

**GOVERNOR'S COMMISSION ON ALCOHOL & DRUG ABUSE  
PREVENTION, INTERVENTION AND TREATMENT**

**August 22, 2014  
LEGISLATIVE OFFICE BUILDING  
CONCORD, NH**

**MINUTES**

**Members Present:**

John Barthelmes, *Department of Safety, Commissioner*  
Maggie Bishop, *Division of Children Youth & Families*  
Marty Boldin, *Recovery Representative*  
Mary Bubnis, *Department of Education*  
Cheryl Coletti, *Business and Industry Association*  
Rebecca Ewing, MD, *Public Member*  
Jeanie Forrester, *Senator*  
Traci Fowler, *Partners in Prevention*  
Amélie Gooding, *Treatment Professional*  
Ned Gordon, *Circuit Court*  
Joseph Harding, *Executive Director, and Director of DHHS Bureau of Drug and Alcohol Services*  
Molly Kelly, *Senator*  
Chris Placy, *Public Member*  
Timothy Rourke, *Chairman and Director of Program, NH Charitable Foundation*  
Seddon Savage, MD, *NH Medical Society*  
Stephanie Savard, *Families in Transition*  
Nicholas Toumpas, *Department of Health and Human Services, Commissioner*  
Mike Wiley, *NH Insurance Department*  
Jim Wilson, *Liquor Commission*

Tym Rourke opened the meeting with introductions of the Commission members.

All in favor of approving the June minutes.

**AGENDA ITEM 3 – GOVERNOR'S COMMISSION OPERATIONS**

I would like to give you a quick update on the Governor's Commission. We are now operating under the revised statute that was passed by the previous legislature and signed by the Governor in June. Which brings to this Commission two new seats: there is a seat for the Charitable Foundation and there is a seat for a person in long-term recovery which brings Marty Boldin to the table.

The legislature also created a Recovery Task Force in the statute. Chairman Rourke asked Marty Boldin to serve as the taskforce chair. Chairman Rourke also asked Marty to assemble a group of folks largely who are in recovery to look at providing to this Commission in the next few months recommendations on moving recovery forward in this state. We will delay deeper conversation about that for another time but certainly folks who have been on this Commission recall Director Harding's conversation at length about the recovery oriented system of care and the need to do a better job of inventing and expanding recovery systems. Some of that is threaded in the financing strategy. We are looking forward to hearing from this task force and its recommendations towards the end of the year.

The Governor has been involved in some work with other New England Governors over the heroin and opioid epidemic over the course of the summer. There is a specific work that the Governor's office would like to have the Opioid Task Force take on. It is work that is in line with what the task force is already doing. Chairman Rourke has asked the Governor's office to provide some direction on exactly what they want and when they want it by so that the Task Force has some appropriate deliverables.

There are two new task forces that are new to the Commission and require assistance from state agencies.

1. Budget Task Force

- Budget directors of each state agency that is on the Commission.
  - This will further coordinate us around the budgeting implications around substance use disorders.
  - Chairman Rourke will send a letter to all the agency commissioners so that a person from each agency can be named.
  - Will meet once or twice a year except possibly during budget season.

2. Drug and Alcohol Data Task Force

- Not in the statute but is an area that Chairman Rourke is going to request assistance.
- For a number of years there has been a State Epidemiologic Workgroup out of the Department of Health and Human Services. We are looking to call together drug and alcohol data quite deeply. That group is going through a transition right now and it has been requested that the group come under the Governor's Commission.
- It does not change a lot in its structure; however we are going to ask some assistance, probably from the data individuals within various state agencies of this Commission to potentially participate and contribute data. Chairman Rourke will write a letter to the agencies requesting the contact so we can get that moving.

The last structural piece is Chairman Rourke would like all the of task forces be ready to present in October. We have not had task forces in the last few meetings as we have been engaged in these other systemic discussions. Our task forces do incredibly good work and it will be a good time to have them check-in. We will dedicate the October meeting to the task forces to share with us their

work, their progress to date, any guidance or further direction that are needed from this Commission to continue the work of the task forces.

## **CURRENT ISSUES**

### **Synthetic Marijuana – Spice/K2 (handouts given)**

There has been a significant issue with synthetic marijuana (also called K2 or Spice).

