

## STATE EPIDEMIOLOGICAL AND OUTCOMES WORKGROUP (SEOW)

### MEETING MINUTES

July 7, 2006

**In attendance:** John Viernes, Kim Manlove, Mary Lay, Dave Bozell, Amanda Thornton, Janet Whitefield-Hyduk, Rick Vandyke, Martha Payne, Jeannette Grissom, Jim Wolf, Barbara Seitz de Martinez, Eric Wright, Lyndy Kouns, and Neal Holtan (attending for Sheila Nesbitt)

**Absent:** Miranda Spitznagle, Bob Teclaw, Niki Crawford, Maggie Lewis, Terry Cohen, Karla Carr, Kathy Lisby, Ruth Gassman, Michelle Evans, Marion Greene, Rachel Thelin, Megan Chaille, Roland Gamache, Diana Williams, Jeremy Chenevert, Tom DeLoe, Barbara Lucas, and Sheila Nesbitt.

Eric opened the meeting at 9:10 am with welcome, introductions and noted that there was not a quorum of voting members of the SEOW present. The group was unable to approve minutes or vote on the priorities as planned. He asked for corrections and it was noted that on page five under Prescription Drugs, Roosevelt County should be changed to LaPorte County through the Roosevelt University Study.

Eric focused attention on the draft of the Recommend Priorities document and solicited suggestions for language changes and comments.

John Viernes noted that in the minutes from the last meeting there are limitations of data sets and for priorities to have some acceptability the limitations should be initially stated. Eric indicated that this was a stand alone document.

Rick Vandyke said that the priorities are pretty straight forward and methamphetamine rates are not as problematic as the other four for treatment sites. For law enforcement yes, but law enforcement is not prevention and prevention does not fix the law enforcement system. One important caveat is on the rise. Eric commented that it is a very small finding, the only troubling finding, and perhaps should not be in there at all. Rick stated that it is not mentioned until the last sentence. Eric explained that the only place methamphetamine comes up is potentially in timed trend because of recent use but comparing becomes challenging.

Mary Lay stated that when thinking back to when first heard, from Bev Watts-Davis, that the intention is to target it specifically, whether one neighborhood, one geographic area, or one population. Jeannette Grissom noted that there is one increase, with black students and should perhaps target something in specific areas instead of overall. Eric explained that it is not possible to drill down any more than to say there's been a blip with students when looking at treatment data. Mary said that when looking at the African American community look at specific use and doesn't know that it would be wrong to do that. Eric responded that Priority #5 didn't say prevent. Because if you stay with the logic of front end life, 18-24, 25-35, 36-44 in the treatment data it might be a growing problem. The black community showed a whole percentage increase. That suggests changing course of arrest rate. To prevent, focus on younger people.

Eric requested that the priorities be put in order of the appropriate magnitude. Rick Vandyke noted that the document indicates priorities are chosen because they are higher outliers, focusing on the ones that meet a narrow criteria because Indiana is higher in those uses, taking into consideration public health outcomes. In terms of how rated, there is an argument for making methamphetamine 5<sup>th</sup> priority. Its magnitude is small and magnitude has not been established as a principle. Eric explained that magnitude could be the number of individuals affected. Alcohol affects half the state and methamphetamine is .6%. Rick stated that magnitude and what the consequences are should be taken into consideration. Eric said that suggestion is a two step process. Identify problematic rates then use these criteria to set rates.

Eric asked for the discussion to return to process. He suggested all members that vote take these priorities and have rank them on a subjective level and rate the order. Janet Grissom indicated that Arizona translated every one into specific questions. Mary Lay pointed out that if the matrix was put in the presentation it would be much easier for them.

Barbara Seitz de Martinez stated that methamphetamine and alcohol are different types of drugs. Alcohol and tobacco are long term; take years to develop, years before you die. Quiet drugs. Methamphetamine is a stimulant, causes more activity and has all of these horrible things that are right there to see: devastation of the body, horrible to law enforcement, abuse to children in the home, implications to family, and a media impact. If the goal is to get off methamphetamine, use heroin. May be a benefit because it would not have the same impact on children or the same outcomes but is that what we really want? Subtleties impact society.

