Statewide Prescription Drug Abuse & Newborns Task Force
Meeting Minutes
October 12, 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)
Rafael Copa (representing Agency for Health Care Administration

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

Attorney General Pam Bondi called the meeting to order at 1:15 P.M. and welcomed everyone to the meeting.

Opening Remarks
Attorney General Pam Bondi thanked the Susan B. Anthony Recovery Center for hosting the task force. General Bondi introduced Marsha Current, Chief Executive Officer of the Susan B. Anthony Recovery Center.

Ms. Current stated that the goal of the recovery center is to get children's mothers back from addiction. The recovery center allows drug dependent mothers to stay with their children during treatment. Ms. Current introduced two women who had successfully completed treatment. Both Susan Nyamora and Amanda England told the task force their stories of addiction and subsequent recovery. Both woman have now been reunited with their children and are lively safe and sober lives.

Attorney General Bondi asked for a motion to approve the July 23rd task force's meeting minutes. The motion was 2nd and then approved by all task force members.

Attorney General Bondi introduced task force member Dr. Kenneth Solomon to provide an update on the meeting he attended at the White House's Office of National Drug Control Policy. Dr. Solomon stated that the meeting was divided into four parts: (1) a discussion about the problem of Neonatal Abstinence Syndrome (NAS), (2) advocacy for woman, (3) prevention and (4) treatment.

The key take away from the meeting was that prevention works, treatment is effective and recovery is possible. Identifying woman at-risk for abuse via effective screening protocols is

important. The consensus at the Federal meeting was that treatment is limited, but the need is high.

Dr. Solomon also stated that there should be screenings for drug use early on in a pregnancy. Screenings should be a part of a standard of care. Dr. Yelverton affirmed that screenings do not necessarily have to be as invasive as a urine or blood test to determine drug use, but could also be a series of interview questions. Dr. Solomon ended his presentation by informing the task force that the sooner we can identify and intervene with a drug abusing woman the better the outcome will be for both the mother and the child.

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 presented a chart that compared local area NAS rates with the number of available substance abuse treatment beds for women and children. The chart highlighted many rural counties with little or no resources. Representative Young posed a rhetorical question to the task force: How do we make the chart less red (areas of high rates of NAS) and more blue (areas of lower rates of NAS)?

In FY 11-12, 1,671 pregnant women were served by Department of Children & Families (DCF) funded substance abuse treatment providers. DCF currently funds 298 residential beds spread throughout 15 programs that are capable of serving pregnant women, and women with young children, by allowing the children (up to age 5) to live with their mothers during treatment. There are currently 80 Family Intervention Specialist (FIS).

Representative Young stated that there are 32 Healthy Start coalitions across the state and they are funded with state (General Revenue) and federal (Title V Maternal Child Health Block Grant and Medicaid) dollars. The Targeted Outreach for Pregnant Women Act (TOPWA) program was funded by the Florida Legislature in 1998 to reach high-risk or HIV-infected pregnant women not receiving adequate prenatal care. For the 2012/13 fiscal year TOPWA received $470,563.00 from federal/CDC funds and $500,000 from state GR.

Representative Young also provided for this state-level task force a full accounting of federal and state resources that should be sufficient in determining what resources currently exist to both prevent and treat a mother's prescription drug addiction. Specific funding data at the local level is not available.

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 informed the task force that he was going to have two experts present information about medicated assisted treatment (MAT) and how evidenced based treatment can be effective. Mr. Leonardo stated that there is a lot of misinformation about MAT, but it is an effective tool for clinicians to use.

Dr. Sheehan provided an overview of opioid prescription drugs and their therapeutic effects. Opiate withdrawal syndrome is caused by stopping or reducing opioid use after prolonged periods of use. Symptoms start 8-12 hours after last dose and symptoms include:

irritability, restlessness, insomnia, runny nose and eyes, nausea, vomiting, diarrhea, aches and pains, poor concentration, anxiety, racing heart, sweating, and dilated pupils.

Dr. Sheehan outlined the differences between Methadone and Buprenorphine. The use of Methadone to treat opioid addiction during pregnancy is an accepted standard of care (NIH 1998). Methadone has a long duration of action (24-36 hours) and is strictly regulated in treatment of addiction. During the induction phase a clinician starts low, and increases the dose until symptoms of withdrawal stop.

Methadone

- Cheap
- Side effects – weight gain, sedation
- Daily travel to OTP
- Stigmatized
- Effective for All
- More control

Doctors have a waiver from Drug Enforcement Administration (DEA) to prescribe Buprenorphine for addiction. It is sublingual tablet or film. There is a "ceiling" effect that makes it not sufficient in high dose opioid abusers.

