Statewide Prescription Drug Abuse & Newborns Task Force
Meeting Minutes
July 23, 2012

Present
Florida Attorney General Pam Bondi
State Surgeon General Dr. John H. Armstrong (Department of Health)
Secretary David Wilkins (Department of Children & Families)
Senator Joe Negron
Representative Dana Young
Dr. Stephanie Haridopolos (Attorney General Appointment)
Keith Nash (March of Dimes)
Dr. Robert Yelverton (Florida Medical Association)
Dr. Kenneth Solomon (Florida Hospital Association)
Willa Fuller (Florida Nurses Association)
Dr. David Dixon (Florida Osteopathic Medical Association)
Doug Leonardo (Substance Abuse Treatment)
Jane Murphy (Healthy Start)
Jim Madden (representing Florida Department of Law Enforcement)

Absent
Florida Department of Law Enforcement Commissioner Gerald M. Bailey
Agency for Health Care Administration Secretary Elizabeth Dudak

Attorney General Pam Bondi called the meeting to order at 1:08 P.M and welcomed everyone to the meeting.

Opening Remarks
Attorney General Pam Bondi thanked St. Joseph's Women's Hospital for hosting the task force. Attorney General Bondi introduced Isaac Mallah, Chief Executive Officer, of St. Joseph's Hospital. Mr. Mullah welcomed all task force members to the hospital.

Attorney General Bondi asked for a motion to approve the April 24th task force's meeting minutes. The motion was 2nd and then approved by all task force members.

Attorney General Bondi announced at the start of the meeting that there would be two presentations from task force members. First, Dr. David Dixon will provide an overview of the problem and answer a few questions that were raised during the April 24th task force meeting. Afterwards, Secretary David Wilkins will provide a presentation about the current structure of the Florida Department of Children and Families and what they are currently doing to address the problem of drug abuse.

All eight task force objectives will be discussed at today's meeting. Attorney General Bondi stated that some reports will be shorter than others and those shorter reports will be discussed in more detail during the next task force meeting.

Attorney General Bondi also highlighted a recent article from the Journal of American Medicine that confirmed the large increases of prescription drug abuse and neonatal abstinence syndrome and the costs it is having on hospitals. The ultimate goal of the task force must be to prevent prescription drug abuse and to ensure this problem does not happen in the first place. Prevention is the most cost-effective approach.

Dr. David Dixon Presentation
Dr. Dixon stated his presentation would try to address two areas of concern. First, briefly discuss the challenges of treating pain in pregnancy. And second, speak to the concerns regarding what is appropriate care for mothers who need pain management.

Ideally, doctors would like to minimize the use of all medications in pregnancy, and use non-pharmacologic therapies whenever possible. When medications are needed for pain, doctors must consider the potential harm for mother and fetus.

What is the difference between chronic, recurrent pain versus acute, new onset pain? Chronic, recurrent pain is back pain, headaches, sickle cell pain crisis. Acute, new onset pain is postoperative pain treatment (appendectomy, abscess drainage, etc), tooth infection/abscess, other acute pains related to pregnancy (e.g. back pain).

Once a baby has been identified with NAS, establish a system to review case; try to identify the nature of the abuse. Is it prescription vs. illicit, and discuss results with all healthcare providers involved. In our quest to help protect babies, both inutero and after birth, from the harmful effects of maternal use of these drugs, we must be careful to consider the mother's health, and her right to appropriate treatment of pain. Doctors should also support and participate in CME programs (trainings) on the safe and appropriate use of opioids.

Majority of mothers are willing to make sacrifices to their own health to protect the health of their unborn babies. Dr. Dixon stressed: (1) Open the dialogue with the patient, yet avoid blame and guilt and (2) awareness, education, informed use…not abuse!

Secretary David Wilkins Presentation
Secretary Wilkins began his presentation by stating that it is important to connect the dots. Many of the objectives this task force is setting out to accomplish are initiatives DCF has begun to address.

Secretary Wilkins highlighted that Florida spends about $1 billion protecting its children, and that most reports of abuse come through DCF's hotline, where people can call-in and report abuse. Twenty-five percent of these calls are related to substance abuse. After an initial DCF investigation, this number goes up to about 60 percent. Secretary Wilkins stated Florida needs to think big because the problem it's confronting is big.

