

## **Meeting Minutes**

### **Governor's Council on Substance Abuse Prevention and Treatment**

Date: April 10, 2019

Start Time: 10:00 a.m.

Location: One Davis Square, Suite 100, East, Conference Room 134, Charleston, WV

Present: Secretary Crouch, Secretary Sandy, Diana Whitlock, Jim Jeffries for Dr. Slemple, Christina Mullins, Dr. Marsh, Ed Bridges for Dr. Boisvert, Michael Stuart, Gary Krushansky for General Hoyer, Matt Boggs, Dr. Petrany, Betsy Steinfeld Jividen, Dr. Becker, Dr. Kilkenny, Amy Saunders, Brian Gallagher and Dr. Coben.

Absent: Dr. Mock, Dr. Shapiro, Senator Maroney, Delegate Ellington, Thomas Plymale, Sheriff Bohrer, Dr. Berry and Kim Barber Tieman.

#### **Approval of Minutes**

The minutes of the March 27, 2019 meeting were approved.

#### **Strategic Plan**

The Council heard a presentation from Johns Hopkins Bloomberg School of Public Health in conjunction with PEW Charitable Trust titled: "The West Virginia Substance use Disorder Strategic Plan."

The Council took note that it was charged with Substance Abuse Prevention and Treatment of all substances including tobacco. Deputy Secretary Samples noted what is required of the Office of Drug Control Policy by law.

Secretary Crouch suggested that an implementation plan be developed based on the strategic plan. He also said that we clearly need to think beyond opioids.

Johns Hopkins felt the W. Va. Plan should be limited to 20 pages, 6 strategic goals and 15 objectives

The chair opened the floor discussion re: a shorter strategic plan which met with a favorable response.

The Council asked if we should use the Opioid Response Plan dated January 30, 2018 (ORP) as a launch pad for this strategic plan. It was noted that there is some overlap between the ORP and this current plan but the ORP was created for a much shorter time frame narrower scope. In addition, the State has already implemented many of those suggestions.

**\*As an Action Item, the Council will look at ORP and parcel out items according to Subcommittee.**

## **DISCUSSION OF SPECIFIC TOPICS**

### **Health Systems**

Johns Hopkins recommended the book Medications for Opioid Use Disorder Save Lives.

The Council discussed the role of the FQHCs in the Health System for addiction treatment in West Virginia. Hospital coverage in W. Va. Is spotty. W. Va. Has the highest per capita rate of FQHCs. The W. Va. System of health care includes FQHCs and CBHCs.

With screening tools, we could start MAT at all FQHCs. The Council asked if SBIRT is an effective screening tool. The research Johns Hopkins had seen indicated that SBIRT worked better for alcohol but was mixed for OUD. We need higher expectations for OUD.

The Chair of the Health Systems Subcommittee proposed using the FQHCs along with voluntary standards.

Co-chair of the Prevention Subcommittee reported ER interest in starting MAT in ERs.

Johns Hopkins emphasized that continuity of care needs to start at same time as implementation.

### **Recovery treatment and research**

After hearing this portion of the presentation, the Council discussed the subject of does MAT ever end. Johns Hopkins felt that was a discussion for a Doctor and a Patient. At least several years on MAT allows the patient to focus on other aspects of his or her recovery. Limits on MAT should not be arbitrary. Doctors see MAT as any other medication.

Mike Stuart expressed concerned about methadone and suboxone diversion.

The Council heard discussion that the diversion of Suboxone could be fueled by a lack of access to MAT and inadequate access to treatment and diverted opioids are safer than street-grade heroin. Other countries have established safe spaces where they also offer treatment programs and services.

Addressing stigma is very important in addressing all these ideas. Abstinence – based programs produce a higher rate of ODs. Any of the current programs began to treat alcohol.

There are researchers who study stigma and run a stigma lab to study the same.

The Council discussed the recent trend in Substance Use Disorder to methamphetamines and switching strategies to target polysubstance abuse treatment. Using behavioral health centers as centers of excellence and behavioral therapy programs could help with this.

The Council also heard discussion about what constitutes polysubstance abuse v. opportunistic drug use. The drug of choice will change due to availability and can use other substances to increase high is still polysubstance use. Using a drug to offset the effect of the other, so all substance must be looked at in treatment.

Secretary Sandy volunteered to help with inmates who are addicted and wondered if there was any way they could engage Medicaid.

### **Community Engagement and Supports**

The Council heard the portion of Johns Hopkins presentation relating to Community Engagement and Supports.

### **Court Systems and Justice**

After hearing this portion of the presentation, the Council discussed the confusion around NAS and MAT. Often, even if child has NAS because of MAT during pregnancy the child could still have a better outcome if they don't need foster care placement.

### **Law Enforcement**

The Council heard the portion of Johns Hopkins presentation relating to Law Enforcement.

### **Prevention**

The Council heard the portion of Johns Hopkins presentation relating to Prevention.

In closing the Council discussed how it could work with Johns Hopkins on the Strategic Plan moving forward and that they are always available to work on specific question or could focus on assisting on a more global level.

### **Adjournment of Meeting**

There being no further business, the chair adjourned the meeting at 2:02 p.m.