Janet Whitfield-Hyduk said she talked to Sonya about this to understand the role. She said it's the capacity piece, looking at counties on individual basis. They want change. Impact comes from what they have identified, a capacity to take money and run with it and do what they want. They want to see individual change.

Eric responded that both are on target. Capacity issues started off defining exactly that. Janet Whitfield-Hyduk stated that tobacco dollars are based on capacity to take money and do more and have rates of compliance. That is not good for everyone. Some wouldn't have the capacity to do anything, have identified they don't have things in place to do anything.

Eric stated that is the core tension. Part of the problem is one could make arguments to maximize the dollar, to move it faster, also a capacity building function where we want to strategically place money to even the playing field across the state. Rick Vandyke asked why we can't build a capacity where there is none. Janet Whitfield-Hyduk questioned how quickly a change is expected to take place, because limited services will take longer vs. a county that does have capacity already in place. Mary Lay responded that the infrastructure won't change if we don't change capacity, but will just keep doing it over and over again. Janet asked what the timeline is and if we have the luxury of saying that if a county really needs it, they get the help to build a capacity. Mary answered that it is the panel's decision and they will take this one. It is a mentoring problem. SEOW needs to set it up so they can set their priorities and then they are going to have to figure out how to do it.

Eric said he made that suggestion, to stratify the money with a potential to develop. We are going to put it in the strategic plan. These are all great points. What it suggests is whether or not we want to use capacity as factor in matrix. If used as a weighing factor, might be weighing 5 or more, might be weight toward counties that already have capacities. Rick Vandyke said that as someone who is outside the system and has little knowledge of capacity across the state, he is not confident to rate capacity. Eric replied that he could abstain; to understand would not require a lot of knowledge. He noted that Barbara's points are well taken and one possibility would be to suspend changeability from the process.

Barbara Seitz de Martinez said that she understands at least one state has made part of their plan the availability of pre-grant. If someone is in a region that is known to be in need and applies but research on the application reflects they are not ready they would receive smaller amount of money just for capacity building and be expected to deliver on that. A problem with capacity, looking at readiness, is having a grant need but structure not at readiness to take it on. That could be an aspect too, if in denial would not succeed.

Eric indicated that the first point of a pre-grant idea has been floated but was rejected because of timelines. It was next suggested to have a pre-meeting of applicants in the fall where technical assistance might be provided. He said his inclination is to drop capacity from decision making because this could be part of the strategic plan. The group responsible for decision on funds makes the decision on how to allocate that as well as make the assessment and thus take this off the SEOW plate.

John Viernes questioned how dollars are released once communities have been selected as well as how they get the data collected to assess need. Rick Vandyke suggested that it is the SEOW task to make suggestions based on objective data but doesn't feel we have enough data to make an assessment on capacity at this point in the process. Janet Whitfield-Hyduk asked if SEOW could recommend building capacity. Mary Lay responded that it is not the SEOW job.

Eric responded that the final idea comes from the council. He will start working on drafting the strategic plan idea, bring it back to the SEOW and make movement to the council. He stated that the question on the floor is the issue about whether to consider capacity and perhaps changeability should be excluded as well. Janet Whitfield-Hyduk said that perhaps part of the consultants' job should be to make sure capacity and changeability are done. Eric suggested that if it is not going to be established it should be pulled from the hat. E & F should be addressed in the application process.

Mary Lay said that it would be likely to get a county who is actually going to go in and talk to drivers and establish alcohol education plans whereas others could get the application and put a wrecked car in front of a high school on the night of the prom and everyone knows that won't work. So we should know what they are going to do. John Viernes said the variables wanted to change should be chosen. Rick Vandyke stated that what capacity and changeability mean depends on outcome. As you go about setting priorities, magnitude, severity and help focus on the target problems are more targeted and have then could have a conversation on how we rate capacity.

