benefits for Underinsured / Uninsured
- Ask for funding from the ABC Board
- Treatment in incarceration and probation
- Encourage long term recovery community based supports
- Treatment access on demand
- Matching the level of care to the patient’s needs