Buprenorphine

- Expensive $6 to $8 per pill, 1 to 4 pills per day
- Fewer side effects
- Fewer visits to doctor's office
- Ineffective for some
- Less control

Dr. Sheehan noted that the effects of opioid withdrawal in pregnancy are that in the first and second trimester there could be a miscarriage. During the second and third trimester there is an increased possibility of a premature delivery.

Nancy Hamilton, Operation PAR, presented the task force with annual treatment data from PAR's facilities. The primary drug of choice among pregnant woman admitted to Operation PAR was for prescription drugs. Ms. Hamilton stated that it is essential to have a woman correctly placed into the right level of care (outpatient, short-term or long-term in-patient).

Effective substance abuse treatment programming for pregnant woman or woman with children must include: (1) coordinated physical & behavioral health care (2) collaboration with child welfare & community services (including courts & schools), (3) gender specific evidence-based practices, and (4) a whole family approach (including outreach to fathers of children & relatives to get them involved in treatment & services).

Senator Negron asked Ms. Hamilton if addiction is a medical disease, why are we arresting people for having a medical problem? Ms. Hamilton stated that she is more concerned with finding ways to treat those in need and is not too concerned with how they get to their facilities. General Bondi told Senator Negron that he asked a great question. General Bondi went on to affirm her belief in drug courts as a successful way of dealing with drug relapse.

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 introduced Dr. William Driscoll, Associate Professor of Pediatrics at the University of Florida, and the President of Florida Society of Neonatology. Dr. Driscoll chairs

a performance improvement project in Jacksonville to help shorten treatment time for NAS infants. Dr. Driscoll outlined the current treatment modalities for infants with NAS and also highlighted common protocols that are used to treat NAS.

Dr. Driscoll stated that NAS is a constellation of signs and symptoms exhibited by newborns exposed to narcotics in utero. It is the *ONLY* well described and treatable neonatal withdrawal syndrome. Infants exposed to cocaine, Phenobarbital, nicotine, and antidepressants may display some abnormal signs and symptoms after birth inconsistently.

Dr. Driscoll presented the task force with information and outcome data on 3 protocols for treating NAS:

1. Preliminary Findings: Old Protocol
    a. Average length of prescription 26 +/- 10 days (range 4-51)
    b. Average length of stay 31+/-10days (range 14-56 days)
    c. Average GA: 38.5 weeks and BW: 3069g
    d. First dose of morphine given at 66 +/-39 hours (range 4-251 hours)
    e. 25% of patients also received Phenobarbital
2. 2nd Protocol
    a. Same total daily morphine dose but divided every three hours
    b. If scores still high, then Clonidine was used as second line drug rather than Phenobarbital
    c. At 2 of their facilities all RNs completed an educational update on NAS
    d. Decreased treatment time to mean of 20.3 days
    e. Clonidine: is an excellent rescue medication and was used in 20% of patients
    f. Only 3 infants have required Phenobarbital: all had birth defects
3. 3rd Protocol
    a. Just started: use ½ the starting dose of the other two protocols
    b. Clonidine is rescue medication

Dr. Driscoll also informed the task force about the 2012 Annual Meeting of the Florida Society of Neonatology. 3 major NICUs in Tampa and Sarasota areas will collaborate to reduce in-hospital treatment time to less than 3 weeks.

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 the task force can accomplish its goals while also respecting our traditions as Americans. Speaking from his legislative budgeting experience, Senator Negron told the task force that if they wanted to have the legislature move/act on the task force's final report that it should not be a list of 5-10 top priorities, but instead 1 or 2 key priorities.

On the issue of a mother's privacy interests, Senator Negron reported that Florida does have statutory protections in place. Senator Negron referenced the "Good Samaritan" Act passed during the 2012 Session as a possible model for the task force. The act gave immunity to individuals for being charged with drug possession if they were seeking help from a drug overdose. Senator Negron stated that he would draft a proposal for the task force to review before the next meeting that would allow a woman to seek treatment and not get prosecuted.

Senator Negron felt DCF's hotline reporting requirements were protected and that there was a penalty for misuse or disclosing confidential information. Senator Negron closed his

presentation with the assertion that the task force could put together a proposal to have information safely reported to DCF, and also find ways for a mother to receive treatment without having the state remove a child from their parents.

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.

Ms. Fuller told the task force that her workgroup's overarching recommendation was to have training for all members of the healthcare team. The goal must be to assist providers with coping with the emotions associated with problem of NAS. There must also be competent evaluation of infants who are suffering from NAS. Perhaps having a mandatory testing of all pregnant women as a standard of care and having an education component for all pregnant women about the dangers of prescription drugs during pregnancy and the possibility of NAS.

At the last task force meeting, Ms. Fuller mentioned the need to create a toolkit for nurses. The goal of the toolkit would be to create two separate resources for nurses/caregivers. Information dissemination will be critical; this can be achieved by informing the nursing community through statewide publication (*The Florida Nurse* reaches over 250,000 nurses licensed in the state). Also, a web-based resource for clinicians and the public would further help.