Eric indicated that the group would come back to priorities, construct a ballot with Arizona as a model, and ask the SEOW group to rate on 1-5 scale. When submitted he will compute averages on that scale and return it to the group. Right now there are five but can add more. This will be done prior to the next meeting and at that time can re-vote if the group is not happy with the numbers.

Mary Lay asked if a priority is underage drinking, then would you rate each dimension. Eric replied yes, he will define terms on the ballot with a separate sheet of paper and it will be confidential voting.

Eric suggested a closer look at the language of the priorities, that some might want to see changes.

### **Priority #1**

Rick Vandyke stated he has a problem with it and questions the length of high rates at younger ages and long term use. He asked if there are connections here focusing social impact and consequences due to Indiana ranked high in particular behaviors of youth but lower on adult alcohol use. Eric responded that it can not be answered with current data without speculation but should be a concern.

Mary Lay pointed out that in the age grouping of 18-25 it is lost that 18-20 is illegal use. One goal should be to curb illicit use but not sure how to do that in data but there should be a reminder that it's a legal drug for illegal use. Barbara Seitz de Martinez suggested that parentheses could be included to make the point within the current language. Janet Whitfield-Hyduk asked if the priority could be to reduce illicit use. Eric said it could be changed to eliminate from reduce. Mary stated that it's an accepted drug so it won't be addressed the same as cocaine or methamphetamine.

Eric said he liked Barbara's parenthetical use idea; any use of alcohol is illicit under the age of 21. Rick Vandyke asked if it could be said it's #1. Mary Lay responded that if it is considered illicit under 21 years of age, yes. John Viernes said that is a strong statement. Mary stated that it is the most common use drug. Eric said "substance". Mary replied that she liked "drug". Kim Manlove said that is a norm to change, it is a drug. Rick said there is a lifetime use point and could state there is a connection between use and abuse at these ages and lifetime use is an important consequence. This helps add to why it should be a priority. Martha Payne said that if all use is abuse under the age of 21, then you are abusing and it's illicit. Mary stated that illegal use is considered abuse. Additionally, 18-25 binge drinking is episodic and then the youth turn 26 and it's gone so 18-25 may not really be tied to lifetime alcohol abuse.

Literature shows it starts to go away, decline, and you can almost pinpoint it down to the hour when it goes away. Eric responded that around 25 youth start to change, get married, and get a job. John replied that is also changing because most folks extend adolescence to 30 now. Eric said that in Indiana it is younger than the coast and youth get married younger. Kim indicated that NIAA has a new study that shows teens are at greater risk at younger ages to start drinking. He will forward that e-mail to Eric.

Eric said that he has noted four changes: change the word from reduce to eliminate; add a statement about most commonly used substance in Indiana; first drug used in career; add that any use under 21 is illicit with a connection between early use and abuse and the development of lifetime problems. Rick Vandyke noted that Kim's statement was good. Eric responded that he would steal from that. No other comments on priority #1.

### **Priority #2**

John Viernes stated that this could easily be priority #1. Eric said that it was debated if it should be in there based on capacity because there is so much tobacco out there. John said that he lobbied hard because it's a pet project, not only because tobacco may or may not be a gateway but because it is one of the more preventable. As far as capacity, there may be plenty of money out there but more of a personnel issue and for that reason there is a long uphill fight for sales to minors and a potential for new enforcement capacity for the alcohol model on tobacco enforcement inspections. Dave Bozell indicated it's still being talked about. Janet Whitfield-Hyduk stated that South Bend lawsuit was lost in suing the county. There is no law on the books about using 19-20 for law enforcement purposes to go into bars, liquor stores. John added that the body doing the inspection did not have the authority and the court deemed not the government and could not enforce. Janet responded that the judge upheld the group didn't have the authority to do checks. Mary Lay said the budget took a big hit and next year the money could be taken. Dave said there could be the danger of losing the ground that has been made.

