

Skokie Board of Health  
Committee Meeting Minutes  
February 8, 2018

Present

Dr. Drachler  
Ms. Nickisch Duggan  
Dr. Gaynes  
Ms. Jones  
Mr. Pandya  
Dr. Prince

Dr. Shim  
Dr. Sood  
Dr. Topouzian  
Ms. Urbanus  
Ms. Varma Dr. Werner  
Dr. Williams

Excused

Ms. Black  
Dr. Dave

Absent

Mr. Abbasi  
Dr. Vernon

Bruce A. Jones, Staff  
Guest, Donna Rice  
Guest, Ms. Ali – Public Health Student, Illinois Benedictine

1. **Call to Order:** The meeting was called to order at 7:04 p.m. by Dr. Drachler, Chairman.
2. **Approval of Board of Health Meeting Minutes:** The minutes of the January 11<sup>th</sup> meeting were approved. Dr. Drachler introduced Ms. Ali a Public Health Student from Illinois Benedictine. Dr. Drachler then introduced Ms. Donna Rice his Office Manager for 20 years. She now runs Dr. Locher's Office at the Advocate Illinois Masonic Medical Center.
3. **Presentation: Maternal Opioid Crisis Stephen R. Locher, MD Chair, Department of Obstetrics and Gynecology, Advocate Illinois Masonic Medical Center and Chair, IDPH Statewide Perinatal Quality Council. (a copy of the presentation is attached)**  
Dr. Locher gave a detailed presentation on the Maternal Opioid Crisis in Illinois. He began by stating that although his presentation is from the perinatal high risk perspective, the concepts about opioid addiction are broadly applicable.

Physicians need training as we are largely responsible for the opioid epidemic as providers of care. Physicians need to learn how to better manage our treatment approach and not get people addicted.

Dr. Locher mentioned the Maternal-Neonatal Opioid Project that is looking at opioid use from both the infant and maternal perspectives.

**Evidence of the epidemic in the United States**

Dr. Locher said the data is startling, that this issue has become widespread. A few key facts:

- The U.S. has just 4.6% of the world's population, and consumes 80% of the world's opioids.
- 46,471 people died of opioid overdoses in 2013. That same year, car accidents killed 35,369 people and firearms killed 33,636.
- Overdose deaths have become the leading cause of injury death in the United States. Each day in the United States, over 120 people die as a result of a drug overdose.
- More people abuse prescription medication than cocaine, methamphetamine, heroin, MDMA and PCP combined.

Dr. Locher added that the primary source of opioids is physicians. Very few people obtain opioids from a stranger or on the street. People obtain opioids either from their physician or from a friend or family member who obtained the opioids from a physician. Physicians began prescribing lots of opioids in the 1990s, and the more opioids we prescribe the more abuse, addiction and death results. We need to change our approach.

### **The impact of the opioid epidemic in Women**

Dr. Locher mentioned that obstetricians are contributing to the opioid epidemic – the most common reason for hospitalization in the United States is childbirth, and many women are now receiving opioids even after normal vaginal births.

- Women have higher rates of hospitalizations for opioid overdoses
- Women are more likely than men to:
  - be prescribed opioids
  - use opioids chronically
  - receive prescriptions for higher doses
  - engage in “doctor-shopping”
  - be prescribed opiates in combination with sedatives
  - face barriers in access to substance abuse treatment

### **Morbidity and Mortality Weekly Report – A Focus on Women**

Dr. Locher stated that women are more susceptible to opioid addiction than men, and are at risk

- 2004-2010 the rate of opioid prescription deaths among women increased 70%, while abuse related ED visits doubled
- Since 2007 more women died from drug overdoses than MVA’s
- In 2010, four times as many women died as result of prescription drug overdose than homicide
- For every one opioid prescription overdose death there were 30 ED visits for opioid prescription abuse
- Prescription opioids were involved in 1 in 10 suicides among women

### **How did we get here?**

Dr. Locher went on to describe the significant shift in thinking about pain management that occurred in the 1990s, after Dr. James Campbell, President of the American Pain Society, put forward the concept that pain should be considered a “vital sign”. That concept has contributed significantly to the opioid epidemic.