DCF has begun a prescription drug abuse pilot program where child protection investigators are assigned to a hospital (St. Petersburg, Sarasota and Orlando). Secretary Wilkins acknowledged that this pilot program has been beneficial because the DCF investigator is co-located with hospital staff and this increases efficiencies in reporting and responding to cases of abuse.

DCF must collect more data to determine what works and measure those services. This is a big transformation and is occurring right now.

Senator Negron asked if a mother tests positive for oxycodone use or her child suffers from NAS, what rights does the mother have? Can the mother contest the results? Does DCF need a court order to remove the baby? What criteria does DCF use?

Secretary Wilkins responded that by having DCF investigators located in three hospital pilot sites makes it so the investigation of abuse is just like any other investigation; it just means it can get started quicker. Also, by having DCF co-located at these hospitals can also benefit the mother because DCF can link the mother to substance abuse treatment.

There is a criteria for contesting and removing a child from her mother. The methodology needs a statewide standard. DCF looks at previous history, various risk factors and other aspects to determine if a removal should occur. It's complicated, but there is a criteria.

Task Force Member Presentations
Objectives 1-8

Jane Murphy Presentation
Objective 1: Collect and organize data concerning the nature and extent of neonatal withdrawal syndrome from prescription drugs in Florida.

Jane Murphy provided briefing slides on the full extent of the NAS problem in Florida. She noted that Florida's Agency for Health Care Administration (AHCA) data is the best data to determine the number of newborns withdrawing from prescription drug abuse.

From specific data that Ms. Murphy had pertaining to Hillsborough County: 89% of the children born withdrawing from prescription drugs go home with their mother after birth. In Hillsborough County prescription drug withdrawal demographics: 88% white, 6% African American, and 4% Latino.

Ms. Murphy stated that hospitals need to be consistent on how they report data to AHCA. Florida is under estimating the problem because reporting to AHCA is not uniform.

Dr. Solomon noted that some of the things that negatively impact a woman's pregnancy are often glossed over. These include alcohol use, and smoking, in addition to prescription drug use. Poly-drug abuse is a real concern and the task force should include prevention for all substances that negatively impact a pregnancy. Members however agreed that the focus for this task force must remain on drug withdrawal.

Dr. Solomon also added that screening tests should be an obstetrical standard of care. Doctors should get a woman's consent, but most doctors need to make testing a part of their practice. Dr. Yelverton agreed and stated, after being asked, that the Florida Medical Association would probably support the idea of drug screening as a standard of care.

A request was made by Surgeon General Armstrong that the data presented be normalized. One slide was, but most of the other data was not. Jane Murphy stated that they would work to accomplish that request.

Keith Nash Presentation
Objective 2: Collect and organize data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from prescription drugs.

In May 2012, the Journal of the American Medical Association released a study entitled: *Neonatal Abstinence Syndrome (NAS) and Associated Health Care Expenditures United States, 2000-2009.* Mr. Nash has been working closely with one the lead authors, Dr. Stephen Patrick. Dr. Patrick is helping the task force review current AHCA data to determine costs specific to Florida.

The study found that between 2000 and 2009, mean hospital charges for newborns diagnosed with Neonatal Abstinence Syndrome increased from $39,400 to $53,400; a 35% increase. Charges for all other hospital births increased from $6,600 to $9,500. Medicaid

was the primary payer for the majority of hospital charges for NAS in infants, increasing from 68.7% of aggregate charges in 2000 to 77.6% of aggregate charges in 2009.

Secretary Wilkins pointed out that the data is just hospital costs and that DCF could provide information about costs on the child welfare system. Mr. Nash noted that the Attorney General's Office would look into getting DCF data to add to the final report.

Mr. Nash concluded that his team will continue to analyze the AHCA data and will have a final report at the next task force meeting.

Representative Dana Young Presentation
Objective 3: Identify available federal, state, and local programs that provide services to mothers who abuse prescription drugs and newborns with neonatal withdrawal syndrome.

Representative Young stated that her objective is currently a work in progress, and that she will be providing the task force with a status update. Representative Young, her staff and staff from the Office of the Attorney General are working with the Office of National Drug Control Policy to outline all of the federal resources that are dedicated to this problem.

Staff from the Office of the Attorney General is working with the Department of Health, and the Department of Children and Families, to determine what is currently being funded at the state level. The tricky part will be determining what specific resources are being allocated at the local level. It's not impossible, but is something that staff is taking their time with in order to accurately capture what they can.