Eric said he is convinced and asked for edits. Dave Bozell said some states are proposing raising age of smoking to 21. Mary Lay said it looks good. Eric asked if should read eliminate or prevent for underage. Mary responded "prevent". Eric asked if should be prevent or reduce. Mary replied prevent only. Eric said that on a rhetorical note the Star can pick these up if it chooses so that is why wordsmithing is so important. He suggested adding a statement of illicit use under age 18. Barbara Seitz de Martinez suggested including the word reduce. Eric asked if all were comfortable with prevent and reduce. Janet Whitfield-Hyduk replied yes.

### **Priority #3**

Rick Vandyke asked why marijuana and cocaine are lumped together. Eric said one possibility is to pull them out. They are together because of similar patterns and represent the illicit drug category. Methamphetamine could be put in there and be more targeted but put those together because they are the two most commonly used. Rick asked if this implies the same population and same problem. Mary Lay responded that it would except for age use. Eric indicated that ages 12-17 are the first use for marijuana. Barbara Seitz de Martinez said that she sees it that most people are using marijuana and cocaine and it's misunderstood. Dave Bozell agreed that it is easily misunderstood. Mary said that to the baby boomers that use marijuana it is not seen to be like cocaine. Eric asked if it should be separated. Mary agreed with that. Rick agreed unless there is a connection that marijuana use leads to cocaine use. Eric replied that can be not said definitively. Jeannette Grissom said she didn't know if the data had separated this or it was a combination of both drugs. Eric said that the way the data is structured it should not be hard to describe drug combinations and they can be separated. Mary stated that marijuana deserves its own ranking. Eric concluded that there is not much need to wordsmith on this priority, will just drop marijuana or cocaine from description, depending upon which one being described.

### **Priority #4**

Rick Vandyke questioned the 3<sup>rd</sup> sentence indicating school surveys. Eric replied this refers to prescription drugs. Mary Lay agreed that it is confusing. Kim Manlove stated it is illegal use. Barbara Seitz de Martinez said that legal use is not a problem. Eric indicated it is non-appropriate prescribed use. Barbara said that if illegal use is more of a problem, it implies legal use is also a problem. Eric noted that the confusion is that the word "use" should have been

U.S. and will change to nationwide. John Viernes asked if there was a break out by class of prescription drugs. Eric indicated that current data is not that way but he hopes to get some that allows a breakdown. Mary said she would like to see the prescriptions. Indiana is currently 3<sup>rd</sup> in the country in prescriptions, with a lot going to Adderall. It is a trend to watch. John recommended the pharmacy board as another data source for collections of controlled substances. Barbara suggested that the sentence could be flipped to eliminate confusion. Rick said that drugs being dispensed in excess of guidelines might be a doctor's action and not abuse. Mary stated that if a teacher can't manage a student, the student is made to take Ritalin or can't be in a classroom. Eric stated that this is not just in Indiana but nationwide.

#### **Priority #5**

Eric said that as he understands it there is a feeling that it should be tailored a bit more. Not target 18-44 but perhaps to 18-24, basing conclusions on primarily figure 6-11. If look at this figure, you will notice the top 3 lines, 18-24, stuck out a little more than the others. That's the rationale. That's treatment data. If want to make it more focused, see schools on page 6-16, table 6-1, for race all the numbers for students are going down except for black students and that went up by over a percentage point. So the question would be, since these are students, how do we want to set limits in comparing 6-11 and 6-1? The steepest increase seems to be 25+. This is treatment data.

Mary Lay indicated that it is reported abuse. Eric responded in treatment and asked if should stick with 25. The underage use, under 18, does not seem to be a problem in treatment data. Barbara Seitz de Martinez asked if table 6-1 is only students. Eric responded with an affirmative. Mary said she would leave it as is. Eric agreed, stated would pull out underage but focus on the use issue rather than the arrest issue. Treatment issues go on to 44 and that is dramatic. Mary said she thinks it is a treatment issue. There is a blip in the data with black males but not in treatment. Eric indicated that Ruth Gassman sent him an e-mail stating a concern that treatment is not being thought about as a form of prevention and not to focus primarily on preventing but consider treatment can serve as a form of prevention. Barbara said it is not about strategy but about use. John Viernes said there is a gap in prevention and intervention. Intervention likes to be included in treatment. Eric acknowledge point and will add prevent and reduce.