- This made sense to everyone – we don’t want people to suffer
- Physicians do invasive procedures that cause pain
- The Joint Commission began asking healthcare facilities – what are you doing to assess pain?
- Physicians began asking all of their patients about pain
- As a result, physicians dramatically increased prescribing opioids

### **Studies of Opiates in Obstetrics**

Dr. Locher reviewed major studies of opiate prescribing practices and impacts in obstetrics, including:

1. Persistent Opioid Use following C-section
  - 80,000 women in study – excluded women using opioids
  - Received opioid prescription at discharge
  - 285 women were still using opioids after one year
- Means that 1/300 women became a persistent user when they were not using previously
- Might not seem like a lot, but there are 1,300,000 C-sections performed every year so the number of women who become persistent users of opioids as a result is not small
- Also, obstetricians give opioids for a whole range of conditions, including after normal vaginal births

Dr. Williams asked if age was a factor – studies have shown that younger individuals, especially those in their early 20s, are more susceptible to opioids because their brains have not fully developed.

Dr. Locher replied that yes, this study showed that women age 20 – 29 years were more likely to become persistent opioid users. He added that when a patient calls for a refill it is important for physicians think about possible risk factors for persistent use before automatically refilling the prescription.

2. Filled Prescriptions for Opioids after Vaginal Delivery

- 164,000 women – excluded women who were using opioids
- Had a singleton birth (i.e. not twins, etc)
- Found that very large amounts of opioids were being prescribed after vaginal births
- Not tailored at all to the procedures women had or how painful the birth may have been

3. Patterns of Opioid Prescription and Use After Cesarean Delivery

- 720 women who delivered at six academic medical centers
- Median number of tablets prescribed: 40
- Median number of tablets consumed: 20
- This means there were a lot of left over tablets
- 95% of the women did not dispose of their left over tablets
- 5% of the women asked for a refill
- Women who were prescribed larger numbers of opioids consumed more, regardless of pain severity
- Prescriptions may set expectations about appropriate consumption

Dr. Locher commented that disposal of left over opioid products is an issue that has not been addressed completely. Dr. Counard mentioned that the Skokie Police Department has a drop box in their building where people can dispose of unused or unwanted medications including narcotics. Mr. Pandya added that pharmacies will also take back unused narcotics. Dr. Locher said there needs to be more education for providers and patients about the availability for proper disposal.

4. A Shared Decision-Making Intervention to Guide Opioid Prescribing After Cesarean Delivery

Dr. Locher concluded this portion of his presentation with a hopeful new approach to opioid prescribing following cesarean delivery

- 50 women
- Given a ten minute presentation regarding their expected pain, expected opioid use, risk and benefits of opioids and how to dispose of remaining medication.
- Patients chose the number of tablets (5mg oxycodone) they would be prescribed at discharge
- Range: 0 to 40 tablets (40 was standard for the institution)
- If more opioid needed, patients had to return to hospital or clinic to be assessed
- Median number of tablets selected by the women at discharge: 20 (half of what had typically been prescribed previously)
- 86% found the discussion valuable

Dr. Counard commented that it was an excellent idea to have shared decision-making. Women might not realize that they can decide not to take opioids at all, or that they can take a smaller amount than would have automatically been prescribed.

**Conclusions: Change is upon us!**

- 2016: American Medical Association recommended that pain not be considered a vital sign and that patient satisfaction scores not include pain management questions.
- Anthem Blue Cross announced a Pharmacy Home program designed for higher risk opioid users
- CVS policy: only seven day prescriptions for new or acute conditions.
- State of Illinois Opioid Action Plan. THIS IS A HOT topic: more to come, we are just starting!
- Don't want the pendulum to swing the other way
- Need to engage everyone around this issue

### **State of Illinois Opioid Action Plan**

- Safer Prescribing and Dispensing
- Education and Stigma Reduction
- Monitoring and Communication
- Access to Care
- Supporting Justice-Involved Populations
- Rescue (Naloxone)

### **Final recommendations for physicians**

- Tailor prescriptive actions toward the condition at hand
- Engage nursing staff, residents, APNs
- Avoid large volumes of prescriptive opioids
- Perform a risk assessment and follow-up for 2<sup>nd</sup> requests of opioids
- Establish guidelines for pain management (specialty specific)
- Enhanced Recovery After Surgery – have non-opioid options to address pain

### **Bottom line:**

- Prescribe less
- Patients who need opioids get them
- People who need help with opioid abuse or addiction get it

### **Discussion**

Dr. Drachler asked if a patient has mild to moderate pain and the standard NSAID pain meds are ineffective what to you go to next? Dr. Locher replied that healthcare providers need to change how they practice, and work with patients. First talk about pain expectations and the high risk of addiction with opioids. Then if the patient calls because the NSAIDS are not working, they must be seen, not just be given a prescription for opioids which is common. We need to better handle pain management. This takes time and is not easy.

