



CITY OF WORCESTER, MASSACHUSETTS
Division of Public Health



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Medical Director

SUBJECT: BOARD OF HEALTH MEETING MINUTES
DATE: NOVEMBER 2, 2015
START TIME: 6:30PM
LOCATION: 25 MEADE STREET, ROOM 109
WORCESTER, MA 01610

IN ATTENDANCE:

Board of Health members: David Fort, Abigail Averbach, Dr. Jerry Gurwitz, Edith Claros, Joanne Calista

Division of Public Health staff: Karyn Clark, Cassandra Andersen, Zach Dyer, Dr. Michael Hirsh, Dr. Matilde Castiel

Members of the public: Kaylin Petracca, Michelle Smith, Courtney Tolliday, Hosana Mamata, Jonathan Oliveira, Joshua DeLeon, Reyman Ortiz, Dr. Dennis Dimitri, Dr. James Broadhurst, Keegan Daugherty, Martha Akstin, Nick Kotsopoulos

Meeting called to order at 6:39 PM

1. Welcome and Introductions

- a. Abigail Averbach, chair, welcomed all in attendance.

2. Approval of the Minutes

- a. Minutes of the 10-22-15 meeting are unanimously approved following a motion to the chair with the corrections of the date at the top and changing "ten additional sites" to "five additional sites."

3. Opioid Abuse Discussion

- a. Thomas Stopka, infectious disease epidemiologist of Tufts University School of Medicine, presents information on syringe exchange programs and their potential role to increase access to care. Mr. Stopka has worked with the



current five areas in Massachusetts who currently have needle exchange programs.

- i. Ms. Averbach asks about the state legislative status and history.
 - ii. Mr. Stopka discusses the original legislation that allowed for 10 pilot sites in MA to participate in needle exchange. Five such sites have been established. In 2006, retail syringe availability was legislatively established.
 - iii. Ms. Averbach asks about local authority. As legislation currently stands, Mr. Stopka explains, local approval is needed to authorize a program. That power rests in the hands of the local board of health.
 - iv. Ms. Calista asks about the level of detail needed for local approval such as sites, programmatic details, etc. Mr. Stopka suggests reaching out to other programs in the state to see what has been done.
 - v. Dr. Gurwitz asks about the impact that over-the-counter syringe availability has had on the population. Mr. Stopka details a natural experiment of HIV incidence in two adjacent communities, one in which had over-the-counter syringe access, one of which did not. HIV incidence was lower in the community with syringe access. The general scientific opinion is that the greater the number of options of acquiring clean needles, the lower the risk of transmission of infectious diseases.
 - vi. Mr. Fort asks about cost and comparisons of one-shot needles versus traditional needles. Mr. Stopka confirms that one-shot syringes are generally more expensive and that one-shot syringes are not fool-proof such that an individual might be able to reuse those needles regardless.
 - vii. Ms. Averbach re-confirms that the availability of clean needles as being a best practice to reduce incidence of Hepatitis C and HIV. Ms. Averbach asks about the impact that such a program might have on injection-drug use and opiate overdoses. Mr. Stopka uses New York City as an example of the impact of such a program on HIV rates. Mr. Stopka also explains how wrap-around services and referrals can be included as a part of syringe exchange programs to reduce opioid-related deaths.
 - viii. Dr. Michael Hirsh, Medical Director of WDPH, asks about the potential impact or history of mobile needle exchange programs. Mr. Stopka explains that it gives geographic versatility but may limit hours and consistency for the population, as well as misses the opportunity for related stop-in services.
 - ix. Dr. Castiel asks about trends in Hepatitis C virus (HCV) incidence in Massachusetts. Mr. Stopka explains that there was a 138% increase in HCV incidence in 15-24 year olds in Massachusetts from 2002-2013.
- b. Dr. Dimitri, Vice Chair of clinical services in family medicine at UMass and President of Massachusetts Medical Society presents on the Prescription Drug Monitoring Program (PDMP).



- i. Dr. Dimitri explains that historically, there was an underutilization of opioid prescription drug prescription for patients who could benefit from proper pain management.
- ii. As prescribing increased, longer-lasting drugs were released to the market and use was encouraged for a number of conditions.
- iii. As prescribing increased, addiction increased, and opioid-related overdoses increased.
- iv. Dr. Dimitri explains that PDMP has been in place in some format for 20 years. It is only recently a condition of relicensure for physicians. The state is now investing more resources in the PDMP as a response to the opioid crisis.
- v. MMS recently released guidelines for opioid prescribing practices. Some recommendations include taking a full and complete history, starting with lowest dose, etc. Guidelines were released before current legislation. Over 5,000 prescribers have taken up those guidelines as published on MMS website.
- vi. MMS has an ongoing public education program about minding your medications including proper storage, disposal, etc.
- vii. MMS has pulled together a working group of deans of Medical Schools in Massachusetts to have a shared curriculum on opioid prescribing practices. Recommendations will be released soon.
- viii. The bill Gov. Baker has released has two measures that MMS has been vocal about: 72-hour hospitalization for those who are addicted, and a 72 hour prescribing limit for first time prescription. MMS is concerned about signing medical practice into legislation as it does not allow for the improvement of medicine or flexibility as desired by physicians. Perhaps there should be a sunset clause of the legislation that is this strict in order to address crisis, but does not need to remain so ad infinitum. MMS recommends using 72 hours as a professional guideline, but allowing physicians to make exceptions. MMS believes that the 72-hour hospitalization could not be supported by current capacity and will have impact on other patients seeking treatment. Pragmatic issue of resources to address the influx of patients that would result from this policy. Additionally, there is a lack of evidence of forcing treatment upon a person as effective treatment. Dr. Dimitri explains that physicians are generally split on this measure.
- ix. Speaking from the perspective of family medicine, Dr. Dimitri explains the current practices in Worcester around pain management and the work that has already done.
- x. Dr. Gurwitz asks about recommendations for actions the BOH might be able to take prevent opioid abuse. Dr. Dimitri says he is reluctant to recommend endorsing the Governor's plan, but says efforts need to be done to educate youth on heroin use. Dr. Dimitri recommends endorsing MMS's prescribing guidelines.
- xi. Mr. Ortiz asks if physicians explain the dangers of addiction and withdrawal when prescribing opioids, even for a reasonable