Jeannette Grissom said this doesn't tell the true story and she is concerned it doesn't reflect the reality of what is happening with the drug. Eric asked if she would suggest rewording. Jeannette replied that she would reword and break it down. Reduce and prevent as well as specify an age group. It is more tied in with black youth rather than the reality of the drug. Eric asked if there should be a focus on black youth. Jeannette said if that is the spike, then something should be said about that. But if methamphetamine has a big increase that has nothing to do with black youth then it should be specific about who is doing it. Eric responded that he does not think it is possible to be more specific.

Amanda Thornton said she does not think it should be more specific. It should have a broad range to reflect severity. Eric said that he would cross tabulate this but expects 18-24 year olds. A change can be made to prevent abuse of methamphetamine among black youths and reduce the abuse of methamphetamine among 18-24 white men and women. If you look at table 6-12, the biggest increases are with white women. It's a white woman drug in Indiana. Jim Wolf asked if this is in women coming in for treatment. Eric affirmed this. Barbara Seitz de Martinez said that by opening it up in a generic way it can open up the population. There is a great increase in the Hispanic population in the north and in the Amish population in the necessity to work multiple jobs. If open it up, those groups could apply. Eric said that data for Hispanics is not systematically collected. Barbara stated that by changing the wording as suggested, people could say when they are applying. Eric indicated that one data source has Hispanics as very high and another did not. It could actually be pulled out as two priorities. One for young African Americans and one for age. Mary Lay disagreed with this suggestion. Barbara said it would exclude older males.

Eric suggested revising along the lines of prevent and reduce among black youth and prevent and reduce the use and abuse among 18-24 white men and women. He recapped the plan to review the document per the discussion, including adding limitations of data and also to explain the process a little more, including the two step process. He will send this out with the ballot to everyone who votes and could have ad-hoc vote separately. Mary Lay

recommended having everyone bring different background sets to the table. Eric agreed, make a preliminary analysis and then come back together to talk. It is important to make a case and then revote. Eric noted that Tom is not going to be the Project Officer anymore.

Eric asked if everyone was comfortable with the process. John Viernes noted that one drug in Indiana is statistically higher for individuals higher than 45 but not mentioned and asked if it was not significant enough to address. Eric responded that it could be addressed now and asked if a heroin priority should be added. John responded that as a substance increases in popularity it would be a future problem. Eric said he would put heroin on the matrix with a heroin bullet. Jeannette Grissom said she would want it separate from prescription drugs. John indicated it is in the narrative with heroin use 45-54, stating higher rates with those with HIV and Hepatitis C, in the 4<sup>th</sup> paragraph. Eric indicated two priorities, youth users and older users. Voting will be important because it may be used as part of the allocation strategy, could apply for how much money could be dispersed.

Eric stated he will draft it with all changes, plus the table. John Viernes questioned if the next meeting is on the 21<sup>st</sup>. Eric confirmed this and indicated that he hopes most of the changes will be done by the next meeting. He indicated that August may be needed to clean it up. He will also begin working on the strategic plan to articulate into a plan of action. Following the meeting on the 21<sup>st</sup>, the next meeting is August 18<sup>th</sup>. Eric stated he will be in India on the date for the September meeting so Ruth Gassman will have to chair or the meeting will need to be removed from the schedule, however concerned about the timing. Eric asked for any thoughts on this. Mary Lay indicated that there is a lot of conflict for many members on the September meeting date. Eric said he hopes to have the draft by then and can address whether to reschedule or cancel.

John Viernes thanked Eric and the group, stating it took a lot of work to get to this point on schedule. Even with time constraints the group has done a lot of work getting the priorities for the state advisory council. With thanks to Eric it has been a fun process to see, providing a document with information that can be used.

The meeting was adjourned at 11:30 am.