



**NCIOM WORK GROUP ON ACES AND OPIOID MISUSE PREVENTION**

**JANUARY 22, 2019**

**9:00 AM TO 12:00 PM**

**630 DAVIS DRIVE  
MORRISVILLE, NC 27560**

**ROSTER:** *Paul Savery, Tripp Ake, Ellen Essik, Glenn Field, Michaels Eisen, Susan Robinson, Laura Jane Ward, Phil Redmond, Karen McKnight, Catherine Joyner, Gwen Barley, Kayla Buitrago, April N. Harley, Sharon Loza, Jessica Guice-Albritten, Ingrid Bou-Saada, Anna Austin, Meghan Shanahan, Hendree Jones, Adam Zolotor, Michelle Ries, Suchi Tailor*

**INTRODUCTIONS & BACKGROUND – Michelle Ries**

No questions. *See slides online.*

**WHAT IS OUR TASK AT HAND? – Catherine Joyner**

No questions. *See slides online.*

**OPIOID ACTION PLAN: REVIEW – Elyse Powell**

*See slides online.*

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Impact: needs to be a line between OD deaths & strategies

Measurable—process measurements are fine too

Ownership: who is leading this effort??

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Question: could we look at the dashboard soon? I noticed some strategies are short term, long term, upstream, and downstream

Elyse: yes! We are trying to maximize our impacts in the short-term and long-term. We want to reduce OD's immediately, but also build strategies to help us through the "next drug epidemic." Opioids are only one piece of the puzzle; we want to build off the momentum of this movement for the rest

Response: I'd love to see the dashboard to see the impacts of each strategy

Michelle: one of the things we will talk about today is metrics. We can start the conversation today about how we know how to start that conversation



Question 2: Have we decided as a state to look at some of the things we did wrong during the crack epidemic of the 80s? We did a lot of things wrong. What did we do right? What can inform us?

Elyse: we are always thinking about our history as public health professionals. We have been trying to train law enforcement officials to take a more public health-oriented approach to this. However, this relationship has been slow to build. How do we get them to buy into this epidemic as a health issue and not a criminal justice piece?

Response: I feel like a lot of (maybe) OD's happen from individuals who are buying from dealers or friends. Are we partnering with law enforcement officers to handle this?

Elyse: there's been a huge shift from opioids to heroin & fentanyl. We are working on this. But with our law enforcement piece we are working on diversion programs, drug recovery courts, treatment, etc. We are trying to introduce several harm reduction strategies. The relationship between law enforcement and this issue is evolving and developing still. NC is decentralized system which has its pros and cons.

Question 3: how much leeway do we have as a group? Is there a priority on a specific part of the plan?

Elyse: we are as much looking as you all to decide how to focus on a priority. You all are the experts, where do we get the biggest bang for our buck? As far as how many strategies—I'm not sure. But like I said, the OAP isn't completely comprehensive. We just want to know where the state should be moving forward.

Michelle: potential to discuss brand new strategies. There is also potential to identify missing pieces within existing strategies. i.e. other special populations, other more specific details around the ACES connection.

Response: I realize we must work with what we have, but trauma approaches need to be integrated and infused into what is already in the plan not just tacked on to the end. It's a way of looking through things and doing things.

Question: how much potential is there for longer term investment ROI?

Elyse: we are looking to make progress on the strategy by 2021, not necessarily that we prevented this many deaths. we are not currently rearranging the entire state; we are looking for strategies where we can either complete the strategy, or make a lot of progress before 2021.

## **ACES & SUBSTANCE ABUSE: REVIEW OF DATA & ISSUES—MEGHAN SHANAHAN**

***See slides online.***

Question: How do you look at emotional abuse given that's something that's not blatantly reported?

Meghan: questions were pulled from an existing validated questionnaire. It's individual reporting on behavior that is considered emotional abuse.

Question: pain.. are we talking about physical or emotional pain?



Meghan: whatever is self-reported

Adam: it's important to note that use of opioids was so heavily correlated with financial hardships within the past 12 months, whatever the reason behind the hardships may be.

Question: Why did the doctors prescribe the opioids in the first place? Unclear from data.

Response: we didn't measure the chronic pain/ why they were prescribed

Question: did you all measure the employment status of parents at all?

Response: no, but that's a good variable to look at. There are many unmeasured underlying factors

Question: geography data?

Response: don't have access to that data

Opioid prescriptions & child removal—what're the different state policies around child removal? What are the ages that children are being taken from?

Response: it's a broad parent range, children could be newborn up to 18

Is there a centralized reporting mechanism?

Response: No

Michelle: if anyone has any more data about specific data or articles please let us know!

**SMALL GROUP DISCUSSION – everyone**

***See discussion notes document***