- 14.1% of NH high school aged youth who have used synthetic marijuana
- 2,483 youth have used synthetic marijuana 1 or 2 times; 1,149 have used 3 to 9 times; 525 have used 10 to 19 times; 366 have used 20 to 39 times; 244 have used 40-99 times and 528 have used synthetic marijuana 100 or more times.
- 16.4% users were male and 11.6% were female
- 9.3% Grade 9; 12.7% Grade 10; 16.7% Grade 11 and 18.2% Grade 12

We do not have any adult data on use for the State of NH at this time.

In the city of Manchester there were folks who overdosed on “Bubblegum” smack that was described as a zombie like state. It was almost up to 50 overdoses in the Manchester area. It came very fast and many authorities were very concerned. It got the Governor’s attention and she declared a state of emergency to empower law enforcement to deal with it. Typically these are vegetative materials laced with a chemical compound which is a synthetic cannabis. As soon as a substance makes it on the “controlled substance list” they reformulate it so it isn’t technically a controlled substance anymore. This actually tested (Bubblegum Smack) to be a controlled substance which was surprising. Speaking to the DEA it takes 9-10 months for a substance to get on the controlled substance list.

Some communities have ordinances to prohibit the sale of Spice. It is very lucrative. It sells for \$10 up to \$30 dollars and many times you have to know a code word to get it. What is frightening about it no one knows what is in it. It has goofy packaging and most parents might not even identify it if they found it.

Last year there was proposed legislation from the House and Senate that brought some people together. It was difficult as “how to define?” because then “it changes the formula” “and if you move it in to controlled substance then we talk felony,” so those issues were on the table for the Study Committee. The organizational meeting to make sure that we have everyone at the table for the discussion is next Wednesday at 1:00 pm. We are hoping to bring everyone together here and create something that can be moved forward and is more than a Band-Aid.

There is also focus on the supply side. The Governor expressed concern with regards to the demand for these substances especially with school starting. The Bureau of Drug and Alcohol Services has put together an electronic packet that we will be sending out the Community Public Health Networks. It includes a letter from the Governor that outlines this issue; strategy that can be implemented at the regional community level, talking points, and fact sheets on synthetic drugs. Each of the regional networks will be able to work with the schools and other community supports. It is an ongoing issue; it is an emergent issue as well and we can get out in front of it before school starts next week. Many of our coalitions already do early school outreach. In October we will get an update on what some of the outreach activities were and what is ongoing.

**Financing Plan for State Strategy** (*see handout*) As we think about financing strategies, where we put specific dollars to different things we are a year away from having any dollars to do anything with and this is volatile issue and can change at any time. What we are trying to do is give an overarching sense on what it would cost to effectively address substance abuse in this state. From there we will have at least some grounding that if we had adequate resources what it would look like. We will have a discussion and a vote at a later date what the commission will actually fund in a year from now.

The Outcome Update (*Collective Action*→*Collective Impact NH Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery*) gives a summary on what has happened in the first year. The front page is the successes; the next page is more effort needed both in substance use and access to treatment. In the coming years reminds everyone what the core strategies are.

From the review of the previous presentations and resource gaps, Governor’s Commission members participated in a facilitated discussion regarding the process by which it should consider the collective resource needs in terms of state plan priorities and the budget request of the Governor’s Office for funds from the profits of state liquor sales per RSA 176:a-1.

A summary table of strategy areas, state agency leads, and budgets amounts was provided first, followed by the full detail organized by state plan strategy area. (*see handout-Prioritizing and Estimating the Resource Needs of the State Plan “Finalizing the Financing Strategy”*). The two areas of concern are - lack of funding for prevention and recovery supports. One of the things added was what the Commission currently funds. Existing Regional Public Health Network system infrastructure for SUD prevention is currently funded by the GC allocation \$349,750. The second item funded by the current GC allocation is treatment services support \$1, 617,592. When taking into account the distribution of resource needs by SUD service types the following are the next action items:

Context for Decision-Making

- Estimated amount of Alcohol Fund formula for SFY 2016: \$8.5 M
- Total of Resource Needs: \$18,591,052

Next Steps

- What is the final request to be communicated?
- How will this request move forward?
- Do state agencies need to do anything to prepare for or assist with budget negotiations?

The financing proposal does not include the cost associated with expanding the substance abuse benefit in the Medicaid populations that is now currently available to the expansion population under Health Protection.

**Question:** What is the current alcohol fund?

\$1.75 million.