There will be some overlap because many of the resources are not specifically dedicated to addressing just prescription drug abuse, but all forms of addiction. Representative Young concluded that she will have a complete presentation at the next task force meeting.

Dr. Stephanie Haridopolos Presentation
Objective 4: Evaluate methods to increase public awareness of the dangers associated with prescription drug abuse, particularly to women, expectant mothers, and newborns.

Dr. Haridopolos acknowledged that objective four is still a work in progress. Dr. Haridopolos would like to include all task force members, and the public, in assisting with creating a prevention campaign to reduce prescription drug abuse and its impact on NAS.

The Partnership at Drug-Free.org has created unbelievable prevention campaigns in the past and Florida should try to work with them. Florida could also raise awareness by designating a Prescription Drug Abuse Day or Week. When Florida's prevention campaign is successful woman will need a place to turn to for help. Florida should use an existing hotline for woman to call for help because creating another number would be too costly.

Dr. Haridopolos provided paper to each task force member to write down their ideas for a prevention campaign that would resonate with woman. Attorney General Bondi then proposed the idea of asking the public to make suggestions about the prevention campaign by creating a link on the Attorney General's webpage where people can go to share their ideas. The task force members agreed, and General Bondi stated that the site would be up and running by July 27th.

Dr. Haridopolos will narrow the public suggestions down and present them at the next task force meeting. Task force members will then vote on the prevention messages they believe would be the most effective.

Task force member Doug Leonardo noted that the task force also needed to take a cautionary approach with the hotline and telling woman where they can turn to for help. Mr. Leonardo noted that Florida's treatment capacity may not be able to get woman treatment right away, and it is important that people do not get false hope. It is important that women ask for help and that they are linked to those critically needed services, but it must also be mentioned that it may not be immediate.

Senator Joe Negron Presentation
Objective 5: Examine barriers to reporting neonatal withdrawal syndrome by medical practitioners while balancing a mother's privacy interests.

Senator Negron stated that he, and staff from the Office of the Attorney General, has begun working to achieve objective five. Senator Negron looks forward to working with DCF Secretary Wilkins and Surgeon General Armstrong in developing a matrix that clearly delineates how information is captured, what information is reported to hospital administrators, and then how that information is sent to the state.

One critical component that Senator Negron will be looking into is how and when DCF child investigators step-in to investigate. What are the criteria for a DCF investigation to begin? What are these factors and how are they handled?

Senator Negron stated that it will be important for the task force to distinguish between lawful acts and abuse of a child. The task force should not propose a cure that is disproportionate to the problem. Senator Negron would also like the task force to create specific policies to propose. These include outlining the rights of woman, and perhaps an appropriation if the task force determines pregnant woman have limited access to treatment. There might also be some areas to improve and/or enhance treatment.

Senator Negron concluded that the task force must balance the rights of woman, and at the same time ensure newborns are safe. It is difficult, but is something that will try to be addressed.

Willa Fuller Presentation
Objective 6: Assess evidence-based methods for caring for a newborn withdrawing from prescription drugs and how nurses can assist the mother in caring for their child.

The work group is reviewing current literature to come up with a list of "best practices." One of these best practices is for nurses to coordinate with other entities to ensure both the mother and newborn are safe and healthy. A key component will consist of educational training for nurses to understand that drug abuse is a disease.

One idea from the objective six work group is to create a tool kit for families. The tool kit would assist all family members in understanding addiction and remove the stigma the disease sometimes carries with it.

Willa Fuller asked the task force if her work group is on the right track, and the task force approved of the ideas/methods she was using.

Dr. Robert Yelverton Presentation
Objective 7: Develop a compendium of best practices for treating both prescription drug addicted mothers and infants withdrawing, both prenatal and postnatal.

Dr. Yelverton has researched existing literature and has also spoken with people on the front lines to get their perspective on how to treat mothers and infants suffering from NAS.

The standard of care for many years has been the use of methadone when an opiate is the primary drug of abuse. Methadone is used to manage a patient to the point where there is no withdrawal. Drug withdrawal can negatively impact the health of a baby. However, after birth the baby is then addicted to methadone and must slowly be whined off of it.