The next steps will be to narrow focus to most effective do-able strategies, identify partners in the nursing community to support these activities, and identify partners in other care giving communities to enhance continuity of care.

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 presented prevention slogans that were complied for public input over the past two months. The message must be non-judgmental and to encourage woman to seek help. Dr. Haridopolos read all eight slogans to the task force and also added a ninth possible slogan: Choose love, not drugs. This slogan was important because after listening to the women who shared their stories of recovery they said it was the love for their children that drove them to seek substance abuse treatment.

Dr. Haridopolos stated that it will be important that there is a clear visual image to accompany any prevention slogan. The task force will also need to identify populations to target with this prevention campaign.

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 the task force with a 2-page briefing document on the full extent of the NAS problem in Florida. The incidents of babies that are born with symptoms associated with exposure to drugs increased dramatically over the past five years.

Most newborns diagnosed with narcotics exposure and drug withdrawal symptoms are admitted to a NICU. The average length of stay is three weeks. Since 2008, on average,

seventy-seven percent (77%) of the charges incurred by these newborn patients were paid for through Medicaid. Between 2008 and 2011, eighty-nine percent (89%) of NAS diagnosed newborn patients were discharged from the hospital to routine home care with their mother.

Ms. Murphy reported that there are gaps in our information. Prevalence and trend data pertaining to drug use among pregnant women is subject to underreporting. Therefore, generalizations about drug use in this population should be made with caution.

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.

Keith Nash presented two charts for the task force to review. Chart I was a total of "fee for service" charges for a hospital, and Chart II was "All Payer Data." Chart II is what has been billed, but is not necessarily what the state is paying in hospital charges.

Rafael Copa (AHCA) assisted Mr. Nash in clarifying that Chart I is actual paid amount for hospital charges and that Chart II is what is being billed.

Open Discussion: Preliminary Policy Recommendations

Attorney General Bondi proposed organizing task force discussion around three areas: Prevention, Intervention & Capacity, and Treatment. General Bondi stated that the intent for the remaining portion of the meeting was to have preliminary discussion regarding specific policy recommendations for the task force's final report. The discussions today will only preliminary and the task force will continue the discussion at the next meeting in December.

General Bondi started the discussion by providing an example of a recommendation: the Attorney General's Office will work with the Partnership @ drugfree.org to create both a national and state prevention program for woman.

Secretary Wilkins stated that he would like to provide a presentation at the next task force meeting to highlight what Florida can do with the child welfare system on the front-end in order to offset back-end costs.

Dr. Armstrong stated that he would like to work with FOMA and FMA on the issue of appropriate prescribing. If Florida really wants to get at prevention we will need to tackle the issue of appropriate prescribing at that level. Dr. Haridopolos followed-up with a recommendation that she would like to increase awareness for the state's Prescription Drug Monitoring Program (PDMP) so more medical professionals use the system. Many doctors are not aware of the system and do not use it.

Dr. Yelverton noted that it was important to have universal screenings, but to do it in a way where you are asking the right questions. When a doctor says that they are going to universally screen everyone what they are sometimes doing is treating their proactive and not treating the patient. It will also be important to come to an agreement about screenings, and Dr. Yelverton stated that he would come back with a recommendation at the next meeting that the FMA would be comfortable with.

Mr. Leonardo made the point that it will be important to also train doctors early on in school to understand addiction and appropriate prescribing. Ms. Fuller also agreed that it will be important to have well trained nurses because they are the ones who have the most contact with drug addicted women.

Representative Young is interested in how Florida will both prevent and intervene, and noted that there may need to be statutory changes made. Representative Young said perhaps the OPWA program is the vehicle to use for funding. The TOPWA program already exists and a new model may not need to be created. General Bondi agreed that the task force's final report may offer some statutory changes.

Dr. Yelverton noted that for a treatment recommendation, he is hoping the task force can propose a toolkit with specific evidence-based practices. Dr. Solomon stated that the Florida Perinatal Quality Collaborative could provide the task force with specific regarding the best treatment of NAS.

Dr. Armstrong stated that it will be important to not look at individual pieces working to solve the problem of addiction, but to say "this is Florida's system to prevent, intervene and treat those who misuse or abuse prescription drugs." He was struck by the Healthy Start heading: "Healthy children, competent parents." This should be something Florida works toward.

Attorney General Bondi concluded that Florida should be and can be the model to prevent and treat NAS for other states to follow.

Closing Remarks
Attorney General Bondi thanked all task force members. Next task force meeting will be in early December in Tallahassee.

Attorney General Bondi then called the meeting to adjournment at 4:18 P.M.