**Comment:** Even now in the State Budget there are millions more that are being spent by each agency that are being contributed to substance abuse issues. There is about \$10 million between

the block grant and other state general funds being spent primarily for programs and services and personnel costs.

**Question:** Is there any indication that if we spend X amount of money how much we would save?

**Question:** What is the return on the investment?

- In the Lewin Group report that was done for the NH Health Protection Program for substance abuse there was a range of return investment that went from \$1.40 to \$10 return on investment on every dollar spent.

**Comment:** We need to not only show what the benefit is going to be but we also need to show how the cost will manifest itself somewhere else if we do not get additional funding. We need to show where it will increase costs. The amount of money the state is spending also needs to provide some context. We want to show the overall context on what is being spent and where.

In our proposal that we made to the Governor's Commission back in May in what we termed "Saving Lives, Saving Dollars" it really takes a look at addressing the misuse of alcohol and drugs from a comprehensive approach, from environmental strategies to prevention and early intervention, treatment and recovery supports. The environmental strategies are laws and regulations, prescribing practices, safe storage and disposal, all those things in the environment that reduce the risk to the population overall is about 60¢ person. If you look at some of the costs of Prevention Services who target people who are at great risk those costs range from \$30 to \$90 per person. If we get into early intervention for people who are misusing but are not yet dependent the cost can be anywhere from \$350 to \$500 per person. When you get into treatment it averages \$1750 per person and more than \$10,000 for residential treatment services. The message is if we can do a good job in all of those areas we can essentially narrow the funnel and reduce the cost overall to the state which we have identified as being \$1.3 billion dollars and that is a very conservative figure. It is important for us to frame it in this way.

The issue that has to be put on the table when we deal with the legislature is it has to be a sustained investment. As we look at this it is important to have a minimum amount that we focus on that has a high return on investment but a longer tail.

When going in front of the legislature, it is important to state a priority but it is not enough, having data is not enough, talking about return on investment is not enough, what we need to do is paint a picture of what the consequences of the legislature's failure to provide funding in a specific area. We need to keep it simple and specific.

We need to put our heads together to arrive at a consensus and use the same language when we present this. We need to think about the messaging so that legislature hears from each commissioner and constituents in the community the exact same message of the cost of inaction. The issue that is going to be asked is "where's the money?" That is the issue we really have to address because you just don't decide you're going to spend more money but you have to find a way to present it. What we need to say is we are looking for an increase in the portion of liquor commission profits, by going back to the original formula or some formula like that.

We have looked at how we would prioritize some resources with a dollar amount. There was a question about total state dollar amounts. For 2013 the agencies reported thirteen and a half million but you have to remember that the state agencies like corrections and safety that most of their operating is actually going to serving people with substance abuse problems but they didn't include that just their special specific initiatives around substance abuse so it was reported lower than it is.

We will continue to do work on this. Chairman Rourke will talk to the Governor's Office and have an intro meeting on this issue. He would like to talk with the Center for Excellence and New Futures and see if we can pull together some general guidance and talking points and run it back with this Commission between now and the end of the year. So when we hit the ground in budget season we collectively have a "plan of attach" so to speak. If folks are okay with it that is how we will proceed and bring it back.

We will try to convene that Budget Task Force so we are clear on what is being allocated, annual money we are requesting and use that to hone this further.

**Update:**

We do have the Medicaid Benefit for substance abuse treatment now. The NH Health Protection Program started last Friday and we are excited about the substance use disorder benefit under this program. Most of the benefits will not be coming online for 6 months to a year because of the service capacity to provide those services. So primarily it is outpatient services, methadone treatment services that have been in place but most of the more medically based services that are screening, brief intervention, referral to treatment, medication assisted treatment and other levels of substance use disorder treatment which are intensive outpatient, partial hospitalization residential treatment, withdrawal management, recovery support services are not coming online for a while.

**Public Comments:**

Are they manufacturing Synthetic Marijuana here in the state?

Most of the chemicals come in from China in large drums and then the compound is sprayed on the product. They do not know what is in the drums or how much they are really using. The packaging, mixing, etc. is happening in the New England States.

There is an organization "National Alliance on State Model Drug Laws" and they have been working on synthetic marijuana and released a set of models statutes and policies, and what we can do with local policies and procedures.

The next Governor's Commission meeting will be **October 24, 2014 at 9:30 am** at the Legislative Office Building, Concord, NH.