Dr. Drachler stated that as of January 1, all physicians must register with the State of Illinois Prescription Monitoring Program and acknowledge when opioids are prescribed.

Dr. Williams mentioned that the Midwestern University dental program started education for the providers and students about non-opioid medications that can be used for pain, and this has substantially decreased the use of opioid products. Also the proper use of long acting anesthesia (nerve blocks) to help block pain and thus post-operative pain will be decreased. Dr. Locher agreed that dentists are always on the cusp of pain management. He learned to give a nerve block in the ER from a dentist during his residency, and found it very effective.

Dr. Werner asked about opioids getting into breast milk. Dr. Locher and Dr. Drachler replied that opioids taken by mouth are metabolized by the mother and are transmitted to the infant during breast feeding, but in very small amounts.

Ms. Urbanus asked if the mothers breast feeding knew that opioids could potentially harm the infant if less opioids would be taken. Dr. Locher replied that there are many mothers that will not take any medications that could affect their infant.

Mr. Pandya asked a follow-up question about the physicians being required to check the state Prescription Monitoring Program ("PMP") before prescribing opioids. Dr. Drachler and Dr. Locher replied it became effective January 1<sup>st</sup> 2018. Dr. Locher mentioned that this new process is a little cumbersome so it may actually have an impact on the amount of opioids being prescribed for pain.

Dr. Counard and Dr. Shim shared their recent experience as physicians using the PMP when their DEA license numbers were stolen and used. Dr. Counard mentioned that it became apparent to her that physicians were over-prescribing opioids because she was not called by pharmacists to ask about prescriptions for more than a hundred pills at a time, with refills. Dr. Shim added that someone had portrayed her as an oncologist, which is why they were able to obtain large amounts of opioids under her name. She worked with area pharmacists and the local police to apprehend the perpetrator.

Circling back to obstetrics, Ms. Urbanus reflected from a mid-wife's perspective that years ago when women gave birth they used to be provided comfort measures, not opioids. She also emphasized that the C-section rate had increased since then; it was once 10% of deliveries and is now 30%. Dr. Locher responded by thanking Ms. Urbanus for teaching the midwives, and added that a Resident in their group had done a quality assurance study and found that the lowest opioid prescription rate was among the mid-wife providers.

Ms. Jones concluded the discussion by mentioning that she hoped that physicians would not now restrict opioids to such a degree that they were inadequately treating pain.

A note from Dr. Counard about an aspect of the opioid epidemic that was not addressed during the meeting: Physicians were also misled by drug manufacturers who presented studies showing that “new” opioids could be prescribed without leading to addiction. We now know that assertion was false, and that the manufacturers knew it at the time. Below are links to articles about the Sackler family, who own Purdue Pharma, and aggressively marketed OxyContin beginning in the 1990s. Also an article discussing how the US life expectancy has dropped for the second year in a row due to deaths from opioids. Prior to OxyContin, doctors were very concerned about prescribing highly addictive opioids, which are derived from opium, except for severe cancer pain or palliative care. The Sackler family is one of the wealthiest families in America (according to *Forbes*), and made billions off from OxyContin while leading to the opioid addiction of millions of people. “The company funded research and paid doctors to make the case that concerns about opioid addiction were overblown, and that OxyContin could safely treat an ever-wider range of maladies.” – Patrick Radden Keefe - *The family that built an empire of pain*. The Sackler family announced last month that they would no longer manufacture or market opioids, and reduced staff by half.  
<https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain>  
<https://www.theverge.com/2017/12/21/16805384/life-expectancy-us-opioid-epidemic>  
<https://www.theverge.com/2018/2/11/17001926/oxycontin-purdue-opioid-drug-marketing-doctors>

#### 4. Chair's Report

Dr. Drachler explained that there will be a new board member. Mr. Irtaza Usman works in Electronic Microscopy at the Pathology Department at Northwestern. He is the brother of the recently retired Board member Dr. Zia Usman

Dr. Drachler mentioned Mayor Van Dusen sent a certificate of recognition to Milton Nidetz thanking him for his years of service on the Board.