There are newer synthetic narcotics that can be used and one of them is Buprenorphine. Dr. Ryan Stone in West Virginia, who was recently highlighted in a news piece on NBC, has been using Buprenorphine, and has been having success. Dr. Yelverton has also been speaking to Dr. Stacy Seikel, and Orlando area doctor who has been very active in opiate addiction program. Her insights have been helpful as well.

This task force's job is to get it right and to understand the biases in treatment. The task force must make recommendations based on the most up-to-date scientific information. There is over 30 years of experience using Methadone. It has its advantages and disadvantages. The advantages are that it's safe and that cravings decrease. It's a known entity to treat opiate withdrawal. However, it's an arduous program and many people have to travel daily to receive treatment.

Buprenorphine is not as strong as Methadone. The advantage may be that babies will have fewer withdrawal symptoms and that translates into shorter hospital stays. To receive Buprenorphine a patient does not have to go to a certified Methadone clinic every day. There are barriers to receiving Methadone every day, and this includes the issue of daily transportation costs.

Dr. Yelverton noted that hopefully Buprenorphine will be better to use, but clinically we may not be removing Methadone at this time. Task force member Doug Leonardo stated that there are barriers to medicated assisted treatment. One key point is that today Methadone is less costly than Buprenorphine.

Dr. Yelverton concluded that there are about 1,000 physicians in Florida who have received training and are able to prescribe Buprenorphine. The task force should recommend that more high-quality trained, professionals should exist in obstetrics to address this emerging issue of prescription drug misuse and abuse.

Doug Leonardo Presentation
Objective 8: Assess the current state of substance abuse treatment for expectant mothers and determine what best practices should be used to treat drug addicted mothers.

Doug Leonardo began his presentation by stating that the issue of providing substance abuse treatment is complex and multi-faceted. Mr. Leonardo then explained to the task force that he was going to have a series of short presentations to outline his objective.

Mark Fontaine, Executive Director of the Florida Alcohol and Drug Abuse Association, provided the task force with a one page handout detailing the number of residential substance abuse treatment beds that are available for woman with children. There are

currently 608 residential treatment beds, and 310 are able to accept pregnant women or women with children. These beds are funded by both federal block grant funding or by state general revenue funding. Medicaid does not pay for residential treatment beds. There is a waiting list for a month or two months for most of these programs.

Mr. Fontaine also noted that last year 209 babies were born drug-free in these substance abuse treatment programs, and over the last five years 1,079 babies were born drug-free in Florida substance abuse treatment programs.

Dr. Mark Fields, a Fellow in Addiction Medicine who works at the Drug Abuse Comprehensive Coordinating Office (DACCO) in Tampa, gave a presentation on "Addiction 101." Dr. Fields said it is amazing to see the transformation from a drug-addicted person into a safe and healthy person. The main message he wanted to deliver to the task force is that addiction is a disease.

Dr. Fields stated that adaptations in the brain that result from chronic exposure are long lasting, and therefore addiction should be viewed as a chronic brain disease. It is also important to realize that rates of relapse and recovery in the treatment of drug addiction are equivalent to other medical diseases. Long-term treatment will be required for most cases, just as for other chronic diseases (hypertension, diabetes, asthma).

Secretary Wilkins asked Dr. Fields how long is the normal length of treatment? Dr. Fields stated that each treatment is individualized and it is different for every woman.

Due to time constraints, Nancy Hamilton, from Operation PAR, told the task force that she would present at the next meeting. This allowed two women who successfully completed substance abuse treatment to share their stories of recovery with the task force.

Alicia Vincent, Director of Project WARM (Women Assisting Recovery Mothers) introduced two women who had been a part of their program. Project WARM is evidence-based, and has 18 residential treatment beds. These beds are always full and have a four month waiting list. Ms. Vincent introduced Heather Pepe and Carrie Reiter. Both women shared their stories of recovery. Both women were abusing prescription drugs, but they accomplished their substance abuse treatment program and had safe and healthy babies.

Mr. Leonardo concluded that his work group is continuing to put together recommendations. Their approach will be comprehensive and it must include: detox, residential and outpatient treatment, as well as interfacing with multiple systems (child welfare, hospitals, and nurses). The good news is that these systems are starting to talk to one another more than they had in the past.

Closing Remarks
Attorney General Bondi thanked all task force members. Next task force meeting will be in late September or early October.

Attorney General Bondi then called the meeting to adjournment at 3:52 P.M.