prescription. Dr. Dimitri agrees that Massachusetts physicians have not done a great job educating patients on the risks of opioid addiction. Ms. Calista reconfirms that not enough is disclosed by physicians at the time of prescribing.

- xii. Mr. Fort comments that dealers understand the gaps that physicians and other systems leave.
 - xiii. Mr. Fort asks whether or not the 72-hour hold details what services are provided in that time period. Dr. Dimitri answers that he does not believe there is specificity in the involuntary hospitalization language. Mr. Fort asks if MMS will outline specifications for what would happen. Dr. Dimitri says that if that does become policy, MMS would want to outline what should be offered during that period and also, how that would be paid for.
 - xiv. Mr. Oliveira explains how prescription pills sell for at least \$35 on the street, a bag of heroin for no more than \$10, which is as strong as at least five pills. Mr. Oliveira strongly agrees that needle exchange should occur in Worcester, sees the evidence of the need everywhere he walks.
 - xv. Mr. Ortiz recommends having addicts educate young people instead of those who do not have that perspective.
- c. Dr. Broadhurst, chair of the public health subcommittee of the Worcester District Medical Society (WDMS) discusses substance abuse as a result of many societal factors.
- i. Recommends treating opioid trafficking like infectious disease investigation in order to address supply as well as demand.
 - ii. Dr. Broadhurst praises naloxone distribution programs.
 - iii. Explains the impact of the closure of the pain management center that left physicians to manage pain who were not as practiced in doing so.
 - iv. Discusses precedent of mandated treatment—tuberculosis, DUIs. Also discusses concern about 72-hour hold resulting in overdoses upon release.
 - v. Discusses the need for tapering of prescriptions.
- d. Michelle Smith, Executive Director of AIDS Project Worcester, presents on the work of APW.
- i. Ms. Smith strongly endorses a needle exchange program in Worcester. Need to give individuals the tools to remain safe and healthy—clean needles, a place to dispose of those clean needles, and feeling safe while doing so.
 - ii. Ms. Averbach reconfirms that needle exchange can keep individuals safe and healthy, provide a means for access, and allow individuals more opportunity to seek treatment.
 - iii. Ms. Averbach asks if there is something aside from topics discussed tonight that she would recommend. Ms. Smith asks for laws to be enforced as intended such as the Good Samaritan Law that is not uniformly interpreted. Also says that if needles can be purchased



commercially, possession should be treated uniformly, a held needle is a held needle.

- e. Ms. Petrakus, a social worker in Worcester, speaks from her experience in working with IV drug users and in volunteering at the Boston Needle Exchange.
 - i. Strongly endorses needle exchange as a means to support the population she works with.
- f. Hector Reyes House residents speak about their experiences.
 - i. Mr. Oliveira reaffirms that needle exchange is a smart investment and a no-brainer in order to address the crisis that is so evident on the streets.
 - ii. Mr. Ortiz discusses the challenges of short detoxes as authorized by insurers, the difficulties of coming off methadone once released, and the need for support beyond release. Mr. Ortiz also emphasizes the need for immediate action and how long inaction has lasted while politics have prevented things from happening.
 - iii. Mr. DeLeon details his experience of needle exchange in Lawrence, and the need to ensure that it is truly an exchange, not just distribution.
 - iv. Ms. Claros asks about how the very young individuals are initiating use. Mr. Ortiz says that it could be a gateway of use or fitting expectations
- g. UMass Medical School Clerkship students present slides on the opioid epidemic that will be presented to City Council on November 10 (attached).
 - i. Dr. Broadhurst discusses the impact of the closure of the drug court over 10 years ago.
 - ii. Ms. Smith asks about the difference between recovery coaches and sponsors. Ms. Andersen explains that recovery coaches are trained by a MDPH program and aren't necessarily initiated through group support but could be from another contact such as a hospital or emergency room. Ms. Smith also offers peer support leaders from APW as similar resources.

4. WDPH Staffing Updates

- a. Karyn Clark has been appointed to Director of the Worcester Division of Public Health as of November 2, 2015.

5. Vice Chair Selection

- a. Tabled until next meeting.

6. Adjourn

- a. Motion to adjourn made at 8:39 PM.