Dr. Drachler acknowledged several Board members that will be receiving years of service certificates at the upcoming Boards & Commissions dinner: Dr. Drachler – 15 years of service, Dr. Gaynes – 10 years of service, Dr. Topouzian – 10 years and Mr. Abbasi – 5 years

## 5. Health Director's Monthly Report:

Dr. Counard presented the January Monthly Report – a copy is attached. Report highlights:

### **ACEs presentations: Skokie Public Library, Evanston and Glenbrook Hospitals**

We were fortunate to have Dr. Stan Sonu and Dr. Gina Lowell, experts on the impact of adverse childhood experiences (ACEs) give three talks, at the invitation of the Board of Health and Health Department.

### **Measles exposure at Skokie pediatric office, several area hospital emergency rooms**

A nine month old infant became ill while visiting India, and was diagnosed with measles shortly after returning to Skokie. Altogether 127 patients/families and 54 staff were exposed to measles at the four locations. These individuals were monitored closely, and no one else became ill.

### **Successful implementation of emergency preparedness plans at Skokie LTCF without heat**

Skokie Long-Term Care Facilities regularly conduct emergency preparedness drills, which paid off when a facility lost heat on January 12. Supervisor Susan Reisberg worked with the facility and Fire Department to ensure that residents were safe. Twenty-five residents were temporarily moved to other facilities.

Dr. Werner asked about schools being closed in the area due to flu outbreaks, and is the Skokie Health Department or Board of Health involved with that process. Dr. Counard replied that the school districts are separate units of government and can make that decision on their own but typically consult with our nurses.

Ms. Urbanus asked why a resident at a nursing home would not have had a flu shot. Dr. Counard answered that they can decline to get a flu shot. The individuals that died had declined the flu shot.

## 6. Old/New Items of Business

- a. Tobacco 21: Dr. Counard, Dr. Drachler, Dr. Williams and Dr. Sanborn, Head of Cardiology for NorthShore University HealthSystem, will be presenting the proposed ordinance to the Chamber of Commerce members on February 12. After that the ordinance will be brought to the Mayor and Board of Trustees on April 16.

There are also two bills at the State level Senate Bill 2332 and House Bill 4297 in regards increasing the age to purchase or sell tobacco to 21 in Illinois. Both bills have passed out of committee.

- b. Partners in Public Health Awards: Dr. Drachler and Dr. Counard mentioned that at the Board of Trustees meeting on April 16 the Niles Township Food Pantry and the Solid Waste Agency of Northern Cook County (SWANCC) will receive our annual "Public Health Partners in Excellence" Awards.
- c. Boards and Commission Dinner: Dr. Drachler reminded the Board that invitations will be sent out soon for the upcoming annual Boards & Commissions Appreciation Reception to be held on March 12<sup>th</sup>.
- d. Journal of the American Medical Association (JAMA)  
Dr. Counard mentioned that the January issue of JAMA was completely devoted to obesity. However, while there were interesting articles on gastric bypass and other medical approaches, there was not one word in the journal about the contribution of ACEs. There was some discussion about writing a letter from the Board of Health to the JAMA Editorial Board expressing concern about this omission.
- e. Dr. Sood experience at the Celebrating Muslim-American Cultures event  
On Sunday, January 28, 2018 at Niles West High School held the Opening Ceremony to celebrate Muslim-American Cultures. Emcee Ash-har Quraishi an NBC 5 reporter and local graduate from Niles

West. Mr. Sood spoke very highly about the event, saying it was informative and very well attended. Dr. Counard added that it was reported that 1,400 people attended.

Adjournment: The meeting adjourned at 8:08 p.m.

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**Next Board of Health Meeting:  
March 8, 2018 7:00 p.m.  
Village Hall – 2nd floor Conference Rooms D & E  
Jenny Grossman, JD, Chair  
Skokie Environmental Sustainability Advisory Commission  
First year update: Environmental Sustainability Plan**

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